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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

For calendar year 2011 or tax year beginning , 2011, and ending 20 Name of foundation A Employer identification number 26-0556443 THE AMPARO FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) C/O KAREN GORDON (214) 629-7305 1320 S. UNIVERSITY DRIVE 806 City or town, state, and ZIP code C If exemption application is pending, check here - -FORT WORTH, TX 76107 G Check all that apply Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Х Address change Name change computation H Check type of organization | X | Section 501(c)(3) exempt private foundation F. If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . Fair market value of all assets at end J Accounting method | X Cash Accrual If the foundation is in a 60-month termination of year (from Part II, col (c), line Other (specify) under section 507(b)(1)(B), check here . > *16)* ▶ \$ (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and (c) Adjusted net (b) Net investment total of amounts in columns (b), (c), and (d) for charitable expenses per may not necessarily equal the amounts in ıncome income purposes books column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) if the foundation is not required to attach Sch B Interest on savings and temporary cash investments Dividends and interest from securities 5 a Gross rents **b** Net rental income or (loss) SCANNED NOV 2 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . Net short-term capital gain Income modifications -10 a Gross sales less returns b Less Cost of goods sold . c Gross profit or (loss) (attach schedule) Other income (attach schedule) Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages Expenses 15 Pension plans, employee benefits 16a Legal fees (attach schedule) **b** Accounting fees (attach schedule) Administrative c Other professional fees (attach schedule). . . 17 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion. 20 21 Travel, conferences, and meetings and 22 Printing and publications ting 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. Add lines 13 through 23 Contributions, gifts, grants paid Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 a Excess of revenue over expenses and disbursements O b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-).

•)	art II	Ralance Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	of year
<u></u>	للكفيد	Latatice Streets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ng			
1	2	Savings and temporary	cash investments			
- 1	3	Accounts receivable	cash investments	整治者的基础	THE PARTY OF THE P	
		Less. allowance for doub	otful accounts ▶			
	4	Pledges receivable		A SPACE OF S	新疆 格学在2027年6月	
		Less allowance for doul	btful accounts ▶			
			officers, directors, trustees, and other			
1			· · · · · · · · · · · · · · · · · · ·			
	7	Other notes and loans r	ach schedule) (see instructions) eceivable (attach schedule)	EMPERATE STREET	vice diameter.	
-			btful accounts	•	lalatikulu (kondentitaran 100 km) da	
				li .		
Assets			e			
SS			eferred charges			
۲			e government obligations (attach schedule).			
	Ь	Investments - corporate	stock (attach schedule)	ļ		
-	11 C	Investments - corporate	bonds (attach schedule)	13.19 10 14.19 16.19 17.19 19.19 11.19 11.19 11.19 11.19 11.19 11.19 11.19 11.19 11.19 11.19 11.19 11.19 11.19	Paragraphy of the control of	
	• •	and equipment basis Less accumulated deprecia (attach schedule)	stock (attach schedule)s.			fine State of the
	12		loans			
	13	Investments - other (atta	loans			
	14	Land, buildings, and	>	Man Market	THE WAY TO SELECT	of the state of th
		equipment basis Less accumulated deprecia (attach schedule)	ation >		ETIGOTAL STATE OF THE STATE OF	
	15	(attach schedule)	ATCH 1			
	16	Total assets (to be	completed by all filers - see the			
	10		age 1, item I)			ol c
_	47		accrued expenses	····		Mary 1
	17					
				N .		
Liabilities	19				 	
ij	20		ors, trustees, and other disqualified persons			
Ē.	21		otes payable (attach schedule)			
_	22	Other liabilities (describe	e ▶)			
		90 4 1 81 1 18141 / d al li	47 Absorab 22)			
_	23		es 17 through 22)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			llow SFAS 117, check here ▶ 24 through 26 and lines 30 and 31] •		
ės	24	Unrestricted				1.
anc	25			1		
3a!;	26					
ă	24 25 26		not follow SFAS 117,			
Ē		check here and com	nplete lines 27 through 31. ▶ X]		ľ
5	27		icipal, or current funds			, · · · ·
ts	28 29 30 31	•	r land, bldg , and equipment fund			<u></u>
šse	29		ulated income, endowment, or other funds			
Š	30	• .	d balances (see instructions)		O .	<u> </u>
Zet	31		net assets/fund balances (see			,
_				i ,	o l	0
	art I		anges in Net Assets or Fund			
1	Tota	I net assets or fund h	palances at beginning of year - Par	t II, column (a). line 30	(must agree with	
•			d on prior year's return)			
2			line 27a			
2	Othe	amount nom Fall I,	ded in line 2 (itemize) ▶	• • • • • • • • • • • • • • • • • • • •	3	
		reases not included in			1 5	
2	Tete	i eases not included in	alances at end of year (line 4 minus	s line 5) - Part II, column i		
<u>6</u>	rota	ii net assets or fund b	alances at end of year (line 4 minus	s mie by - Fart II, Column (υ), mic ου b	5 000 BE (0041)

