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JUN @ 11 2010

Form 990-PF

Department of the Treasu Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

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

2008

Fo	cale	endar year 2008, or tax year beginning OCT	r 7, 2008	, and ending	DEC 31, 200	8
G	Chec	k all that apply Initial return	Final return X	Amended return	Address change	Name change
Us	e the	IRS Name of foundation			A Employer identification	
	iabe	ı				
01		ise, FIRST SAVINGS CHARITA		ON	26-3464829	9
	prir or typ	,	•	Room/suite	B Telephone number	
	y typ	DOL DINIO MID COMO	K PKWY		(812)283-0	0724
	truct	inns City or town, state, and ZIP code	١٥.		C If exemption application is	
		CLARKSVILLE, IN 4712			0 1. Foreign organization	s, check here
H		k type of organization X Section 501(c)(3) e			2 Foreign organizations m check here and attach c	omputation
		ection 4947(a)(1) nonexempt charitable trust larket value of all assets at end of year J Account			E If private foundation st	atus was terminated.
			ing method L Cash ither (specify)	X Accrual	under section 507(b)(1	
	,,,, ►\$	1,177,510. (Part I, cold		basis)	F If the foundation is in a under section 507(b)(1	60-month termination
	art	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
		(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	Income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	1,200,000.		N/A	(cooli Basis (iii))
	2	Check If the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	<u> </u>			
	58	Gross rents				
	1	Net rental income or (loss)				
ē	68	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all				
ent	t	assets on line 6a				
Revenue	7	, , , (, , =,		0.		
_	8	Net short-term capital gain				
	9	Income modifications Gross sales less returns				
	10a	and allowances				
	I	Less Cost of goods sold				
	1	Gross profit or (loss)				
	11	Other Income Total Add lines 1 through 11	1,200,000.	0.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	14	Other employee salaries and wages				<u></u>
	15	Pension plans, employee benefits				
ses	l	Legal fees				
ë	ı	Accounting fees			ECEIVED	
Expenses	C	Other professional fees		- K	2011	<u> </u>
Š	17	Interest				\$1
Irati	18	Taxes		318	AY 1 8 2010 /	£/
nist	19	Depreciation and depletion		(6)		
Ë	20	Occupancy		ا ا	OGDEN, UT	
Ă	21	Travel, conferences, and meetings				
ä	22	Printing and publications				
ing	23	Other expenses STMT 1	1,590.	0.		0.
rat	24	Total operating and administrative		_		
Operating and Administrati		expenses Add lines 13 through 23	1,590.	0.		0.
_	25	Contributions, gifts, grants paid				
	26	Total expenses and disbursements	1 500	_		_
	27	Add lines 24 and 25	1,590.	0.		0.
	27	Subtract line 26 from line 12	1,198,410.			
		Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-)	1,150,410.	0.		
		Adjusted net income (if negative, enter -0)			N/A	
					11/ EX	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

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	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	f year
	-	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	-		98,410.	98,410.
		Savings and temporary cash investments			
	3	Accounts receivable -	1		
		Less allowance for doubtful accounts			·
	4	Pledges receivable	- 1		
		Less allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			***************************************
	7	Other notes and loans receivable	·		
		Less allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
Ass	9	Prepaid expenses and deferred charges			
`	1	Investments - U.S. and state government obligations			
	i	Investments - corporate stock STMT 3	0.	1,100,000.	1,079,100.
	0	Investments - corporate bonds	ļ		
	11	Investments - land, buildings, and equipment basis			
		Less. accumulated depreciation			, , <u>, , , , , , , , , , , , , , , , </u>
	1	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis	,		
		Less accumulated depreciation			
	15	Other assets (describe			
			_		
_		Total assets (to be completed by all filers)	0.	1,198,410.	1,177,510.
	1	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons .			
jab	21	Mortgages and other notes payable			
_	22	Other liabilities (describe >)			
		į			
	23	Total Habilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
₁₀	İ	and complete lines 24 through 26 and lines 30 and 31.		ļ	
Ç	24	Unrestricted			
alar	25	Temporarily restricted			
Ä	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here			
Net Assets or Fund Balances		and complete lines 27 through 31			
ţ	27	Capital stock, trust principal, or current funds	0.	0.	
sse	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
Ä	29	Retained earnings, accumulated income, endowment, or other funds	0.	1,198,410.	
Š	30	Total net assets or fund balances	0.	1,198,410.	
	31	Total Habilities and net assets/fund balances	0.	1,198,410.	<u> </u>
p	art	Analysis of Changes in Net Assets or Fund B	alances		
		net assets or fund balances at beginning of year - Part II, column (a), line	30		
		t agree with end-of-year figure reported on prior year's return)		1	0.
2	Enter	amount from Part I, line 27a		2	1,198,410.
3	Other	increases not included in line 2 (itemize)		3	0.
4	Add I	ines 1, 2, and 3		4	1,198,410.
5	Decre	eases not included in line 2 (itemize)		5	0.
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	1,198,410.
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See the Part VI instructions

