Department of the Treasury Internal Revenue Service

Extended to November 15, 2019

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

A I	or the	2018 calendar year, or tax year beginning and	ending		
В	heck if	C Name of organization		D Employer identific	cation number
	Addre	Hills Bank Donor Advised Gift Fund			
F	Name chang			39-6	659806
	Initial		Room/sui	te E Telephone numbe	<u> </u>
F	Final	590 West Forevergreen Road		319-	338-1522
	termin ated			G Gross receipts \$	6,941,816.
	Amen	North Liberty, IA 52317		H(a) Is this a group re	eturn
	Application	F Name and address of principal officer. Dwigit 0. Seegmilie	for subordinates	^γ	
	pendii	9 590 West Forevergreen Road, North Liber	ty_{i}/p	H(b) Are all subordinates in	cluded? Yes No
<u></u>	ax-ex	empt status X 501(c)(3) 501(c)() ((Insert no.) 4947(a)(1) c	or 5	27 If "No," attach a	list (see instructions)
<u>J \</u>	<u>Vebsi</u>	re: ► N/A	U	H(c) Group exemptio	
		organization: Corporation X Trust Association Other ►	L Ye	ar of formation 1997 N	A State of legal domicile: IA
Pa	art []	Summary	<u> </u>		- 1- 1
ø	1	Briefly describe the organization's mission or most significant activities Makin	ng ca	sn grants to	otner
Governance		organizations exempt under Section 501(c)			-
ern	2	Check this box In the organization discontinued its operations or dispos	ed of mo		
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	2 2
		Number of independent voting members of the governing body (Part VI, line 1b)		5	0
ies		Total number of individuals employed in calendar year 2018 (Part V, line 2a)		6	0
Activities &		Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
Ą		Net unrelated business taxable income from Form 990-T, line 38		7b	0.
	<u>_</u>	Net differenced business taxable income from 1 offi 350 1; fine 50		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		4,088,334.	4,427,703.
že		Program service revenue (Part VIII, line 2g)	F	0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d) RECEIVED	—	258,334.	379,818.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-1	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		4,346,668.	4,807,521.
	13	Grants and similar amounts paid (Part IX, column (A), Fees 1-3 UG 0 6 2019	8	3,258,562.	3,826,495.
	14	Benefits paid to or for members (Part IX, column (A), IIn 24)	-1 tell	0.	0.
Ś	15	Salaries, other compensation, employee benefits (Part IX, column (A) line 35-10)T	- _	0.	0.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
×	b	Total fundraising expenses (Part IX, column (D), line 25)	<u>0.</u>		
Ш	} ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		80,024.	88,168.
	1	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		3,338,586.	3,914,663.
		Revenue less expenses Subtract line 18 from line 12	\longrightarrow	1,008,082.	892,858.
et Assets or		Total accepts (Dart V. Ivan 40)	-	Beginning of Current Year 11,475,782.	End of Year 12,368,641.
SSE	20	Total assets (Part X, line 16)	-	0.	0.
Net A	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20		11,475,782.	12,368,641.
_	rt II	Signature Block		11,4/5,/02:	12,300,041.
		Ities of perjupy, I declare that I have examined this return, including accompanying schedules	and state	ments, and to the best of my	knowledge and belief, it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			morrouge and bonot, it is
	, 001101	Lan O. Semle		07/20	1/2019
Sig	n	Signature of officer		Date	· · · · · · · · · · · · · · · · · · ·
Her		■ Dwight O. Seegmiller, President			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pre	oarer	Firm's name Shuttleworth & Ingersoll, P.L.C.		Fırm's EIN ▶	42-1496619
Use Only Firm's address ▶ 115-3rd Street SE, Suite 500					
Cedar Rapids, IA 52406-2107 Phone no. 319-365-9461					
Ma	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
8330	01 12-3	1-18 LHA For Paperwork Reduction Act Notice, see the separate instruction	ne		Form 990 (2018)

<u>}</u>	990 (2018) Hills Bank Donor Advised Gift Fund 39-6659806 Page 2
	990 (2018) HIIIs Bank Donor Advised Gift Fund 39-6659806 Page 2 till Statement of Program Service Accomplishments
تت	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? Yes X No
•	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 \$ 3,826,495. including grants of \$ 3,826,495.) (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.
4b	(Code) (Expenses \$
4c	(Code) (Expenses \$
_	
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 3,826,495.
	Form 990 (2018)

	•		Yes	<u>No</u>
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	Х	
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>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		j	
	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			
	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,			7,
	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	_		17
	Schedule D, Part III	_ 8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for		l	
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		Ì	х
	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40		Х
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		^
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a		Х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		X
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		<u>X</u>
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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			3.5
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
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	ا ہہ ا		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	-'/-		
10	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,"	5	-	
	complete Schedule G, Part III	19		<u>X</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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 1? If "Yes." complete Schedule I. Parts Land II	21	Х	
32003	3 12-31-18			2018)

