

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

OMB No 1545-0052

Department of the Treasury Internal Reverse Service

▶ 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.

Open to Public Inspection

Form 990-PF (2017)

Fo	r calen	dar year 2017 or tax year beginning ,	and ending					
	lame of fo	undation			A Empl	oyer identification number		
	FIRS	T FEDERAL FOUNDATION, INC	•		57	-1141539		
-	umber an	d street (or P O box number if mail is not delivered to street address)	Ro	oom/suite	B Telep	hone number (see instructions	s)	
		1329 ALBION AVE			20	8-733-4222		
	ity or town	n, state or province, country, and ZIP or foreign postal code  IEY ID 83318			C If exe	mption application is pending,	check here	<b>▶</b> □
			irn of a former public cl	harity	D 1 Fo	oreign organizations, check he	re	▶ □
	CHOOK	Final return Amended	•	iuity		oreign organizations meeting t		٠ ـــا
		Address change Name cha			1	5% test, check here and attach		▶ □
Н	Check	type of organization X Section 501(c)(3) exempt private	_ <del></del>	711	E If sau	ate foundation status was tern	unated under	
$\ddot{\Box}$			le private foundation	0%	-	n 507(b)(1)(A), check here	indico dilaci	<b>▶</b> □
		rket value of all assets at J Accounting method	X Cash Acc	rual	F If the	foundation is in a 60-month te	rmination	_
	end of y	rear (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check h	ere	<b>L</b>
!	ine 16)	▶ \$ 1,387,063 (Part I, column (d) must	be on cash basis)					
E	art l	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net inv	restment	(c) Adjusted net	(d) Disbursement for charitable	
•		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books	inco		income	purposes (cash basis or	
	1	Contributions, gifts, grants, etc., received (attach schedule)	106,024			<del>-</del>	(casi) vasis or	<u></u>
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach Sch B						<del></del>
<u> </u>	3	Interest on savings and temporary cash investments	16,759		16,759	16,759		<del>,</del>
3	4	Dividends and interest from securities						
4	5a	Gross rents						
<u>⇒</u> ջ	b	Net rental income or (loss)						<del></del>
Revenue	6a	Net gain or (loss) from sale of assets not on line 10						<del></del>
בא בא	b	Gross sales price for all assets on line 6a						
	7	Capital gain net income (from Part IV, line 2)		-	0			
ũ	8	Net short-term capital gain				0		<del>,</del>
	9	Income modifications				·		<del></del>
ζ	10a	Gross sales less returns and allowances						
<b>)</b>	b	Gross profit or (loss) tellarit schedule)						<del></del>
-	11	Other income (attach schedule)						<del></del>
	12	Total. Additions 1Ninguel an 2018	122,783		16,759	16,759	<del>                                      </del>	
	13	Compensation of officers, directors, trustees, etc	0				-	_
penses	14	Other employee salaties end wages						
ĕ	15	Pension plans, employee benefits		· · · · · · · · · · · · · · · · · · ·				
EXK	116a	Legal fees (attach schedule)						
/e	b	Accounting fees (attach schedule)						
ativ	17	Other professional fees (attach schedule)						
str	17 18	Interest Taxes (attach schedule) (see instructions)  STMT 1	174		174	174		
Ë	19	Depreciation (attach schedule) and depletion			1/1			
ᄪ	20	Occupancy						
ĕ	21	Travel, conferences, and meetings						
Operating and Administrative	22	Printing and publications						
Q.	23	Other expenses (att sch )						
ţin	24	Total operating and administrative expenses.						
era		Add lines 13 through 23	174		174	174		0
Õ	25	Contributions, gifts, grants paid SEE STATEMENT 2	73,640					,640
_	26	Total expenses and disbursements. Add lines 24 and 25	73,814	<del></del>	174	174	73	,640
	27	Subtract line 26 from line 12	40.000					
	a	Excess of revenue over expenses and disbursements	48,969		16,585			··
	b	Net investment income (if negative, enter -0-)  Adjusted net income (if negative, enter -0-)			10,363	16,585		•••••••
	1 C	Aurosco del micome di dellative, effici «(*)				,,		