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate

Forn	1990-PF (2008) FIRST SAVINGS CHARITABLE FOUND	AT'.	ΤŌ	N				26-	3464	1829)	Page 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940)(a),	49	40(t	o), 49	940(e),	, or 4	1948 ·	- see	instri	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and en	ter "N	/A" (on line	e 1	J						
	Date of ruling letter (attach copy of ruling letter if necessary-s											
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	· [an	d ent	er 1%	•		1				0.
	of Part I, line 27b											
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Pa	rt I,	line 1	2, col	(b) J					,	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Oth					` '		2				0.
	Add lines 1 and 2			•				3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	hers e	ente	r -0-)				4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			•				5				0.
6	Credits/Payments											
а	2008 estimated tax payments and 2007 overpayment credited to 2008	6a										
b	Exempt foreign organizations - tax withheld at source	6b	T									
	Tax paid with application for extension of time to file (Form 8868)	6c										
d	Backup withholding erroneously withheld	6d										
	Total credits and payments Add lines 6a through 6d							7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac	hed						8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed						\triangleright	9				0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid							10				
11	Enter the amount of line 10 to be Credited to 2009 estimated tax ▶					Refunde	d 🕨	11				
Ρê	rt VII-A Statements Regarding Activities											
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation o	or di	ıd ıt p	articipa	ate or int	ervene	ın			Yes	No
	any political campaign?									1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpose	es (se	e in	struct	tions fo	or definit	ion)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	сори	es c	of any	y mate	enals pu	blishe	d or				
	distributed by the foundation in connection with the activities.											
C	Did the foundation file Form 1120-POL for this year?									10		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	year										
	(1) On the foundation \blacktriangleright \$ (2) On foundation managers	▶ \$;				0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendition					undation	1					
	managers > \$0.											
2	Has the foundation engaged in any activities that have not previously been reported to the IR	S2								2		Х
	If "Yes," attach a detailed description of the activities.											
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	strum	nent,	, artıc	les of ı	ncorpora	ation, d	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	s								3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year	2								4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?					_		N	/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?									5		X
	If "Yes," attach the statement required by General Instruction T											
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eith	her										
	By language in the governing instrument, or											
	• By state legislation that effectively amends the governing instrument so that no mandatory	direct	tions	s that	conflic	t with th	e state	law				
	remain in the governing instrument?									6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year?									7	Х	
	If "Yes," complete Part II, col (c), and Part XV											
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	s) >										
	IN, DE											
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Att	orney	Ger	neral (or des	ignate)						
	of each state as required by General Instruction G? If "No," attach explanation	Í								_8b	Х	
9	is the foundation claiming status as a private operating foundation within the meaning of sect	tion 4	942	(j)(3)	or 494	12(j)(5) f	or cale	ndar				
	year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," co									9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule	•				ddresses	S	TMT	4_	10	Х	

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be i	Required (contin	nued)		- _F	
5a During the year did the foundation pay or incur any amount to		 .	[V]			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No			
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly,						
any voter registration drive?	_		es X No			
(3) Provide a grant to an individual for travel, study, or other similar purposes		Yı	es X No			
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section	<u> </u>	. (v)	1		
509(a)(1), (2), or (3), or section 4940(d)(2)?			es X No			
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or		r v n			
the prevention of cruelty to children or animals?	a Maria de la composition della composition dell		es X No	1		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	•	in Regulations	NI/N	_		
section 53 4945 or in a current notice regarding disaster assistance (see instru-	•		N/A	5b		
Organizations relying on a current notice regarding disaster assistance check his		d				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				Ŧ		
expenditure responsibility for the grant?		1/ A Y(es LINO	1		
If "Yes," attach the statement required by Regulations section 53 4945	• •		į	1		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	oay premiums on	[as X No	1		
a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	areanal hanafit aant-aat?	۳۰ است	ON LAL OU	6b	x	
If you answered "Yes" to 6b, also file Form 8870.	ersonal benefit contracts		<u> </u>	<u> </u>	+~	
7a At any time during the tax year, was the foundation a party to a prohibited tax s	haltar transaction?	[v.	s X No			
b If yes, did the foundation receive any proceeds or have any net income attributa	=	1t	N/A	7b		
Information About Officers Directors Trust		nagers Highly		· N. I.	.1	
Part VIII Paid Employees, and Contractors	Jos, i varidativii ivic	agers, rugili	,			
List all officers, directors, trustees, foundation managers and their	compensation.					
	(b) Title and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) E)	pense	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	accour allow	it, other ances	
		,	voporozuen			
		[ļ		
SEE STATEMENT 5		0.	0.		0.	
						