Part IV Capital Gains	s and Losses for Tax on Inv	vestment Income			
	nd describe the kind(s) of property sold brick warehouse; or common stock, 200		(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
a		, <u>, , , , , , , , , , , , , , , , , , </u>	D-Donation	· · · · · · · · · · · · · · · · · · ·	
b					
С					l
<u>d</u>					
е					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a					
b					
C			ļ		
<u>d</u>			ļ		
e	<u> </u>	<u> </u>	-		
Complete only for assets	s showing gain in column (h) and own	ed by the foundation on 12/31/69		Gains (Col (h) g	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col	(k), but not less Losses (from co	
a					
b					
С					
d					
e		<u> </u>	ļ		
2 Capital gain net income o		If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2		
Net short-term capital gai	In or (loss) as defined in sections 1				
_		structions) If (loss), enter -0- in			
	<u></u>		3		
Part V Qualification	Under Section 4940(e) for Re	educed Tax on Net Investment I	ncome		
	r the section 4942 tax on the distri	ributable amount of any year in the b	ase perio	d۶ [Yes X N
	not qualify under section 4940(e)	··			
	ount in each column for each yea	ar, see the instructions before making	g any entr		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution r (col (b) divided b	
2010			ļ		
2009					
2008					
2007			1		
2006	<u> </u>		ļ., ,		,
2 Total of line 1, column (d	s)		2		
3 Average distribution ratio	o for the 5-year base period - divid	de the total on line 2 by 5, or by the			
number of years the four	ndation has been in existence if les	ss than 5 years	3		
Enter the net value of no	oncharitable-use assets for 2011 fr	rom Part X, line 5	4		
Multiply line 4 by line 3			5		
Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
8 Enter qualifying distribute If line 8 is equal to or g Part VI instructions	ons from Part XII, line 4 reater than line 7, check the box	k in Part VI, line 1b, and complete	8 that part	using a 1% ta	x rate See t

