Part VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bo	x, unl	Pos check ess pe	erson	than of is both Highest compensated employee	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(20) KEVIN SIVANEI	1.00									
DIRECTOR	0.00	х						0	0	C
								9		
,										
1b Subtotal c Total from continuation sheed d Total (add lines 1b and 1c) 2 Total number of individuals (in reportable compensation from 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line organization and related organization and related organization individual 5 Did any person listed on line 1 for services rendered to the organization B. Independent Contracto 1 Complete this table for your five compensation from the organization of the organization from the organizatio	cluding but not li the organization rmer officer, dire complete Sched a 1a, is the sum dizations greater a receive or accignization? If "Y rs e highest comper zation. Report co	mite mite ector ector rue co es,"	d to d to d to fry, true f	stee, such ble o 0,00	keyy ind com	empens "Yes	oloye al ation s," co n any e J t	ee, or highest compensation of and other compensation of complete Schedule J for such y unrelated organization or for such person actors that received more that year ending with or within	from the ch individual han \$100,000 of n the organization's tax ye	
Name and	(A) business address							Descripti	(B) on of services	Compensation
Total number of independent coreceived more than \$100,000 core.	ontractors (inclu	ding	but	not li	mite	d to	thos	e listed above) who		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I

EQUAL CHANCE FOR EDUCATION

46-4528066 Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

Employer identification number

The	orga			se it is: (For lines 1 through 12				
1	Ц	A church, co	onvention of churches, or as	sociation of churches described	d in section	on 170(b)	(1)(A)(i).	
2	Щ	A school de	scribed in section 170(b)(1)	(A)(ii). (Attach Schedule E (Fo	rm 990 or	990-EZ).)	
3		A hospital o	r a cooperative hospital serv	rice organization described in s	ection 17	0(b)(1)(A)(iii).	
4		A medical re	esearch organization operate	ed in conjunction with a hospita	l describe	d in secti	on 170(b)(1)(A)(iii). Enter the	hospital's name
		city, and sta	ite:	15000 100005 10000				ricopital o Hame,
5		An organiza	tion operated for the benefit	of a college or university owner	d or opera	ted by a	governmental unit described in	· · · · · · · · · · · · · · · · · · ·
		section 170	0(b)(1)(A)(iv). (Complete Par	t II.)	,	, ,	go vorminoritar armit accombed in	
6				governmental unit described in	section 1	70(b)(1)(A)(v).	
7	X	An organiza	tion that normally receives a section 170(b)(1)(A)(vi).	substantial part of its support f	rom a gov	ernmenta	al unit or from the general publ	ic
8				170(b)(1)(A)(vi). (Complete Pa	rt II)			
9	П	An agricultu	ral research organization de	scribed in section 170(b)(1)(A)	(ix) onera	ted in cor	niunction with a land grant call	
		or university university:	or a non-land-grant college	of agriculture (see instructions)	. Enter the	e name, o	ity, and state of the college or	ege
10		An organiza	tion that normally receives: (1) more than 33 1/3% of its sup	nort from	contribut	ions membership food and a	
		receipts fron	n activities related to its exer	npt functions, subject to certain	exception	ns: and (2	2) no more than 331/3% of its	088
		support from	i gross investment income a	nd unrelated business taxable i	ncome (le	ess sectio	n 511 tax) from husinesses	
		acquired by	the organization after June 3	80, 1975. See section 509(a)(2). (Comple	ete Part II	l.)	
11	Н	An organizat	tion organized and operated	exclusively to test for public sa	fety. See	section 5	09(a)(4).	
12		An organizat	ion organized and operated	exclusively for the benefit of, to	perform t	he function	ons of, or to carry out the purp	oses
		Check the bo	ore publicly supported organi ox in lines 12a through 12d t	zations described in section 50 hat describes the type of suppo	09(a)(1) or	section	509(a)(2). See section 509(a)	(3).
	а	Type I. A	A supporting organization on	erated, supervised, or controlle	d by ite er	inported a	and complete lines 12e, 12f, ar	1d 12g.
		the supp	orted organization(s) the pov	wer to regularly appoint or elect	a majorit	y of the di	rectors or trustees of the	ing
	b			omplete Part IV, Sections A a				
	D	control o	r management of the suppor	pervised or controlled in conne	ction with	its suppo	orted organization(s), by having	1
		organiza	tion(s) You must complete	ting organization vested in the Part IV, Sections A and C.	same per	sons that	control or manage the support	ted
	С			supporting organization operate	d in conne	ection with	and functionally integrated w	iith
		its suppo	orted organization(s) (see ins	tructions). You must complete	Part IV,	Sections	A, D, and E.	
	d	Type III i	non-functionally integrated	 A supporting organization operation 	erated in o	connection	n with its supported organization	on(s)
		that is no	ot functionally integrated. The	e organization generally must sa	atisfy a dis	stribution	requirement and an attentiven	ess
	1			nust complete Part IV, Sectio				
	е	Check th	is box if the organization rec illy integrated, or Type III no	eived a written determination fr n-functionally integrated suppor	om the IR	S that it is	s a Type I, Type II, Type III	
	f	Enter the nur	nber of supported organizati	ons	ung organ	iizaliuii.		
			ollowing information about th					
(i)		of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(1) 4	
	orga	nization	1,2	(described on lines 1–10		ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		8.
(A)								
(B)								
(C)								
(D)								
(E)								
-4								
otal		ork Doduction	n Act Notice and the Instruction					

