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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008Department of the Treasury
Internal Revenue Service**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code**
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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 2008 calendar year, or tax year beginning** 10/01 , **2008, and ending** 9/30 , **2009****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
The Dave Hefner International Exchange
Fund, Inc.
1410 Chanterelle Drive
Fort Wayne, IN 46845**D** Employer identification number

23-7413166

E Telephone number

(260) 637-6570

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: ▶ N/A**H** Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**J** Organization type (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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 55,400.

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

| | | | | |
|---------|----------|---|--|----------|
| REVENUE | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 46,741. |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | 5,009. |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | 5b | Less: cost or other basis and sales expenses | 5b | |
| | 5c | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (att sch) | 5c | |
| | 6 | Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/> | | |
| | 6a | a Gross revenue (not including \$ _____ of contributions reported on line 1) | 6a | |
| | 6b | b Less: direct expenses other than fundraising expenses | 6b | |
| | 6c | c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | |
| | 7a | 7a Gross sales of inventory, less returns and allowances | 7a | |
| | 7b | b Less: cost of goods sold | 7b | |
| | 7c | c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | |
| | 8 | 8 Other revenue (describe ▶ See Statement 1) | 8 | 3,650. |
| | 9 | 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 9 | 55,400. |
| | EXPENSES | 10 | 10 Grants and similar amounts paid (attach schedule) | 10 |
| 11 | | 11 Benefits paid to or for members | 11 | |
| 12 | | 12 Salaries, other compensation, and employee benefits | 12 | 7,000. |
| 13 | | 13 Professional fees and other payments to independent contractors | 13 | 375. |
| 14 | | 14 Occupancy, rent, utilities, and maintenance | 14 | |
| 15 | | 15 Printing, publications, postage, and shipping | 15 | 870. |
| 16 | | 16 Other expenses (describe ▶ See Statement 3) | 16 | 215. |
| 17 | | 17 Total expenses (add lines 10 through 16) | 17 | 54,960. |
| ASSETS | 18 | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 440. |
| | 19 | 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 | 195,082. |
| | 20 | 20 Other changes in net assets or fund balances (attach explanation) | 20 | |
| | 21 | 21 Net assets or fund balances at end of year Combine lines 18 through 20 | 21 | 195,522. |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 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 | 195,082. | 195,522. |
| 23 Land and buildings | | |
| 24 Other assets (describe ▶ _____) | | |
| 25 Total assets | 195,082. | 195,522. |
| 26 Total liabilities (describe ▶ _____) | 0. | 0. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 195,082. | 195,522. |

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

Form 990-EZ (2008)

TEEA0803L 09/18/08

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SCANNED FEB 17 2010

Part III Statement of Program Service Accomplishments (See the instructions.)**Expenses**What is the organization's primary exempt purpose? See Statement 4

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

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 | <u>See Statement 5</u> | | |
| | (Grants \$ 46,500.) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 46,500. |
| 29 | | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 | | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 | Other program services (attach schedule) | | |
| | (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 | 46,500. |

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

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-.) | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense account and other allowances |
|--|--|--|---|--|
| Dolores J Klocke 1410 Chanterelle Drive Fort Wayne, IN 46845 | President 10.00 | 7,000. | 0. | 0. |
| Michael C Marhenke 1410 Chanterelle Drive Fort Wayne, IN 46845 | Treasurer 0.50 | 0. | 0. | 0. |
| Matt Schomburg 1410 Chanterelle Drive Fort Wayne, IN 46845 | Secretary 0.50 | 0. | 0. | 0. |
| Get Nichols 1410 Chanterelle Drive Fort Wayne, IN 46845 | Director 0.50 | 0. | 0. | 0. |
| John Kowalczyk 1410 Chanterelle Drive Fort Wayne, IN 46845 | Director 0.50 | 0. | 0. | 0. |
| Peter Mallers 1410 Chanterelle Drive Fort Wayne, IN 46845 | Director 0.50 | 0. | 0. | 0. |
| Sara Quigley 1410 Chanterelle Drive Fort Wayne, IN 46845 | Director 0.50 | 0. | 0. | 0. |
| Randy Roberts 1410 Chanterelle Drive Fort Wayne, IN 46845 | Director 0.50 | 0. | 0. | 0. |
| Wil Smith 1410 Chanterelle Drive Fort Wayne, IN 46845 | Director 0.50 | 0. | 0. | 0. |
| Karen Spake 1410 Chanterelle Drive Fort Wayne, IN 46845 | Director 0.50 | 0. | 0. | 0. |
| John Walley 1410 Chanterelle Drive Fort Wayne, IN 46845 | Director 0.50 | 0. | 0. | 0. |
| | | | | |
| | | | | |