		}		1		
		[
	·					
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."				
(a) Name and address of each amplause and mare than \$50,000	(b) Title, and average	() ()	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense it, other	
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	accoun	it, other ances	
NONE			*			
	<u></u>					
Total number of other employees paid over \$50,000			>		0	
			Form !	990-PF	(2008)	

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Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	ındation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none,	enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		-
		-
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant number of organizations and other beneficiaries served, conferences convened, research papers	statistical information such as the	Expenses
1 N/A	s produced, etc	
2		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		<u> </u>
Describe the two largest program-related investments made by the foundation during the tax year	ar on lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part Foreign foundations	ndations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	244,664.
	Average of monthly cash balances	1b	244,664. 19,524.
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	264,188.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	264,188.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,963.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	260,225.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	3,066.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part (id certain	
1	Minimum investment return from Part X, line 6	1	3,066.
2 a	Tax on investment income for 2008 from Part VI, line 5		
b	Income tax for 2008 (This does not include the tax from Part VI)] [
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	3,066.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	3,066.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	3,066.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		1a	0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years	qualifies for	the section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI,				
line 7				3,066.
2 Undistributed income, if any, as of the end of 2007				
a Enter amount for 2007 only			0.	
b Total for pnor years				
3 Excess distributions carryover, if any, to 2008		0.		
a From 2003				
b From 2004				
¢ From 2005				
d From 2006				
e From 2007				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2008 from				
Part XII, line 4 > \$0 .				
a Applied to 2007, but not more than line 2a			0.	
b Applied to undistributed income of prior	····		0.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				~
(Election required - see instructions)	0.			
d Applied to 2008 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2008	0.			0.
(if an amount appears in column (d), the same amount must be shown in column (a)	<u> </u>			
6 Enter the net total of each column as Indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				TATAL
amount - see instructions		0.		
e Undistributed income for 2007 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2008 Subtract				
lines 4d and 5 from line 1. This amount must			İ	
be distributed in 2009				3,066.
7 Amounts treated as distributions out of		1		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2003		1		
not applied on line 5 or line 7	0.			·
9 Excess distributions carryover to 2009.				
Subtract lines 7 and 8 from line 6a	0.			······
10 Analysis of line 9				
a Excess from 2004				
b Excess from 2005				
c Excess from 2006			Į.	`
d Excess from 2007				
e Excess from 2008				

	AVINGS CHAR				64829 Page 10
Part XIV Private Operating F			I-A, question 9)	N/A	
1 a if the foundation has received a ruling o		•			
foundation, and the ruling is effective fo		-	▶ L		
b Check box to indicate whether the found		ng foundation described		4942(I)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
investment return from Part X for					
each year listed			<u> </u>		
b 85% of line 2a				<u></u>	
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of				}	
exempt activities			ļ		
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon]	1
a "Assets" alternative test - enter					
(1) Value of all assets			<u> </u>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on			<u> </u>		:
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or mo	ore in assets
at any time during t	he year-see the i	nstructions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who year (but only if they have contributed m			ributions received by the	foundation before the clo	se of any tax
NONE					
 b List any managers of the foundation who other entity) of which the foundation has 			(or an equally large portio	n of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribution Check here ► if the foundation or				ot accept upsolicited requ	ests for funds. If
the foundation makes gifts, grants, etc. (
a The name, address, and telephone numb	ber of the person to whor	n applications should be	addressed		
SEE STATEMENT 6	·				
b The form in which applications should be	e submitted and informat	ion and materials they s	rould include		
c Any submission deadlines					
d Any restrictions or limitations on awards	, such as by geographica	il areas, charitable fields,	kinds of institutions, or o	ther factors	

Part AV Supplementary information				
3 Grants and Contributions Paid During the	Year or Approved for Future	Payment	r	
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year				
		İ		
NONE				
NONE				
		1		
		}		
		1		
		ļ		
		<u>'</u>		
]		•
		<u> </u>		
Total		,	<u>▶ 3a</u>	0.
b Approved for future payment				
NONE				
Note				
				I
			!	
		ĺ		
-		l		
Total			▶ 3b	0.