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			,			
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	550,667	1,050,751	455,761	1,312,779	1,649,589	5,019,547
2	Tax revenues levied for the organization'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	550,667	1,050,751	455,761	1,312,779	1,649,589	5,019,547
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4						1,156,577
Sec	etion B. Total Support						3,862,970
	ndar year (or fiscal year beginning in)	(a) 2016	(h) 2017	(-) 0040	(1) 0040	() 0000	
7		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
8	Amounts from line 4 Gross income from interest, dividends,	550,667	1,050,751	455,761	1,312,779	1,649,589	5,019,547
0	payments received on securities loans, rents, royalties, and income from similar sources		1,922	2,410	2,527		6,859
9	Net income from unrelated business activities, whether or not the business is regularly carried on						7/
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				ET		6
11	Total support. Add lines 7 through 10						5,026,406
12	Gross receipts from related activities, etc.	(see instructions)				12	2,886
13	First 5 years. If the Form 990 is for the org	ganization's first, se	econd, third, fourth	i, or fifth tax year a	as a section 501(c)	(3)	
	organization, check this box and stop here	e					
Sec	tion 6. Computation of Public St	ipport Percent	age				
14	Public support percentage for 2020 (line 6	, column (f) divided	by line 11, colum	n (f))		14	76.85%
15	Public support percentage from 2019 Sche	edule A, Part II, line	14			15	62.51%
16a	33 1/3% support test—2020. If the organi	zation did not chec	k the box on line '	3, and line 14 is 3	3 1/3% or more, ch	neck this	
	box and stop here. The organization quali						▶ X
b	33 1/3% support test—2019. If the organi			or 16a, and line 1	5 is 33 1/3% or mo	re, check	
	this box and stop here . The organization of						▶ □
17a	10%-facts-and-circumstances test—202	If the organization	on did not check a	box on line 13, 16	a, or 16b, and line	14 is	
	10% or more, and if the organization meet						
	Part VI how the organization meets the "fa	cts-and-circumstan	ices" test. The org	anization qualifies	as a publicly suppo	orted	
	organization						•
b	10%-facts-and-circumstances test—201	9. If the organization	n did not check a	box on line 13, 16	a, 16b, or 17a, and	line	
	15 is 10% or more, and if the organization						
	in Part VI how the organization meets the '						
	organization						• [
18	Private foundation. If the organization did	not check a box o	n line 13, 16a, 16b	, 17a, or 17b, che	ck this box and see)	· ·
	instructions						• [

Schedule A (Form 990 or 990-EZ) 2020

Part III Support Schedu

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.)

