Form 990-PF

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

For calendar year 2023 or tax year beginning and ending A Employer identification number Name of foundation FIRST FEDERAL FOUNDATION, INC 57-1141539 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) C/O 1329 ALBION AVE 208-733-4222 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here . . . BURLEY ID 83318 G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here Amended return Final return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Check type of organization: X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at J Accounting method: X Cash Accrual If the foundation is in a 60-month termination under section 507(b)(1)(B), check here Other (specify) end of year (from Part II, col. (c), 0 line 16) (Part I, column (d), must be on cash basis.) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (c) Adjusted net income (b) Net investment for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per income purposes books the amounts in column (a) (see instructions).) (cash basis only) 62,310 Contributions, gifts, grants, etc., received (attach schedule) 1 2 Check if the foundation is not required to attach Sch. B 70,587 70,587 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities Gross rents 5a Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 7 Net short-term capital gain _____ 8 9 Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold b Gross profit or (loss) (attach schedule) С Other income (attach schedule) 11 132,897 70,587 12 Total. Add lines 1 through 11. Compensation of officers, directors, trustees, etc. 13 Operating and Administrative Expenses Other employee salaries and wages 14 Pension plans, employee benefits 15 Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule) Interest Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion Occupancy Travel, conferences, and meetings 21 Printing and publications Other expenses (att. sch.) Total operating and administrative expenses. Add lines 13 through 23 Contributions, gifts, grants paid 114,185 114,185 25 114,185 Total expenses and disbursements. Add lines 24 and 25. 26 Subtract line 26 from line 12: 27 18,712 Excess of revenue over expenses and disbursements Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)

1	Part I	Balance Sheets Attached schedules and amo	unts in the description column	Beginning of year	End	of year
		should be for end-of-year am	ounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
Т	1	Cash — non-interest-bearing		295,180	43,43	L
	2	Savings and temporary cash investments	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,592,872	1,863,33	3
1	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		•		
		disqualified persons (attach schedule) (see			•	
		instructions)				
	7	Other notes and loans receivable (att. schedule)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		Less: allowance for doubtful accounts	0			
S	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
As	10a	Investments — U.S. and state government obligations (attach s				
	b	Investments — corporate stock (attach schedule)				
ŀ	C	Investments — corporate bonds (attach schedule)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	11	Investments — land, buildings, and equipment: basis				
		Less: accumulated depreciation (attach sch.)		Consider and desired medical Policy Service and different above desired. Let 20, 11 and 7 cm Service	en e	200
1	12	Investments — mortgage loans				
	13	Investments — other (attach schedule)				
	14	Land, buildings, and equipment: basis			1996	
		Less: accumulated depreciation (attach sch.)		The color of the second color of the color o	Miles (March Malle A) . A color document is fallest Alberta in a color annual service and a color and a color	
	15	Other assets (describe	,			
	16	Total assets (to be completed by all filers — see the				
		instructions. Also, see page 1, item l)		1,888,052	1,906,76	4 0
	17	Accounts payable and accrued expenses				
	18	Grants payable				assistant to realize the property of
es	19	Deferred revenue				Constitution of the second
믤	20	Loans from officers, directors, trustees, and other disqu	alified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)				
\exists	22	Other liabilities (describe				
1	23	Total liabilities (add lines 17 through 22)		0		0
٦		Foundations that follow FASB ASC 958, check her	e X			
g		and complete lines 24, 25, 29, and 30.				
nces	24	Net assets without donor restrictions		888,052	906,76	4
ala	25	Net assets with donor restrictions		1,000,000	1,000,00	0
Ö		Foundations that do not follow FASB ASC 958, che	eck here			
ur		and complete lines 26 through 30.				
Net Assets or Fund Bala	26	Capital stock, trust principal, or current funds				
ō	27	Paid-in or capital surplus, or land, bldg., and equipmen	t fund			cover explication of Substitute 1
ets	28	Retained earnings, accumulated income, endowment,				
SS	29	Total net assets or fund balances (see instructions)		1,888,052	1,906,76	4
¥	30	Total liabilities and net assets/fund balances (see				and the same of the same of
ž		instructions)		1,888,052	1,906,76	4
	Part l	II Analysis of Changes in Net Assets	or Fund Balances			
_		net assets or fund balances at beginning of year — Par		agree with		
•		of-year figure reported on prior year's return)			1	1,888,052
2					1 4	18,712
		r increases not included in line 2 (itemize)				
		ines 1, 2, and 3				1,906,764
		()			_	
		net assets or fund balances at end of year (line 4 minus	line 5) — Part II, column (b)	, line 29	6	1,906,764
						E 000 DE (2222

Pa	art IV Capital Gains an	d Losses for Tax on Investme	ent Income			
		kind(s) of property sold (for example, real estouse; or common stock, 200 shs. MLC Co.)	tate,	(b) How acquired P — Purchase D — Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	N/A					
b						
С						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		or (loss)) minus (g))
<u>a</u>						·
b						
c						
d						
<u>e</u>						
	Complete only for assets showing	gain in column (h) and owned by the fou	ndation on 12/31/69.			(h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	1 ' '	s of col. (i) . (j), if any		less than -0-) or om col. (h))
a						
b						
c						
d						
<u>e</u>						
2 3		apital loss) If gain, also enter in the properties of the propert	in Part I, line 7		2	· ••••••••••••••••••••••••••••••••••••
	=	, column (c). See instructions. If (loss), e			3	
D:	art V Excise Tax Base	ed on Investment Income (Sec	tion 4940(a), 49	40(b), or 4948—		s)
1a		escribed in section 4940(d)(2), check her		er "N/A" on line 1.	71	-,
.14		etter: (attach cop			ons) 1	981
b		nter 1.39% (0.0139) of line 27b. Exempt			market and the same	
~		b)				
2		section 4947(a)(1) trusts and taxable fo				0
3						981
4	Subtitle A (income) tax (domestic	c section 4947(a)(1) trusts and taxable for	oundations only othe	rs enter -0-)	· · · · · · · · · · · · · · · · · · ·	0
5		ome. Subtract line 4 from line 3. If zero o			 	981
6	Credits/Payments:					
а	· · · · · · · · · · · · · · · · · · ·	d 2022 overpayment credited to 2023	6	a		Carry Charles and Charles
b		tax withheld at source				
c		ension of time to file (Form 8868)				
d	Backup withholding erroneously					
7	Total credits and payments. Add				7	
8			if Form 2220 is attac	ched		19
9		d 8 is more than line 7, enter amount or				1,000
10		han the total of lines 5 and 8, enter the a				
11		: Credited to 2024 estimated tax	•	Refunde	1 1	

