

Return of Organization Exempt From Income Tax

2014

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2014 calendar year, or tax year beginning, 2014, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization AMIGOS EN CRISTO INC. Doing business as AMIGOS CENTER. D Employer identification no. 59-3646095. E Telephone number (239) 437-6727. F Name and address of principal officer: PATRICIA O'DONNELL, 25999 OLD 41 ROAD, Bonita Springs, FL 34135. H(a) Is this a group return for subordinates? No. H(b) Are all subordinates included? No. H(c) Group exemption number. I Tax-exempt status: 501(c)(3). J Website: N/A. K Form of organization: Corporation. L Year of formation: 2000. M State of legal domicile: FL.

Part I Summary

Table with 4 main sections: Activities & Governance (lines 1-7b), Revenue (lines 8-12), Expenses (lines 13-19), and Net Assets or Fund Balances (lines 20-22). Includes columns for Prior Year and Current Year.

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: ROBERT SELLE, Signature of officer, Date. ROBERT SELLE, CEO, Type or print name and title.

Paid Preparer Use Only: MARIA P HAYES, Preparer's signature, Date 09-03-2015, Check self-employed, PTIN P00366694. Firm's name: Maria P Hayes CPA & Assoc, Firm's address: 5659 Strand Court Suite 104, Naples FL 34110, Phone no. 239-596-6050.

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

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

AMIGOS EN CRISTO'S MISSION IS TO HELP IMMIGRANTS TO AN ABUNDANT LIFE IN SWFL AND INTO ETERNITY. IN ADDITION TO WORD AND SACRAMENT MINISTRY, WE PROVIDE THE IMMIGRANTS THE TOOLS TO SUCCESSFULLY ASSIMILATE INTO THE USA BY PROVIDING LEGAL IMMIGRATION SERVICES AND OTHER SOCIAL SVCS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: _____) (Expenses \$ 501,191 including grants of \$ _____) (Revenue \$ _____)

RELIGIOUS AND SOCIAL OUTREACH TO IMMIGRANT COMMUNITIES OF SWFL: INCLUDES LANGUAGE AND THEOLOGICAL SERVICES, WORD AND SACRAMENT MINISTRY, AS WELL AS HUMANITARIAN AND REFERRAL SERVICES. SERVED 3117 UNDUPLICATED CLIENTS.

4b (Code: _____) (Expenses \$ 193,974 including grants of \$ _____) (Revenue \$ _____)

IMMIGRATION SERVICES: ASSISTANCE TO IMMIGRANTS (PRIMARILY HISPANIC) WHO SEEK LEGAL IMMIGRATION AND NATURALIZATION DOCUMENTS FILED WITH THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES. SERVED 1732 UNDUPLICATED CLIENTS.

4c (Code: _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses **695,165**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, federal employment tax returns, unrelated business gross income, foreign country information, prohibited tax shelter transactions, deductible contributions, and sponsoring organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed (FL); 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [] Upon request [] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: DENNY BROWN (239) 437-6727, 25999 OLD 41 ROAD, Bonita Springs, FL 34135