Sec	ction A. Public Support	quality dilucit	ine tests listed i	below, please (ompiete Fart i	1.)	
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")			(5)====	(, =	(0) 2020	(i) rotar
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf				2		
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						=
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		9				
13	Total support. (Add lines 9, 10c, 11,						
14	First 5 years. If the Form 990 is for the org	nanization's firet	second third fourth	or fifth tay year	e a section FO4/-\	(3)	
	organization, check this box and stop here						▶ □
Sec	tion C. Computation of Public Su		tage				
5	Public support percentage for 2020 (line 8,			ın (f))		15	%
6	Public support percentage from 2019 Sche	edule A, Part III, lir	ne 15		· · · · · · · · · · · · · · · · · · ·		%
Sec	tion D. Computation of Investme	nt Income Per	rcentage				
7	Investment income percentage for 2020 (li	ne 10c, column (f)	, divided by line 13	, column (f))		17	%
	nvestment income percentage from 2019 S	Schedule A, Part II	I, line 17			18	%
9a	33 1/3% support tests—2020. If the organ						
k	17 is not more than 33 1/3%, check this bo	x and stop here.	The organization q	ualifies as a public	ly supported organ	nization	▶ ⊔
b	33 1/3% support tests—2019. If the organ						
20	line 18 is not more than 33 1/3%, check this	s pox and stop he	ere. The organizati	on qualifies as a p	ublicly supported o	organization	▶ 片
	Private foundation. If the organization did	HOL GHECK a DOX (14, 19a, or	isb, check this box	k and see instruction	ons	

Part IV **Supporting Organizations**

Schedule A (Form 990 or 990-EZ) 2020

(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

- 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.
- Did the organization have any supported organization that does not have an IRS determination of status 2 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- 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.
- 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.
- 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- 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).
- 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).
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- 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.
- 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.
- Was the organization subject to the excess business holdings rules of section 4943 because of section 10a 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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	T*********
1		
•		T
2		
*********		***************************************
3a		l
3b		
3c		l
4a		
-7d		
4b		
A -		
4c		
E-		
5a		

5b		
5c		
50		
6		
7		

8		
	I	
9a		
9b		

9c		
f		
10a		

	· · · · · · · · · · · · · · · · · · ·	
10b		

Schedule A (Form 990 or 990-EZ) 2020

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	, and the state of the grant of			
	11c below, the governing body of a supported organization?	11a		
b		11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
Sect	detail in Part VI. ion B. Type I Supporting Organizations	11c		
0000	1011 D. Type I dupporting organizations		V	T No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		Yes	No
	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 Part VI 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.	1	************	1
2	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 Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Cook	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	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			
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
-	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how</i>			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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 Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	ıctions).		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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 Part VI 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			
h	that these activities constituted substantially all of its activities.	2a		
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			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	01-		
3	these activities but for the organization's involvement. Parent of Supported Organizations. Answer lines 3a and 3b below.	2b		
з a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
u	trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>	2-		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

	ule A (Form 990 or 990-EZ) 2020 EQUAL CHANCE FOR EDUCATION		46-4528	066	Page 6
Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	aniza	tions		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	v. 20,	1970 (explain in Part VI). S	ee	
	instructions. All other Type III non-functionally integrated supporting organizations mus	t comp	olete Sections A through E.	E	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current \ (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 Y (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			
	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 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	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C – Distributable Amount			Current Ye	ar
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	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-functionally integrated T		supporting organization		
	(see instructions).	J	11		

Schedule A (Form 990 or 990-EZ) 2020

	ule A (Form 990 or 990-EZ) 2020 EQUAL CHANCE FOR Type III Non-Functionally Integrated 509(a)(3)		46-4528	3066 Page
Sec	tion D – Distributions	supporting organize	ations (commuca)	Current Year
1	Amounts paid to supported organizations to accomplish exempt purpo			
	Amounts paid to perform activity that directly furthers exempt purpose			
_	organizations, in excess of income from activity	3 of supported		
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets	ortod organizations		
5	Qualified set-aside amounts (prior IRS approval required—provide det	ails in Part VI)		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2020 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sec	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
			Pre-2020	Amount for 2020
1_	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required–explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
	From 2015			
	From 2016			
	From 2017			
	From 2018			
	From 2019			
	Total of lines 3a through 3e			
1357	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Carryover from 2015 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2020 distributable amount			
	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2020 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
8	and 4c. Breakdown of line 7:			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018 Excess from 2019			
	Excess from 2020			
	=20000 110111 2020	L. L	r	

