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Form 990-EZ

## 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)

- 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.

2009

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 10-01-2009

, and ending 09-30-2010

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

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

C Name of organization  
The Dave Hefner International Exchange Fund IncNumber and street (or P O box, if mail is not delivered to street address) Room/suite  
1410 Chanterelle DriveCity or town, state or country, and ZIP + 4  
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

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 Form 990-EZ or Form 990 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 \$ 59,556

## 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	53,928
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	
4	Investment income	4	1,728
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	0
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	6	
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	0
b	Less direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe )	8	3,900
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	59,556
10	Grants and similar amounts paid (attach schedule)	10	49,850
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	7,000
13	Professional fees and other payments to independent contractors	13	380
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe )	16	115
17	<b>Total expenses.</b> Add lines 10 through 16	17	57,345
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,211
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	195,522
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	197,733

## 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.)

- 22 Cash, savings, and investments
- 23 Land and buildings
- 24 Other assets (describe )
- 25 Total assets
- 26 Total liabilities (describe )
- 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year
195,522	22 197,733
	23
	24
195,522	25 197,733
	26
195,522	27 197,733



<b>Part V Other Information</b> (Note the statement requirements in the instructions for Part V.)			<b>Yes</b>	<b>No</b>
<b>33</b>	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<b>33</b>	No
<b>34</b>	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		<b>34</b>	No
<b>35</b>	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
<b>a</b>	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?		<b>35a</b>	No
<b>b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		<b>35b</b>	
<b>36</b>	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<b>36</b>	No
<b>37a</b>	Enter amount of political expenditures, direct or indirect, as described in the instructions ►	<b>37a</b>		
<b>b</b>	Did the organization file <b>Form 1120-POL</b> for this year?		<b>37b</b>	No
<b>38a</b>	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		<b>38a</b>	No
<b>b</b>	If "Yes," complete Schedule L, Part II and enter the total amount involved	<b>38b</b>		
<b>39</b>	<i>Section 501(c)(7) organizations.</i> Enter		<b>39a</b>	0
<b>a</b>	Initiation fees and capital contributions included on line 9		<b>39b</b>	0
<b>b</b>	Gross receipts, included on line 9, for public use of club facilities			
<b>40a</b>	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ►, section 4912 ►, section 4955 ►		<b>40b</b>	No
<b>b</b>	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> 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			
<b>c</b>	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ►			
<b>d</b>	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization ►			
<b>e</b>	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		<b>40e</b>	No
<b>41</b>	List the states with which a copy of this return is filed ► IN			
<b>42a</b>	The organization's books are in care of ► Michael C Marhenke	Telephone no ► (260) 493-6975		
	9120 Sea View Court			
	Located at ► New Haven, IN	ZIP + 4 ► 46774		
<b>b</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)?		<b>42b</b>	No
	If "Yes," enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>			
<b>c</b>	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<b>42c</b>	No
	If "Yes," enter the name of the foreign country ►			
<b>43</b>	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here ► and enter the amount of tax-exempt interest received or accrued during the tax year ►	<b>43</b>		
<b>44</b>	Did the organization maintain any donor advised funds? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		<b>44</b>	No
<b>45</b>	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," <i>Form 990 must be completed instead of Form 990-EZ.</i>		<b>45</b>	No

**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.

<b>46</b>	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	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>47</b>	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>46</b>	No
<b>48</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>47</b>	No
<b>49a</b>	Did the organization make any transfers to an exempt non-charitable related organization?	<b>48</b>	No
	<b>b</b> If "Yes," was the related organization a section 527 organization?	<b>49a</b>	No
<b>49b</b>		<b>49b</b>	No

**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."

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

**50(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."

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

**51(d)** Total number of other independent contractors each receiving over \$100,000 . . . . . ► \_\_\_\_\_

<b>Please Sign Here</b>	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 Dolores J Klocke President Type or print name and title	2011-01-09 Date	

<b>Paid Preparer's Use Only</b>	Preparer's signature Mark S Westerhausen CPA	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions)
	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 <input type="checkbox"/> Phone no <input type="checkbox"/> (260) 423-2414

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

2009

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**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.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Department of the Treasury

Internal Revenue Service

Name of the organization

The Dave Hefner International Exchange  
Fund Inc

Employer identification number

23-7413166

**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 **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E )

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II )

6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III )

10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e  a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

f  If the organization received a written determination from the IRS that it 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?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h  Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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 any "unusual grants")	65,454	68,663	70,229	46,741	53,928	305,015
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 <b>Total.</b> Add lines 1 through 3	65,454	68,663	70,229	46,741	53,928	305,015
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 <b>Public Support.</b> Subtract line 5 from line 4						305,015