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) <u>ROBERT SELLE</u> ----- CEO	40.00	X				X	65,677	0	0	
(2) <u>DENNY BROWN</u> ----- BOARD MEMBER	1.00	X					0	0	0	
(3) <u>CHRISTINE PAGANES</u> ----- BOARD MEMBER	1.00	X					0	0	0	
(4) <u>PATRICIA O'DONNELL</u> ----- BOARD MEMBER	1.00	X		X			0	0	0	
(5) <u>LEONARDO GARCIA</u> ----- BOARD MEMBER	1.00	X					0	0	0	
(6) <u>NIGEL FULLICK</u> ----- BOARD MEMBER	1.00	X					0	0	0	
(7) <u>DIEGO GRISALES</u> ----- BOARD MEMBER	1.00	X					0	0	0	
(8) <u>ED CHRISTENBURY</u> ----- BOARD MEMBER	1.00	X					0	0	0	
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----	-----									
(16) -----	-----									
(17) -----	-----									
(18) -----	-----									
(19) -----	-----									
(20) -----	-----									
(21) -----	-----									
(22) -----	-----									
(23) -----	-----									
(24) -----	-----									
(25) -----	-----									
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							65,677	0	0	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c 4,385					
	d Related organizations	1d					
	e Government grants (contributions) . .	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 596,755					
	g Noncash contributions included in lines 1a-1f: \$	295,169					
	h Total. Add lines 1a-1f		601,140				
	Program Service Revenue	2a CLIENT FEES		Business Code			
		541100	145,481	145,481			
b OFFICE RENTAL		531120	11,275	11,275			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			156,756				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)						
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b Less: cost or other basis and sales expenses					
		c Gain or (loss)					
		d Net gain or (loss)					
	8a Gross income from fundraising events (not including \$ 4,385 of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses					
		c Net income or (loss) from fundraising events					
	9a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses					
		c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a					
		b Less: cost of goods sold					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a RELEASED RESTR FUNDS		900099	27,955	27,955			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			27,955				
12 Total revenue. See instructions			785,851	184,711	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	65,677	58,544	4,427	2,706
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	174,429	152,623	13,987	7,819
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	64,485	58,855	4,312	1,318
9 Other employee benefits				
10 Payroll taxes	10,752	10,712	(2,504)	2,544
11 Fees for services (non-employees):				
a Management				
b Legal	648	287	61	300
c Accounting	4,800		4,800	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,869	1,869		
12 Advertising and promotion	3,415	1,331	950	1,134
13 Office expenses	19,289	13,272	4,400	1,617
14 Information technology				
15 Royalties				
16 Occupancy	62,785	52,658	6,767	3,360
17 Travel	7,400	6,823	3	574
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	12,151	12,151		
20 Interest	14,893	12,664	1,056	1,173
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	12,722	12,722		
23 Insurance	14,626	11,441	1,604	1,581
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____	304,450	289,213	4,280	10,957
25 Total functional expenses. Add lines 1 through 24e	774,391	695,165	44,143	35,083
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	74,985	1	108,188	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	20,848	4	18,298	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	8,486	9	6,291	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 593,379			
	b Less: accumulated depreciation	10b 80,380	519,031	10c	512,999
	11 Investments - publicly traded securities			11	
	12 Investments - other securities. See Part IV, line 11			12	
	13 Investments - program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11			15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		623,350	16	645,776	
Liabilities	17 Accounts payable and accrued expenses	22,023	17	20,383	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23 Secured mortgages and notes payable to unrelated third parties	250,810	23	249,871	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26 Total liabilities. Add lines 17 through 25		272,833	26	270,254
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	322,248	27	333,708	
	28 Temporarily restricted net assets	28,269	28	41,814	
	29 Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	350,517	33	375,522		
34 Total liabilities and net assets/fund balances		623,350	34	645,776	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	785,851
2	Total expenses (must equal Part IX, column (A), line 25)	2	774,391
3	Revenue less expenses. Subtract line 2 from line 1	3	11,460
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	350,517
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	13,545
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	375,522

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047

2014

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

**Open to Public
Inspection**

Name of the organization

Employer identification number

AMIGOS EN CRISTO INC.

59-3646095

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 11, 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.)
- 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 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - 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 1-9 above or IRC section (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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2014

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization

AMIGOS EN CRISTO INC.

Employer identification number

59-3646095

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization AMIGOS EN CRISTO INC.	Employer identification number 59-3646095
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	COMCAST CORPORATION 1701 JFK boulevard Philadelphia, PA 19103	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	FL-GA DISTRICT LCMS 5850 T G LEE BLVD STE 500 Orlando, FL 32822	\$ 15,072	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HERBERT IHLE 4811 Island Pond Ct, #705 Bonita Springs, FL 34134	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	LAW OFFICE OF FL RURAL LEGAL SVCS P.O. Box 24688 Lakeland, FL 33802	\$ 7,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	O'DONNELL LANDSCAPES INC 4291 William Road Estero, FL 33928	\$ 5,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ROY SAWATZSKY 10200 Abbottshire Village Pl. Powell, OH 43065	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMIGOS EN CRISTO INC.	Employer identification number 59-3646095
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ROBERT SELLE 19168 Dogwood Rd Fort Myers, FL 33912	\$ 6,400	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	ST MICHAELS LUTHERAN 3595 Broadway Fort Myers, FL 33901	\$ 25,495	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	SUMMITT CHURCH 9210 Estero Park Commons Blvd, Ste. Estero, FL 33928	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	SWFL COMMUNITY FOUNDATION 8260 College Parkway Suite 101 Fort Myers, FL 33919	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	THRIVENT FINANCIAL 4321 N. Ballard Road Appleton, WI 54919	\$ 15,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	UNITED WAY OF LEE COUNTY 7273 Concourse Drive Fort Myers, FL 33908	\$ 30,585	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization AMIGOS EN CRISTO INC.	Employer identification number 59-3646095
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	THOMAS USHER 600 Grant Street, Ste. 6100 Pittsburgh, PA 15219	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	ZION LUTHERAN 7401 Winkler Road Fort Myers, FL 33919	\$ 10,548	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	THRIVENT FINANCIAL 4321 N BALLARD ROAD Appleton, WI 54919	\$ 6,050	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	ROY SAWATZKY 10220 ABBOTTSHIRE VILLAGE PL Powell, OH 43065	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	EDWARD CHRISTENBURY 890 DARTMOOR WAY Fort Myers, FL 33908	\$ 6,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	JAMES KROENCKE 16939 TIMBERLAKES DR Fort Myers, FL 33908	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