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form	n 990 or 990-EZ) 2020	EQUAL	CHANCE	FOR	EDUCATION	46-4528066	Page 8
Part VI	Supplemental Info III, line 12; Part IV, B, lines 1 and 2; Pa 3a, and 3b; Part V,	ormation. F Section A, art IV, Secti line 1; Part	Provide the clines 1, 2, 3 on C, line 1, t V, Section	explana b, 3c, 4 Part I\ B, line	ations required b lb, 4c, 5a, 6, 9a, V, Section D, line 1e; Part V, Secti	y Part II, line 10; Part II, line 17a or 9b, 9c, 11a, 11b, and 11c; Part IV, as 2 and 3; Part IV, Section E, lines on D, lines 5, 6, and 8; and Part V, ation. (See instructions.)	17b; Part Section 1c, 2a, 2b,
					-		
							i
·	•••••						
					¥		
					•••••		
•••••							

	_	
u	2	
ò	'n	
ċ	Ś	
7	-	
<u> </u>	:	

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

 Ξ

(7)

3

4

(2)

9

6

8

6

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

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

OMB No. 1545-0047 2020

Open to Public Inspection å

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance Employer identification number X Yes 46-4528066 noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) ▶ Go to www.irs.gov/Form990 for the latest information. (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) General Information on Grants and Assistance EQUAL CHANCE FOR EDUCATION (b) EIN the selection criteria used to award the grants or assistance? (a) Name and address of organization or government Name of the organization Part II Part

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2020)

Schedule I (Form 990) (2020)

SCHEDULE O (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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization

Employer identification number 46-4528066

EQUAL CHANCE FOR EDUCATION	46-4528066
FORM 990, PART VI, LINE 2 - RELATED PARTY I	NFORMATION AMONG OFFICERS
MICHAEL SPALDING, MD WIL	LIAM CRENSHAW
PRESIDENT TRE	ASURER
FAMILY RELATIONSHIP	
5 5500000000000000000000000000000000000	
FORM 990, PART VI, LINE 11B - ORGANIZATION'	S PROCESS TO REVIEW FORM 990
FORM 990 IS THOROUGHLY REVIEWED BY PRESIDEN	T AND CHAIRMAN, EXECUTIVE
DIRECTOR, AND TREASURER AND IS SHARED WITH	THE ENTIRE BOARD FOR REVIEW
PRIOR TO FILING.	
FORM 990, PART VI, LINE 19 - GOVERNING DOCU	MENTS DISCLOSURE EXPLANATION
THE DOCUMENTS ARE MADE AVAILABLE UPON REQUE	ST
• • • • • • • • • • • • • • • • • • • •	······································
	••••••

90 90 Fund Raising 5 629 Management & General 664 S Form 990, Part IX, Line 24e - All Other Expenses 467 467 Program Service Federal Statements ⟨⟩ 659 557 1,221 Expenses Total 3 4710345 EQUAL CHANCE FOR EDUCATION Description EVENTS MISCELLANEOUS DUES AND FEES FYE: 6/30/2021 46-4528066 TOTAL

4710345 EQUAL CHANCE FOR EDUCATION 46-4528066 FYE: 6/30/2021	Federal Statements	
	Schedule A, Part II, Line 1(e)	
Description	on	
OTHER TOTAL	\$ 1,649,589	