**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	65,454	5,654	70,229	46,741	53,928	305,015
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,504	5,654	5,993	5,009	1,728	22,888
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	825	1,500	2,000	3,650	3,900	11,875
11 <b>Total support</b> (Add lines 7 through 10)						339,778
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

**Section C. Computation of Public Support Percentage**

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	89 770 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	91 050 %
16a <b>33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
b <b>33 1/3% support test—2008.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
17a <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2008.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 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 any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any 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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

**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 <b>33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
<b>b</b> <b>33 1/3% support tests—2008.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	
20 <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

**Part IV** **Supplemental Information.** 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

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**Name of organization**  
 The Dave Hefner International Exchange  
 Fund Inc

**Employer identification number**  
 23-7413166

**Part I** **Contributors** (see Instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	Community Fdn of Greater FW 555 East Wayne Street  Fort Wayne, IN 46802	\$ <u>53,928</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/>
		\$ <u>                  </u>	(Complete Part II if there is a noncash contribution)
		\$ <u>                  </u>	(Complete Part II if there is a noncash contribution)
		\$ <u>                  </u>	(Complete Part II if there is a noncash contribution)
		\$ <u>                  </u>	(Complete Part II if there is a noncash contribution)
		\$ <u>                  </u>	(Complete Part II if there is a noncash contribution)

<b>Name of organization</b> The Dave Hefner International Exchange Fund Inc	<b>Employer identification number</b> 23-7413166
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**Part II Noncash Property (see Instructions)**

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____



## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 23-7413166  
**Name:** The Dave Hefner International Exchange Fund Inc

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	(E) Expense account and other allowances
John Walley 1410 Chanterelle Drive Fort Wayne, IN 46845	Director 0 50	0		
Karen Spake 1410 Chanterelle Drive Fort Wayne, IN 46845	Director 0 50	0		
Wil Smith 1410 Chanterelle Drive Fort Wayne, IN 46845	Director 0 50	0		
Randy Roberts 1410 Chanterelle Drive Fort Wayne, IN 46845	Director 0 50	0		
Sara Quigley 1410 Chanterelle Drive Fort Wayne, IN 46845	Director 0 50	0		
Peter Mallers 1410 Chanterelle Drive Fort Wayne, IN 46845	Director 0 50	0		
John Kowalczyk 1410 Chanterelle Drive Fort Wayne, IN 46845	Director 0 50	0		
Get Nichols 1410 Chanterelle Drive Fort Wayne, IN 46845	Director 0 50	0		
Matt Schomburg 1410 Chanterelle Drive Fort Wayne, IN 46845	Secretary 0 50	0		
Michael C Marhenke 1410 Chanterelle Drive Fort Wayne, IN 46845	Treasurer 0 50	0		
Dolores J Klocke 1410 Chanterelle Drive Fort Wayne, IN 46845	President 10 00	7,000		