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	structions)
1a	Exempt operating foundations described in section 4940(d)(2), check here	
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	0
	here ▶ X and enter 1% of Part I, line 27b	
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of $ \mathcal{J} $	
	Part I, line 12, col (b)	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2	
	Add lines 1 and 2	0
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4	0
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0	
	Credits/Payments	
	2011 estimated tax payments and 2010 overpayment credited to 2011 6a	
	Exempt foreign organizations - tax withheld at source 6b	•
	Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld 6d 6d	
	, , , , , , , , , , , , , , , , , , , ,	
7	Total credits and payments. Add lines 6a through 6d	<u> </u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	
	t VII-A Statements Regarding Activities	
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate	Yes No
1 4	or intervene in any political campaign?	1a X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the	
	Instructions for definition)?	1 _b X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	; F , S
	distributed by the foundation in connection with the activities.	
С	Did the foundation file Form 1120-POL for this year?	1c X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	, ; ,
	(1) On the foundation ▶\$ (2) On foundation managers ▶\$	
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	l' . .
	on foundation managers > \$	·
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X
	If "Yes," attach a detailed description of the activities	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of	3 +
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3 X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4 b X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	
	If "Yes," attach the statement required by General Instruction T.	, , , , , , , , , , , , , , , , , , , ,
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	'
	By language in the governing instrument, or	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	s X
_	conflict with the state law remain in the governing instrument?	6 A X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	/
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions) TX,	
L		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	8b
9	(or designate) of each state as required by General Instruction G? If "No," attach explanation	
3	4942(j)(5) for calendar year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete	
	Part XIV	9 X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names	
	and addresses	10 X
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Par	t VII-A	Statements Regarding Activities (continued)		,	
11	At any	time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning	of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the	foundation make a distribution to a donor advised fund over which the foundation or a disqualified	1		
	person h	ad advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the f	oundation comply with the public inspection requirements for its annual returns and exemption application? address NOT APPLICABLE	13	Х	
4.4		address P	2-98	46	
14	I ne boo	s are in care of ► SANDRA A. FLANAGAN Telephone no ► 214-20 Telep			
4 -	Coation	4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			TT
15		r the amount of tax-exempt interest received or accrued during the year			
16		time during calendar year 2011, did the foundation have an interest in or a signature or other authority		Yes	No
10		ink, securities, or other financial account in a foreign country?	16		X
		instructions for exceptions and filling requirements for Form TD F 90-22 1. If "Yes," enter the name of	1	;	,,
		gn country	55.4	. `~;	, ,,
Par		Statements Regarding Activities for Which Form 4720 May Be Required			<u> </u>
		rm 4720 if any item is checked in the "Yes" column, unless an exception applies.	4. 3.	Yes	No
1 a		ne year did the foundation (either directly or indirectly)	8		1.1.
	•	age in the sale or exchange, or leasing of property with a disqualified person? Yes X No	- 33	1	
		ow money from, lend money to, or otherwise extend credit to (or accept it from) a	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	327	3,19
		ualified person?			1 m
		ush goods, services, or facilities to (or accept them from) a disqualified person?			4
	• •	compensation to, or pay or reimburse the expenses of, a disqualified person?	15.4		
		sfer any income or assets to a disqualified person (or make any of either available for		. F. 3.	
		penefit or use of a disqualified person)?	1		1, 25
		ee to pay money or property to a government official? (Exception. Check "No" if the	13, 717	5.4.3	74.
		dation agreed to make a grant to or to employ the official for a period after	Un.		7
	term	unation of government service, if terminating within 90 days.)	37.40	P.	24
t	If any a	nswer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1997y -	: 1	7
		53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	. <u>1b</u>	ļ	<u> </u>
	Organiz	ations relying on a current notice regarding disaster assistance check here	8, (3)	123	
c	Did the	foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		2.54
	were no	t corrected before the first day of the tax year beginning in 2011?	. <u>1c</u>		X
2	Taxes of	on failure to distribute income (section 4942) (does not apply for years the foundation was a private	3.37		
	•	g foundation defined in section 4942(j)(3) or 4942(j)(5))·	33.54	30. 5	1, 2, 1
· a	At the e	nd of tax year 2011, did the foundation have any undistributed income (lines 6d and	100		,
	6e, Part	XIII) for tax year(s) beginning before 2011? Yes X No	2 f x x		7.
		list the years			ļ. ,
t		re any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			^ , `
		to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	3,	- ·]. ^
		listed, answer "No" and attach statement - see instructions)	· 2b	,,,	1.,
•	: If the pr	ovisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	11.		
_	P		<u> </u>		1. '
3 8		foundation hold more than a 2% direct or indirect interest in any business enterprise me during the year? Yes X No		. ";	,
	•	me during the year?			1
'		fied persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	1.	-	
		sioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of		1.	
		-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	•		
		on had excess business holdings in 2011)	3 b		
4:		foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			X
		foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		1 -	
		ele purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	. 4b		X
				00 DE	(2011)

Par	t VII-B Statements Regarding Activities for	or Which Form 47	'20 May Be Requi	red (contin	ued)			
5 a	During the year did the foundation pay or incur any amou	nt to.				2.	7.	
	(1) Carry on propaganda, or otherwise attempt to influer	nce legislation (section	4945(e))?	Yes	X No	200	,	. '
	(2) Influence the outcome of any specific public ele	_				1.73		. 1
	directly or indirectly, any voter registration drive?	•			XNo	, 1.	1	
	(3) Provide a grant to an individual for travel, study, or other			1 1	X No	7.4		·
	(4) Provide a grant to an organization other than a	• •	• • • • • • • • • •	_				<i>y</i> **
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (5	=		[··-]	XNo	- C.S.		` `
	(5) Provide for any purpose other than religious, ch					. 7	13.	٠.,
	purposes, or for the prevention of cruelty to children of			Yes	XNo		£4)	• ;
h	If any answer is "Yes" to 5a(1)-(5), did any of the			. —		1	·	
U	Regulations section 53.4945 or in a current notice regard				icibea iii	5b	- '` -	
		_	•		Ġ.	30	 	
	Organizations relying on a current notice regarding disas				^	-192		
С	If the answer is "Yes" to question 5a(4), does the				\Box	1.5		. ,
	because it maintained expenditure responsibility for the g	rant?		Yes	∐ No	, ,	F. \	,.
	If "Yes," attach the statement required by Regulations sec	tion 53 4945-5(d)						
6 a	Did the foundation, during the year, receive any fund	ds, directly or indire	ctly, to pay premium	s			_ ^ `	· ;
	on a personal benefit contract?			Yes	X No		e	,
b	Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a p	ersonal benefit contrac	i?		6b	\perp	<u>X</u>
	If "Yes" to 6b, file Form 8870					[.		
7 a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	Yes	X No		_	
b	If "Yes," did the foundation receive any proceeds or have	e any net income attrib	utable to the transaction	n?	<u> </u>	7ь		
	Information About Officers, Directors				d Emplo	yees,		
1	and Contractors List all officers, directors, trustees, foundation r	nanagore and their	compensation (see	instructions	<u> </u>			
		(b) Title, and average	(c) Compensation (If not paid, enter	(d) Contribut	ions to	(e) Exper	se accou	ınt .
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee bene and deferred cor			llowance	
AΤ	FACHMENT 2		0		d			0
2	Compensation of five highest-paid employees	(other than thos	e included on line	e 1 - see	instruction	ons). If r	one,	enter
	"NONE."							
	No d adda-ac of our b arreleves and more than 050,000	(b) Title, and average	(c) Compensation	(d) Contributemployee		(e) Exper	ise accou	ınt,
(ž) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and d	eferred	other a	llowance	s
		· · · · · ·		Compana				
<u>Δ</u> Τ	TACHMENT 3		C	d	d			0
Λ. I	TACHMENT 5				}	•		
		 		 				