Part XVI-A Analysis of Income-Producing Activities

Enter gros	ss amounts unless otherwise indicated	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
-	ım service revenue	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
•	IIII 291AIC9 19A9IIIA	COUR				
						-
			***************************************	-		
. —						
1						
g Fee	es and contracts from government agencies					
	ership dues and assessments					
3 Interes	st on savings and temporary cash					
ınvestr	ments					
4 Divide	nds and interest from securities					
5 Net rei	ntal income or (loss) from real estate	,			,	
a Del	bt-financed property		×			
b No	t debt-financed property					
6 Net rer	ntal income or (loss) from personal	}		1	İ	
proper	ty					
7 Other i	nvestment income					
8 Gam o	r (loss) from sales of assets other					
than in	ventory .					
	come or (loss) from special events					
10 Gross	profit or (loss) from sales of inventory					
11 Other	revenue					
a						
b						
C						
d						
B		<u> </u>				
	al Add columns (b), (d), and (e)		0.		0.	
	Add line 12, columns (b), (d), and (e)			-	13 _	0.
(See work	sheet in line 13 instructions to verify calculations)					
Part X	VI-B Relationship of Activities to	o the Acc	omplishment of Ex	emp	t Purposes	
Line No	Explain below how each activity for which incor	ma ic reported i	n column (a) of Part VVI.A	contrib	outed importantly to the accor	nolishment of
Cine Ma	the foundation's exempt purposes (other than I			COMIN	outed importantly to the accor	ubusument or
	ASSETS OF THE FOUNDATION		····	COR	PORATE STOCK	OF FIRST
	SAVINGS FINANCIAL GROUP					
	ASSISTANCE TO CHARITABI				COME TO THOU	DB T THIMOTHE
	THE TO CHECK THE	<u> </u>	TTETTT TOTAL			
			· · · · · · · · · · · · · · · · · · ·			

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			<u> </u>		,	
						
823621 01-02-09						Form 990-PF (2008)

Exempt Organizations 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash (2) Other assets b Other transactions (1) Sales of assets to a noncharitable exempt organization (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations c Sharing of facilities, equipment, mailing lists, other assets, or paid employees (1) It the answer to any of the above is "Yes," complete the following schedule Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (2) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangement (d) Description of transfers, transactions, and sharing arrangement (d) Description of transfers, transactions, and sharing arrangement (d) Description of transfers, transactions, and sharing arrangement (d) Description of transfers, transactions, and sharing arrangement (d) Description of transfers, transactions, and sharing arrangement (d) Description of transfers, transactions, and sharing arrangement (d) Description of transf	Page 13
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(a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements	
N/A	ents
b If "Yes," complete the following schedule	∑ No
(a) Name of organization (b) Type of organization (c) Description of relationship	
N/A	
Under penalties of penury, 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 taxpayer or fiduciary) is based on all information of which preparer has any knowledge. 5/14/2010 Texture:	
Signature of officer of treatee Date Title	
Signature of office to trestee Date Title Preparer's identifying nu signature Rogu C. Harlen CPA 5-14-10 Preparer's identifying nu self-employed Preparer's iden	
5 Signature Right G. Harlen CPA 5-14-10 Self- employed ▶ □ P00075269	<u> </u>
Firms name (or yours MONROE SHINE & CO., INC. CPA'S	
signature Signature Co. Fauler CPA S-14-/o employed P00075269	311

Form **990-PF** (2008)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service ► Attach to Form 990, 990-EZ, and 990-PF.

Schedule of Contributors

OMB No 1545-0047

2008

Employer identification number Name of the organization FIRST SAVINGS CHARITABLE FOUNDATION 26-3464829 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. (Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions) General Rule For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. Special Rules Light For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990 EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc, purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year)

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer 'No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

_	1		1	
Page	T	of	1	of Part I

Schedule B	(Form 990.	990-F7	or 990-PF	1 <i>120</i> 081

Name of organization

Employer identification number

FIRST SAVINGS CHARITABLE FOUNDATION

26-3464829

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	FIRST SAVINGS FINANCIAL GROUP, INC. 501 EAST LEWIS & CLARK PARKWAY CLARKSVILLE, IN 47129	\$ 100,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	FIRST SAVINGS FINANCIAL GROUP, INC. 501 EAST LEWIS & CLARK PARKWAY CLARKSVILLE, IN 47129	\$ 1,100,000.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there Is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
23452 12-18		- - - \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution) 90, 990-EZ, or 990-PF) (2008)

