

Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047

**2020**

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/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

<b>A</b> For the 2020 calendar year, or tax year beginning <b>JUL 1, 2020</b> and ending <b>MAY 18, 2021</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input checked="" type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>FCFH-IOWA, INC.</b> <b>D/B/A UNITED WAY 2-1-1</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>317 7TH AVENUE SE 401</b> City or town, state or province, country, and ZIP or foreign postal code <b>CEDAR RAPIDS, IA 52401</b>
	<b>D</b> Employer identification number <b>20-0936954</b>
	<b>E</b> Telephone number <b>319-398-5372</b>
	<b>F</b> Group Exemption Number ▶
	<b>G</b> Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶
<b>I</b> Website: ▶ <b>WWW.UWECI.ORG</b>	
<b>J</b> Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <b>191.</b>	

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	0.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income SEE SCHEDULE O	4	191.
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less: cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 5c		
	6	Gaming and fundraising events:		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 6b		
c	Less: direct expenses from gaming and fundraising events 6c			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d			
7a	Gross sales of inventory, less returns and allowances 7a			
b	Less: cost of goods sold 7b			
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c			
8	Other revenue (describe in Schedule O) 8			
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶ 9		191.	
Expenses	10	Grants and similar amounts paid (list in Schedule O) 10		201,226.
	11	Benefits paid to or for members 11		
	12	Salaries, other compensation, and employee benefits 12		
	13	Professional fees and other payments to independent contractors 13		7,288.
	14	Occupancy, rent, utilities, and maintenance 14		
	15	Printing, publications, postage, and shipping 15		
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O 16		3,553.
	17	<b>Total expenses.</b> Add lines 10 through 16 ▶ 17		212,067.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9) 18		-211,876.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19		211,876.
	20	Other changes in net assets or fund balances (explain in Schedule O) 20		0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶ 21		0.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	207,790.	22	0.
23 Land and buildings		23	
24 Other assets (describe in Schedule O) SEE SCHEDULE O	4,111.	24	0.
25 Total assets	211,901.	25	0.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	25.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	211,876.	27	0.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

## 28 SEE SCHEDULE O

(Grants \$ ) If this amount includes foreign grants, check here ☐

28a 212,067.

29

(Grants \$ ) If this amount includes foreign grants, check here ☐

29a

30

(Grants \$ ) If this amount includes foreign grants, check here ☐

30a

31 Other program services (describe in Schedule O)

(Grants \$ ) If this amount includes foreign grants, check here ☐

31a

32 Total program service expenses (add lines 28a through 31a)

32 212,067.

**Part IV List of Officers, Directors, Trustees, and Key Employees**

(list each one even if not compensated - see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
KRISTIN ROBERTS CEO/PRESIDENT	1.00	0.	0.	0.
SARAH PETERS CFO/VP OF FINANCE AND ADMIN.	1.00	0.	0.	0.
JIM HADDAD PRESIDENT	1.00	0.	0.	0.
NIKKI KNAPP VICE PRESIDENT	1.00	0.	0.	0.
JILL KRALL SECRETARY	1.00	0.	0.	0.
DWAYNE DANIELS TREASURER	1.00	0.	0.	0.
ALI WILSON DIRECTOR	1.00	0.	0.	0.
KATIE KNIGHT DIRECTOR	1.00	0.	0.	0.
DANIELLE PETERSON DIRECTOR	1.00	0.	0.	0.
TOM BERGER DIRECTOR	1.00	0.	0.	0.
SHELLY STRELLNER DIRECTOR	1.00	0.	0.	0.
JEN ARENDS DIRECTOR	1.00	0.	0.	0.