Part V Other Information (Note the statement requirement in General Instruction 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 | | X |
| 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes | | 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 your reason for not reporting the income on Form 990-T | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | | X |
| b If 'Yes,' has it filed a tax return on Form 990-T for this year? | | |
| 36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N | | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 0. | | |
| b Did the organization file Form 1120-POL for this year? | | X |
| 38a 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 unpaid at the start of the period covered by this return? | | X |
| b If 'Yes,' complete Schedule L, Part II and enter the total amount involved N/A | | |
| 39 501(c)(7) organizations. Enter | | |
| a Initiation fees and capital contributions included on line 9 N/A | | |
| b Gross receipts, included on line 9, for public use of club facilities N/A | | |
| 40a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 0. , section 4912 0. , section 4955 0. | | |
| b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I | | X |
| c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0. | | |
| d Enter amount of tax on line 40c reimbursed by the organization 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 | | X |
| 41 List the states with which a copy of this return is filed IN | | |

42a The books are in care of Michael C. Marhenke Telephone no (260) 493-6975
 Located at 9120 Sea View Court New Haven IN ZIP + 4 46774

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: _____

| | Yes | No |
|------------|-----|----|
| 42b | | X |
| 42c | | 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 ☐ N/A
 and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

| | Yes | No |
|-----------|-----|----|
| 44 | | X |
| 45 | | 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

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 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

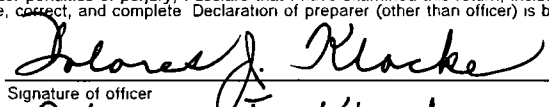
Yes No

46 X**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II**47** X**48** Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E**48** X**49a** Did the organization make any transfers to an exempt non-charitable related organization?**49a** X**b** If 'Yes,' was the related organization(s) a section 527 organization?**49b****50** Complete this table for the 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.'

| (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 | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total number of other employees paid over \$100,000 | | | | |

51 Complete this table for the 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 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Total number of other independent contractors 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  | | Date January 28, 2010 | |
| | Type or print name and title Dolores J. Klocke, President | | | |

| | | | | | | | | |
|---------------------------------|---|--|------|----------|------------------------|--------------------------|--|-----|
| Paid Preparer's Use Only | Preparer's signature | Mark S Westerhausen CPA | Date | 12/10/09 | Check if self employed | <input type="checkbox"/> | Preparer's Identifying Number (See instructions) | N/A |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 | Dulin Ward & DeWald, Inc. 9921 Dupont Circle Drive West Fort Wayne, IN 46825 | | | EIN | N/A | | |
| | | | | | Phone no | (260) 423-2414 | | |

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

BAA

Form 990-EZ (2008)

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) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) | 67,031. | 65,454. | 68,663. | 70,229. | 46,741. | 318,118. |
| 2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf | | | | | | 0. |
| 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. | | | | | | 0. |
| 4 Total. Add lines 1-3. | 67,031. | 65,454. | 68,663. | 70,229. | 46,741. | 318,118. |
| 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). | | | | | | 0. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 318,118. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 7 Amounts from line 4 | 67,031. | 65,454. | 68,663. | 70,229. | 46,741. | 318,118. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 2,134. | 4,504. | 5,654. | 5,993. | 5,009. | 23,294. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | 0. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV | | 825. | 1,500. | 2,000. | 3,650. | 7,975. |
| 11 Total support. Add lines 7 through 10 | | | | | | 349,387. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 0. |