1.0	Cutchic Regurding Activated	80499368	[
1a			Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	l		77
	instructions for the definition	1b	30.28 4 5 6 7 2	<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.	1000		
С	Did the foundation file Form 1120-POL for this year?	1c	50 (50 A) (40 B)	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \$ (2) On foundation managers. \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	en construit de la Mille	X
	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 instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	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 either:	and the second		
	By language in the governing instrument, or			4.0 (4.0 pmc)
	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?	6	X	
7	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	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	an engar en table d		10/12/20
	ID			
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 General Instruction G? If "No," attach explanation SEE STMT 1	8b	Vardurfanusteur	X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	or the second	de antido antid
	4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See instructions for Part XIII. If "Yes,"			
	complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X
11	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	11	ļ	X
12	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	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	L
	Website address HTTP://BANKFIRSTFD.COM			
14	The books are in care of MICHAEL TRAVELLER Telephone no. 208-	733-	422	2
	383 SHOSHONE ST N			
	Located at TWIN FALLS ID ZIP+4 8330	1		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here			📙
	and enter the amount of tax-exempt interest received or accrued during the year		т	
16	At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	0.01.0100000000000000000000000000000000	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		a more	
	the foreign country	1		
_		Form 9	90-PI	(2023)

Pa	int 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
1a	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?	1a(1)		X
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified			
	person?	1a(2)		X
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		X
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		X
	(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(5)	Landari Nova aure	X
	(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(6)	entraller dans dans	X
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 N/A	1b	NEWSON CONTROL	THE CONSTITUTION OF
С	Organizations relying on a current notice regarding disaster assistance, check here			
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		a rapations	100
	were not corrected before the first day of the tax year beginning in 2023? N/A	1d		Shad waster in
2	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)):	-		
а	At the end of tax year 2023, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for	in and it is a	t de la comp	12,725,535
	tax year(s) beginning before 2023? If "Yes," list the years	2a	SHULT SECURE	X
	20 , 20 , 20			A
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.) N/A	2b	19800 (74900e)M	193007410.48
С	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			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			v
	during the year?	3a		X
b	If "Yes," did it have excess business holdings in 2023 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 2023.) N/A	0 L		
	(11)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable			x
L	purposes?	4a		
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	4b		x
	in 2023?	1 40		

Form **990-PF** (2023)

Pa	art VI-B Statements Regarding Activities for Which Form 4.	20 May Be Re	equirea (contin	iuea)	Tuff sedimination		
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)				5a(1)	New York to NOTE.	X
	(2) Influence the outcome of any specific public election (see section 4955); or to ca	arry 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)	GALLANIA NI NI	X
	(4) Provide a grant to an organization other than a charitable, etc., organization des	cribed in section 49	945(d)				
	(4)(A)? See instructions				5a(4)	NETTON CONTROL	X
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or ed	ucational purposes	, or for				
	the prevention of cruelty to children or animals?	******			5a(5)	Pretoxulació	X
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the	ne exceptions desc	ribed	1-			
	in Regulations section 53.4945 or in a current notice regarding disaster assistance?	See instructions		N/A	5b	NO. 80 P. P. S.	200 Edward Vol
С	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 t	he tax because it					
	maintained expenditure responsibility for the grant?			N/A	5d	124000 AND A	ANGEST POST.
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).						
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay p	remiums on a pers	onal		7.98	***	
	benefit contract?				6a		X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a person	al benefit contract?	?		6b	Market State Control	X
	If "Yes" to 6b, file Form 8870.						
7a		r transaction?			7a		X
b	If "Yes," did the foundation receive any proceeds or have any net income attributable	e to the transaction	1?	N/A	7b	armine et a e A	Alle Males Ave.
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000						
	excess parachute payment(s) during the year?				8		X
P	art VII Information About Officers, Directors, Trustees, Fou	ndation Mana	gers, Highly F	Paid Employe	es, a	nd	
	Contractors						
1	List all officers, directors, trustees, and foundation managers and their compe	nsation. See instr	ructions.				
	(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		kpense a er allowa	
S	EE STATEMENT 2						
					+		
					-		
					-		
	Compensation of five highest-paid employees (other than those included on	line 1 — see inst	ructions) If none	enter	_!		
2	"NONE."	inte i — see msu	ructions). Il fiorie	, enter			
	NONE.	(1) Till-		(d) Contributions to			
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation		kpense a er allowa	
N	ONE						
					-		
				1			
					1		
				1	1		
Tot	al number of other employees paid over \$50,000	I	<u> </u>	1	1		0
100	ALTIGORDOL OF OUROL CHIDIOYCCO DAIG OVER 400,000						