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Sch. O to respond to any question in this Part V ☐

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	<b>33</b>	<b>X</b>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	<b>34</b>	<b>X</b>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	<b>35a</b>	<b>X</b>
<b>b</b> If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<b>35b</b>	<b>N/A</b>
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	<b>35c</b>	<b>X</b>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<b>36</b>	<b>X</b>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0.		
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>37b</b>	<b>X</b>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<b>38a</b>	<b>X</b>
<b>b</b> If "Yes," complete Schedule L, Part II, and enter the total amount involved <b>38b</b> N/A		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b> N/A		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b> N/A		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <b>0.</b> ; section 4912 <b>0.</b> ; section 4955 <b>0.</b>		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<b>40b</b>	<b>X</b>
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0.</b>		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization <b>0.</b>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	<b>40e</b>	<b>X</b>
<b>41</b> List the states with which a copy of this return is filed <b>NONE</b>		
<b>42a</b> The organization's books are in care of <b>SARAH PETERS</b> Telephone no. <b>319-398-5372</b> Located at <b>317 7TH AVENUE SE #401, CEDAR RAPIDS, IA</b> ZIP + 4 <b>52401</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<b>42b</b>	<b>X</b>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country	<b>42c</b>	<b>X</b>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b> N/A		
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44a</b>	<b>X</b>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	<b>44b</b>	<b>X</b>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year?	<b>44c</b>	<b>X</b>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>44d</b>	
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>45a</b>	<b>X</b>
<b>b</b> 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	<b>45b</b>	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? 

	Yes	No
46		X

Part VI Section 501(c)(3) Organizations Only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II 

47	Yes	No
		X

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 

48	Yes	No
		X

49a Did the organization make any transfers to an exempt non-charitable related organization? 

49a	Yes	No
		X

b If "Yes," was the related organization a section 527 organization? 

49b	Yes	No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A ☒ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer SARAH PETERS, CFO/VP OF FINANCE AND ADMIN. Date

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN BRIAN ARONSON, CPA BRIAN ARONSON, CPA 09/14/21 P01425251 Firm's name BERGANKDV, LTD. Firm's EIN 41-1431613 Firm's address P.O. BOX 2100 WATERLOO, IA 50704-2100 Phone no. 319-234-6885

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **FCFH-IOWA, INC.**

**D/B/A UNITED WAY 2-1-1**

Employer identification number

**20-0936954**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	319,702.	285,075.	235,050.	133,041.	0.	972,868.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	319,702.	285,075.	235,050.	133,041.		972,868.
<b>5</b> 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 amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						972,868.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>7</b> Amounts from line 4 .....	319,702.	285,075.	235,050.	133,041.		972,868.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	199.	200.	221.	203.	191.	1,014.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1,395.					1,395.
<b>11 Total support.</b> Add lines 7 through 10						975,277.

**12** Gross receipts from related activities, etc. (see instructions) .....

12

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	99.75 %
<b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....	<b>15</b>	99.82 %

**16a 33 1/3% support test - 2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....**b 33 1/3% support test - 2019.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization .....**17a 10% -facts-and-circumstances test - 2020.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....**b 10% -facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2019.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</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? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
<b>11a</b>		
<b>b</b> A family member of a person described in line 11a above?		
<b>11b</b>		
<b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>1</b>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>1</b>		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>2</b>		
<b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

	Yes	No
<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
<b>2a</b>		
<b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .		
<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). See instructions.  
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
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 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>	
<b>7</b> <b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>	
<b>9</b> Distributable amount for 2020 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by line 9 amount	<b>10</b>	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
<b>1</b> Distributable amount for 2020 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2020 distributable amount			
<b>i</b> Carryover from 2015 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2020 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2021.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2016			
<b>b</b> Excess from 2017			
<b>c</b> Excess from 2018			
<b>d</b> Excess from 2019			
<b>e</b> Excess from 2020			

## Schedule A (Form 990 or 990-EZ) 2020 D/B/A UNITED WAY 2-1-1

## Part VI

[illegible]

**SCHEDULE N**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Liquidation, Termination, Dissolution, or Significant Disposition of Assets**

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.
- ▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

**Open to Public  
Inspection**

Name of the organization **FCFH-IOWA, INC.**  
**D/B/A UNITED WAY 2-1-1**

Employer identification number  
**20-0936954**

**Part I** **Liquidation, Termination, or Dissolution.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Description of asset(s) distributed or transaction expenses paid	<b>(b)</b> Date of distribution	<b>(c)</b> Fair market value of asset(s) distributed or amount of transaction expenses	<b>(d)</b> Method of determining FMV for asset(s) distributed or transaction expenses	<b>(e)</b> EIN of recipient	<b>(f)</b> Name and address of recipient	<b>(g)</b> IRC section of recipient(s) (if tax-exempt) or type of entity
CASH		06/09/21	201,226.		42-0861239	UNITED WAY OF EAST CENTRAL IOW 317 7TH AVE SE CEDAR RAPIDS, IA 52401	501(C)(3)