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 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | 91.1 % |
| 15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f | 15 | 94.9 % |

16a 33-1/3 support test — 2008. 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. ☒

b 33-1/3 support test — 2007. 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. ☐

17a 10%-facts-and-circumstances test — 2008. 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. ☐

b 10%-facts-and-circumstances test — 2007. 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. ☐

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. ☐

BAA

Schedule A (Form 990 or 990-EZ) 2008

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) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants'.) | | | | | | |
| 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 | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 Total. Add lines 1-5 | | | | | | |
| 7a Amounts included on lines 1, 2, 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support. (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal yr beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 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 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (add lines 9, 10c, 11, and 12.) | | | | | | |
| 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 type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|---|
| 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|---|
| 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h | 18 | % |
| 19a 33-1/3 support tests – 2008. 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 – 2007. 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)

This image shows a full page of handwriting practice paper. It features 20 evenly spaced horizontal dashed lines across the entire width of the page, providing a guide for letter height and placement. The background is plain white, and there are no margins or additional markings.

2008

Schedule A, Part IV - Supplemental Information

Page 5

The Dave Hefner International Exchange
Fund, Inc.

23-7413166

Part II, Line 10 - Other Income

| Nature and Source | 2008 | 2007 | 2006 | 2005 | 2004 |
|-------------------|------------------|------------------|------------------|----------------|--------------|
| Return of grant | 3,650. | 2,000. | 1,500. | 825. | |
| Total | <u>\$ 3,650.</u> | <u>\$ 2,000.</u> | <u>\$ 1,500.</u> | <u>\$ 825.</u> | <u>\$ 0.</u> |

2008

Federal Statements
The Dave Hefner International Exchange
Fund, Inc.

Page 1**23-7413166**

Statement 1
Form 990-EZ, Part I, Line 8
Other Revenue

Return of grant

| | | |
|-------|----|---------------|
| | \$ | 3,650. |
| Total | \$ | <u>3,650.</u> |

Statement 2
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Donee's Name:

See attached list

Cash Amount Given:

\$ 46,500.

Statement 3
Form 990-EZ, Part I, Line 16
Other Expenses

Bank Charges
Information Breakfast

| | | |
|-------|----|-------------|
| | \$ | 75. |
| | | 140. |
| Total | \$ | <u>215.</u> |

Statement 4
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

The fund was established to provide financial support for students wishing to learn of other cultures by interacting with other people in international settings. To date, approximately 990 students have been assisted in their international exchange experiences.

Statement 5
Form 990-EZ, Part III, Line 28
Statement of Program Service Accomplishments

In the spring of 2009, approximately \$46,500 was expended to assist 63 students from 17 different northeast Indiana schools. The students participated in 20 different programs and visited 16 different countries. Every student who applied received a grant, ranging from \$100 to \$3,500, depending upon the family's financial need.

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

The Dave Hefner International Exchange Fund, Inc.

