

Form **990-PF**Department of the Treasury  
Internal Revenue Service**Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private FoundationDo not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

For calendar year 2022 or tax year beginning , and ending

Name of foundation <b>FIRST FEDERAL FOUNDATION, INC</b>		A Employer identification number <b>57-1141539</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>C/O 1329 ALBION AVE</b>		B Telephone number (see instructions) <b>208-733-4222</b>
City or town, state or province, country, and ZIP or foreign postal code <b>BURLEY ID 83318</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Initial return  <input type="checkbox"/> Final return  <input type="checkbox"/> Address change         </div> <div> <input type="checkbox"/> Initial return of a former public charity  <input type="checkbox"/> Amended return  <input type="checkbox"/> Name change         </div> </div>		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ <b>0</b> (Part I, column (d), must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	204,106			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	22,217	22,217		
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	226,323	22,217	0	
	13 Compensation of officers, directors, trustees, etc.	0			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions) <b>STMT 1</b>	295	295	295	
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (att. sch.)				
	24 Total operating and administrative expenses. Add lines 13 through 23	295	295	295	0
	25 Contributions, gifts, grants paid	85,890			85,890
	26 Total expenses and disbursements. Add lines 24 and 25	86,185	295	295	85,890
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	140,138			
	b Net investment income (if negative, enter -0-)		21,922		
	c Adjusted net income (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2022)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value		
Assets	1	Cash – non-interest-bearing		177,174	295,180	
	2	Savings and temporary cash investments		1,570,740	1,592,872	
	3	Accounts receivable				
		Less: allowance for doubtful accounts				
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (att. schedule)				
		Less: allowance for doubtful accounts	0			
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments – U.S. and state government obligations (attach schedule)				
	b	Investments – corporate stock (attach schedule)				
	c	Investments – corporate bonds (attach schedule)				
	11	Investments – land, buildings, and equipment: basis				
	Less: accumulated depreciation (attach sch.)					
12	Investments – mortgage loans					
13	Investments – other (attach schedule)					
14	Land, buildings, and equipment: basis					
	Less: accumulated depreciation (attach sch.)					
15	Other assets (describe )					
16	<b>Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I)			1,747,914	1,888,052	0
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe )				
	23	<b>Total liabilities</b> (add lines 17 through 22)			0	0
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input checked="" type="checkbox"/>					
	24	Net assets without donor restrictions		747,914	888,052	
	25	Net assets with donor restrictions		1,000,000	1,000,000	
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input type="checkbox"/>					
	26	Capital stock, trust principal, or current funds				
	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
	28	Retained earnings, accumulated income, endowment, or other funds				
	29	<b>Total net assets or fund balances</b> (see instructions)		1,747,914	1,888,052	
	30	<b>Total liabilities and net assets/fund balances</b> (see instructions)		1,747,914	1,888,052	

**Part III Analysis of Changes in Net Assets or Fund Balances**

1	Total net assets or fund balances at beginning of year – Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	1,747,914
2	Enter amount from Part I, line 27a	2	140,138
3	Other increases not included in line 2 (itemize)	3	
4	Add lines 1, 2, and 3	4	1,888,052
5	Decreases not included in line 2 (itemize)	5	
6	<b>Total net assets or fund balances at end of year</b> (line 4 minus line 5) – Part II, column (b), line 29	6	1,888,052

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	N/A			
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss) <span style="border: 1px solid black; padding: 2px;">If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7</span>			2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8			3	

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	1	305
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0
3	Add lines 1 and 2	3	305
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	305
6	Credits/Payments:		
a	2022 estimated tax payments and 2021 overpayment credited to 2022	6a	
b	Exempt foreign organizations – tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	305
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 2023 estimated tax Refunded	11	