					1			
		 		ļ				
					1			
				ļ 				
	I number of other employees paid over \$50,000 .	<u>]</u>			1			

THE AMPARO FOUNDATION

Form 990-PF (2011) Page 7 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, Part VIII and Contractors (continued) Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation ATTACHMENT Total number of others receiving over \$50,000 for professional services. Part IX-A **Summary of Direct Charitable Activities** List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc. Expenses Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 NONE All other program-related investments. See instructions 3 NONE Total. Add lines 1 through 3...

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Page 8 Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations. Part X see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., Average monthly fair market value of securities 1a 1 b 1 6 Fair market value of all other assets (see instructions) d Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and ٠., 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets 2 3 Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 5 6 Minimum investment return. Enter 5% of line 5 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ and do not complete this part) Minimum investment return from Part X, line 6 2a Tax on investment income for 2011 from Part VI, line 5 Income tax for 2011 (This does not include the tax from Part VI) 2 c Add lines 2a and 2b Distributable amount before adjustments Subtract line 2c from line 1 Recoveries of amounts treated as qualifying distributions 4 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, 7 Part XII Qualifying Distributions (see instructions) ir 41 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. 1a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1 b Program-related investments - total from Part IX-B Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the. Suitability test (prior IRS approval required) 3а 3 b Cash distribution test (attach the required schedule) 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions) 0 Adjusted qualifying distributions. Subtract line 5 from line 4

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

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Form 990-PF (2011) Page 9 Part XIII Undistributed Income (see instructions) (b) (a) (c) (d) Distributable amount for 2011 from Part XI, Corpus Years prior to 2010 2010 2011 Undistributed income, if any, as of the end of 2011 Enter amount for 2010 only . . Total for pnor years 20 09 .20 08 .20 07 Excess distributions carryover, if any, to 2011: From 2006 From 2007 From 2008 e From 2010 Total of lines 3a through e Qualifying distributions for 2011 from Part XII, line 4 ▶ \$ a Applied to 2010, but not more than line 2a b Applied to undistributed income of prior years (Election required - see instructions)..... c Treated as distributions out of corpus (Election Applied to 2011 distributable amount e Remaining amount distributed out of corpus . . Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income Subtract line 4b from line 2b Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount - see instructions Undistributed income for 2010. Subtract line 4a from line 2a Taxable amount - see f Undistributed income for 2011 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a Analysis of line 9 Excess from 2007 . . . b Excess from 2008 Excess from 2009 d Excess from 2010 e Excess from 2011 .