EIN 23-7413166

9/30/2009

990-EZ

Part III, Line 28 Attachment

Grants

| | | |
|-----------------------------------|---|----------|
| Bishop Dwenger High School | 1300 E Washington Center Rd, Fort Wayne 46825 | |
| Sean Black | 10917 Oak Wind Court, Fort Wayne, IN 46845 | 2,000 00 |
| Kathryn Del Bello | 6913 Hursh Road, Fort Wayne, IN 46845 | 700 00 |
| Meghan Elsasser | 3430 Merrimack Place, Fort Wayne, IN 46815 | 1,000 00 |
| Shelby Honekamp | 4017 Finchley Court, Fort Wayne, IN 46815 | 700 00 |
| Christina Hooper | 2916 Sawgrass Trail, Fort Wayne, IN 46808 | 2,000 00 |
| Sarah Nixon | 1118 Summer Chase Road, Fort Wayne, IN 46818 | 1,000 00 |
| Nathan Pagryzinski | 14315 White Tail Run, Leo, IN 46765 | 2,000 00 |
| Lauren Palmer | 4024 Willshire Est. Drive, Fort Wayne, IN 46815 | 1,000 00 |
| Kimberly Roos | 5510 Monarch Drive, Fort Wayne, IN 46815 | 1,500 00 |
| Jenna Roy | 14928 Auburn Road, Fort Wayne, IN 46845 | 1,500 00 |
| Elizabeth Williams | 5020 Spartan Drive, Fort Wayne, IN 46804 | 1,500 00 |
| Canterbury High School | 3210 Smith Road, Fort Wayne, IN 46804 | |
| Erin Beck | 11127 Clarewood Court, Fort Wayne, IN 46814 | 500 00 |
| Abbey Dykes | 2014 Medford Drive, Fort Wayne, IN 46803 | 500 00 |
| Ailha Foday | 1 Northway Drive, Huntington, IN 46750 | 500 00 |
| Rachel Sider | 1809 Turnberry Lane, Fort Wayne, IN 46814 | 1,200 00 |
| Carroll High School | 11707 Lima Rd, Huntertown, IN 46748 | |
| Ian Aldred | 2328 Lambert Lane, Fort Wayne, IN 46845 | 400 00 |
| Kaitlynn Byrd | 13110 Sutters Parkway, Fort Wayne, IN 46845 | 1,400 00 |
| Jordan Carr | 14115 Andar Trail, Fort Wayne, IN 46845 | 1,400 00 |
| Chelsea Osborn | 13419 Bristol Trail, Fort Wayne, IN 46845 | 1,400 00 |
| Columbia City High School | 600 N. Whitley Street, Columbia City, IN 46725 | |
| Mikayla Larkey | 5607 E 1000 S-92, Roanoke, IN 46783 | 500 00 |
| Dekalb High School | 3424 County Road 427 Waterloo, IN 46793 | |
| Lexie Buchs | County Road 16, Waterloo, IN 46793 | 1,000 00 |
| Elmhurst High School | 3829 Sandpoint Road, Fort Wayne, IN 46809 | |
| Allen Arias | 4144 Wenonah Lane, Fort Wayne, IN 46809 | 700 00 |
| Homestead High School | 4310 Homestead Rd, Fort Wayne, IN 46814 | |
| Laura Aleman | 4419 Live Oak Boulevard, Fort Wayne, IN 46804 | 500 00 |
| Joshua Auger | 6409 Post Road, Fort Wayne, IN 46814 | 100 00 |
| Hayley Brawley | 15810 Zubrick Road, Roanoke, IN 46783 | 200 00 |
| Kelley Brenneman | 3402 Buckeye Run, Fort Wayne, IN 46814 | 300 00 |
| Rebecca Clay | 5115 Wrentham Cove, Fort Wayne, IN 46814 | 100 00 |
| Tanner Crandall | 10428 Lake Sebago Drive, Fort Wayne, IN 46804 | 400 00 |
| Hailey Higginbotham | 12934 West Hamilton Place, Fort Wayne, IN 46814 | 200 00 |
| Darlene Kim | 2323 Sycamore Hills Drive, Fort Wayne, IN 46814 | 100 00 |
| Sarah Miers | 8702 Cobble Stone Place, Fort Wayne, IN 46802 | 100 00 |
| Nicole Musi | 8704 Beacon Woods Place, Fort Wayne, IN 46804 | 100 00 |