Contractors (continu	Officers, Directors, Trustees, Foundation Maued)		
3 Five highest-paid independent	contractors for professional services. See instru	ctions. If none, enter "NON	E."
	s of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number of others receiving over \$50,0	00 for professional services		
Part VIII-A Summary of Direct	ct Charitable Activities		
List the foundation's four largest direct charitable organizations and other beneficiaries served, co	e activities during the tax year. Include relevant statistical information onferences convened, research papers produced, etc.	on such as the number of	Expenses
1 N/A			
2			
3			
4			
,			
	ram-Related Investments (see instructions)		
	ments made by the foundation during the tax year on lines 1 and 2	<u>.</u>	Amount
1 N/A			
2			
All other program-related investments. See inst	ructions.		
3			
		,	
Total. Add lines 1 through 3			

vacue reposa	art IX Minimum Investment Return (All domestic foundations must complete	e this part. Foreign found	dations, see
	instructions.)	(SignSSSSEE)	
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		0
b	Average of monthly cash balances		0
C	Fair market value of all other assets (see instructions)		0
d	Total (add lines 1a, b, and c)	1d	0
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0	•
2	Acquisition indebtedness applicable to line 1 assets		0
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		•
	instructions)	4	0
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	0
6	Minimum investment return. Enter 5% (0.05) of line 5	6	0
_Pa	art X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5)	private operating founda	itions
	and certain foreign organizations, check here and do not comp	lete this part.)	
1	Minimum investment return from Part IX, line 6		
2a	Tax on investment income for 2023 from Part V, line 5	981	
b	Income tax for 2023. (This does not include the tax from Part V.)	time to the	•••
C	Add lines 2a and 2b	2c	981
3	Distributable amount before adjustments. Subtract line 2c from line 1		·····
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	0
Pa	art XI Qualifying Distributions (see instructions)	anavia antiki	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		444.405
а	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26		114,185
b	Program-related investments — total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
3	Amounts set aside for specific charitable projects that satisfy the:	:: <u>:::</u> :	
а	Suitability test (prior IRS approval required)		
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4		114,185

Pa	irt XII Undistributed Income	(see instructions)				
			(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1	Distributable amount for 2023 from Part X	(, line 7				0
2	Undistributed income, if any, as of the end					
а	Enter amount for 2022 only				W/	
b	Total for prior years: 20 , 20					
3	Excess distributions carryover, if any, to 2	,				
а	From 2018	6,742				
b	From 2019	10,274				
С	From 2020	6,811				alament statement
	From 2021					
е	From 2022	85,890	400 865			
	Total of lines 3a through e		199,765			
4	Qualifying distributions for 2023 from Part	t XI,				
	line 4: \$ 114,185					
	Applied to 2022, but not more than line 2a					
b	Applied to undistributed income of prior ye	ears				ender Preudenser på bliger og til
	(Election required — see instructions)				-	
С	Treated as distributions out of corpus (Ele					
	required — see instructions)			n a service britisher to capital to a see	Processing to Annual Control of the	
	Applied to 2023 distributable amount		114 105			
	Remaining amount distributed out of corp		114,185			
5	Excess distributions carryover applied to					
	(If an amount appears in column (d), the	same				
_	amount must be shown in column (a).)			er og til state for en state e		
6	Enter the net total of each column as					
_	indicated below:	t line E	313,950	rus program of the second of the second	La properties de la companya de la c	
	Corpus. Add lines 3f, 4c, and 4e. Subtrac		313,930			1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1
D	Prior years' undistributed income. Subtractine 4b from line 2b					
_	Enter the amount of prior years' undistribu	uted			Marine and the second	1.77 ATTACK TO THE TOTAL CO.
C	income for which a notice of deficiency ha					
	been issued, or on which the section 494				Commence of the	
	terr has been arresterable assessed	• •				
Ч	Subtract line 6c from line 6b. Taxable					
-	amount and instructions					
e	Undistributed income for 2022. Subtract li		1000		350 to 250 100 to 250 100 to 100 100 100 100 100 100 100 100 100 10	
Ī	4a from line 2a. Taxable amount — see			52025		
	instructions		and the second second			
f	Undistributed income for 2023. Subtract li	ines				
	4d and 5 from line 1. This amount must b	е				
	distributed in 2024			and the second second	and the second second second	0
7	Amounts treated as distributions out of co	orpus				
	to satisfy requirements imposed by section	n				
	170(b)(1)(F) or 4942(g)(3) (Election may	be				
	required — see instructions)					
8	Excess distributions carryover from 2018	not			La residente de la companya della companya de la companya della co	
	applied on line 5 or line 7 (see instructions	s)	6,742		Constant de la constant	122 222 252
9	Excess distributions carryover to 2024	4.				
	Subtract lines 7 and 8 from line 6a		307,208			
10	Analysis of line 9:	•	A Martin Paragraph of the State	THE CONTRACTOR OF STREET	40-12-14-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2	
а	Excess from 2019	10,274				
b	Excess from 2020	6,811				
С	Excess from 2021	90,048				· ·
d	Excess from 2022	85,890				And the state of t
е	Excess from 2023	114,185	and a first property and a colorest	Control of the control of the con-	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	