2014

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

AMIGOS EN CRISTO INC.

59-3646095

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ _____ %
- b Permanent endowment ▶ _____ %
- c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		170,000		170,000
b Buildings		414,399	74,518	339,881
c Leasehold improvements				
d Equipment		8,980	5,862	3,118
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				512,999

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

AMIGOS EN CRISTO INC.

59-3646095

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial	X	12	40,980	FMV
17	Real estate - Other				
18	Collectibles				
19	Food inventory	X	12	254,189	FMV
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶()				
26	Other ▶()				
27	Other ▶()				
28	Other ▶()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

**Open to Public
Inspection**

AMIGOS EN CRISTO INC.

Employer identification number

59-3646095

01. Officer, directors, etc. family relationship (Part VI, line 2)

The executive director is married to the bookkeeper. Also, one of our board members is married to a full time staff member.

02. Members or stockholder classes and rights (Part VI, line 6)

Members.

03. Member election for additional members (Part VI, line 7a)

Our Board members elect new board members as well as appoint the Executive Director.

04. Form 990 governing body review (Part VI, line 11)

Form 990 is made available to the Board Members for review and comment before filing with the IRS.

05. Conflict of interest policy compliance (Part VI, line 12c)

Each board member and staff are required to review and sign our conflict of interest statement annually.

06. CEO, executive director, top management comp (Part VI, line 15a)

The Executive Director establishes salaries for staff using guidelines published annually by the FL-GA District of Lutheran Church-Missouri Synod. Salaries are then reviewed and approved by the Board of Directors at the time of the budget approval for the new calendar year.

07. Governing documents, etc, available to public (Part VI, line 19)

We make our governing documents, conflict of interest policy and and financial statements For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization

Employer identification number

AMIGOS EN CRISTO INC.

59-3646095

available to the public upon request. We only ask they pay for the postage. We publish our Financial Reports and Form 990 Annual Return on our website www.amigoscenter.org

08. Explanation of other changes in net assets or fund balances (Part XI, line 11)

Restricted Funds Released in Current Year

09. List of other fees for services expenses (Part IX, line 11g)

Professional Association Dues

10. List of other expenses (Part IX, line 24e)

See Worksheet attached for this line item for full details; majority of the total expense here is Gifts in Kind.

Depreciation and Amortization (Including Information on Listed Property)

2014

Department of the Treasury
Internal Revenue Service (99)

▶ **Attach to your tax return.**

▶ **Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.**

Attachment
Sequence No. **179**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

AMIGOS EN CRISTO INC.

FORM 990 - 1

59-3646095

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)		1
2	Total cost of section 179 property placed in service (see instructions)		2
3	Threshold cost of section 179 property before reduction in limitation (see instructions)		3
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-		4
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions		5
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8
9	Tentative deduction. Enter the smaller of line 5 or line 8		9
10	Carryover of disallowed deduction from line 13 of your 2013 Form 4562		10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12
13	Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)		14
15	Property subject to section 168(f)(1) election		15
16	Other depreciation (including ACRS)		16 11,470

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2014		17 680
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,304	5	HY	200 DB	261
c 7-year property		1,270	7	HY	200 DB	181
d 10-year property						
e 15-year property		3,907	15	HY	SL	130
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System

20a	Class life					
b	12-year		12 yrs.		S/L	
c	40-year		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28		21
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions		22 12,722
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Name(s) as shown on return

FEIN

AMIGOS EN CRISTO INC.