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| Meghan O'Connor | 7723 Inverness Glens Drive, Fort Wayne, IN 46804 | 100 00 |
| Emily Potts | 3510 Birch Cove, Fort Wayne, IN 46804 | 100 00 |
| Chelsea Render | 10309 Lake Tahoe Drive, Fort Wayne, IN 46804 | 100 00 |
| Carson Royer | 9420 Saratoga Road, Fort Wayne, IN 46804 | 100 00 |
| Sarah Sheley | 14417 Hamilton, Roanoke, IN 46783 | 300 00 |
| Carin Smith | 4636 Aboite Lake Drive, Fort Wayne, IN 46804 | 200 00 |
| John Steinbacher | 9302 Crystal Spring Drive, Fort Wayne, IN 46804 | 200 00 |
| Hana Svetlovics | 9929 Tiffany Drive, Fort Wayne, IN 46804 | 200 00 |
| Nicole Szoko | 1412 Brenton Glens Drive, Fort Wayne, IN 46818 | 300 00 |
| Christina Tatara | 10010 Heartside Place, Fort Wayne, IN 46804 | 200 00 |
| Taryn White | 9709 Red Twig Place, Fort Wayne, IN 46804 | 800 00 |
| Matthew J. Wildrick | 5315 Hopkinton Drive, Fort Wayne, IN 46814 | 200 00 |
| William Gehring | 9425 Crystal Spring Drive, Fort Wayne, IN 46804 | 500 00 |
| Keystone Schools | 1800 Laverne Ave, Fort Wayne, IN 46805 | |
| Katelynne Baughman | 7723 Tanbark Lane, Fort Wayne, IN 46835 | 1,200 00 |
| Leah Brown | 8405 Stand Ridge Run, Fort Wayne, IN 46825 | 300 00 |
| Daniel Keller | 2716 Bolton Drive, Fort Wayne, IN 46806 | 200.00 |
| Alyssa Linville | 513 Stadium Drive, Fort Wayne, IN 46805 | 1,200 00 |
| Rebekah Steiner | 1524 Ludwig Park Drive, Fort Wayne, IN 46825 | 300 00 |
| Chelsea Trumbull | 6560 N 650 E, Lot 27, Churubusco, IN 46723 | 1,200 00 |
| Lewis Cass High School | 6422 East State Road 218, Walton, IN 46994 | |
| Jesse Meek | 1905 N. Buckeye, Kokomo, IN 46901 | 500.00 |
| Manchester High School | 1102 North Market Street, North Manchester, IN 46962 | |
| Hannah Lochner | 10606 N. Ogden Road, North Manchester, IN 46962 | 500 00 |
| New Haven High School | 1300 Green Road, New Haven, IN 46774 | |
| Rocole Young | 1573 Green Road, New Haven, IN 46774 | 500.00 |
| Northrop High School | 7001 Coldwater Rd, Fort Wayne, IN 46825 | |
| Rochelle Martin | 6305 Kiwanis Drive, Fort Wayne, IN 46835 | 1,000 00 |
| Dakota Henninger | 8618 Hunters Knoll Run, Fort Wayne, IN 46825 | 3,500 00 |
| Kevin Stark | 6043 Hazelett Road, Fort Wayne, IN 46835 | 500.00 |
| Prairie Heights High School | 0245 S. 1150 E., Lagrange, IN 46761 | |
| Audrey Light | 10055 E. 275 S., Lagrange, IN 46761 | 500 00 |
| Snider High School | 4600 Fairlawn Pass, Fort Wayne, IN 46815 | |
| Patricia Mustapha | 5914 Hallowell Place, Fort Wayne, IN 46815 | 1,500 00 |
| South Side High School | 3601 S Calhoun St, Fort Wayne, IN 46807 | |
| Jonathan Gatke | 4631 Bradwood Terrace, Fort Wayne, IN 46815 | 2,000 00 |
| Southwood High School | 564 E. State Road 124, Wabash, IN 46992 | |
| Brooke Vielee | 789 W 900 S, LaFontaine, IN 46940 | 800.00 |
| Woodlan JR/SR High School | 17215 Woodburn Road, Woodburn, IN 46797 | |
| Michelle Kruse | 26210 North County Line Road, Harlan, IN 46743 | 500 00 |
| Alexandra Spindler | 17324 Lee Lane, Harlan, IN 46743 | 500 00 |
| | | <u>46,500 00</u> |