Par	t IV Checklist of Required Schedules (continued)			
	•		Yes	No_
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
2.2.		22		х
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
23				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	~		х
	Schedule J	23		
24 a	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			37
	Schedule K If "No," go to line 25a	24a		<u>X</u>
	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		
đ	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ļ
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			1
	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		_X_
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? // "Yes,"			ĺ
	complete Schedule L, Part II	26		X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A COLOR DE LA COLO	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
•	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
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 7701-37 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
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		l
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
50	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	"		
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>		
30	Note. All Form 990 filers are required to complete Schedule O	38	х	1
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	Enter the number reported in Box 3 of 1 cm 1035 Enter to 1 not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
C	(gambling) winnings to prize winners?	1c		
	(gameing) minings to price miniors ,		aan	/2018\

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ECICT 91

15

16

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

excess parachute payment(s) during the year?

If "Yes," complete Form 4720, Schedule O

If "Yes," see instructions and file Form 4720, Schedule N

Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 1h 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 2 officer, director, trustee, or key employee? 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 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or 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 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X 8b b 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 X 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 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 12b Х 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 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 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 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 (1024 or 1024-A 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 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 Bradford C. Zuber - 319-338-1522 590 West Forevergreen Road, North Liberty, 52317 Form 990 (2018) Form 990 (2018) 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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

X Check this box if neither the organization (A)	(B)	(C)		(D)	(E)	(F)				
Name and Title				Pos	رد Ition)		Reportable	Reportable	Estimated
Name and Title	Average hours per		(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	wook	offi			from	from related	other			
	(list any	ig						the	organizations	compensation
	hours for	direc				9		organization	(W-2/1099-MISC)	from the
	related	99	stee			nsate		(W-2/1099-MISC)		organization
	organizations	trust	Institutional trustee		a) se	ed inc				and related
	below	ndual	tultor	ä	emple	est c	절			organizations
	(list any hours for related organizations below line)	ξ	Insti	Officer	Key	Highest compensated employee	Former			
(1) Bradford C. Zuber	2.00									
Sr. Vice President of Trus		1	Х					0.	0.	0
(2) Dwight O. Seegmiller	2.00									
President of Trustee		1	x					0.	0.	0
	-	1								
		\vdash			\vdash					
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Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

39-6659806 Hills Bank Donor Advised Gift Fund Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business sections 512 - 514 revenue revenue 1 à Federated campaigns Membership dues 1b c Fundraising events 1d d Related organizations e Government grants (contributions) 1e All other contributions, gifts, grants, and 4,427,703 similar amounts not included above 1,205,843 g Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f Business Code 2 a f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and 248,911 248,911 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 2,265,202. assets other than inventory b Less cost or other basis 2,134,295 and sales expenses 130,907. c Gain or (loss) 130,907 d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue 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 Net income or (loss) from sales of inventory

11 a

4,807,521

Business Code

d All other revenuee Total. Add lines 11a-11d

Total revenue See instructions

Miscellaneous Revenue

130,907

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns All othe	r organizations must cor	nplete column (A)	
	Check if Schedule O contains a respon				
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				•
	and domestic governments. See Part IV, line 21	3,826,495.	3,826,495.		
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
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 salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				_
11	Fees for services (non-employees)				
a	Management				<u> </u>
b	Legal				
С.	Accounting				
d	Lobbying Professional fundrausing against See Port IV, June 17				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees Other (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)				
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				
21	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	88,168.		88,168.	
a		00,100.		00,100.	
b					
c d					
	All other expenses				
25	Total functional expenses Add lines 1 through 24e	3,914,663.	3,826,495.	88,168.	0.
<u>20</u> 26	Joint costs Complete this line only if the organization	<u> </u>	,,	- ,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Par	Part X Balance Sheet				
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1	-1,752.
	2	Savings and temporary cash investments	4,993,379.	2	4,878,835.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	-	5	
	6	Loans and other receivables from other disqualified persons (as defined under			
ĺ		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
i		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		7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	·-
	_	Land, buildings, and equipment cost or other	****		
	"-	basis Complete Part VI of Schedule D 10a			
	ь	Less accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	219,215.	11	147,372.
	12	Investments - other securities See Part IV, line 11	6,263,188.	12	147,372. 7,344,186.
	13	Investments - program-related See Part IV, line 11		13	-
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	11,475,782.	16	12,368,641.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
S	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons			
abıl		Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here X and	1		
S		complete lines 27 through 29, and lines 33 and 34.			
ğ	27	Unrestricted net assets		27	10.050.511
<u>a</u>	28	Temporarily restricted net assets	11,475,782.	28	12,368,641.
B	29	Permanently restricted net assets		29	
<u>,</u> 5		Organizations that do not follow SFAS 117 (ASC 958), check here			
Net Assets or Fund Balances		and complete lines 30 through 34.			·
şte	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et A	32	Retained earnings, endowment, accumulated income, or other funds		32	40.555
oo Total fiet assets of faile selected		Total net assets or fund balances	11,475,782.	33	12,368,641.
	34	Total liabilities and net assets/fund balances	11,475,782.	34	12,368,641.