**2** Did or will any officer, director, trustee, or key employee of the organization:

- a** Become a director or trustee of a successor or transferee organization? .....
- b** Become an employee of, or independent contractor for, a successor or transferee organization? .....
- c** Become a direct or indirect owner of a successor or transferee organization? .....
- d** Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution? .....
- e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ▶

	Yes	No
<b>2a</b>		X
<b>2b</b>		X
<b>2c</b>		X
<b>2d</b>		X

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

**Schedule N (Form 990 or 990-EZ) 2020**

LHA

032151 11-11-20

<b>Part I</b>	<b>Liquidation, Termination, or Dissolution</b> <i>(continued)</i>
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**Note:** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-.

**3** Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III .....

**4a** Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate? .....

**b** If "Yes," did the organization provide such notice? .....

5 Did the organization discharge or pay all of its liabilities in accordance with state laws? .....

**6a** Did the organization have any tax-exempt bonds outstanding during the year? .....

**b** If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax yr in accordance with the Internal Revenue Code and state laws?

**c** If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.

**Part II** **Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.** Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

[illegible]

**2** Did or will any officer, director, trustee, or key employee of the organization:

**a** Become a director or trustee of a successor or transferee organization? .....

**b** Become an employee of, or independent contractor for, a successor or transferee organization? .....

**c** Become a direct or indirect owner of a successor or transferee organization? .....

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?

**e** If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. ►

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization <b>FCFH-IOWA, INC. D/B/A UNITED WAY 2-1-1</b>	Employer identification number <b>20-0936954</b>
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**FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:**

DESCRIPTION OF PROPERTY:	AMOUNT:
<b>INTEREST</b>	<b>191.</b>

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
<b>OFFICE SUPPLIES</b>	<b>2,513.</b>
<b>MEMBERSHIP DUES</b>	<b>1,040.</b>
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>3,553.</b>

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
<b>RECEIVABLES</b>	<b>2,740.</b>	<b>0.</b>
<b>RELATED PARTY RECEIVABLES</b>	<b>1,371.</b>	<b>0.</b>
<b>TOTAL TO FORM 990-EZ, LINE 24</b>	<b>4,111.</b>	<b>0.</b>

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
<b>ACCOUNTS PAYABLE</b>	<b>25.</b>	<b>0.</b>

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - ACCESS TO HELP FOR  
EVERYONE ALL THE TIME**

**FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:**

**FCFH-IOWA, INC. ADMINISTERED THE UNITED WAY 2-1-1 PROGRAM,  
A FREE AND CONFIDENTIAL SERVICE, WHICH PROVIDED**

Name of the organization	FCFH-IOWA, INC. D/B/A UNITED WAY 2-1-1	Employer identification number 20-0936954
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INFORMATION AND REFERRALS TO INDIVIDUALS IN NEED OF HEALTH

AND HUMAN SERVICE RELATED INFORMATION 24 HOURS A DAY, 7 DAYS A WEEK. AS

OF JANUARY 1, 2020, FCFH'S OPERATIONS WERE TRANSFERRED TO THE UNITED

WAY OF CENTRAL IOWA.



Electronic Filing PDF Attachment

Iowa Secretary of State  
321 East 12th Street  
Des Moines, IA 50319  
sos.iowa.gov



**FILED**

Date **6/9/2021 12:36 PM**  
Corp No **292281**  
Cert No **FT0121698**

## Articles of Dissolution

TO THE SECRETARY OF STATE OF THE STATE OF IOWA:

Pursuant to section 1403 of the Revised Iowa Nonprofit Corporation Act, the following articles of dissolution are adopted:

FCFH-IOWA, INC.

Name of the Corporation is

5/18/2021

Date the dissolution was authorized

Date of dissolution if different from today's date is

The dissolution was approved by a sufficient vote of the board.