Page 1 of 1 of Part II
Employer Identification number

FIRST SAVINGS CHARITABLE FOUNDATION

26-3464829

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
2	110,000 SHARES OF COMMON STOCK WITH A FAIR VALUE OF \$10 PER SHARE		
		\$ 1,100,000.	10/06/08
(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

FORM 990-PF	OTHER EXPENSES		STATEMENT 1		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL AND PROFESSIONAL FEES INSURANCE	870. 720.	0.		0.	
TO FORM 990-PF, PG 1, LN 23	1,590.	0.		0.	
	FOOTN	OTES	S'	PATEMENT 2	

AMENDED RETURN BEING FILED TO CORRECT PART X MINIMUM INVESTMENT RETURN CALCULATION.

FORM 990-PF	CORPORATE STOCK		STATEMENT 3
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
INVESTMENT IN FIRST INC.	SAVINGS FINANCIAL GROUP,	1,100,000.	1,079,100.
TOTAL TO FORM 990-PF	F, PART II, LINE 10B	1,100,000.	1,079,100.
FORM 990-PF	LIST OF SUBSTANTIAL CONTR PART VII-A, LINE 10		STATEMENT 4
NAME OF CONTRIBUTOR	ADDRESS		
FIRST SAVINGS FINANC	CIAL GROUP, INC. 501 E. LEWI IN 47129	S AND CLARK PKWY,	CLARKSVILLE,

	-	OF OFFICERS, DIRECTORS FOUNDATION MANAGERS		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
LARRY W. MYERS 11820 SPRINGHILL GARDENS DRIVE ANCHORAGE, KY 40223	PRESIDENT 0.00	0.	0.	0.
JOHN P. LAWSON JR. 5303 STONYBROOKE CT. JEFFERSONVILLE, IN 47130	TREASURER AND 0.00	SECRETARY 0.	0.	0.
CECILE A. BLAU 6418 CONSERVATION DRIVE JEFFERSONVILLE, IN 47130	BOARD MEMBER 0.00	0.	0.	0.
KEVIN HAMMERSMITH 3403 LAFITTE'S COVE FLOYDS KNOBS, IN 47119	BOARD MEMBER 0.00	0.	0.	0.
RITA HUDSON SHOURDS 3002 LAURA DRIVE FLOYDS KNOBS, IN 47119	BOARD MEMBER 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	5, PART VIII	0.	0.	0.

6

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

LARRY MYERS 501 E. LEWIS AND CLARK PKWY CLARKSVILLE, IN 47129

TELEPHONE NUMBER

(812)283-0724

FORM AND CONTENT OF APPLICATIONS

SEE COPY OF APPLICATION ATTACHED

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

FIRST SAVINGS CHARITABLE FOUNDATION WILL ONLY FUND 501(C)(3) ORGANIZATIONS AND THOSE WITH "PUBLIC CHARITY" STATUS OR ITS EQUIVALENT. THERE WILL BE NO FUNDING TO POLITICAL GROUPS, FRATERNAL ORGANIZATIONS, SECRETARIAN OR RELIGIOUS ACTIVITIES, FAMILY FOUNDATIONS OR INDIVIDUALS. IN ADDITION, THE FOUNDATION WILL NOT PROVIDE FUNDING FOR OPERATIONAL EXPENSES.



GRANT APPLICATION

ORGANIZATION INFORMATION

ORGANIZATION NAME			ORGANIZA	ATION PRESIDENT
STREET ADDRESS		WEBSITE		
CITY STATE ZIP CODE	TELEPHONE NO	FAX NO	E-MAIL A	DDRESS
CONTACT Ms		TITLE		
Is your organization funded by the United Wa	ay? 🗌 Yes	□ No		
EMPLOYER IDENTIFICATION N A nine-digit number as				
Have you previously applied for a grant from If your organization has received funding from and the amount awarded	the First Savings Char n the First Savings Ch	ritable Foundation? [aritable Foundation, plea	☐ Yes ase list the p	No project name, the date received
PROJECT NAME	Ī	DATE RECEIVED		AMOUNT AWARDED \$
Briefly describe the mission, goals and object	tions of your organizat	tion		
PROJECT INFORMATION				
PROJECT NAME				
DATE OF PROJECT	TOTAL PROJECT CO	OST\$	AMOUNT	REQUESTED \$
HOW MANY PEOPLE WILL THIS PROJECT		IN WHAT COUNTY IS		
Briefly describe the project, its goals and obj	ections, for which you	are requesting First Sav	rings Charita	able Foundation support
List any First Savings Bank employees in	volved in this project	ot and describe their ro	ole	