Pa	rt XIII Private Operating Fou	ı ndations (see ins	tructions and Part	VI-A, question 9)		
1a	If the foundation has received a ruling or d	etermination letter that	it is a private operating	J		
	foundation, and the ruling is effective for 2	023, enter the date of t	he ruling			
b	Check box to indicate whether the foundat	ion is a private operatir	ng foundation described	d in section 49	942(j)(3) or 494:	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) Tatal
	income from Part I or the minimum	(a) 2023	(b) 2022	(c) 2021	(d) 2020	(e) Total
	investment return from Part IX for					
	each year listed					
b	85% (0.85) of line 2a					· · · · · · · · · · · · · · · · · · ·
c	Qualifying distributions from Part XI,					
•	line 4, for each year listed					
d	Amounts included in line 2c not used directly					
u	for active conduct of exempt activities					
•	Qualifying distributions made directly	*****				
е	for active conduct of exempt activities.					
	Subtract line 2d from line 2a					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
_	alternative test relied upon:					
а	"Assets" alternative test — enter:					
	(1) Value of all assets					
	(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 IX, line 6, for each year listed					
C	"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					
Spage - need	(4) Gross investment income		L.			
Pa	rt XIV Supplementary Inform	•	•	he foundation had	d \$5,000 or more	in assets at
	any time during the ye		tions.)			
1	Information Regarding Foundation Ma	=				
а	List any managers of the foundation who h				he foundation	
	before the close of any tax year (but only i	f they have contributed	more than \$5,000). (S	ee section 507(d)(2).)		
	N/A					
b	List any managers of the foundation				qually large portion o	t the
	ownership of a partnership or other entity)	of which the foundation	n has a 10% or greater	interest.		
	N/A	4 010 1 2 2				
2	Information Regarding Contribution, G					
	-		•	organizations and does		
	unsolicited requests for funds. If the found		ts, etc., to individuals o	r organizations under o	ther conditions,	
	complete items 2a, b, c, and d. See instru					
а	The name, address, and telephone number	er or email address of t	he person to whom ap	olications should be add	dressed:	
	SEE STATEMENT 3					
			ion and materials they EST INFORMA			
с 	Any submission deadlines: JUNE 16TH AND NOVEMB	ER 14TH				
d	Any restrictions or limitations on awards, s	such as by geographica	ıl areas, charitable field	s, kinds of institutions,	or other	
	factors:					
	NONE					

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or Recipient show any relationship to status of Amount contribution any foundation manager recipient or substantial contributor Name and address (home or business) a Paid during the year BLANKET BLESSINGS NONE 501 (C) 3 159 HEYBURN AVE BLANKET SUPPLIES 2,000 TWIN FALLS ID 83301 BUHL HIGH SCHOOL GIRLS SOFTBALL 1 INDIAN TERRITORY NONE GOVERNMENT NETTING AND BATTING CAGE UPGRADE BUHL ID 83316 2,461 BUHL ROTARY CLUB PO BOX 2254 NONE 501 (C) 3 CITY PARK 3 PICNIC TABLES BUHL ID 83316 4,219 CASSIA COUNTY SCHOOL DISTRICT 3650 OVERLAND AVE NONE GOVERNMENT SMARTBOARD PURCHASE BURLEY ID 83318 5,000 HAGERMAN BIKE AND WALK CORPORATION NONE 501 (C) 3 PO BOX 53 DRINKING FOUNTAIN/ CHARGING HAGERMAN ID 83332 STATION 5,000 JEROME LITTLE TIGERS PRESCHOOL NONE 501 (C) 3 124 N LINCOLN COMMERCIAL WASHER & DRYER 3,596 JEROME ID 83338 MAGIC VALLEY SYMPHONY ORCHESTRA INC PO BOX 1805 NONE 501 (C) 3 17 NEW CHAIRS TWIN FALLS ID 83303 4,363 JEROME SENIOR CITIZENS CENTER NONE 501 (C) 3 520 N LINCOLN AVE JEROME ID 83338 NEW CHAIRS AND BLINDS FOR DINING 3,961 MURTAUGH SCHOOL DISTRICT NONE GOVERNMENT 500 W BOYD STREET PICNIC TABLES 5,000 MURTAUGH ID 83344 RISE CHARTER SCHOOL 141 CENTER ST NONE 501 (C) 3 VAPE DETECTORS 4,823 KIMBERLY ID 83341 114,185 3a Total b Approved for future payment N/A 3b **Total**

	er gross amo	unts unless otherwise indicated.	li iii	d business income	Excluded	d by section 512, 513, or 514	,
	-		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
1	_	vice revenue:					
						J	
							
	f						
		d contracts from government agencies			<u> </u>		
2		dues and assessments					
2	Interset on e	avings and temporary cash investments					70,587
							
		nd interest from securities					
Э							
		anced property	<u> </u>		<u> </u>		
6	b Not debt	t-financed property come or (loss) from personal property					
		ment income s) from sales of assets other than inventory		****	 		
		or (loss) from special events			<u> </u>		
3 10	Gross profit	or (loss) from sales of inventory			<u> </u>		
	Other revenu						
, ,					 		
					<u> </u>		
					<u> </u>		
		A STATE OF THE STA					
42	Cubtotal Ad	d columns (b), (d), and (e)		0		0	70,587
12	Gubiolai. Au	a columns (b), (a), and (c)					
			Section Control of Control of Control	<u> </u>	MANUFACTURE OF THE PARTY OF THE	13	
13	Total. Add li	ne 12, columns (b), (d), and (e)				13	
13 (Se	Total. Add li e worksheet i	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.)					
13 (Se	Total. Add li	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishm reported in col	ent of Exempt Pu	rpose:	s d importantly to the acc	70,587
13 (Se	Total. Add li e worksheet Part XV-B Line No.	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac	complishm reported in col	ent of Exempt Pu	rpose:	s d importantly to the acc	70,587
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13 (Se	Total. Add li e worksheet Part XV-B Line No.	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishm reported in col	ent of Exempt Pu	rpose:	s d importantly to the acc	70,587
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13 (Se	Total. Add li e worksheet Part XV-B Line No.	ne 12, columns (b), (d), and (e) in line 13 instructions to verify calculations.) Relationship of Activities to the Ac Explain below how each activity for which income is	complishm reported in col	ent of Exempt Pu	rpose:	s d importantly to the acc	70,587