Form 990 (2018)



orm	1990 (2018) Hills Bank Donor Advised Gift Fund	39-6	659 <u>806</u>	Page 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	Total revenue (must equal Part VIII, column (A), line 12)	1	4,80	7,521.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,91	4,663.
3	Revenue less expenses Subtract line 2 from line 1	3		2,858.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,47	5,782.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior penod 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	12,368	<u>3,640.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
1	Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule		-	Yes No
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both Separate basis Both consolidated and separate basis	on a		
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	basis,		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gle Audıt		
	Act and OMB Circular A-133?		3a	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audıt		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form	990 (2018)

832012 12-31-18

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.

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

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

				or Advised G				3	<u>9-6659806</u>	
Par	ET [Reason for Public C	Charity Status (A	All organizations must co	omplete the	s part) Se	e instructions			
he o	ne organization is not a private foundation because it is (For lines 1 through 12, check only one box)									
1 [A church, convention of chu					YAYi).	~ <1		
2	=	A school described in secti					70 707	(`\ <i>X</i>		
	=						i)	しノて		
3 L	믁	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,								
4 L										
		city, and state								
5 L		-		lege or university owner	or operate	ed by a go	vernmental ur	iit describe	ea in	
_		section 170(b)(1)(A)(iv). (C								
6 L		A federal, state, or local gov	_							
7	X	An organization that normal	lly receives a substar	ntial part of its support fi	rom a gove	rnmental i	unit or from th	e general p	oublic described in	
		section 170(b)(1)(A)(vi). (Co	omplete Part II)							
8 [A community trust describe	d in section 170(b)(1)(A)(vi). (Complete Par	t II)					
9 [An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	nction with a	and-grant	college	
		or university or a non-land-g	rant college of agrici	ulture (see instructions)	Enter the r	name, city	, and state of t	he college	or	
		university								
10 [An organization that normal	lly receives (1) more	than 33 1/3% of its sup	port from c	ontributio	ns, membersh	ıp fees, an	d gross receipts from	
		activities related to its exem	•							
		income and unrelated busin								
		See section 509(a)(2). (Cor		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, ,		,	
11 [\neg	An organization organized a	•	vely to test for public sa	fetv See s	section 50)9(a)(4).			
12 [〓	An organization organized a						rv out the	ourposes of one or	
12 [more publicly supported org								
		lines 12a through 12d that of							SHOOK THE BOX III	
	_	_							anuna	
а	<u> </u>	Type I. A supporting orga								
		the supported organization			i majority o	i the direc	tors or trustee	s or the st	pporung	
	_	organization You must c						(-) h h		
b	L	Type II. A supporting orga								
		control or management of			ame perso	ns that co	ntrol or manag	e the supp	oorted	
		organization(s) You mus								
С		Type III functionally inte						y integrate	d with,	
		its supported organization	n(s) (see instructions)	You must complete	Part IV, Se	ctions A,	D, and E.			
d		Type III non-functionally	rintegrated. A supp	orting organization opei	ated in co	nnection w	ith its support	ed organiz	zation(s)	
		that is not functionally into	egrated The organiz	ation generally must sat	isfy a distr	ibution rec	urement and	an attentiv	/eness	
		requirement (see instructi	ons) You must con	nplete Part IV, Sections	s A and D,	and Part	V.			
е		Check this box if the orga	inization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type I	I, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation				
f	Ente	r the number of supported o	organizations							
g	Prov	ide the following information	about the supporte							
	(1) Name of supported	(ii) EIN	(III) Type of organization (described on lines 1.10	(iv) is the orga	inization listed ng document?	(v) Amount of	•	(vi) Amount of other	
		organization		above (see instructions))	Yes	No	support (see in	structions)	support (see instructions)	
						-				
									 	