59-3646095

COMPENSATION: KEY EMPLOYEE - ADMIN

Description	Amount
TOTAL ADMIN WAGES/TOTAL WAGES * SELLE WAGES&HOUSING	\$ 4,427
Total:	\$ 4,427

COMPENSATION: KEY EMPLOYEE - FUNDRAISING

Description	Amount
TOTAL FUNDRAISING WAGE EXP/TOTAL WAGES * SELLE WAGES&HOU	\$ 2,706
Total:	\$ 2,706

OFFICE EXPENSE - PROGRAM

Description	Amount
TOTAL SUPPLIES	\$ 8,945
TOTAL POSTAGE	1,150
TOTAL TELEPHONE	9,194
LESS TOTAL ADMIN	(4,400)
LESS TOTAL FUNDRAISING	(1,617)
Total:	\$ 13,272

OFFICE EXPENSE - ADMIN

Description	Amount
SUPPLIES	\$ 4,026
POSTAGE	194
TELEPHONE	180
Total:	\$ 4,400

OFFICE EXPENSE - FUNDRAISING

Description	Amount
SUPPLIES	\$ 457
POSTAGE	690
TELEPHONE	470
Total:	\$ 1,617

Name(s) as shown on return

FEIN

AMIGOS EN CRISTO INC.

59-3646095

LINE 16: OCCUPANCY - PROGRAM SERVICES

Description	Amount
OFFICE SPACE: IN KIND	\$ 40,980
MAINTENANCE	11,124
UTILITIES	10,681
LESS: ADMIN	(6,767)
LESS: FUNDRAISING	(3,360)
Total:	\$ 52,658

LINE 16: OCCUPANCY - ADMIN

Description	Amount
OFFICE SPACE: IN KIND	\$ 6,720
MAINTENANCE	47
Total:	\$ 6,767

LINE 16: OCCUPANCY - FUNDRAISING

Description	Amount
OFFICE SPACE: IN KIND	\$ 5,560
MAINTENANCE	(2,200)
Total:	\$ 3,360

OTHER EXPENSES: PROGRAM

Description	Amount
IN KIND EXPENSES	\$ 241,909
BAD DEBT	1,500
CHURCH EXPENSE	22,335
CONTRACT LABOR	190
MISCELLANEOUS	9
PROGRAM MATERIALS	9,647
TRANSPORTATION	13,623
Total:	\$ 289,213

Name(s) as shown on return

FEIN

AMIGOS EN CRISTO INC.

59-3646095

OTHER EXPENSES: ADMIN

Description	Amount
BAD DEBT	\$ 3,210
CONTRACT LABOR	260
FUNDRAISING EXPENSES	299
MISCELLANEOUS	161
TRANSPORTATION	350
Total:	\$ 4,280

OTHER EXPENSES: FUNDRAISING

Description	Amount
FUNDRAISING EXPENSES	\$ 10,456
TRANSPORTATION	711
MISCELLANEOUS	(210)
Total:	\$ 10,957

* Item was disposed
of during current year.

Depreciation Detail Listing

Program Services
For your records only

2014

PAGE 1

Name(s) as shown on return

Social security number/EIN

AMIGOS EN CRISTO INC.

