

Short Form

OMB No. 1545-1150

Return of Organization Exempt From Income Tax

2008

Open to Public Inspection

Form 990-EZ

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 2008, and ending 20

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: Los Toros Foundation. D Employer identification number: 68-0623817. E Telephone number: (262) 377-7527. F Group Exemption Number.

G Accounting method: Cash Accrual Other (specify). H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: www.lostorosfoundation.org. J Organization type: 501(c)(3).

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Table with 9 columns: Line number, Description, Sub-line, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

Part II Balance Sheets

Table with 3 columns: Line number, Description, Amount. Rows include 22-27: Cash, Land and buildings, Total assets, Total liabilities, Net assets or fund balances.

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990. Cat. No. 106421 Form 990-EZ (2008) Page 2

Part III Statement of Program Service Accomplishments

Table with 3 columns: Line number, Description, Expenses. Rows include 28-32: General Relief, Education Support, Community Development/Entrepreneurship Support, Total program service expenses.

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

Table with 5 columns: (a) Name and address, (b) Title and average hours per week, (c) Compensation, (d) Contributions to employee benefit plans, (e) Expense account and other allowances. Lists Michael A. Haischer, Donald F. Kabara, Michael Weber, John M. Gallo, Michael S. Mayer, Haidee Schlecht, Teresa Gallo.

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Part V Other Information

Table with 3 columns: Line number, Question, Yes/No. Rows include 33-45: Did the organization engage in any activity not previously reported, Were any changes made to the organizing or governing documents, Did the organization have income from business activities, etc.

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Part VI Section 501(c)(3) organizations only

Table with 3 columns: Line number, Question, Yes/No. Rows include 46-50: Did the organization engage in direct or indirect political campaign activities, Did the organization engage in lobbying activities, etc.

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week, (c) Compensation, (d) Contributions to employee benefit plans, (e) Expense account and other allowances. Row 51: None - All workers are volunteers.

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation. Row 51: None - All workers are volunteers.

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.

Sign Here: Signature of officer: Michael A. Haischer, President. Date.

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's Identifying Number.

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

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