Form 990	0-PF (202	3) FIRST FED	ERAL F	OUNDATION	, INC	57-1141539			Page	· 13
Part 2	XVI					s and Relationships With	Noncharitable E	xem	pt	
	d the orga	nization directly or indire				r organization described		Y	'es	No
		01(c) (other than section	n 501(c)(3) or	ganizations) or in s	ection 527, relati	ng to political				
	ganization		tion to a non	charitable averant e	organization of:					
		om the reporting founda					11	a(1)		X
								1(2)		x
	her transa							112/		
			hle evemnt o	rganization			11	o(1)	Sistema in	X
(1)) Durchas	es of assets from a nor	ole exempt of ocharitable ex	rganization			1k	0(2)		X
								0(3)		X
(4)) Reimbu	rsement arrangements				·	1k	0(4)		X
							141	o(5)		X
								o(6)		X
								lc		X
d Ift	he answe	r to any of the above is	"Yes," compl	lete the following so	chedule. Column	(b) should always show the fair ma	arket			
		•	-			foundation received less than fair				
						goods, other assets, or services i				
	ine no.	(b) Amount involved	(c) Nam	e of noncharitable exemp	t organization	(d) Description of transfers, tra	nsactions, and sharing arrang	ements		
N/A										
						and the second s				
de	escribed in	ation directly or indirect section 501(c) (other the splete the following sch	han section 5			empt organizations	[Yes	X	No
		(a) Name of organization		(b) Type of o	rganization	(c) Descript	ion of relationship			
N/	Ά									
	Under per	nalties of perjury, I declare than	at I have examine reparer (other th	ed this return, including a an taxpaver) is based or	accompanying schedung all information of wh	iles and statements, and to the best of my lich preparer has any knowledge.	knowledge and belief, it is tru	ieʻ		
Sign	0011004, 41	na completor Basis and F	. • • • • • • • • • • • • • • • • • • •				May the IRS discuss with the preparer sho See instructions.	wn belov		No
Here					ı	PRESIDENT		<u> </u>		
	Signature	of officer or trustee			Date	Title			•	
	' 	pe preparer's name			Preparer's signature	9	Date		Check	if
Paid	STEP	HEN D WESTFALI	<u>L</u>		STEPHEN D	WESTFALL	11/15/		self-empl	oyed

WESTFALL & WESTFALL, CPAS

1329 ALBION AVENUE

BURLEY, ID 83318

P00021176

82-0527818

PTIN

Firm's EIN

Phone no.

Preparer

Use Only

Firm's name

Firm's address

Supplementary Information (continued) Part XIV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to Amount status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor Paid during the year SAGE WOMENS CENTER PO BOX 2385 NONE 501 (C) 3 SANATIZABLE FLOORING ULTRASOUND ROOM TWIN FALLS ID 83303 1,891 SLEEP IN HEAVENLY PEACE 501 (C) 3 911 BALLARD WAY NONE MATERIALS AND BEDDING FOR 20 BEDS KIMBERLY ID 83341 1,631 THE MAGIC VALLEY AREA HUMANITARIAN PO BOX 601 NONE 501 (C) 3 ELECTRICAL UPGRADES FOR SEWING RUPERT ID 83350 4,121 SIMPLY HOPE FAMILY OUTREACH 1329 OAKLEY AVE NONE 501 (C) 3 FREEZER/ICE MAKER/ VAN WRAP 1,320 BURLEY ID 83318 TREASURE VALLEY YOUTHTHEATER 501 (C) 3 PO BOX 9144 NONE MIRRORS/ CUBBY STORAGE 5,000 BOISE ID 83707 TWIN FALLS COUNTY HISTORICAL SOCIET 21337A HIGHWAY 30 NONE 501 (C) 3 SEATING AND BLINDS 4,150 FILER ID 83328 WIBUR C HALL POST 77 PO BOX 254 NONE 501 (C) 3 PURCHASE HEATING **FURNACE** 5,000 **PAUL ID 83347** BENEVOLENCE AND BEYOND INC 501 (C) 3 315 E 6TH ST NONE CARPETING AND ROLL CARTS 1,290 SHOSHONE ID 83352 DEV BREAKING CHAINS ACADEMY OF 308 15TH AVE N NONE 501 (C) 3 PURCHASE 3 PRINTERS 1,000 NAMPA ID 83687 BURLEY DISCOVERY MUSEUM 2322 ALDERWOOD AVE 501 (C) 3 NONE CARGO TRAILER 1,605 BURLEY ID 83318 3a Total b Approved for future payment N/A 3b Total

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year EXPLORE DANCE COMPANY INC 1396 E IRON EAGLE DR NONE 501 (C) 3 **EAGLE ID 83616** WINDOW COVERING FOR DANCE SPACE 3,468 FILER QUICK RESPONSE UNIT 100 HWY 30 227 NONE 501 (C) 3 FILER ID 83328 TECHNICAL ROPE RESCUE EQUIPMENT 5,000 GIRLS ON THE RUN SOUTHERN IDAHO 501 (C) 3 1050 FOX ACRES ROAD NONE HAILEY ID 83333 TECHNOLOGY EQUIPMENT 3,279 JEROME SCHOOL DISTRICT GOVERNMENT 124 4TH AVE W NONE JEROME ID 83338 SPANISH BOOKS FOR DUAL LITERACY 1,500 LINCOLN COUNTY HISTORICAL SOCIETY 102 SOUTH RAIL STREET EAS NONE 501 (C) 3 AWNING AT ENTRANCE SHOSHONE ID 83352 1,500 LINCOLN COUNTY YOUTH CENTER GOVERNMENT NONE 410 S MAIN ST PRESCHOOL OUTDOOR PLAY AREA RICHFIELD ID 83349 4,350 MAGIC VALLEY YOUTH SERVICES INC 1869 ADDISON AVE E NONE 501 (C) 3 CHAIRS AND BOOSTER SEATS TWIN FALLS ID 83301 1,350 MEN'S SECOND CHANCE LIVING PO BOX 2398 NONE 501 (C) 3 HAILEY ID 83333 FURNISHING FOR RESIDENTS 2,400 MINIDOKA EDUCATIONAL FOUNDATION 501 (C) 3 310 10TH STREET NONE ENHANCEMENTS TO GREENHOUSE 4,000 RUPERT ID 83350 SAWTOOTH ELEMENTARY PTO NONE 1771 STADIUM BLVD GOVERNMENT PLAYGROUND COMMUNICATION BOARD TWIN FALLS ID 83301 2,840 Total 3a b Approved for future payment N/A 3b Total