**Part VI-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		<b>X</b>
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		<b>X</b>
If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year?		<b>X</b>
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ (2) On foundation managers. \$		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		<b>X</b>
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		<b>X</b>
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		<b>X</b>
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		<b>X</b>
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		<b>X</b>
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV		<b>X</b>
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. <b>ID</b>		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation <b>SEE STMT 2</b>		<b>X</b>
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the tax year beginning in 2022? See instructions for Part XIII. If "Yes," complete Part XIII		<b>X</b>
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		<b>X</b>
<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		<b>X</b>
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		<b>X</b>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address <b>HTTP://BANKFIRSTFD.COM</b>	<b>X</b>	
<b>14</b> The books are in care of <b>MICHAEL TRAVELLER</b> <b>383 SHOSHONE ST N</b> Located at <b>TWIN FALLS</b> ID ZIP+4 <b>83301</b> Telephone no. <b>208-733-4222</b>		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> – check here and enter the amount of tax-exempt interest received or accrued during the year		
<b>16</b> At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country		<b>X</b>



**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
<b>1a</b> During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		<b>X</b>
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(1)	<b>X</b>
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(2)	<b>X</b>
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(3)	<b>X</b>
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	1a(4)	<b>X</b>
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)	1a(5)	<b>X</b>
<b>b</b> If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1a(6)	<b>X</b>
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here	N/A	
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2022?	1b	
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	N/A	
<b>a</b> At the end of tax year 2022, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2022?	1d	
If "Yes," list the years 20 , 20 , 20 , 20		
<b>b</b> Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement – see instructions.)	2a	<b>X</b>
<b>c</b> If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 , 20 , 20 , 20	2b	
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	N/A	
<b>b</b> If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2022.)	3a	<b>X</b>
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b	
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022?	4a	<b>X</b>
	4b	<b>X</b>

Part VI-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		X
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)		X
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		X
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions	5a(4)		X
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5a(5)		X
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	5b	
c	Organizations relying on a current notice regarding disaster assistance, check here			
d	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	N/A	5d	
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a		X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.	6b		X
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		X
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	7b	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	8		X

Part VII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.				
(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, other allowances
SEE STATEMENT 3				
2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000				0

**Part VII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3** Five highest-paid independent contractors for professional services. See instructions. 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		

**Part VIII-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

**Part VIII-B** Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	

**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	0
<b>b</b>	Average of monthly cash balances	<b>1b</b>	0
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	0
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	0
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	0
<b>4</b>	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	<b>4</b>	0
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3	<b>5</b>	0
<b>6</b>	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5	<b>6</b>	0

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

<b>1</b>	Minimum investment return from Part IX, line 6	<b>1</b>	
<b>2a</b>	Tax on investment income for 2022 from Part V, line 5	<b>2a</b>	305
<b>b</b>	Income tax for 2022. (This does not include the tax from Part V.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	305
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XII, line 1	<b>7</b>	0

**Part XI Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	<b>1a</b>	85,890
<b>b</b>	Program-related investments – total from Part VIII-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4	<b>4</b>	85,890

Form **990-PF** (2022)



**Part XII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				0
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018	6,742			
c From 2019	10,274			
d From 2020	6,811			
e From 2021	90,048			
f Total of lines 3a through e	113,875			
4 Qualifying distributions for 2022 from Part XI, line 4: \$ 85,890				
a Applied to 2021, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2022 distributable amount				
e Remaining amount distributed out of corpus	85,890			
5 Excess distributions carryover applied to 2022 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	199,765			
b Prior years' undistributed income. Subtract line 4b from line 2b				
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				
d Subtract line 6c from line 6b. Taxable amount – see instructions				
e Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount – see instructions				
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2017 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a	199,765			
10 Analysis of line 9:				
a Excess from 2018	6,742			
b Excess from 2019	10,274			
c Excess from 2020	6,811			
d Excess from 2021	90,048			
e Excess from 2022	85,890			

<b>1a</b> If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2022, enter the date of the ruling _____					
<b>b</b> Check box to indicate whether the foundation is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
<b>2a</b>	Tax year	Prior 3 years			(e) Total
	(a) 2022	(b) 2021	(c) 2020	(d) 2019	
Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
<b>b</b> 85% (0.85) of line 2a					
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test – enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
<b>c</b> "Support" alternative test – enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on 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 XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  
N/A