N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

N/A

JSA
1E1490 1 000

Form 990-PF (2011)

N/A
Any submission deadlines

Page **11**

3 Grants and Contributions Paid Dur	ing the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
Recipient Name and address (home or business) a Paid duning the year	any foundation manager or substantial contributor	status of recipient	contribution	Amount
T.A.1	<u> </u>		<u> </u>	
Total	 	· · · · · ·	▶ 3a	
b Approved for future payment				
		1		
Total				

Page 12

r gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
Fees and contracts from government agencies					
embership dues and assessments					
iterest on savings and temporary cash investments					
ividends and interest from securities					
et rental income or (loss) from real estate:		THE THE PARTY OF	S THE SECOND SECOND	建筑	1 24 11 1
Debt-financed property					
Not debt-financed property					
et rental income or (loss) from personal property					
other investment income					
ain or (loss) from sales of assets other than inventor	l l				
let income or (loss) from special events					
cross profit or (loss) from sales of inventory	1				
other revenue a	-				
THE PEVENUE &					
Subtotal Add columns (b), (d), and (e) otal. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal	culations)			13	
Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) worksheet in line 13 instructions to verify cal rt XVI-B Relationship of Activitie ne No. Explain below how each activ	iculations) es to the Acuty for whice	ccomplishment of E	xempt Purp	ooses e) of Part XVI-A contrib	outed importantly to
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Form 990	D-PF (20	11)	THE AMP	ARO FOUND	ATION		_			26-055	6443	Pa	ge 13
Part X	(VII	Information Re Exempt Organ		ansfers To	and Trans	actions a	and R	elations	ships W	ith None	chari	table	;
in or a Tr (1 (2 b O	sections sec	organization direct on 501(c) of the Coations? rs from the reporting the respective assets the coations.	de (other than g foundation to	section 501(a noncharita	c)(3) organiza	ations) or i	n section	on 527, re	elating to	political	1a(1) 1a(2)	Yes	No
(2 (3 (4 (5 (6 c S) d If	2) Pure 3) Ren 4) Ren 5) Loa 5) Per haring the a alue o	es of assets to a no chases of assets fro tal of facilities, equi mbursement arrang- ns or loan guaranted formance of service of facilities, equipm inswer to any of the f the goods, other any transaction of	om a noncharity pment, or othe ements	able exempt or assets	rganization sing solicitation ets, or paid en the following the reportin	ns	e Colu	 umn (b) s			than	fair m	arket
(a) Line		(b) Amount involved		noncharitable ex		(d)	Descnpt			ions, and sha			
		N/A				N/	A						
d	lescrib	foundation directly led in section 501(c) of the Code (other than se								es X	No No
b if	r "Yes	" complete the folio (a) Name of organization			Type of organizat	ion			(c) Descript	ion of relation	ship		
Sign		penalties of penury, I decit, and complete Declaration					and state has any k	ements, and t		of my knowled	ige and	ss this	return
Paid Prepa Use (Firm's address ▶ 1	LANAGAN ICHOLAS &	STEPH MONTGOMEN CREST ROAL	RY LLP	NAGAN 800	ne	Date //- 7-/	2 sel	eck if femployed N > 75-2	PTIN P005 28524	3488 38 38	49
								_			Form 9	90-PF	(2011

ATTACHMENT 1

26-0556443

FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION

RENT DEPOSIT

TOTALS

ENDING BOOK VALUE

ATTACHMENT 2

AND TRUSTEES
, DIRECTORS,
LIST OF OFFICERS,
1
PART VIII
FORM 990PF,

EXPENSE ACCT AND OTHER ALLOWANCES	0	0	0	0
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	0	0	0	0
COMPENSATION	0	0	0	0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR AND PRESIDENT	DIRECTOR AND TREASURER	DIRECTOR AND SECRETARY	GRAND TOTALS
NAME AND ADDRESS	M. J. PEAK C/O KAREN GORDON 1320 S. UNIVERSITY DRIVE 806 FORT WORTH, TX 76107	SANDRA A. FLANAGAN C/O KAREN GORDON 1320 S. UNIVERSITY DRIVE 806 FORT WORTH, TX 76107	M. A. P. ROCHELLE C/O KAREN GORDON 1320 S. UNIVERSITY DRIVE 806 FORT WORTH, TX 76107	,

990PF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

ATTACHMENT 3	CONTRIBUTIONS EXPENSE ACCT TO EMPLOYEE AND OTHER BENEFIT PLANS ALLOWANCES	0 0	0 0
חחו החו	COMPENSATION	0	0
990PF, PARI VIII - COMPENSALION OF INE FIVE HIGHEST FAID ENFECTED	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION		TOTAL COMPENSATION
990FF, FAKI VIII - (NAME AND ADDRESS	NONE	

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

	ATTACH	MENT 4
NAME AND ADDRESS	TYPE OF SERVICE	COMPENSATION
NONE		0
TOTAL	COMPENSATION	0

ATTACHMENT 5

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

N/A

Form 8868

(Rev January 2012)