Approval of members was not required, and the dissolution was approved by a sufficient vote of the board of directors or incorporators

Approval of Members

If approval of dissolution by some person or persons other than the members, the board, or the incorporators is required pursuant to section 504.1402, subsection 1, paragraph "c", such approval has been obtained. ☐

**Signature**

Sarah A Peters

Officer

6/9/2021 12:36:11 PM

Date

**UNANIMOUS WRITTEN CONSENT ACTION  
OF THE SOLE MEMBER AND DIRECTORS OF  
FCFH-IOWA, INC.**

The undersigned, constituting the sole shareholder (the "*Member*") and all of the directors (the "*Directors*") of **FCFH-IOWA, INC.**, an Iowa Nonprofit corporation (the "*Corporation*"), hereby adopt the following resolutions effective as of May 18, 2021.

**AFFIRMATION OF CURRENT MEMBERSHIP OF CORPORATION**

WHEREAS, the **UNITED WAY OF EAST CENTRAL IOWA** is the sole Member of the Corporation, whether or not evidenced by Certificate on the books of the Corporation, all as indicated in *Exhibit A*.

**APPROVAL OF DISSOLUTION AND PLAN OF LIQUIDATION**

WHEREAS, the Corporation desires to dissolve and further desires that any remaining assets of the Corporation, after satisfaction of any creditors of the Corporation, be distributed to its Shareholder as soon as possible, in accordance with the provisions of the Revised Iowa Nonprofit Corporation Act (the "*Act*"), and the Internal Revenue Code of 1986, as amended, and the Plan of Liquidation as provided below;

WHEREAS, there has been presented to the Member and Directors the Articles of Dissolution of the Corporation, substantially in the form attached hereto in *Exhibit B*, pursuant to which the Corporation will be dissolved and its affairs be wound up; and

WHEREAS, the Member and Directors deem it advisable and in the best interest of the Corporation that the transactions contemplated by the Articles of Dissolution be entered into substantially upon the terms and subject to the conditions and for the consideration set forth therein.

RESOLVED, that the Directors recommend to the Member that the Member approves the dissolution of the Corporation and that the form, terms, conditions and consideration set forth in the Articles of Dissolution be approved, confirmed and ratified.

RESOLVED, that the dissolution of the Corporation is hereby authorized and approved by the Member and Directors pursuant to the terms and conditions of the following Plan of Liquidation:

1. The Corporation, by its duly authorized officers and Directors, shall distribute to the donors on a pro-rata basis, as set out in *Exhibit C*, any remaining Corporation assets, with the exception of a reasonable amount of cash to be retained for payment of any Federal and State tax liabilities and known unpaid liabilities and claims, together with accounting and legal fees.
2. As soon as practicable after the adoption of this Plan of Liquidation, the Corporation shall file the Articles of Dissolution of the Corporation with the Iowa Secretary of State pursuant to §504.1403 of the Act, and **SARAH PETERS**, as CFO for the Member of the Corporation, is authorized to execute such Articles of Dissolution and all other documents she deems necessary, in her opinion, in order to effectuate the dissolution of the Corporation.
3. After adoption of this Plan of Liquidation and the filing of Articles of Dissolution, the Corporation shall not carry on any business other than as appropriate to wind up and liquidate its business and affairs.

4. The Corporation's accountant shall file all necessary tax filings on behalf of the Corporation to formally dissolve the Corporation for tax purposes.
5. The Corporation shall promptly provide appropriate notice of the dissolution of the Corporation to any known and unknown claimants in compliance with §504.1406 and §504.1407 of the Act.

FURTHER RESOLVED, that the form, terms, conditions and considerations set forth in the Articles of Dissolution and Plan of Liquidation be approved, confirmed and ratified; and that **SARAH PETERS** is hereby authorized to execute and deliver, in the name and on behalf of the Corporation or otherwise, the Articles of Dissolution, substantially in the form attached hereto as *Exhibit B*, presented to the Member and Directors, with such changes therein, deletions therefrom or additions or amendments thereto as **SARAH PETERS** shall approve, her execution thereof to be conclusive evidence of such approval.