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Foundation Recipient Purpose of grant or Amount status of any foundation manager contribution recipient or substantial contributor Name and address (home or business) Paid during the year THE OPTMIST CLUB OF TWIN FALLS 501 (C) 3 691 ADDISON AVE NONE COATS FOR KIDS 1,354 TWIN FALLS ID 83301 TWIN FALLS OPTIMIST YOUTH HOUSE NONE 501 (C) 3 255 BLUE LAKES BOX 663 PATIO CHAIRS REPAIRS 1,400 TWIN FALLS ID 83301 VALLEY HOUSE HOMELESS SHELTER 501 (C) 3 507 ADDISON AVE W NONE STAFF COMPUTERS 4,452 TWIN FALLS ID 83301 VALLEY LUNCH PROGRAM NONE GOVERNMENT 882 VALLEY ROAD SOUTH CAFETERIA TABLES FOR LUNCHROOM 5,000 HAZELTON ID 83335 WOMEN'S AND CHILDREN'S ALLIANCE 501 (C) 3 720 W WASHINGTON NONE FOR WIRELESS NETWORKS EQUIPMENT 4,861 BOISE ID 83702 3a Total Approved for future payment N/A3b Total

57-1 141539

Federal Statements

Statement 1 - 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.

57-1141539	Federal S	Statements	S		
Statement 2 - Form 990-PF, Part VII, Line 1	-PF, Part VII, Line		- List of Officers, Directors, Trustees, Etc.	rustees, Etc.	
Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
LORI WARD 1070 LAUIRELWOOD COURT TWIN FALLS ID 83301	PRESIDENT	2.00	0	0	0
RON CLAWSON 14 E CHERRY LN RUPERT ID 83350	DIRECTOR	1.00	0	0	0
LUKE SCHROEDER 3290 E 3387 N KIMBERLY ID 83341	DIRECTOR	1.00	0	0	0
ZACHARY KELSEY 3809 GARY CIRCLE HANSEN ID 83334	DIRECTOR	1.00	0	0	0
SETH COLLINS 831 OLEARY WAY TWIN FALLS ID 83301	DIRECTOR	1.00	0	0	0
ANGELA OLIVER 481 SOUTH 63 EAST BURLEY ID 83318	DIRECTOR	1.00	0	0	0
CESAR PEREZ 506 TASIA BRIANNA DRIVE W JEROME ID 83338	DIRECTOR	1.00	0	0	0
DR. L DEAN FISHER PO BOX 249 TWIN FALLS ID 83303	DIRECTOR	1.00	0	0	0
PAMELA MCCLAIN 100 4TH AVE S. BUHL ID 83316	DIRECTOR	1.00	0	0	0

57-	1	1	4	1	53	9

Federal Statements

Statement 3 - 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, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Schedule B (Form 990) (2023)

2023

Name of the organization

Employer identification number

FIRST FEDERAL	FOUNDATION, INC	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	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	vered by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Special Rule. Se	эе
General Rule		
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 roperty) from any one contributor. Complete Parts I and II. See instructions for determining libutions.	
Special Rules		
regulations under secti 16b, and that received	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16 from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or n (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	oa, or
contributor, during the y	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any or year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering lead of the contributor name and address), II, and III.	пе
contributor, during the y contributions totaled m during the year for an e General Rule applies t	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any or year, contributions exclusively for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received nonexclusively religious, charitable, etc., contributions administration of the parts.	ins
must answer "No" on Part IV, li	sn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 99) ine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF the filing requirements of Schedule B (Form 990).	

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

FIRST FEDERAL FOUNDATION, INC

Employer identification number 57-1141539

Part I	Contributors (see instructions). Use duplicate copies of Pa	rt I if additional space is nee	eded.
(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	\$ 33,352	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 57-1141539

Form **2220**

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

2023

Department of the Treasury Internal Revenue Service

FIRST FEDERAL FOUNDATION, INC

Attach to the corporation's tax return. Go to www.irs.gov/Form2220 for instructions and the latest information.

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220. Required Annual Payment Part I 981 1 Total tax (see instructions) 2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 2a b Look-back interest included on line 1 under section 460(b)(2) for completed long-term 2b contracts or section 167(g) for depreciation under the income forecast method c Credit for federal tax paid on fuels (see instructions) 2c Total. Add lines 2a through 2c 2d Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation 981 does not owe the penalty 3 Enter the tax shown on the corporation's 2022 income tax return. See instructions. Caution: If the tax is zero or 305 the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 4 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter 305 the amount from line 3 Reasons for Filing-Check the boxes below that apply. If any boxes are checked, the corporation must file Part II Form 2220 even if it does not owe a penalty. See instructions. The corporation is using the adjusted seasonal installment method. 6 7 The corporation is using the annualized income installment method. 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. Part III Figuring the Underpayment (b) (c) (d) Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th 05/15/23 06/15/23 09/15/23 12/15/23 months of the corporation's tax year 9 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 76 76 76 77 above in each column Estimated tax paid or credited for each period. For column (a) only, Complete lines 12 through 18 of one column before going to the next column. 12 Add lines 11 and 12 13 76 152 228 14 Add amounts on lines 16 and 17 of the preceding column 0 15 Subtract line 14 from line 13. If zero or less, enter -0-.... 15 If the amount on line 15 is zero, subtract line 13 from line 14. 76 152 16 Otherwise, enter -0-Underpayment. If line 15 is less than or equal to line 10, subtract line

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.

17

18

For Paperwork Reduction Act Notice, see separate instructions.