Application for Extension of Time To File an **Exempt Organization Return**

Department of the Treasury

OMB No 1545-1709

Form 8868 (Rev 1-2012)

File a separate application for each return. Internal Revenue Service • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs gov/efile and click on e-file for Charities & Nonprofits Part 1 Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print X 26-0556443 THE AMPARO FOUNDATION File by the Number, street, and room or suite no. If a P O. box, see instructions Social security number (SSN) due date for PMB 201, 5521 GREENVILLE AVENUE, # 104 filing your return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions DALLAS, TX 75206-2940 Application Application Return Return ls For Code Code Is For Form 990 01 Form 990-T (corporation) 07 Form 1041-A 80 Form 990-BL 02 Form 4720 09 01 Form 990-EZ 10 Form 5227 04 Form 990-PF 05 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 Form 990-T (trust other than above) 06 Form 8870 The books are in the care of ► SANDRA A. FLANAGAN FAX No ▶ 972 403-1327 Telephone No. ▶ 214 202-9846 If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) and attach a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 08/15 , $20\underline{12}$, to file the exempt organization return for the organization named above. The extension is for the organization's return for. ► X | calendar year 2011 or , 20 , and ending tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a |\$ b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit 3b|\$ c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for

payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 88	68 (Rev. 1-2012)				Page 2
• If yo	u are filing for an Additional (Not Automatic) 3-Mo	onth Exten	sion, complete only Part I	I and check this box	
	Only complete Part II if you have already been gra				
	u are filing for an Automatic 3-Month Extension, o			promoter,	-
Part I				unal (no copies needed)	
, are.				- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	and Institute
	Name of exempt organization or other filer, see in	structions	E1	nter filer's identifying number, s Employer identification nu	
T	i i	00.000000	Employer identification rightness (Env) of		
Туре				X 26-0556443	
print	THE AMPARO FOUNDATION				SNIS
le by th	Number, street, and room or suite no. If a P.O box, see instructions. Social security number (SSN)				OIN)
due date iling you					
eturn Se	See Only, town or post office, state, and an observed address, see manualisms				
nstructio					
Enter t	he Return code for the return that this application	is for (file a	a separate application for ea	ach return)	0 4
Applica	ation	Return	Application Return		Return
s For		Code	ls For Code		
Form 9	990	01			
Form 9	990-BL	02	Form 1041-A	08	
	990-EZ	01	Form 4720		09
	990-PF	04	Form 5227		10
	990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T (trust other than above)			Form 8870		12
	Do not complete Part II if you were not already	granted as		sion on a previously filed E	
	books are in the care of ► SANDRA A. FLAN		Tuatomatio o month exter	ision on a previously mean	Jiii 0000.
	phone No ► 214 202-9846		FAX No. ▶ 972 403-	1327	
					, —
	e organization does not have an office or place of				
	is is for a Group Return, enter the organization's fo			-	this is
	whole group, check this box		art of the group, check this	box▶ [] and	attach a
	the names and EINs of all members the extension				
	equest an additional 3-month extension of time until				
	for calendar year <u>2011</u> , or other tax year beginning, 20, and ending, 20				
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return					
l		Change in accounting period			
7 State in detail why you need the extension A REVIEW OF THE FINANCIAL STATEMENTS OF THE TAXPAYER HAS NOT YET BEEN COMPLETED. ACCORDINGLY, ADDITIONAL TIME IS					
					<u> </u>
R	ESPECTFULLY REQUESTED TO FILE A C	ECTFULLY REQUESTED TO FILE A COMPLETE AND ACCURATE RETURN.			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
<u>n</u>	efundable credits. See instructions. 8a \$ 0				
b If	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and				
е	stimated tax payments made. Include any prior year overpayment allowed as a credit and any				
a	mount paid previously with Form 8868 8b \$				
c E	alance Due. Subtract line 8b from line 8a Include your payment with this form, if required, by using EFTPS				
((Electronic Federal Tax Payment System) See instructions				0
	Signature and Verific		st be completed for P		
Under p	enalties of perjury, I declare that I have examined this form,		_	<u>-</u>	dedge and belief
	correct, and complete, and that I am authorized to prepare this fo		, , <u>, , , , , , , , , , , , , , , , , </u>	., book or my know	ga and bond,
Signatur	. Ithun (I Manage.	n/	Title ▶ C. P. A.	Date ▶ 08/1	5/2012
					68 (Rev 1-2012)
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