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Short Form
Return of Organization Exempt From Income Tax

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

2009

Department of the Treasury
Internal Revenue Service

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****, 2009, and ending****B Check if applicable**

Address change
 Name change
 Initial return
 Termination
 Amended return
 Application pending

Please use IRS label or print or type
See Specific Instructions.

C
JOHN WILLIAM HALE FOUNDATION
d/b/a Laborers Care
22 CENTURY BLVD. #450
NASHVILLE, TN 37214

D Employer identification number

20-1826900

E Telephone number

615-885-7196

F Group Exemption Number

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method **Cash** **Accrual**
Other (specify) ►

I Website: ► LABORERSCARE.ORG

J Tax-exempt status (check only one) — 501(c) (3) □ (insert no) 4947(a)(1) or 527

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. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.**

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 96,245.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1	77,380.
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
4 Investment income	4	10,068.
5a Gross amount from sale of assets other than inventory	5a	
b Less: cost or other basis and sales expenses	5b	
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
a Gross revenue (not including \$ 63,730. of contributions reported on line 4) 63,730.	6a	8,797.
b Less: direct expenses other than fundraising expenses	6b	20,405.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	-11,608.
7a Gross sales of inventory less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8 Other revenue (describe ►)	8	
9 Total revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	75,840.
10 Grants and similar amounts paid (attach schedule)	See Statement 1	10
11 Benefits paid to or for members		11
12 Salaries, other compensation, and employee benefits		12
13 Professional fees and other payments to independent contractors		13
14 Occupancy, rent, utilities, and maintenance		14
15 Printing, publications, postage, and shipping		15
16 Other expenses (describe ► See Statement 2)		16
17 Total expenses. Add lines 10 through 16	► 17	35,793.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		18
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19
20 Other changes in net assets or fund balances (attach explanation)	See Statement 3	20
21 Net assets or fund balances at end of year Combine lines 18 through 20	► 21	620,798.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	584,538.	22
23 Land and buildings		23
24 Other assets (describe ►)		24
25 Total assets	584,538.	25
26 Total liabilities (describe ►)	0.	26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	584,538.	27

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

TEEA0803L 07/20/09

Form 990-EZ (2009)

Part III. Statement of Program Service Accomplishments (See the instructions.)

Expenses

Expenses
(Required for section
501(c)(3) and (4)
organizations and section
4947(a)(1) trusts, optional
for others)

What is the organization's primary exempt purpose? See Statement 4

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

28 TO PROVIDE FINANCIAL SUPPORT FOR INDIVIDUALS AND FAMILIES AS A RESULT OF ACTS OF GOD, SICKNESS AND OTHER DISASTERS.

(Grants \$ 34,100.) If this amount includes foreign grants, check here

2

520.

29

(Grants \$) If this amount includes foreign grants, check here

▶ 2

30

(Grants \$) If this amount includes foreign grants, check here

3

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

3

32 Total program service expenses (add lines 28a through 31a)

3

520.

Part IV **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs)

Part V Other Information (Note the statement requirements in the instrs for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T See Statement 5	35 a	
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 b	
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	36	X
36 Did the organization undergo a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	37 a	0.
b Did the organization file Form 1120-POL for this year?	37 b	
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38 a	X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	38 b	N/A
39 501(c)(7) organizations Enter	39 a	N/A
a Initiation fees and capital contributions included on line 9	39 b	N/A
b Gross receipts, included on line 9, for public use of club facilities	40 a	0. section 4912 ► 0. section 4955 ► 0.
c Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40 b	X
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.	40 c	0.
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	40 d	0.
41 List the states with which a copy of this return is filed ► <u>None</u>	40 e	X
42 a The organization's books are in care of ► <u>JAMES C. HALE</u> Telephone no ► <u>615-885-7828</u> Located at ► <u>22 CENTURY BLVD., SUITE 450 NASHVILLE TN</u> ZIP + 4 ► <u>37214</u>	42 b	X
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ►	42 c	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country ►		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <u>43</u> ► <input type="checkbox"/> N/A N/A		
44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

See Statement 6

46 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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

	Yes	No
46	X	
47	X	
48	X	
49a	X	
49b		

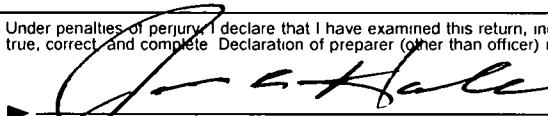
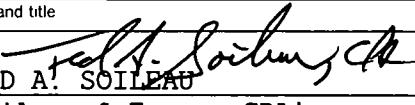
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 ► _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 ► _____

Sign Here	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		
	 Signature of officer JAMES C. HALE Type or print name and title		
Paid Preparer's Use Only	Preparer's signature ►  TED A. SOILEAU	Date 3/1/10	Check if self-employed ► <input checked="" type="checkbox"/> Preparer's Identifying Number (See instructions) P00852991
	Firm's name (or yours if self-employed). address, and ZIP + 4 ► Soileau & Exner, CPA's 5800 One Perkins Place Dr., Suite 9 A Baton Rouge, LA 70808	EIN ► 72-1390785	Phone no ► (225) 766-7910
	May the IRS discuss this return with the preparer shown above? See instructions BAA ► <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

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.