59-3646095

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
1	CARPETING	05212013	1,275		100.00		1,275	15	SL HY	6.667	85	128			85
2	AIR CONDITIONERS	07262013	12,173		100.00		12,173	15	SL HY	6.667	812	1,218			812
7	VIDEO PROJECTOR	03282005	830		100.00		830	5		0		830			
8	IMMOAKALEE CENTER BLD	08212006	67,500		100.00		67,500	39	SL MM	2.564	1,731	12,524			1,731
9	LAND	10162006	170,000	170,000	100.00		0	39		0					
10	IMMOAKALEE CENTER BLD	10162006	4,830		100.00		4,830	39	SL MM	2.564	124	896			124
11	IMMOAKALEE CENTER BLD	10162006	212,500		100.00		212,500	39	SL MM	2.564	5,449	39,398			5,449
12	MGMT ENG - LANDSCAPE	12262006	625		100.00		625	39	SL MM	2.564	16	115			16
13	MGMT ENG - SURVEY	03232007	2,500		100.00		2,500	39	SL MM	2.564	64	462			64
14	MGMT ENG - PROF FEES	05032007	2,300		100.00		2,300	39	SL MM	2.564	59	426			59
15	MGMT ENG - PROF FEES	06112007	1,450		100.00		1,450	39	SL MM	2.564	37	268			37
16	MGMT ENG - PROF FEES	06132007	3,000		100.00		3,000	39	SL MM	2.564	77	555			77
17	BUILDING MODIFICATION	06192007	500		100.00		500	39	SL MM	2.564	13	93			13
18	MGMT ENG - PROF FEES	06302007	700		100.00		700	39	SL MM	2.564	18	129			18
19	MGMT ENG - FIRE CONTR	06302007	75		100.00		75	39	SL MM	2.564	2	14			2
20	BUILDING MOD - SITE C	07242007	800		100.00		800	39	SL MM	2.564	21	149			21
21	MGMT ENG - PROF FEES	07242007	1,045		100.00		1,045	39	SL MM	2.564	27	193			27
22	BUILDING MOD - SIDEWA	07242007	7,682		100.00		7,682	39	SL MM	2.564	197	1,419			197
23	MGMT ENG - PROF FEES	08092007	1,500		100.00		1,500	39	SL MM	2.564	38	277			38
24	MGMT ENG - PROF FEES	08232007	601		100.00		601	39	SL MM	2.564	15	110			15
25	MGMT ENG - PROF FEES	09112007	3,279		100.00		3,279	39	SL MM	2.564	84	605			84
26	MGMT ENG - PROF FEES	09182007	333		100.00		333	39	SL MM	2.564	9	62			9
27	MGMT ENG - PROF FEES	10032007	2,008		100.00		2,008	39	SL MM	2.564	51	370			51
28	MUILLDING MOD - APP FE	10292007	1,000		100.00		1,000	39	SL MM	2.564	26	185			26
29	MGMT ENG - PROF FEES	11052007	1,000		100.00		1,000	39	SL MM	2.564	26	185			26
30	MGMT ENG - PROF FEES	11212007	2,423		100.00		2,423	39	SL MM	2.564	62	447			62
31	MGMT ENG - PROF FEES	12132007	2,180		100.00		2,180	39	SL MM	2.564	56	403			56
32	MGMT ENG - PROF FEES	12142007	891		100.00		891	39	SL MM	2.564	23	165			23
33	MGMT ENG - PROF FEES	12312007	100		100.00		100	39	SL MM	2.564	3	19			3
34	BUILDING MOD - SITE W	01292008	28,351		100.00		28,351	39	SL MM	2.564	727	5,229			727

* Item was disposed
of during current year.

Depreciation Detail Listing

Program Services
For your records only

2014

PAGE 2

Name(s) as shown on return

Social security number/EIN

AMIGOS EN CRISTO INC.