					 					
					ļ	ļ	<u> </u>			
otal			l			I	I		ī	

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Schedule A (Form 990 or 990 EZ) 2018 Hills Bank Donor Advised Gift Fund Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv 39-6659806 Page 2 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	ction A. Public Support		·		<u>.</u>		
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	•					
•	membership fees received (Do not						
	include any "unusual grants ")	3321616.	4107563.	5082385.	4088334.	4427703.	21027601.
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	3321616.	4107563.	5082385.	4088334.	4427703.	21027601.
5	The portion of total contributions	说:"你说					
	by each person (other than a					的第一人	•
	governmental unit or publicly						, , , , ,
	supported organization) included						
•	on line 1 that exceeds 2% of the						·
	amount shown on line 11,						
	column (f)	A STATE OF THE STA			1506000		10538745
6	Public support. Subtract line 5 from line 4	25 4 24 24 24 2	Kasa Kasa Kasa Kasa Kasa Kasa Kasa Kasa	Was de la Bridge	CONTRACTOR WITE	K. Will here to K.	10488856.
	ction B. Total Support		1	r	· · · · · · · · · · · · · · · · · · ·		r
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 4	3321616.	4107563.	5082385.	4088334.	442//03.	21027601.
8	Gross income from interest,						
	dividends, payments received on						_
	securities loans, rents, royalties,	151 055	150 550	160 214	050 224	270 010	1120515
	and income from similar sources	171,277.	152,772.	168,314.	258,334.	379,818.	1130515.
9	Net income from unrelated business						•
	activities, whether or not the						
	business is regularly carried on				•	, .	
10	Other income Do not include gain		-				٠,
	or loss from the sale of capital				Į	•	
	assets (Explain in Part VI)	2.5 T25 St	the transfer of the trade of the	obsessa veleter (1800). Passal	** 3847 361 3636 VACS6		00150116
11		Variable at	Manager State Control	Will deliver design		1	<u> </u>
12	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	x year as a section	1501(c)(3)	. —
Sec	organization, check this box and store cition C. Computation of Publication	o here Ic Support Per	centage			····	
	Public support percentage for 2018 (I			olumn (fl)		14	47.34 %
15	Public support percentage from 2017					15	44.84 %
	33 1/3% support test - 2018. If the			n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	1					▶ X
b	33 1/3% support test - 2017. If the				line 15 is 33 1/3%	or more, check th	is box
_	and stop here. The organization qual						` ▶□
17a	10% -facts-and-circumstances test				e 13, 16a, or 16b, a	and line 14 is 10%	or more, .
`	and if the organization meets the "fac						
_	meets the "facts-and-circumstances"					J	▶□
b	10% -facts-and-circumstances test					7a, and line 15 is	10% or
_	more, and if the organization meets the	-					
	organization meets the "facts-and-circ						
18							s > 🗀
						dule A (Form 990	