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
N/A

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:  
**SEE STATEMENT 4**

**b** The form in which applications should be submitted and information and materials they should include:  
**NAME, ADDRESS, IRS STATUS, REQUEST INFORMATION**

**c** Any submission deadlines:  
**JUNE 16TH AND NOVEMBER 14TH**

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
**NONE**

**Part XIV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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
<b>a</b> Paid during the year				
<b>ADAPTIVE CYCLING OF SOUTHERN IDAHO</b> PO BOX 5312 TWIN FALLS ID 83303	NONE	501 (C) 3	ADAPTIVE TRYKES	1,600
<b>BUHL FAMILY NETWORK</b> 1118 MAIN ST BUHL ID 83316	NONE	501 (C) 3	WINDOWS FOR FAMILY CENTER	3,770
<b>BURLEY HIGH SCHOOL BAND</b> 2100 PARKE AVE BURLEY ID 83318	NONE	GOVERNMENT	INSTRUMENTS	3,500
<b>EVERYBODY HOUSE</b> 360 SHOSHONE ST. E TWIN FALLS ID 83303	NONE	501 (C) 3	GARDEN BEDS	5,000
<b>HANSEN SCHOOL DISTRICT</b> 550 MAIN ST. S HANSEN ID 83334	NONE	GOVERNMENT	PLAYGROUND FENCING	5,000
<b>TWIN FALLS OPTIMIST FOUNDATION</b> 239 3RD AVE N TWIN FALLS ID 83301	NONE	501 (C) 3	COATS FOR KIDS	5,000
<b>JEFFERSON ELEMENTARY</b> 600 N FILLMORE ST JEROME ID 83338	NONE	GOVERNMENT	DUAL LANGUAGE BOOKS	1,861
<b>JEROME SENIOR CITIZENS CENTER</b> 520 N LINCOLN AVE JEROME ID 83338	NONE	501 (C) 3	OUTDOOR PATIO PROJECT	2,692
<b>JEROME MIDDLE SCHOOL</b> 520 10TH AVE N JEROME ID 83338	NONE	GOVERNMENT	GREENHOUSE LIGHTS	1,800
<b>JUNIOR ACHIEVEMENT OF IDAHO</b> 1365 N ORCHARD ST. #380 BOISE ID 83706	NONE	501 (C) 3	KIT COSTS	5,000
<b>Total</b>			<b>3a</b>	<b>85,890</b>
<b>b</b> Approved for future payment N/A				
<b>Total</b>			<b>3b</b>	





		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (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	1a(1)	X
	(2) Other assets	1a(2)	X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
d	If 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.		

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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 taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below?  
See instructions. ☐ Yes

Signature of officer or trustee

Date \_\_\_\_\_

PRESIDENT

Title

Paid  
Preparer  
Use Only

Print/Type preparer's name

Preparer's signature

Date \_\_\_\_\_

Check ☐ if self-employed

STEPHEN D WESTFALL

STEPHEN D WESTFALL

11/05/23

Firm's name **WESTFALL & WESTFALL, CPAS**

PTIN

P00021176

Firm's address **1329 ALBION AVENUE  
BURLEY, ID 83318**

Firm's EIN

82-0527818

Phone no.