59-3646095

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
35	BUILDING MOD-SITE WOR	02082008	22,850		100.00		22,850	39	SL MM	2.564	586	4,213			586
36	MGMT ENG - PROF FEES	03142008	2,735		100.00		2,735	39	SL MM	2.564	70	504			70
37	BUILDING MOD-SITE WOR	04012008	6,333		100.00		6,333	39	SL MM	2.564	162	1,166			162
38	BUILDING MOD-SITE WOR	04182008	700		100.00		700	39	SL MM	2.564	18	129			18
39	BUILDING MOD-SITE WOR	04182008	568		100.00		568	39	SL MM	2.564	15	105			15
40	MGMT ENG - PROF FEES	04182008	400		100.00		400	39	SL MM	2.564	10	73			10
41	MGMT ENG - PROF FEES	04182008	500		100.00		500	39	SL MM	2.564	13	93			13
42	MGMT ENG - PROF FEES	05092008	1,028		100.00		1,028	39	SL MM	2.564	26	189			26
43	MGMT ENG - PROF FEES	06132008	586		100.00		586	39	SL MM	2.564	15	108			15
44	MGMT ENG - PROF FEES	12152008	1,390		100.00		1,390	39	SL MM	2.564	36	255			36
45	MGMT ENG - PROF FEES	01262009	774		100.00		774	39	SL MM	2.564	20	142			20
46	MGMT ENG - PROF FEES	01272009	500		100.00		500	39	SL MM	2.564	13	92			13
47	COMPUTER-IMMIGRATION	08242009	524		100.00		524	5	200 DB MQ	7.06	37	509			52
48	SIGN	12182009	1,858		100.00		1,858	15	SL MQ	6.667	124	682			124
49	CANON PRINTER/COPIER	09162010	246		100.00		246	5	200 DB MQ	11.3	28	200			41
50	FREEZER: IMMOKALEE	12102010	576		100.00		576	7	200 DB MQ	10.04	58	428			70
51	COMPUTER-BS CHURCH	03212011	295		100.00		295	5	200 DB MQ	11.01	32	203			49
52	COMPUTER-IMMOKALEE	03212011	295		100.00		295	5	200 DB MQ	11.01	32	203			49
53	COMPUTER-ADMIN	03212011	295		100.00		295	5	200 DB MQ	11.01	32	203			49
54	COMPUTER-IMMIGRATION	06102011	350		100.00		350	5	200 DB MQ	11.37	40	243			59
55	FREEZER: IMMOKALEE FO	12132011	2,995		100.00		2,995	7	200 DB MQ	14.06	421	1,919			385
56	LEARNING LAB REMODEL	04162012	4,500		100.00		4,500	15	SL HY	6.667	300	750			300
57	LEARNING LAB REMODEL	06192012	3,150		100.00		3,150	15	SL HY	6.667	210	525			210
58	AIR CONDITIONERS	06042014	3,907		100.00		3,907	15	SL HY	3.333	130	130			130
59	LANGUAGE EQUIP PHASE	07022014	1,270		100.00		1,270	7	200 DB HY	14.29	181	181			136
60	PROJECTOR	12312014	1,304		100.00		1,304	5	200 DB HY	20	261	261			196
	Asset(s) Sold														
3	COMPUTER	02042002	950		100.00		950	5		0		950			
4	COPIER	03052002	718		100.00		718	5		0		718			
5	COMPUTER-CHURCH	06042002	1,077		100.00		1,077	5		0		1,077			

* Item was disposed
of during current year.

Depreciation Detail Listing

Program Services
For your records only

2014

PAGE 3

Name(s) as shown on return

AMIGOS EN CRISTO INC.

Social security number/EIN

59-3646095

No.	Description	Date	Cost	Salvage	Business percentage	Section 179	Depreciation Basis	Life	Method	Rate	Current depr.	Accumulated Depreciation	Prior expense	Bonus depreciation	AMT Current
6	SONY LAPTOP	03282005	1,946		100.00		1,946	5		0		1,946			
Totals			598,071	170,000			428,071				12,722	85,071			12,686

Land Amount
Net Depreciable Cost

598,071

ST ADJ:

Depreciation Reconciliation for AMIGOS EN CRISTO INC.

	Cost	Basis	Current Depreciation	Accumulated Depreciation	Bonus Depreciatio
Beginning of Year	591,590	421,590	12,150	84,499	
Placed in Service in Current Year	6,481	6,481	572	572	
Removed from Service in Current Year	4,691	4,691		4,691	
End of Year	593,380	423,380	12,722	80,380	