4710345 EQUAL CHANCE FOR EDUCATION

46-4528066

Federal Statements

FYE: 6/30/2021

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
THE DREAM.US	\$ 1,064,689	\$ 964,161
THE BOEDECKER FOUNDATION	234,000	133,472
DAN AND MARGARET MADDOX FOUNDATION	60,000	,
MARTIN FAMILY FOUNDATION	78,416	
SANDRA SCHATTEN FOUNDATION	97,550	
STEVE TURNER	45,000	
THORNE CHARITABLE FUND	30,000	
CLINICA HISPANICA LA PAZ	25,400	
THE BONE FAMILY FOUNDATION	20,000	
SCHWAB CHARITABLE	19,000	
CAROLINE E. DAVIS LIVING TRUST	59,391	
HCA FOUNDATION	65,250	
HELLER FAMILY FOUNDATION	39,250	
ARDENT HEALTH	15,000	
JAMES FREDRICK & PATRICIA MUNRO	72,750	
THE JAMES R. MEADOWS, JR. FOUNDATIO	16,250	
UW GREATER NASH	10,000	
ANSLEY AND JAMES GAFF	10,000	
DAILY FAMILY FOUNDATION	22,216	
MARK AND JOANNE HAZELWOOD	135,000	34,472
MARK MCDONALD	10,000	31,112
THE DALLAS FOUNDATION RAEGAN PLACE	10,000	
PAUL AND JOYCE HEIL	10,000	
ROSS GLOTZBACH	9,710	
CARLYLE CARROLL	7,962	
ROBERT LIPMAN	22,500	
THOMAS AND MAME HOUSER CHARITABLE F	11,700	
RENASANT BANK	11,500	
CELESTE REED	61,250	
CHARLIE MARTIN	6,250	
TOM BOYD	6,250	
C & B HEARN FOUNDATION	6,250	
DR. MICHAEL SPALDING	5,000	
BH MANAGEMENT	5,000	
DAVIS		
WILEY BROTHERS	5,000	
BARBARA AND STEVE WILSON	5,000	
JAN SOBOTKA	5,000	
AMBASSADOR ARTIST AGENCY	5,000	
COMMUNITY FOUNDATION OF GREATER MEM	5,000	
HOPE CHRISTIAN COMMUNITY FOUNDATION	55,000	
	35,000	
MASON AND ANN HAWKINS	18,000	
EDUCATORS FOR FAIR CONSIDERATIONS	30,000	
FIRST TN FOUNDATION	20,000	0.4 450
COMMUNITY INITIATIVE	125,000	24,472
MEMORIAL FOUNDATION	86,666	
JAMIE STREAM	62,500	
BILL AND CHARMAIN HEARN FOUNDATION	40,700	
DAVID R. SMITH & CATHERINE SMITH	25,000	
PAT MEADOWS	25,000	
MRS. RANDLE AND JODIE MARCHMEN	12,500	
THE DANNER FOUNDATION	6,500	
TOM AND PAM WYLLY	15,000	
MARGARET WONG	7,500	

4710345 EQUAL CHANCE FOR EDUCATION

46-4528066

Federal Statements

FYE: 6/30/2021

Schedule A, Part II, Line 5 - Excess Gifts (continued)

Donor Name	Total	Excess
JOHN R CHEADLE SCARLET FAMILY FOUNDATION THE STEVEN AND LAURIE ESKIND FAMILY ELIZABETH MCDONALD CAROL KNOX FRIST CATERPILLAR FINANCIAL SERVICES CORP CULLEN DOUGLASS DAVID AND JANICE MORGAN GORGON PEERMAN JANICE LAGASSE RYMAN HOSPITALITIES VIRGINIA AND BOBO TANNER PINNACLE BANK ROBERT CHAVEZ JOHN AND NANCY ABBOTT DAVID THOMBS WANDA MCNEIL SPENCER HAYS JO ANNE CATO	\$ 5,000 10,000 13,000 5,000 7,500 6,500 6,500 6,500 6,250 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000 5,000	\$
TOTAL	\$3,009,150	\$ 1,156,577

359 359 Amount Schedule A, Part II, Line 12 - Current year Federal Statements TAXABLE INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS Description 4710345 EQUAL CHANCE FOR EDUCATION FYE: 6/30/2021 46-4528066 TOTAL