l Pa	edule A (Form 990 or 990-EZ) 2018 H	Organizations	Described in S	Section 509(a)	2)	39-665	9806 Page 3
	(Complete only if you checked	•				art II If the organiz	zation fails to
_	qualify under the tests listed b	elow, please comp	lete Part II)				
	ction A. Public Support		· · · · · · · · · · · · · · · · · · ·				
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not					/	
	include any "unusual grants ")						
2	Gross receipts from admissions,						
	merchandise sold or services per-					/	
	formed, or facilities furnished in any activity that is related to the					/	
	organization's tax-exempt purpose					/	
3	Gross receipts from activities that				/		
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-				/		
•	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to				/		
_	the organization without charge			<u> </u>	7		
	Total. Add lines 1 through 5			- /			
/a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received			/			
	from other than disqualified persons that			/			
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b			/			
	Public support. (Subtract line 7c from line 6)						
	etion B. Total Support	(a) 2014	(b) 2015	/ (c) 2016	(d) 2017	(e) 2018	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2014	10) 2013	/ (C) 2010	(u) 2017	(e) 2010	II) Total
9	Amounts from line 6			1/			ì
_	Amounts from line 6 Gross income from interest,		/	<i>y</i>			
_	Gross income from interest, dividends, payments received on securities loans, rents, royalties,			/			
10a	Gross income from interest, dividends, payments received on			/			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources			,			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Unrelated business taxable income			7			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.	,		7			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.			1			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is			7	·		
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b,						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital.						
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
10a b c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
10a b c c 11 12 13 14	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here.		·	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiz	ation,
10a b c 11 12 13 14 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12). First five years. If the Form 990 is for check this box and stop here.	c Support Per	centage		x year as a section	······	<u>▶</u> □
10a b c 11 12 13 14 Sec 15	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here.	c Support Pér	centage livided by line 13, o		x year as a section	15	%
10a b c 11 12 13 14 Sec 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Public Public support percentage for 2018 (IPublic support percentage from 2017).	c Support Per ine 8, column (f), d Schedule A, Part	centage livided by line 13, o		x year as a section	······	<u>▶</u> □
10a b c 11 12 13 14 Sec 15 16 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here. Stion C. Computation of Public support percentage for 2018 (IPublic support percentage from 2017 etion D. Computation of Investion 1.	ic Support Per ine 8, column (f), d Schedule A, Part stment Income	centage livided by line 13, o III, line 15 e Percentage	column (f))	x year as a section	15	%
10a b c 11 12 13 14 Sec 15 16 Sec	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Public Public support percentage for 2018 (IPublic support percentage from 2017).	ic Support Per ine 8, column (f), d Schedule A, Part stment Income 018 (line 10c, colum	rcentage livided by line 13, of lill, line 15 Percentage nn (f), divided by li	column (f))	x year as a section	15	% %
10a b c 11 12 13 14 Sec 15 16 Sec 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). Total support. (Add lines 9, 10c, 11, and 12.). First five years. If the Form 990 is for check this box and stop here. Stion C. Computation of Public support percentage for 2018 (I. Public support percentage from 2017 etion D. Computation of Investinent income percentage for 2018 (Investment income percentage for 2018).	ic Support Per ine 8, column (f), d Schedule A, Part stment Income 018 (line 10¢, colur 2017 Schedule A,	centage livided by line 13, of lill, line 15 Percentage nn (f), divided by li Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	% % % %
10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Public Public support percentage for 2018 (IPublic support percentage from 2017 extion D. Computation of Investment income percentage from 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box and stop this box and support tests - 2018.	ine 8, column (f), d Schedule A, Part stment Income 018 (line 10c, colur 2017 Schedule A, organization did r and stop/here. The	centage livided by line 13, of lill, line 15 Percentage mn (f), divided by li Part III, line 17 not check the box of organization quali	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s	· 15 is more than 3 upported organiza	15 16 17 18 3 1/3%, and line 1	% % % % 7 is not
10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Public support percentage for 2018 (I. Public support percentage from 2017 extion D. Computation of Investment income percentage from 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box and 31/3% support tests - 2017. If the	ine 8, column (f), d Schedule A, Part stment Income 18 (line 10c, colur 2017 Schedule A, organization did r and stop here. The	rcentage livided by line 13, of lill, line 15 Percentage rin (f), divided by line 17 riot check the box of organization qualities of check a box on	ne 13, column (f)) on line 14, and line fies as a publicly s	15 is more than 3 upported organiza , and line 16 is mo	15 16 17 18 3 1/3%, and line 1 tion are than 33 1/3%, a	% % % % 7 is not
10a b c 11 12 13 14 Sec 15 16 Sec 17 18 19a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for check this box and stop here extion C. Computation of Public Public support percentage for 2018 (IPublic support percentage from 2017 extion D. Computation of Investment income percentage from 33 1/3% support tests - 2018. If the more than 33 1/3%, check this box and stop this box and support tests - 2018.	ine 8, column (f), d Schedule A, Part stment Income 18 (line 10c, colur 2017 Schedule A, organization did r organization did r organization did r ck this box and st	centage livided by line 13, of lill, line 15 e Percentage nn (f), divided by line 17 not check the box of organization qualitation check a box on op here. The organization of the lill, line 17 not check a box on op here. The organization qualitation the lill, line 17 not check a box on op here. The organization qualitation the lill lill lill lill lill lill lill li	column (f)) ne 13, column (f)) on line 14, and line fies as a publicly s i line 14 or line 19a inization qualifies a	15 is more than 3 upported organiza , and line 16 is mo is a publicly suppo	15 16 17 18 3 1/3%, and line 1 tion are than 33 1/3%, a arted organization	% % % % 7 is not

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 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 (as 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		
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		<u></u>
2		
3a		
3b		
3с		
4a	-	
4b		
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8		
9a		
9b		
9c		
10a		
10b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on l	Nov 20, 1970 (explain in F	Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
а	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		
е	Discount claimed for blockage or other		•	
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	on 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		
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-functional	illy integrate	ed Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018

Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 Hills Bank Donor Advised Gift Fund	39-6659806 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional (See instructions.)	1 and 2, Part IV, Section C, V, Section B, line 1e, Part V,
		•
 		<u></u>
		<u> </u>
		,

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.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Hills Bank Donor Advised Gift Fund