#### **GENERAL AUTHORITY TO EFFECTUATE RESOLUTIONS**

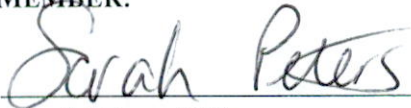
RESOLVED, that each of the Directors be, and hereby is, authorized to do or cause to be done, in the name and on behalf of the Corporation or otherwise, any and all such acts and things, and to exercise, deliver and file, in the name and on behalf of the Corporation or otherwise, any and all such agreements, applications, certificates and other documents and instruments, as the Director may deem necessary, advisable or appropriate to effectuate the foregoing resolutions.

This consent may be executed in one or more counterparts, each of which shall be deemed an original and together constitute one and the same consent. Facsimile copies or other electronically transmitted copies hereof shall be deemed to be originals and if any signature is delivered by facsimile transmission or in a ".pdf" format data file (or a similar electronic/digital format), such signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed) with the same force and effect as if such signature page were an original thereof.

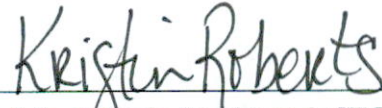
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There being no further business to conduct, the foregoing resolutions are adopted by the written consent of the Member and Directors of the Corporation effective as of this 18 day of May, 2021.

**MEMBER:**



Sarah Peters, CFO  
United Way of East Central Iowa



Kristin Roberts, President & CEO  
United Way of East Central Iowa

**DIRECTORS:**

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EXHIBIT A

MEMBERSHIP OF THE CORPORATION

<u>Member Name and Address</u>	<u>Percentage</u>
United Way of East Central Iowa 317 7 <sup>th</sup> Ave. SE, Suite 401 Cedar Rapids, 43054	100%



## **EXHIBIT B**

### ARTICLES OF DISSOLUTION OF FCFH-IOWA, INC.

TO THE SECRETARY OF STATE OF THE STATE OF IOWA:

Pursuant to Iowa Code §504.1403 of the Revised Iowa Nonprofit Corporation Act, the following Articles of Dissolution are adopted:

1. The name of the Corporation is FCFH-IOWA, INC. (the "Corporation").
2. Dissolution was authorized by the Shareholders and Board of Directors on May 18, 2021.
3. The proposal to dissolve the Corporation was duly approved by a sufficient vote of the board of directors in the manner required by Iowa code Section 504.1403 and by the Articles of Incorporation for the Corporation.
4. The Corporation is hereby dissolved.

EFFECTIVE this 18<sup>TH</sup> DAY OF MAY, 2021.

FCFH-IOWA, INC.

## EXHIBIT C

### PRO RATA DISTRIBUTIONS

<u>Donor</u> <u>Name and Address</u>	<u>Percentage</u>
Cedar Valley United Way 425 Cedar St. #300 Waterloo, Iowa 50701	5.7%
Heritage Area Agency on Aging 6301 Kirkwood Blvd SW Cedar Rapids, Iowa 52404	4.5%
United Way of Dubuque Area Tri-States 215 W 6th St. Dubuque, Iowa 52001	4.1%
United Way of East Central Iowa 317 7th Ave SE, Unit 401 Cedar Rapids, Iowa 52401	82.9%
United Way of Johnson and Washington Counties 1150 5th St., Suite 290 Coralville, Iowa 52241	0.8%
United Way of North Central Iowa 2911 4th St. SE Mason City, Iowa 50401	0.3%
United Way of Wapello County 224 2nd St. E #1 Ottumwa, Iowa 52501	1.1%
Waverly Shell Rock Area United Way 805 W Bremer Ave. #4 Waverly, Iowa 50677	0.6%



There being no further business to conduct, the foregoing resolutions are adopted by the written consent of the Member and Directors of the Corporation effective as of this 18 day of May, 2021.

**MEMBER:**

\_\_\_\_\_  
Sarah Peters, CFO  
United Way of East Central Iowa

\_\_\_\_\_  
Kristin Roberts, President & CEO  
United Way of East Central Iowa

**DIRECTORS:**

\_\_\_\_\_  
☐ Ali Wilson

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There being no further business to conduct, the foregoing resolutions are adopted by the written consent of the Member and Directors of the Corporation effective as of this 18 day of May, 2021.