## TY 2009 Grants and Similar Amounts Paid Schedule

**Name:** The Dave Hefner International Exchange  
Fund Inc

**EIN:** 23-7413166

**Software ID:** 09000047

**Software Version:** 2009v1.3

<b>Item No.</b>	1
<b>Class of Activity</b>	
<b>Donee's Name</b>	Marie Barnett
<b>Donee's Address</b>	508 S Line Street South Whitley, IN 46787
<b>Amount (FMV)</b>	1,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	2
<b>Class of Activity</b>	
<b>Donee's Name</b>	Tessa Horan
<b>Donee's Address</b>	532 Willowbrook Trail Bluffton, IN 46714
<b>Amount (FMV)</b>	1,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	3
<b>Class of Activity</b>	
<b>Donee's Name</b>	Douglas Jakubowicz
<b>Donee's Address</b>	59299 CR 41 Middlebury, IN 46540
<b>Amount (FMV)</b>	500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	4
<b>Class of Activity</b>	
<b>Donee's Name</b>	Haley Naus
<b>Donee's Address</b>	155 Ln 283 Hamilton, IN 46742
<b>Amount (FMV)</b>	2,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	5
<b>Class of Activity</b>	
<b>Donee's Name</b>	Fletcher Herman
<b>Donee's Address</b>	905 Wildwood Fort Wayne, IN 46807
<b>Amount (FMV)</b>	1,500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	6
<b>Class of Activity</b>	
<b>Donee's Name</b>	Brianna Brown
<b>Donee's Address</b>	320 S Seminole Circle Fort Wayne, IN 46807
<b>Amount (FMV)</b>	3,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	7
<b>Class of Activity</b>	
<b>Donee's Name</b>	Ellen Beal
<b>Donee's Address</b>	1119 Maxine Drive Fort Wayne, IN 46807
<b>Amount (FMV)</b>	2,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	8
<b>Class of Activity</b>	
<b>Donee's Name</b>	Lauren Tvaroha
<b>Donee's Address</b>	1817 Montgomery Court Fort Wayne, IN 46815
<b>Amount (FMV)</b>	500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	9
<b>Class of Activity</b>	
<b>Donee's Name</b>	Mackenzie Rice
<b>Donee's Address</b>	4543 Shenandoah Circle Fort Wayne, IN 46835
<b>Amount (FMV)</b>	500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	10
<b>Class of Activity</b>	
<b>Donee's Name</b>	Anna Olson
<b>Donee's Address</b>	8212 Meadow Hills Drive Fort Wayne, IN 46835
<b>Amount (FMV)</b>	500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	11
<b>Class of Activity</b>	
<b>Donee's Name</b>	Tory Schendel
<b>Donee's Address</b>	7610 Valley Meadows Drive Fort Wayne, IN 46815
<b>Amount (FMV)</b>	1,500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	12
<b>Class of Activity</b>	
<b>Donee's Name</b>	Katelyn Chapman
<b>Donee's Address</b>	8523 Multirose Lane Leo, IN 46765
<b>Amount (FMV)</b>	750
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	13
<b>Class of Activity</b>	
<b>Donee's Name</b>	Rachel Mossburg
<b>Donee's Address</b>	5899 N 400 W Uniondale, IN 46791
<b>Amount (FMV)</b>	1,400
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	14
<b>Class of Activity</b>	
<b>Donee's Name</b>	Laura Zweig
<b>Donee's Address</b>	7012 Bittersweet Moors Court Fort Wayne, IN 46814
<b>Amount (FMV)</b>	3,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	15
<b>Class of Activity</b>	
<b>Donee's Name</b>	Colleen Winters
<b>Donee's Address</b>	6117 Southampton Court Fort Wayne, IN 46814
<b>Amount (FMV)</b>	2,500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	16
<b>Class of Activity</b>	
<b>Donee's Name</b>	Cara Trent
<b>Donee's Address</b>	10733 Middleford Place Fort Wayne, IN 46818
<b>Amount (FMV)</b>	1,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	17
<b>Class of Activity</b>	
<b>Donee's Name</b>	Kyle Ginder
<b>Donee's Address</b>	3916 N County Line Road Hunertown, IN 46748
<b>Amount (FMV)</b>	2,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	18
<b>Class of Activity</b>	
<b>Donee's Name</b>	Justin Cherry
<b>Donee's Address</b>	15633 Canyon Ridge Road Leo, IN 46765
<b>Amount (FMV)</b>	750
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	19
<b>Class of Activity</b>	
<b>Donee's Name</b>	Caitlin Cherry
<b>Donee's Address</b>	15633 Canyon Ridge Road Leo, IN 46765
<b>Amount (FMV)</b>	750
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	20
<b>Class of Activity</b>	
<b>Donee's Name</b>	Sarah Walbridge
<b>Donee's Address</b>	6626 West Hamilton Road Fort Wayne, IN 46814
<b>Amount (FMV)</b>	500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	21
<b>Class of Activity</b>	
<b>Donee's Name</b>	Annika Van Gilder
<b>Donee's Address</b>	17821 Cloud Hill Drive Huntertown, IN 46748
<b>Amount (FMV)</b>	500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	22
<b>Class of Activity</b>	
<b>Donee's Name</b>	Kayla Snabel
<b>Donee's Address</b>	619 Tipton Street Huntington, IN 46750