208-878-0466

**Part XIV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

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
a Paid during the year				
LIVING INDEPENDENCE NETWORK 1182 EASTLAND DR N #C TWIN FALLS ID 83301	NONE	501(C) 3	BATTERIES, CHARGES FOR MOBILITY EQUI	2,300
MAGIC VALLEY PEDIATRIC CANCER 21318 3900 N FILER ID 83328	NONE	501(C) 3	HOMESCHOOL TECH	3,840
RISING STARS THERAPEUTIC RIDING 2669 E 3500 N TWIN FALLS ID 83301	NONE	501(C) 3	PORTABLE LIFTS	2,650
SIMPLY HOPE FAMILY OUTREACH 1329 OAKLEY AVE BURLEY ID 83318	NONE	501(C) 3	TABLES AND CHAIRS	2,055
VALLEY HOUSE HOMELESS SHELTER 507 ADDISON AVE W TWIN FALLS ID 83301	NONE	501(C) 3	WASHERS AND DRYERS	2,200
WEST MINICO PTO 155 S 600 W PAUL ID 83347	NONE	GOVERNMENT	CHOIR RISERS	4,800
MORNINGSIDE ELEMENTARY PTO 701 MORNINGSIDE DR TWIN FALLS ID 83301	NONE	GOVERNMENT	PORTABLE SOUND SYSTEM	2,360
TOUGH ENOUGH TO WEAR PINK 834 FALLS AVE #1130 TWIN FALLS ID 83301	NONE	501(C) 3	TABLES AND LAPTOPS	4,770
TWIN FALLS LIONS CLUB PO BOX 896 TWIN FALLS ID 83303	NONE	501(C) 3	VISION SCREENING MACHINE	5,995
BOYS AND GIRLS CLUB OF MAGIC VALLEY 1010 MAIN ST TWIN FALLS ID 83301	NONE	501(C) 3	INDOOR PLAY STRUCTURE REPAIR	5,000
Total			3a	
b Approved for future payment				
N/A				
Total			3b	

Part XIV

Supplementary Information (continued)

3

Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	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
Name and address (home or business)				
<div>a</div> <div>Paid during the year</div> <div>KIMBERLY HIGH SCHOOL SOFTBALL</div> <div>885 CENTER ST</div> <div>KIMBERLY ID 83341</div>	NONE	GOVERNMENT	BASES AND PROTECTIVE NETTING	5,592
<div>MAGIC VALLEY MARLINS</div> <div>PO BOX 2523</div> <div>TWIN FALLS ID 83303</div>	NONE	501(C)3	TIMING SYSTEM UPDATE	4,105
<div>UNITED WAY OF SOUTH CENTRAL IDAHO</div> <div>PO BOX 65</div> <div>TWIN FALLS ID 83303</div>	NONE	501(C)3	ADA PORTABLE AQUATIC LIFT	5,000
Total				3a
<div>b</div> <div>Approved for future payment</div> <div>N/A</div>				
Total				3b

Federal Statements

Statement 1 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
INDIRECT TAXES/LICENSES	\$ 295	\$ 295	\$ 295	\$
TOTAL	\$ 295	\$ 295	\$ 295	\$ 0



**Statement 2 - Form 990-PF, Part VI-A, Line 8b - Not Filing with Attorney General**  
**Explanation**

Description

THERE IS NO REQUIREMENT IN THE STATE OF IDAHO TO SUBMIT 990 FORMS TO THE STATE.

## Federal Statements

Statement 3 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc.

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
LORI WARD 1070 LAUIRELWOOD COURT TWIN FALLS ID 83301	PRESIDENT	0.00	0	0	0
RON CLAWSON 14 E CHERRY LN RUPERT ID 83350	DIRECTOR	0.00	0	0	0
LUKE SCHROEDER 3290 E 3387 N KIMBERLY ID 83341	DIRECTOR	0.00	0	0	0
ZACHARY KELSEY 3809 GARY CIRCLE HANSEN ID 83334	DIRECTOR	0.00	0	0	0
SETH COLLINS 831 O LEARY WAY TWIN FALLS ID 83301	DIRECTOR	0.00	0	0	0
ANGELA OLIVER 481 SOUTH 63 EAST BURLEY ID 83318	DIRECTOR	0.00	0	0	0
CESAR PEREZ 506 TASIA BRIANNA DRIVE W JEROME ID 83338	DIRECTOR	0.00	0	0	0
DR. L. DEAN FISHER PO BOX 249 TWIN FALLS ID 83303	DIRECTOR	0.00	0	0	0
PAMELA MCCLAIN 100 4TH AVE S. BUHL ID 83316	DIRECTOR	0.00	0	0	0