**MEMBER:**

\_\_\_\_\_  
Sarah Peters, CFO  
United Way of East Central Iowa

\_\_\_\_\_  
Kristin Roberts, President & CEO  
United Way of East Central Iowa

**DIRECTORS:**

  
☐ Danielle Peterson

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There being no further business to conduct, the foregoing resolutions are adopted by the written consent of the Member and Directors of the Corporation effective as of this 19 day of May, 2021.

**MEMBER:**

\_\_\_\_\_  
Sarah Peters, CFO  
United Way of East Central Iowa

\_\_\_\_\_  
Kristin Roberts, President & CEO  
United Way of East Central Iowa

**DIRECTORS:**

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☐ *Dwayne E. Daniels*  
*[Signature]*

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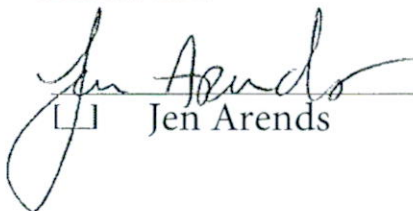
There being no further business to conduct, the foregoing resolutions are adopted by the written consent of the Member and Directors of the Corporation effective as of this 18 day of May, 2021.

**MEMBER:**

\_\_\_\_\_  
Sarah Peters, CFO  
United Way of East Central Iowa

\_\_\_\_\_  
Kristin Roberts, President & CEO  
United Way of East Central Iowa

**DIRECTORS:**

  
☐ Jen Arends

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There being no further business to conduct, the foregoing resolutions are adopted by the written consent of the Member and Directors of the Corporation effective as of this 18 day of May, 2021.

**MEMBER:**

\_\_\_\_\_  
Sarah Peters, CFO  
United Way of East Central Iowa

\_\_\_\_\_  
Kristin Roberts, President & CEO  
United Way of East Central Iowa

**DIRECTORS:**

Jill Krall  
☒ Waverly-Shell Rock  
Jill Krall Area United Way

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There being no further business to conduct, the foregoing resolutions are adopted by the written consent of the Member and Directors of the Corporation effective as of this 18 day of May, 2021.

**MEMBER:**

\_\_\_\_\_  
Sarah Peters, CFO  
United Way of East Central Iowa

\_\_\_\_\_  
Kristin Roberts, President & CEO  
United Way of East Central Iowa

**DIRECTORS:**

James Haddad  
☐ JAMES HADDAD  
BOARD CHAIR

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There being no further business to conduct, the foregoing resolutions are adopted by the written consent of the Member and Directors of the Corporation effective as of this 18 day of May, 2021.

**MEMBER:**

\_\_\_\_\_  
Sarah Peters, CFO  
United Way of East Central Iowa

\_\_\_\_\_  
Kristin Roberts, President & CEO  
United Way of East Central Iowa

**DIRECTORS:**

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\_\_\_\_\_ ☐ Catherine "Katie" Knight

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There being no further business to conduct, the foregoing resolutions are adopted by the written consent of the Member and Directors of the Corporation effective as of this 18 day of May, 2021.

**MEMBER:**

\_\_\_\_\_  
Sarah Peters, CFO  
United Way of East Central Iowa

\_\_\_\_\_  
Kristin Roberts, President & CEO  
United Way of East Central Iowa

**DIRECTORS:**

  
[ \_Nicole Knapp\_ ]

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There being no further business to conduct, the foregoing resolutions are adopted by the written consent of the Member and Directors of the Corporation effective as of this 18 day of May, 2021.

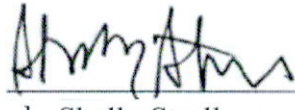
**MEMBER:**

\_\_\_\_\_  
Sarah Peters, CFO  
United Way of East Central Iowa

\_\_\_\_\_  
Kristin Roberts, President & CEO  
United Way of East Central Iowa

**DIRECTORS:**

\_\_\_\_\_  
  
☐ THOMAS I. BERGER

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☐ Shelly Strellner

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