Employer identification number 39-6659806

Pa	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the										
	organization answered "Yes" on Form 990, Part IV, line	96									
		(a) Donor advised funds	(b) Funds and other accounts								
1	Total number at end of year	101									
2	Aggregate value of contributions to (dunng year)	4,427,703.									
3	Aggregate value of grants from (during year)	3,826,495.									
4	Aggregate value at end of year	13,406,556.									
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	d funds								
	are the organization's property, subject to the organization's e	exclusive legal control?	🗓 Yes 🔲 No								
6	Did the organization inform all grantees, donors, and donor ad		sed only								
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose co	onferring								
	impermissible private benefit?		X Yes No								
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990, Pa	art IV, line 7								
1	Purpose(s) of conservation easements held by the organization	n (check all that apply)									
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a histo	rically important land area								
	Protection of natural habitat	Preservation of a certif	fied historic structure								
	Preservation of open space										
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form of	f a conservation easement on the last								
	day of the tax year		Held at the End of the Tax Year								
а	Total number of conservation easements										
b	Total acreage restricted by conservation easements	2b									
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c								
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic structure	e								
	listed in the National Register										
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the c	organization during the tax								
	year ▶										
4	Number of states where property subject to conservation ease	ement is located									
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of									
	violations, and enforcement of the conservation easements it		L Yes L No								
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conse	ervation easements during the year								
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conservation	on easements during the year								
	\$										
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)									
	and section 170(h)(4)(B)(ii)?		Yes No								
9	In Part XIII, describe how the organization reports conservation	·									
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes th	ne organization's accounting for								
Dà	conservation easements rt III Organizations Maintaining Collections of	Art Historical Treasures or Oth	per Similar Assets								
Га	Complete if the organization answered "Yes" on Form		iei Oilillai Assets.								
	If the organization elected, as permitted under SFAS 116 (ASC		ont and balance sheet works of art								
ıa	historical treasures, or other similar assets held for public exh										
	the text of the footnote to its financial statements that describ		ce of public service, provide, if it art Am,								
h	If the organization elected, as permitted under SFAS 116 (ASC		and halance sheet works of art, historical								
b	treasures, or other similar assets held for public exhibition, ed	• •	·								
	·	deation, or research in furtherance or publi	ic service, provide the following amounts								
	relating to these items (i) Poverus included on Form 990, Part VIII, line 1		\$								
	(i) Revenue included on Form 990, Part VIII, line 1										
^	(ii) Assets included in Form 990, Part XIf the organization received or held works of art, historical trea	source or other similar assets for financial	\$								
2	the following amounts required to be reported under SFAS 11		gain, provide								
_	Revenue included on Form 990, Part VIII, line 1	C v .CC 556) Totaling to these items	> \$								
а	Assets included in Form 990, Part X		-								

Sche	dule D (Form 990) 2018 Hills Ba	ank Donor	Advise	d Gif	t Fund	l		39-66	59806	Page 2
	t III Organizations Maintaining C									
3	Using the organization's acquisition, accession	on, and other record	ls, check an	y of the fo	ollowing that	are a si	gnıficant ι	use of its o	ollection i	tems
	(check all that apply)									
а	Public exhibition	•	d 🔲 Loa	an or exch	nange progra	ams				
b	Scholarly research	•	e 🔲 Oth	ner						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how they	further th	e organizatio	on's exer	npt purpo	se in Part	XIII	
5	During the year, did the organization solicit o	r receive donations	of art, histoi	ical treas	ures, or othe	er sımılar	assets			
	to be sold to raise funds rather than to be ma	untained as part of t	he organiza	tion's col	lection?				Yes	No
Par	t IV Escrow and Custodial Arrang	gements. Compl	lete if the or	ganızatıor	n answered '	"Yes" on	Form 990	0, Part IV,	lıne 9, or	
	reported an amount on Form 990, Par							-		
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for con	tributions	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									
							<u> </u>	ļ	Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e	ļ		
f	Ending balance						1f	L	_	
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for esc	row or cu	stodial acco	unt liabil	ıty?		_ Yes	<u></u> No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete	f the organization ar	nswered "Ye	s" on Fo	rm 990, Part	IV, line				
		(a) Current year	(b) Prio	r year	(c) Two yea	rs back	(d) Three	years back	(e) Four	years back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and losses		<u> </u>						ļ	
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs		ļ						L	
f	Administrative expenses		ļ							
g	End of year balance		<u> </u>						L	
2	Provide the estimated percentage of the curr	ent year end balanc	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 sho	uld equal 100%								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that ar	e held an	d administer	red for th	ne organız	ation	_	
	by									Yes No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiza	•							3b	
4	Describe in Part XIII the intended uses of the		owment fund	ds						
Pai	t VI Land, Buildings, and Equipm				.					
	Complete if the organization answere									
	Description of property	(a) Cost or o	1	(b) Cost		, , ,	ccumulat	l l	(d) Book	value
		basis (invest	ment)	basis ((orner)	de	preciation	1		
	Land									
þ	Buildings									
С	Leasehold improvements									
d	Equipment	-								
	Other					L		_		0.
Total	LAdd lines 1a through 1e. (Column (d) must e	aud Form 000 Part	Y column	D) line 1/	76.1			■		U .