**Statement 4 - Form 990-PF, Part XIV, Line 2a - Name, Address and Email for Applications**

## Description

VALLIANN NELSON 208-733-4222  
P O BOX 249 TWIN FALLS ID 83303  
VNELSON@BANKFIRSTFED.COM

**Form 990-PF, Part XIV, Line 2b - Application Format and Required Contents**

## Description

NAME, ADDRESS, IRS STATUS, REQUEST INFORMATION

**Form 990-PF, Part XIV, Line 2c - Submission Deadlines**

## Description

JUNE 16TH AND NOVEMBER 14TH

**Form 990-PF, Part XIV, Line 2d - Award Restrictions or Limitations**

## Description

NONE

**Schedule B  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**FIRST FEDERAL FOUNDATION, INC**

Employer identification number

**57-1141539**

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

- ☒ 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 an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33<sup>1</sup>/<sub>3</sub>% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).



Name of organization

FIRST FEDERAL FOUNDATION, INC

Employer identification number

57-1141539

**Part I** Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FIRST FEDERAL SAVINGS BANK 383 SHOSHONE ST N TWIN FALLS ID 83301	\$ 191,888	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Underdistribution and Excess Distributions for Part XII</b>		<b>2022</b>
Form <b>990-PF</b>	For calendar year 2022, or tax year beginning _____, ending _____	
Name <b>FIRST FEDERAL FOUNDATION, INC</b>		Employer Identification Number <b>57-1141539</b>

### Undistributed Income Carryovers

Form 990-PF, Part XII

Tax Year	Prior Undistributed Income			Current Year Decreases	Next Year Carryover	
	Nontaxable or Previously Taxed	Taxable in 2022	Total per Year		Nontaxable or Previously Taxed	Taxable in 2023
Years prior						
20 <b>18</b>						
20 <b>19</b>						
20 <b>20</b>						
2021						
2022			0			
Total Carryover to Next Year						0

\* Carryover amount includes 4942(a) amounts

### Excess Distribution Carryovers

Form 990-PF, Part XII

	Current Year	Next Year
Preceding Tax Year Excess Distributions	Decreases	Carryover
2017		
2018 <b>6,742</b>		<b>6,742</b>
2019 <b>10,274</b>		<b>10,274</b>
2020 <b>6,811</b>		<b>6,811</b>
2021 <b>90,048</b>		<b>90,048</b>
Current Year Excess Distribution Generated (2022)		<b>85,890</b>
Total Carryover to Next Year		<b>199,765</b>