15 from line 10. Then go to line 12 of the next column. Otherwise, go

to line 18 Overpayment, If line 10 is less than line 15, subtract line 10 from line

15. Then go to line 12 of the next column

Form 2220 (2023)

76

76

76

1	Part IV Figuring the Penalty					(b)	(0)	(d)
40				(a	1)	(0)	(c)	(u)
19	Enter the date of payment or the 15th day of the 4th month							
	the close of the tax year, whichever is earlier. (C corporation							
	tax years ending June 30 and S corporations: Use 3rd m	1						
	instead of 4th month. Form 990-PF and Form 990-T filers							
	month instead of 4th month.) See instructions		19	SEE	WORKSHE	E:T.		
20	Number of days from due date of installment on line 9 to the	e date						
	shown on line 19	,	20					
0.4			24					
21	Number of days on line 20 after 4/15/2023 and before 7/1/2	023	21					
	Number of days on line 21		00	_		6		
22	Underpayment on line 17 x 365 x	7% (0.07)	22	\$		 \$	\$	\$
22			22					
23	Number of days on line 20 after 6/30/2023 and before 10/1/	2023	23					
24	Number of days on line 23	70/ (0.07)	24			 \$	\$	\$
24	Underpayment on line 17 x 365 x	7% (0.07)	24	\$		Φ	Ф	3
25	Number of days on line 20 after 9/30/2023 and before 1/1/2	1004	25					
25	Number of days on line 20 after 9/30/2023 and before 1/1/2	.024						
26	Number of days on line 25 Underpayment on line 17 x 365 x	. 90/. (0. 09)	26	s		s	 \$	\$
20	onderpayment on line 17 x 303 x	8% (0.08)		Ψ		Ψ	Ψ	Ψ
27	Number of days on line 20 after 12/31/2023 and before 4/1/	12024	27					
		F						
28	<u>Number of days on line 27</u> Underpayment on line 17 x 366 x	:*%	28	\$		\$	 \$	s
	Shaarpaymank arrimla riv x			1		-		
29	Number of days on line 20 after 3/31/2024 and before 7/1/2	1024	29					
	Number of days on line 29							
30		*%	30	\$		\$	\$	\$
		Γ						
31	Number of days on line 20 after 6/30/2024 and before 10/1/	2024	31					
	Number of days on line 31	Γ						
32		*%	32	\$		\$	\$	\$
33	Number of days on line 20 after 9/30/2024 and before 1/1/2	025	33					
	Number of days on line 33	•						
34		: *%	34	\$		\$	\$	\$
35	Number of days on line 20 after 12/31/2024 and before 3/16	6/2025	35					
	Number of days on line 35							
36		· *%	36	\$		\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	L	37	\$		\$	[\$	\$
38	Penalty. Add columns (a) through (d) of line							ند د
	line for other income tax returns						38 \$	19

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

Form **2220** (2023)

	5		Form 22	20 Worksh	eet			
Form 2220	i	rugar 2022 for tay you	r boginning		on	d ending		2023
me	For calenda	r year 2023, or tax yea	r beginning		, and	u enaing	Employer Id	I entification Number
FIRST FE	DERAL FOUNI	DATION, INC					57-114	1539
		1st Quarter		2nd Quarter		3rd Quarter 09/15/2	2	4th Quarter 12/15/23
Amount of und	timated payment erpayment	05/15/23	<u>76</u>	06/15/23	<u>76</u> _	09/13/2	<u> </u>	77
Prior year over	payment applied							
	1st Pa	ayment 2	nd Payment	3rd F	ayment	4th Payr	ment	5th Payment
Date of payme Amount of pay	A							
QTR	FROM	TO	UNDER	PAYMENT	#DAYS	RATE	PENA	ALTY
1	5/15/23	9/30/23		76	138	7.00		2
1	9/30/23	5/15/24		76	228	8.00		4
2	6/15/23	9/30/23		76	107	7.00		2
2	9/30/23	5/15/24		76	228	8.00		4
2 2 3 3	9/15/23	9/30/23		76	15	7.00		0
3	9/30/23	5/15/24		76	228	8.00		4
4	12/15/23	5/15/24		77	152	8.00		3
	TOTAL	PENALTY						19

orm 990-W

(Worksheet)

Department of the Treasury Internal Revenue Service

Estimated Tax on Unrelated Business Taxable Income for Tax-Exempt Organizations

(and on Investment Income for Private Foundations)

▶ Go to www.irs.gov/Form990W for instructions and the latest information.

▶ Keep for your records. Do not send to the Internal Revenue Service.

OMB No. 1545-0047

2022

1	Unrelated business taxable income exp	ected i	n the tax year		1	
2	Tax on the amount on line 1. See instruction	ons for t	ax computation		2	
3	Alternative minimum tax for trusts. See					
4	Total. Add lines 2 and 3					
5	Estimated tax credits. See instructions				5	
6	Subtract line 5 from line 4					
7	Other taxes. See instructions		·		7	
8	Total. Add lines 6 and 7		·		8	
9	Credit for federal tax paid on fuels. See	instruc	tions		9	
10a b	Subtract line 9 from line 8. Note: If less required to make estimated tax paymen instructions Enter the tax shown on the 2021 return. the tax year was for less than 12 month from line 10a on line 10c	ts. Priv See ir s, skip	rate foundations, see structions. Caution: If zero o	t t		
С	2022 Estimated Tax. Enter the smaller line 10b, enter the amount from line 10a	of line	10a or line 10b. If the organi	zation is required to skip	10c	981
	mile 100, enter the amount nom me 100	2011 1111	(a)	(b)	(c)	(d)
11	Installment due dates. See instructions	11	05/15/24	06/17/24	09/16/24	12/16/24
12	Required installments. Enter 25% of line 10c in columns (a) through (d). But see instructions if the organization uses the annualized income installment method, the adjusted seasonal installment method, or is a "large					
13	organization." 2021 Overpayment. See	12			736	245
	instructions	13				
14	Payment due (Subtract line 13 from line 12)	14			736	245

Underdistribution and Excess Distributions for Part XII Form **990-PF** 2023 ending For calendar year 2023, or tax year beginning Name