Schedule D (Form 990) 2018

1. (a) Description of liability (b) Book value

(1) Federal income taxes

(2)

(3)

(4)

(5)

(6)

(7)

(8)

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

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018 Hills Bank Donor Advised	Gift Fund	39-6659806 Page 4
Part XI Reconciliation of Revenue per Audited Financial State	ements With Revenue per	Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	2a	
b Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		•
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	<u> </u>
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 Stat	ements With Expenses pe	1 3 1
Complete if the organization answered "Yes" on Form 990, Part IV, line		
Total expenses and losses per audited financial statements		1
		<u> </u>
	امدا	
a Donated services and use of facilities	2a	-
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	-
e Add lines 2a through 2d		2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	_4b	 _
c Add lines 4a and 4b		4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
Part XIII Supplemental Information.		
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV, lines 1b and 2b, Part V, li	ne 4, Part X, line 2, Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information	
		
		•
•		
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	-	

Schedule D (Form 990) Hills Bank Do:
Part XIII Supplemental Information (continued)

Part VII Investments - Other Securities. See Form 990, Part X, line 12	· 	
(a) Description of security or category (including name of secunty)	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
VANGUARD TOTAL INTERNATIONAL STOCK INDEX		
FUND SIGNAL SHARES #1769	829,768.	Cost
WANGIADO EVMENDED MADVEM TAIDEV PIND	838,646.	Cost
VANGUARD EXTENDED MARKET INDEX FUND	030,040.	COSC
		<u> </u>
		<u></u>
		
	-	
		

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

2018 Open to Public .

OMB No 1545-0047 • -

Name (Name of the organization	\$ C	# · · · · · · · · · · · · · · · · · · ·	۳ ا ا				Employer identification number
Part	General Inform	d Assistance	7					000000
-	Does the organization maintain records to substantiate the amount of the	substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	stance, and the selecti	
	criteria used to award the grants or assistance?	ance?	•	:				X Yes No
7	Š.	sedures for moni	toring the use of grant	tunds in the United	States			
Part II	II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Cor	Nomestic Organi	zations and Domestic		Somplete if the org	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	'es" on Form 990, Parl	t IV, line 21, for any
-	1 (a) Name and address of organization or government	(b) EIN	(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
Schedi	Schedule attached		All are 501(c)(3)	3,424,824,	0	All grants are made in cash	All grants are made in cash	General support
 								
				·				
8	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government or	ganizations listed in the	e line 1 table				
က	Enter total number of other organizations listed in the line 1	listed in the line	1 table					A
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.					Schedule I (Form 990) (2018)

Page 2

39-6659806

Hills Bank Donor Advised Gift Fund

Schedule I (Form 990) (2018)

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

2018

Open To Public Inspection

Name of the organization

Employer identification number

					d Gift Fund		0) 0.000.000.000			598	06				
		•			on 501(c)(4), and 50		-			Nh.					
Complete if the					rt IV, line 25a or 25b	o, or F	orm 990-EZ, P	art v, i	ine 40	מנ	(4)	Corre	ctod2		
(a) Name of disqualified	person (b)	Relationship bety person and or			med (e	c) Des	scription of tran	nsactio	n			es	No.		
		po.co <u></u>									+ 1	es	NO		
											\dashv	<u> </u>			
											\top				
		-					-								
				_											
2 Enter the amount of ta	x incurred by the o	organization man	agers o	or disq	ualified persons dur	rıng th	e year under								
section 4958							-		▶ \$						
3 Enter the amount of ta	x, if any, on line 2,	above, reimburs	ed by t	the org	janization		•		> \$						
8 (111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		tanantan Bana											_		
	nd/or From In														
	_				Part V, line 38a or F	Form	990, Part IV, lir	ne 26, d	or if th	e orga	ınızatıd	on			
	nount on Form 990			an to or	(-) Organsi	T (0	0-1	T (=		l(h) Ao	proved	(A) 1A	/ritton		
(a) Name of interested person	(b) Relationship with organization			n the	(e) Original principal amount	(1)	(f) Balance due		by bo		ard or nittee? (i) Written agreement?				
moreoted percent			organiz	From							No	Yes	T	Yes	т—
		+	10	110111		†		Yes	140	163	110	163	1,40		
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 						† · · ·							1		
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				<u> </u>				<u> </u>	L	 		-	l .		
^{rotal} Part III Grants or A	Assistance Be	nefiting Inter	ester	Per	► \$			<u> </u>		<u> </u>		<u> </u>			
(a) Name of interested	e organization ans				(c) Amount of		(d) Type	e of	T		e) Purp	ose o	f		
(a) Name of interested	u person	(b) Relationship interested pers the organization	son and		assistance		assistar			•	assist		•		