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization JOHN WILLIAM HALE FOUNDATION
d/b/a Laborers Care

Employer identification number
20-1826900

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 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 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 that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III – Functionally integrated d Type III – Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations

BAA

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ►

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2009 If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

BAA

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	1,110,002.	134,964.	72,327.	61,023.	77,380.	1,455,696.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						0.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	1,110,002.	134,964.	72,327.	61,023.	77,380.	1,455,696.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8 Public support (Subtract line 7c from line 6.)						1,455,696.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	1,110,002.	134,964.	72,327.	61,023.	77,380.	1,455,696.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	438.	13,949.	25,070.	10,068.	49,525.	
c Add lines 10a and 10b	0.	438.	13,949.	25,070.	10,068.	49,525.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV						0.
13 Total support. (Add Ins 9, 10c, 11, and 12.)		-4,784.	-10,968.	-9,384.	-11,608.	-36,744.
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
19a 33-1/3 support tests – 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33-1/3 support tests – 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions.

Additional Explanation of Other Income

A SPECIAL FUND RAISING EVENT OCCURS ANNUALLY FOR THIS ENTITY. A MOTORCYCLE RUN IS HELD IN THE SMOKY MOUNTAINS OF TENNESSEE. REGISTRATION FEES ARE USED TO HELP DEFRAY THE COSTS OF THE FUND RAISING EVENT AND THESE REGISTRATION FEES ARE CLEARLY MARKED TO THE PARTICIPANTS THAT THEY ARE NON-DEDUCTIBLE. AS A RESULT OF THE PARTICIPATION OF INDIVIDUALS AND ORGANIZATIONS, \$ 63,730 IN CONTRIBUTIONS FOR THE EXEMPT PURPOSE OF THE ORGANIZATION WERE RAISED IN 2009.

2009**Schedule A, Part IV - Supplemental Information****Page 5****Client LAB-001****JOHN WILLIAM HALE FOUNDATION
d/b/a Laborers Care****20-1826900**

2/27/10

09 46AM

Part III, Line 12 - Other Income

<u>Nature and Source</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
GSMR	<u>-11,608.</u>	<u>-9,384.</u>	<u>-10,968.</u>	<u>-4,784.</u>	
Total	<u>\$ -11,608.</u>	<u>\$ -9,384.</u>	<u>\$ -10,968.</u>	<u>\$ -4,784.</u>	<u>\$ 0.</u>

2009

Federal Statements
JOHN WILLIAM HALE FOUNDATION
d/b/a Laborers Care

Page 1

Client LAB-001

20-1826900

2/27/10

09 46AM

Statement 1
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	CHARITABLE/MEDICAL		
Donee's Name:	MARIE RACIOPPI C/O LOCAL 860		
Donee's Address:	3334 PROSPECT AVENUE		
	CLEVELAND, OH 44115		
Relationship of Donee:	LABORER MEMBER		
Cash Amount Given:		\$	1,000.
Class of Activity:	CHARITABLE/MEDICAL		
Donee's Name:	DONNIE MOORE		
Donee's Address:	5040 FREDERICK PIKE		
	DAYTON, OH 45414		
Relationship of Donee:	LABORER MEMBER		
Cash Amount Given:		\$	600.
Class of Activity:	CHARITABLE/MEDICAL		
Donee's Name:	JANET GRAY		
Relationship of Donee:	LABORER MEMBER		
Cash Amount Given:		\$	500.
Class of Activity:	CHARITABLE/MEDICAL		
Donee's Name:	PATRICIA FELDNER C/O ROCKY SCHMITTLER		
Donee's Address:	34 nORTH 4TH STREET		
	NEWARK, OH 43055		
Relationship of Donee:	LABORER MEMBER		
Cash Amount Given:		\$	5,000.
Class of Activity:	CHARITABLE/MEDICAL		
Donee's Name:	RICKY DEAN C/O LOCAL 1214		
Donee's Address:	1415 S 3RD STREET		
	PADUCAH, KY 42003		
Relationship of Donee:	LABORER MEMBER		
Cash Amount Given:		\$	2,500.
Class of Activity:	CHARITABLE/MEDICAL		
Donee's Name:	PHILLIP ADAMS C/O 559		
Donee's Address:	PO BOX 1211		
	BIRMINGHAM, AL 35201		
Relationship of Donee:	LABORER MEMBER		
Cash Amount Given:		\$	2,500.
Class of Activity:	CHARITABLE/MEDICAL		
Donee's Name:	DEBRA KNAPP		
Donee's Address:	2445 COL-LANC RD, LOT 273		
	LANCASTER, OH 43130		
Relationship of Donee:	LABORER MEMBER		
Cash Amount Given:		\$	5,000.
Class of Activity:	CHARITABLE/MEDICAL		
Donee's Name:	DEBBIE SPAULDING		
Donee's Address:	8085 FOX RUN NW		
	NORTH CANTON, OH 44720		
Relationship of Donee:	LABORER MEMBER		
Cash Amount Given:		\$	3,000.