<b>Amount (FMV)</b>	1,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	23
<b>Class of Activity</b>	
<b>Donee's Name</b>	Kat-Non Ngern
<b>Donee's Address</b>	915 Larch Lane Fort Wayne, IN 46825
<b>Amount (FMV)</b>	2,200
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	24
<b>Class of Activity</b>	
<b>Donee's Name</b>	Jodie Goodam
<b>Donee's Address</b>	2210 Lake Ridge Drive Fort Wayne, IN 46804
<b>Amount (FMV)</b>	1,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	25
<b>Class of Activity</b>	
<b>Donee's Name</b>	James Faron
<b>Donee's Address</b>	7721 Garman Road Auburn, IN 46706
<b>Amount (FMV)</b>	1,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	26
<b>Class of Activity</b>	
<b>Donee's Name</b>	Cassandra Burr
<b>Donee's Address</b>	8427 Medicine Bow Run Fort Wayne, IN 46825
<b>Amount (FMV)</b>	2,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	27
<b>Class of Activity</b>	
<b>Donee's Name</b>	Fiona Makowksi
<b>Donee's Address</b>	1532 Highland Court Bluffton, IN 46714
<b>Amount (FMV)</b>	500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	28
<b>Class of Activity</b>	
<b>Donee's Name</b>	Mariah Moonen
<b>Donee's Address</b>	5615 Kohart Place Fort Wayne, IN 46815
<b>Amount (FMV)</b>	500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	29
<b>Class of Activity</b>	
<b>Donee's Name</b>	Victoria McCuston
<b>Donee's Address</b>	6304 Pawawna Drive Fort Wayne, IN 46815
<b>Amount (FMV)</b>	1,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	30
<b>Class of Activity</b>	
<b>Donee's Name</b>	Austin Grady
<b>Donee's Address</b>	2101 White Plains Court Fort Wayne, IN 46815
<b>Amount (FMV)</b>	500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	31
<b>Class of Activity</b>	
<b>Donee's Name</b>	Francesca Fisher
<b>Donee's Address</b>	7917 Tipperary Trail Fort Wayne, IN 46815
<b>Amount (FMV)</b>	500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	32
<b>Class of Activity</b>	
<b>Donee's Name</b>	Jackson Fife
<b>Donee's Address</b>	8406 Rail Fence Road Fort Wayne, IN 46835
<b>Amount (FMV)</b>	500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	33
<b>Class of Activity</b>	
<b>Donee's Name</b>	Kyle Dager
<b>Donee's Address</b>	8213 Gatewood Court Fort Wayne, IN 46815
<b>Amount (FMV)</b>	1,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	34
<b>Class of Activity</b>	
<b>Donee's Name</b>	Leah Ronner
<b>Donee's Address</b>	8518 Quailwest Cove Fort Wayne, IN 46835
<b>Amount (FMV)</b>	500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	35
<b>Class of Activity</b>	
<b>Donee's Name</b>	Molly Morgan
<b>Donee's Address</b>	4606 Tamarack Drive Fort Wayne, IN 46835
<b>Amount (FMV)</b>	1,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	36
<b>Class of Activity</b>	
<b>Donee's Name</b>	Maddy Miller
<b>Donee's Address</b>	2220 Skyhawk Drive Fort Wayne, IN 46815
<b>Amount (FMV)</b>	1,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	37
<b>Class of Activity</b>	
<b>Donee's Name</b>	Rikki Luebke
<b>Donee's Address</b>	4458 Bradwood Terrace Fort Wayne, IN 46815
<b>Amount (FMV)</b>	1,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	38
<b>Class of Activity</b>	
<b>Donee's Name</b>	Julia Lee
<b>Donee's Address</b>	3626 Homestead Road Fort Wayne, IN 46814
<b>Amount (FMV)</b>	500
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	39
<b>Class of Activity</b>	
<b>Donee's Name</b>	Andrew Jehl
<b>Donee's Address</b>	5530 Autumn Woods Trail Fort Wayne, IN 46835
<b>Amount (FMV)</b>	2,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	40
<b>Class of Activity</b>	
<b>Donee's Name</b>	Christian Houser
<b>Donee's Address</b>	2201 Hazelwood Avenue Fort Wayne, IN 46805
<b>Amount (FMV)</b>	1,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	41
<b>Class of Activity</b>	
<b>Donee's Name</b>	Emma Collis
<b>Donee's Address</b>	2013 Curdes Avenue Fort Wayne, IN 46805
<b>Amount (FMV)</b>	2,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

<b>Item No.</b>	42
<b>Class of Activity</b>	
<b>Donee's Name</b>	Rebecca Byers
<b>Donee's Address</b>	2013 Curdes Avenue Fort Wayne, IN 46805
<b>Amount (FMV)</b>	2,000
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

## TY 2009 Other Expenses Schedule

**Name:** The Dave Hefner International Exchange  
Fund Inc

**EIN:** 23-7413166

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Amount
Office Expenses	115

## TY 2009 Other Revenues Schedule

**Name:** The Dave Hefner International Exchange  
Fund Inc

**EIN:** 23-7413166

**Software ID:** 09000047

**Software Version:** 2009v1.3

Description	Amount
Return of grant	3,900