Form **990PF****Two Year Comparison Report****2021 & 2022**

For calendar year 2022, or tax year beginning , ending

Name

Taxpayer Identification Number

**FIRST FEDERAL FOUNDATION, INC****57-1141539**

		2021		2022		Differences	
		Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
<b>Revenue</b>	1. Contributions, gifts, grants, and similar amounts received	1. 179,512		204,106		24,594	
	2. Interest on savings and temporary cash investments	2. 21,454	21,454	22,217	22,217	763	763
	3. Dividends and interest from securities	3.					
	4. Gross rents	4.					
	5. Net gain or (loss) from sale of assets	5.					
	6. Capital gain net income	6.					
	7. Gross profit or (loss)	7.					
	8. Other income	8.					
	9. Total. Add lines 1 through 8	9. 200,966	21,454	226,323	22,217	25,357	763
<b>Expenses &amp; Deductions</b>	10. Compensation of officers, directors, trustees, etc.	10.					
	11. Other employee salaries and wages	11.					
	12. Pension plans, employee benefits	12.					
	13. Professional fees	13.					
	14. Interest	14.					
	15. Taxes	15. 258	258	295	295	37	37
	16. Depreciation and depletion	16.					
	17. Occupancy	17.					
	18. Other expenses	18.					
	19. Contributions, gifts, grants paid	19. 90,048		85,890		-4,158	
	20. Total expenses and disbursements. Add lines 10 through 19	20. 90,306	258	86,185	295	-4,121	37
	21. Net income (if negative investment activity, enter -0-)	21. 110,660	21,196	140,138	21,922	29,478	726
<b>Taxes</b>	22. Excise Tax	22.	295		305		10
	23. Section 511 Tax	23.					
	24. Subtitle A income tax	24.					
	25. Total Taxes	25.	295		305		10
<b>Due / Refund</b>	26. Estimates and overpayments credited	26.					
	27. Foreign tax withheld	27.					
	28. Other Payments	28.					
	29. Total payments and credits	29.					
	30. Balance due / (Overpayment)	30.	295		305		10
	31. Overpayment credited to next year	31.					
	32. Penalty	32.					
<b>Other</b>	33. Net due / (Refund)	33.	295		305		10
	34. Total assets	34. 1,747,914		1,888,052		140,138	
	35. Total liabilities	35. 0		0		0	
	36. Net assets	36. 1,747,914		1,888,052		140,138	



Use the 2Yr Report for more recent historical information

Name

**FIRST FEDERAL FOUNDATION, INC**

Taxpayer Identification Number

**57-1141539**

		2018		2019		2020	
		Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
<b>Revenue</b>	1. Contributions, gifts, grants, and similar amounts received	1. 122,933		158,765		157,681	
	2. Interest on savings and temporary cash investments	2. 18,281	18,281	18,622	18,622	18,955	18,955
	3. Dividends and interest from securities	3.					
	4. Gross rents	4.					
	5. Net gain or (loss) from sale of assets	5.					
	6. Capital gain net income	6.					
	7. Gross profit or (loss)	7.					
	8. Other income	8.					
	9. Total. Add lines 1 through 8	9. 141,214	18,281	177,387	18,622	176,636	18,955
<b>Expenses &amp; Deductions</b>	10. Compensation of officers, directors, trustees, etc.	10.					
	11. Other employee salaries and wages	11.					
	12. Pension plans, employee benefits	12.					
	13. Professional fees	13.					
	14. Interest	14.					
	15. Taxes	15. 166	166	382	382	377	377
	16. Depreciation and depletion	16.					
	17. Occupancy	17.					
	18. Other expenses	18.					
	19. Contributions, gifts, grants paid	19. 76,288		82,894		84,939	
	20. Total expenses and disbursements. Add lines 10 through 19	20. 76,454	166	83,276	382	85,316	377
	21. Net income (if negative investment activity, enter -0-)	21. 64,760	18,115	94,111	18,240	91,320	18,578
<b>Taxes</b>	22. Excise Tax	22.	362		365		258
	23. Section 511 Tax	23.					
	24. Subtitle A income tax	24.					
	25. Total Taxes	25.	362		365		258
	26. Estimates and overpayments credited	26.					
<b>Due / Refund</b>	27. Foreign tax withheld	27.					
	28. Other Payments	28.					
	29. Total payments and credits	29.					
	30. Balance due / (Overpayment)	30.	362		365		258
	31. Overpayment credited to next year	31.					
	32. Penalty	32.	20		12		
	33. Net due / (Refund)	33.	342		353		258
<b>Other</b>	34. Total assets	34. 1,451,823		1,545,934		1,637,254	
	35. Total liabilities	35. 0		0		0	
	36. Net assets	36. 1,451,823		1,545,934		1,637,254	

## Federal Statements

Direct Public Support

<u>Contributor</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>
VARIOUS EMPLOYEES	<u>12,218</u>	<u></u>
TOTAL	<u>12,218</u>	<u>0</u>

Taxable Interest on Investments

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>US Obs (\$ or %)</u>
FIRST FEDERAL SAVINGS BANK	\$ <u>22,217</u>				
TOTAL	\$ <u>22,217</u>				