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Schedule L (Form 990 or 990-EZ) 2018

(a) Name of interested person	(b) Relationship between interested person and the organization	T	(d) Description of transaction	(e) Sharing of organization's revenues?		
				Yes	No	
Dwight O. Seegmiller	Mr. Seegmiller is t	0.	Hills Bank		X	
Bradford C. Zuber	Mr. Zuber is a seni	. 0.	Hills Bank		Х	
				$\perp \perp \downarrow$		
				+ +		
				+		
				1		
		1				
Provide additional information for r	esponses to questions on Schedule L (see	instructions)				
Sch L, Part IV, Business	Transactions Involvi	ng Intereste	ed Persons:	_		
(a) Name of Person: Dwig						
				_		
(b) Relationship Between	Interested Person and	d Organizati	on:			
Mr. Seegmiller is the Pr	esident of Hills Bank	and Trust C	ompany.			
(d) Description of Trans	action: Hills Bank and	d Trust Comp	any provide	s		
investment, accounting,	and other administrat	ive services	for the Hi	lls		
Bank Donor Advised Gift	Fund at rates and on	terms consis	tent with m	arket	:	
rates for similar servic	es.			_		
,						
(a) Name of Person: Brad	ford C. Zuber					
(b) Relationship Between		d Organizati	on:			
Mr. Zuber is a senior of						
(d) Description of Trans						
investment, accounting,	and other administrat	ive services	for the Hi	lls		
Bank Donor Advised Gift	Fund at rates and on	terms consis	tent with m	arket	<u>:</u>	
rates for similar servic	es.					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

Employer identification number 39-6659806

	Hills Bank D	onor A	dvised Git	ft Fund		39-6	659	806	
Par									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reported Form 990, Part VIII, I	on	(d) Method of denotes the contribution of the	etermın		3
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								
9	Securities - Publicly traded	X	66	1,177,5	39. Mar	ket quot	es		
10	Securities - Closely held stock	Х	2		304.Apr				
11	Securities · Partnership, LLC, or								
	trust interests	1							
12	Securities - Miscellaneous								
13	Qualified conservation contribution								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other							•	
18	Collectibles								
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 organic	zation during	the tax year for c	ontributions					
	for which the organization completed Form 82				29				
			·	_				Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1	through 28,	that it			
	must hold for at least three years from the date								
	exempt purposes for the entire holding period	?					30a		Х
ь	If "Yes," describe the arrangement in Part II								
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard co	ontributions?	•	31		Х
	Does the organization hire or use third parties								
	contributions?		•	, , , , , , , , , , , , , , , , , , , ,			32a		X
b	If "Yes," describe in Part II								
33	If the organization didn't report an amount in c	column (c) fo	r a type of property	y for which column (a)	ıs checked.				i
	describe in Part II		· > (*	,					
LΗΔ	For Panerwork Reduction Act Notice see	the Instruct	tions for Form 99	n		Schedule I	M (Forr	n 990)	2018

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Schedule M Part II	(Form 990) 2018	HIIIS B	ank i	Jonor	Advi	sea	GIIC	runa		39-6659806	Page 2
Parti	Supplemental	i intormation	Provid	de the info	rmation	required	by Part I	, lines 30b	, 32b, and 33,	and whether the orga	inization
	this part for any a	dditional informa	ation	iei oi cont	Houtions	, the nu	ilibei oi iti	ems receiv	ed, or a comb	and whether the organization of both Also	Complete
											
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832142 10-18-18

(Form 990 or 990-EZ)

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.

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

Hills Bank Donor Advised Gift Fund	39-6659806
Form 990, Part I, Line 1, Description of Organization Mis	ssion:
Code and which are not private foundations under Section	509 of the
Internal Revenue Code.	
Internal Revenue coac.	
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 S	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 quest:	ions 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 o	done on an informal
basis. The officers of the trustee know all of the organ	nization's donors
on a personal basis and would advise a donor if the trust	tee or any of its
officers or employees was sufficiently involved with a re	ecipient
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	g documents,
conflict of interest policy and financial statements are	available to the
public at 590 Forevergreen Road, North Liberty, Iowa 523	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	hedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Schedule O (Form 990 or	990-EZ) (2018)		Page 2
Name of the organization	Hills Bank Donor Advised Gift Fund	i	Employer identification number 39-6659806
Form 990, Par	t VI, Section C, Line 19:		
The organizat	ion does not have a web site. All	governing	documents,
conflict of i	nterest policy and financial statem	ents are a	vailable to the
public at 590	Forevergreen Road, North Liberty,	Iowa 52317	•
			
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