2009**Federal Statements****Page 2****Client LAB-001****JOHN WILLIAM HALE FOUNDATION
d/b/a Laborers Care****20-1826900**

2/27/10

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**Statement 1 (continued)
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid**

Class of Activity:	CHARITABLE/MEDICAL	
Donee's Name:	LLOYD A. SALYERS C/O 1445	
Donee's Address:	214 26th STREET	
	CATLETSBURG, KY 40342	
Relationship of Donee:	LABORER MEMBER	
Cash Amount Given:		\$ 2,000.
Class of Activity:	CHARITABLE/MEDICAL	
Donee's Name:	JOE WINGERT, JR. C/O SUSQUEHANNA BANK	
Donee's Address:	575 MAIN STREET	
	LYKENS, PA 17048	
Relationship of Donee:	LABORER MEMBER	
Cash Amount Given:		\$ 5,000.
Class of Activity:	CHARITABLE/MEDICAL	
Donee's Name:	MARSHALL WINGARD C/O 1410	
Donee's Address:	2228 EAST THIRD STREET	
	DAYTON, OH 45403	
Relationship of Donee:	LABORER MEMBER	
Cash Amount Given:		\$ 1,000.
Class of Activity:	CHARITABLE/MEDICAL	
Donee's Name:	KEN MCWADE C/O 1410	
Donee's Address:	2228 EAST THIRD STREET	
	DAYTON, OH 45403	
Relationship of Donee:	LABORER MEMBER	
Cash Amount Given:		\$ 1,000.
Class of Activity:	CHARITABLE/MEDICAL	
Donee's Name:	CLAYTON BROWN C/O	
Donee's Address:	5527 HAMILTON-MIDDLETON RD	
	MIDDLETON, OH 45044	
Relationship of Donee:	LABORER	
Cash Amount Given:		\$ 2,500.
Class of Activity:	CHARITABLE/MEDICAL	
Donee's Name:	BILL CATALDO C/O LOCAL 809	
Donee's Address:	P.O. BOX 67	
	STEUBENVILLE, OH 43952	
Relationship of Donee:	LABORER MEMBER	
Cash Amount Given:		\$ 2,500.

**Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses**

Information Technology	\$ 312.
STATE OF TN	150.
Total	\$ 462.

2009**Federal Statements****Page 3****Client LAB-001****JOHN WILLIAM HALE FOUNDATION
d/b/a Laborers Care****20-1826900**

2/27/10

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**Statement 3
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances**

Net Unrealized Gains and Losses on Investments

Total \$ -3,787.Total \$ -3,787.**Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose**

TO PROVIDE TEMPORARY FINANCIAL ASSISTANCE TO INDIVIDUALS AND FAMILIES WHO SUFFER FINANCIAL HARSHIP DUE TO NATURAL DISASTERS, ACTS OF GOD, ILLNESS, INJURY AND DEATH.

**Statement 5
Form 990-EZ , Part V, Line 35
Reason for Income Not Reported on Form 990-T**

AN ANNUAL FUND RAISING EVENT IS HELD EACH YEAR TO PROMOTE AWARENESS OF THE INDIVIDUALS AND FAMILIES WHO HAVE BEEN SERVED BY THE ORGANIZATION AND THE INDIVIDUALS AND FAMILIES THAT CONTINUE TO NEED THE FINANCIAL HELP OF THIS CHARITABLE ORGANIZATION. NO INDIVIDUAL OFFICER OF THIS ENTITY NOR ANY PARTICIPANT IS COMPENSATED FOR THEIR TIME TO HELP PROMOTE AND RUN THE FUND RAISING EVENT. ALL LABOR SUPPLIED IS SUPPLIED FOR ALL OF THE WORK IN CARRYING ON THIS FUND RAISING EVENT FOR THE ORGANIZATION WITHOUT COMPENSATION, PURSUANT TO IRC Section 513(a)1.

**Statement 6
Form 990-EZ, Part VI
Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No