FIRST FEDERAL FOUNDATION, INC

Employer Identification Number 57-1141539

Undistributed Income Carryovers Form 990-PF, Part XII

	Pr	ior Undistributed In	come		Next Year	Carryover
Tax Year	Nontaxable or Previously Taxed	Taxable in 2023	Total per Year	Current Year Decreases	Nontaxable or Previously Taxed	Taxable in 2024
Years prior						
20 19		,				
20 20						h
20 21						
2022						
2023			0		, () () () () () () () () () (
	er to Next Year					0

^{*} Carryover amount includes 4942(a) amounts

Excess Distribution Carryovers Form 990-PF, Part XII

		FOIII 990-FF, Fait All	
		Current Year	Next Year
	Preceding Tax Year Excess Distributions	Decreases	Carryover
2018	6,742	6,742	
2019	10,274		10,274
2020	6,811		6,811
2021	90,048		90,048
2022	85,890		85,890
	ear Excess Distribution Generated (20	23)	114,185
	vover to Next Year		307,208

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Two Year Comparison Report

For calendar year 2023, or tax year beginning

, ending

ending

2022 & 2023

Taxpayer Identification Number 919 -295 919 19 695 919 48,370 48,370 48,665 57-1141539 Net investment income Differences -93,426 -295 -141,796 48,370 28,295 28,000 -121,426 18,712 18,712 Revenue and expenses per books 19 70,587 70,587 70,587 981 981 981 1,000 Net investment income INC 2023 62,310 70,587 114,185 114,185 18,712 1,906,764 1,906,764 132,897 Revenue and expenses per books FIRST FEDERAL FOUNDATION 295 305 305 305 295 305 22,217 22,217 21,922 Net investment income 2022 295 204,106 85,890 86,185 140,138 1,888,052 1,888,052 22,217 226,323 Revenue and expenses per books 21. Net income (if negative investment activity, enter -0-) 21. 36. 35. 8 6 10. 12. 13. 14. 15. 16. 18, 19. 23. 24. 26. 28. 29. 30. 32. 1. Contributions, gifts, grants, and similar amounts received 1. Ξ 17. 22. 27. £. 10. Compensation of officers, directors, trustees, etc.

11. Other employee salaries and wages

12. Pension plans, employee benefits

13. Professional fees

14. Interest

15. Taxes

16. Depreciation and depletion

17. Occupancy

18. Other expenses

19. Contributions, gifts, grants paid

19. Contributions, gifts, grants paid

20. Total expenses and disbursements. Add lines 10 through 19 20 10 through 19 20 21 Net income (if negative investment activity, enter-0.) 21 Other income Gross profit or (loss) 24. Subtitle A income tax Interest on savings and temporary cash investments 22. Excise Tax 27. Foreign tax withheld 26. Estimates and overpayments credited 3. Dividends and interest from securities Net gain or (loss) from sale of assets 31. Overpayment credited to next year 30. Balance due / (Overpayment) 29. Total payments and credits 9. Total. Add lines 1 through 8 Capital gain net income 33. Net due / (Refund) 28. Other Payments 35. Total liabilities 23. Section 511 Tax 34. Total assets Gross rents 25. Total Taxes 36. Net assets 32. Penalty ĸ. 6 œ. 4 7. Name Due / Refund anuəvə Я Taxes

e	٧	٠	i
ď,	23	ŧ.	
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Tax Return History

Use the 2Yr Report for more recent historical information

Form 990PF

						F	Taxpayer Identification Number
Name FIRST FEDERAL FOUNDATION	JATI	ON, INC					57-1141539
		20	2019	20	2020	2(2021
		Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
1. Contributions, gifts, grants, and similar amounts received	<u>6</u>	158,765		157,681		179,512	
7	2	18,622	18,622	18,955	18,955	21,	21,454
a. Dividends and interest from securities	က						
4. Gross rents	4						
5.	5.						
6. Capital gain net income	9						
Gross profit or (loss)	7.					-	
8. Other income	86						
9. Total. Add lines 1 through 8	ெ	177,387	18,622	176,636	18,955	200,966	21,454
6.	5.						
o 11. Other employee salaries and wages	11.						
12.	12						
	55						
14. Interest	14.						
15. Taxes	15.	382	382	377	377	258	258
16. Depreciation and depletion	16.						
Φ 17. Occupancy	17.						
18	18.						
19. Contributions, gifts, grants paid	19.	82,894		84,939		90,048	
× 20. Total expenses and disbursements. Add lines 10 through 19	9 20.	83,276	382	85,316	377	90,306	258
21. Net income (if negative investment activity, enter -0-) 21)-) 21.	94,111	18,240	91,320	18,578	110,660	21,196
22. Excise Tax	22.		398		258		295
23. Section 511 Tax	23.						
24. Subtitle A income tax	24.						
25. Total Taxes	25.		365		258		295
26. Estimates and overpayments credited	26.						
27. Foreign tax withheld	27.						
28. Other Payments	28.						
2 29. Total payments and credits	29.						
30.	30.		392		258		295
31.	31						
32. Penalty	32.		12				
33. Net due / (Refund)	33.		353		258		295
34. Total assets	34.	1,545,934		1,637,254		1,747,914	
용 35. Total liabilities	35.	0		0		0	
O 36 Not assets	20	1 545 934	677	1 637 254		1 747 914	

,				
57-1	1	41	539)

Federal Statements

Direct Public Support

Contributor	Cash Contribution	Noncash Contribution
VARIOUS EMPLOYEES VISA COMMUNITY INVESTMENT DONATION ELAN COMMUNITY PARTNERSHIP DONATION	11,458 5,000 12,500	
TOTAL	28 , 958	0

<u>Taxable Interest on Investments</u>

Description	 Amount	Unrelated Business	Exclusion Code	Postal <u>Code</u>	US Obs (\$ or %)
FIRST FEDERAL SAVINGS BANK	\$ 70,587				
TOTAL	\$ 70 , 587				