Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public
► Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 01-01-2015 , and ending 12-31-2015

B Check if applicable	**C** Name of organization ORGANIZACION DE IGUALDAD DE DERECHOS	**D** Employer identification number 01-0724516
☐ Address change		
☐ Name change	Doing business as	
☐ Initial return		
☐ Final return/terminated	Number and street (or P O box if mail is not delivered to street address) Room/suite 801 QUEENS RD	**E** Telephone number (713) 944-9654
☐ Amended return	City or town, state or province, country, and ZIP or foreign postal code PASADENA, TX 77502	**G** Gross receipts $ 63,668
☐ Application pending		

F Name and address of principal officer
VICTOR PALMA
803 QUEENS
PASADENA,TX 77502

H(a) Is this a group return for subordinates? ☐ Yes ☑ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

H(c) Group exemption number ►

J Website: ► HTTP //WWW.EQUALRIGHTSORGINC.COM

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ► | **L** Year of formation 2002 | **M** State of legal domicile TX

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE ASSISTANCE, GUIDANCE, AND INFORMATION TO INDIVIDUALS AND FAMILIES IN SITUATIONS OF DOMESTIC VIOLENCE, BASIC NEEDS, AND HUMAN RIGHTS BY WAY OF GENERAL LEGAL, MEDICAL, AND PSYCHOLOGY PROFESSIONALS WITHOUT REGARD TO RACE, GENDER, RELIGION, LANGUAGE, OR DISABILITY

2 Check this box ►☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	**3**	8
4 Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	**5**	0
6 Total number of volunteers (estimate if necessary)	**6**	
7a Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	31,524	63,668
9	Program service revenue (Part VIII, line 2g)		0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	31,524	63,668
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ►0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	26,891	57,843
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	26,891	57,843
19	Revenue less expenses Subtract line 18 from line 12	4,633	5,825

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	446	3,152
21	Total liabilities (Part X, line 26)	27,807	24,688
22	Net assets or fund balances Subtract line 21 from line 20	-27,361	-21,536

Part II Signature Block

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	► ******	2016-08-16
	Signature of officer	Date
	► VICTOR PALMA BOARD MEMBER	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name BENJAMIN P GOMEZ	Preparer's signature BENJAMIN P GOMEZ	Date 2016-08-18	Check ☑ if self-employed	PTIN P00840652
	Firm's name ► GOMEZ & COMPANY			Firm's EIN ► 76-0225893	
	Firm's address ► 5177 RICHMOND AVE STE 1100 HOUSTON, TX 770566748			Phone no (713) 666-5900	

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . ☑ Yes ☐ No

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