Next Year's Depreciation

2014

Name							FEIN	
AMIGOS EN CRISTO INC.							59-3646095	
Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction	
PRG	1	CARPETING	05212013	1,275	SL	15	85	
PRG	1	AIR CONDITIONERS	07262013	12,173	SL	15	812	
PRG	1	VIDEO PROJECTOR	03282005	830	M	5		
PRG	1	IMMOAKALEE CENTER BLDG	08212006	67,500	SL	39	1,731	
PRG	1	LAND	10162006		NDA	39		
PRG	1	IMMOAKALEE CENTER BLDG	10162006	4,830	SL	39	124	
PRG	1	IMMOAKALEE CENTER BLDG	10162006	212,500	SL	39	5,449	
PRG	1	MGMT ENG - LANDSCAPE	12262006	625	SL	39	16	
PRG	1	MGMT ENG - SURVEY	03232007	2,500	SL	39	64	
PRG	1	MGMT ENG - PROF FEES	05032007	2,300	SL	39	59	
PRG	1	MGMT ENG - PROF FEES	06112007	1,450	SL	39	37	
PRG	1	MGMT ENG - PROF FEES	06132007	3,000	SL	39	77	
PRG	1	BUILDING MODIFICATION -	06192007	500	SL	39	13	
PRG	1	MGMT ENG - PROF FEES	06302007	700	SL	39	18	
PRG	1	MGMT ENG - FIRE CONTROL	06302007	75	SL	39	2	
PRG	1	BUILDING MOD - SITE CHAN	07242007	800	SL	39	21	
PRG	1	MGMT ENG - PROF FEES	07242007	1,045	SL	39	27	
PRG	1	BUILDING MOD - SIDEWALK	07242007	7,682	SL	39	197	
PRG	1	MGMT ENG - PROF FEES	08092007	1,500	SL	39	38	
PRG	1	MGMT ENG - PROF FEES	08232007	601	SL	39	15	
PRG	1	MGMT ENG - PROF FEES	09112007	3,279	SL	39	84	
PRG	1	MGMT ENG - PROF FEES	09182007	333	SL	39	9	
PRG	1	MGMT ENG - PROF FEES	10032007	2,008	SL	39	51	
PRG	1	MUILDING MOD - APP FED	10292007	1,000	SL	39	26	
PRG	1	MGMT ENG - PROF FEES	11052007	1,000	SL	39	26	
PRG	1	MGMT ENG - PROF FEES	11212007	2,423	SL	39	62	
PRG	1	MGMT ENG - PROF FEES	12132007	2,180	SL	39	56	
PRG	1	MGMT ENG - PROF FEES	12142007	891	SL	39	23	
PRG	1	MGMT ENG - PROF FEES	12312007	100	SL	39	3	
PRG	1	BUILDING MOD - SITE WORK	01292008	28,351	SL	39	727	
PRG	1	BUILDING MOD-SITE WORK	02082008	22,850	SL	39	586	
PRG	1	MGMT ENG - PROF FEES	03142008	2,735	SL	39	70	
PRG	1	BUILDING MOD-SITE WORK	04012008	6,333	SL	39	162	
PRG	1	BUILDING MOD-SITE WORK	04182008	700	SL	39	18	
PRG	1	BUILDING MOD-SITE WORK	04182008	568	SL	39	15	
PRG	1	MGMT ENG - PROF FEES	04182008	400	SL	39	10	
PRG	1	MGMT ENG - PROF FEES	04182008	500	SL	39	13	
PRG	1	MGMT ENG - PROF FEES	05092008	1,028	SL	39	26	
PRG	1	MGMT ENG - PROF FEES	06132008	586	SL	39	15	
PRG	1	MGMT ENG - PROF FEES	12152008	1,390	SL	39	36	
PRG	1	MGMT ENG - PROF FEES	01262009	774	SL	39	20	
PRG	1	MGMT ENG - PROF FEES	01272009	500	SL	39	13	
PRG	1	COMPUTER-IMMIGRATION OFF	08242009	524	M	5		
PRG	1	SIGN	12182009	1,858	SL	15	124	
PRG	1	CANON PRINTER/COPIER	09162010	246	M	5	17	
PRG	1	FREEZER: IMMOKALEE	12102010	576	M	7	50	
PRG	1	COMPUTER-BS CHURCH	03212011	295	M	5	32	
PRG	1	COMPUTER-IMMOKALEE	03212011	295	M	5	32	
PRG	1	COMPUTER-ADMIN	03212011	295	M	5	32	
PRG	1	COMPUTER-IMMIGRATION	06102011	350	M	5	40	
PRG	1	FREEZER: IMMOKALEE FOOD	12132011	2,995	M	7	301	

Next Year's Depreciation

2014

Name AMIGOS EN CRISTO INC. FEIN 59-3646095

Form	Multi-Form	Description	Date	Basis	Method	Life	Deduction
PRG	1	LEARNING LAB REMODEL	04162012	4,500	SL	15	300
PRG	1	LEARNING LAB REMODEL	06192012	3,150	SL	15	210
PRG	1	AIR CONDITIONERS	06042014	3,907	SL	15	260
PRG	1	LANGUAGE EQUIP PHASE 1	07022014	1,270	M	7	311
PRG	1	PROJECTOR	12312014	1,304	M	5	417
		TOTAL					12,962

FOR TAX YEAR 2014

AMIGOS EN CRISTO INC.

Maria P Hayes CPA & Assoc
5659 Strand Court Suite 104
Naples, FL 34110
(239) 596-6050