1 Cash – non-interest-bearing 60,856	(b) Book Value 93,121 1,293,942	(c) Fair Market Value 93, 121 1, 293, 942
2 Savings and temporary cash investments 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 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments – U S and state government obligations (attach schedule)		
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 ►  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Investments – U S and state government obligations (attach schedule)	1,293,942	1,293,942
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 ►  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Investments – U S and state government obligations (attach schedule)		
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 ►  8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a investments – U S and state government obligations (attach schedule)		
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 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments – U S and state government obligations (attach schedule)		
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 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments – U S and state government obligations (attach schedule)		
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 ▶  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Investments – U.S. and state government obligations (attach schedule)		
disqualified persons (attach schedule) (see instructions)  7 Other notes and loans receivable (att schedule) ▶ Less allowance for doubtful accounts ▶  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Investments – U S and state government obligations (attach schedule)		
Instructions)  7 Other notes and loans receivable (att schedule) ▶  Less allowance for doubtful accounts ▶  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Investments – U S and state government obligations (attach schedule)		
7 Other notes and loans receivable (att_schedule) ►  Less_allowance for doubtful accounts ►  8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Investments – U S and state government obligations (attach schedule)		
Less allowance for doubtful accounts   8 Inventories for sale or use  9 Prepaid expenses and deferred charges  10a Investments – U S and state government obligations (attach schedule)		
9 Prepaid expenses and deferred charges 10a Investments – U S and state government obligations (attach schedule)		
9 Prepaid expenses and deferred charges 10a Investments – U.S. and state government obligations (attach schedule)		
1		
1		
b Investments – corporate stock (attach schedule)		
c Investments – corporate bonds (attach schedule)		
11 Investments – land, buildings, and equipment basis	ł	
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 Total assets (to be completed by all filers – see the		
	1,387,063	1,387,063
17 Accounts payable and accrued expenses		
18 Grants payable		
19 Deferred revenue		
Deferred revenue  Loans from officers, directors, trustees, and other disqualified persons  Mortgages and other notes payable (attach schedule)		
21 Mortgages and other notes payable (attach schedule)		
22 Other liabilities (describe ▶ )		
23 Total liabilities (add lines 17 through 22) 0	0	
Foundations that follow SFAS 117, check here		
and complete lines 24 through 26 and lines 30 and 31.		•
24 Unrestricted 338,094	387,063	
25 Temporarily restricted		
26 Permanently restricted 1,000,000	1,000,000	
Foundations that do not follow SFAS 117, check here		
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted 27 Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances (see instructions) 31 Total liabilities and net assets/fund balances (see		
27 Capital stock, trust principal, or current funds		
28 Paid-in or capital surplus, or land, bldg , and equipment fund		
29 Retained earnings, accumulated income, endowment, or other funds		
30 Total net assets or fund balances (see instructions) 1,338,094	1,387,063	
31 Total liabilities and net assets/fund balances (see		
instructions) 1,338,094	1,387,063	
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 30 (must agree with	.	
end-of-year figure reported on prior year's return)	1	1,338,094
2 Enter amount from Part I, line 27a	2	48,969
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	1,387,063
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,387,063

Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income			
	the kind(s) of property sold (for example, real estate, arehouse, or common stock, 200 shs MLC Co )	<u> </u>	(b) How acquired P – Purchase D – Donation	c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a N/A					
b					
<u>c</u>			L		
_d			ļ		<del> </del>
_e			L		_L
(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis		ain or (loss) (f) minus (g))
<u>a</u>		<u> </u>			
<u>b</u>				<del>_,</del> _,_,_	<del></del>
d					<del></del>
e		<del></del>			
	g gain in column (h) and owned by the fo	oundation on 12/31/6	69	(I) Gains (C	ol (h) gain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) (j), if any	col (k), but n	of (if) gair failus of less than -0-) or (from col. (h))
a					
b					
С					
_d					
е				<del></del>	<del></del>
2 Capital gain net income or (net c	apital loss) If gain, also enter in If (loss), enter -0- in		2		
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and (6	_			
If gain, also enter in Part I, line 8	, column (c) See instructions. If (loss), e	nter -0- ın			
Part I, line 8			3		
	nder Section 4940(e) for Reduc			<u>'                                     </u>	
(For optional use by domestic private	foundations subject to the section 4940	(a) tax on net invest	ment income )		
If section 4940(d)(2) applies, leave the	nis part blank				
Was the foundation liable for the sec	tion 4942 tax on the distributable amoun	t of any year in the b	pase period?		Yes X No
If "Yes," the foundation does not qual	lify under section 4940(e) Do not comple	ete this part			
1 Enter the appropriate amount in	each column for each year, see the instru	uctions before makii	ng any entries		
(a) Base period years	(b)		(c)		(d) stribution ratio
Calendar year (or tax year beginning in			of noncharitable-use assets	(col (b	) divided by col (c))
2016		,622	1,305,48		0.208828
2015		,639	1,265,39		0.175154
2014		,984	1,251,50		0.289239
2013		,900	1,238,83		0.050774
2012	61	,102	1,221,26	<del></del>	0.050032
O Tabel of land and and A					0 774027
2 Total of line 1, column (d)	5	0 h 5 0 h 4h		2	0.774027
<del>-</del>	5-year base period – divide the total on li	-	ie		0.154805
number of years the foundation h	ias been in existence if less than 5 years		,	3	0.134803
4 Enter the net value of noncharital	ble-use assets for 2017 from Part X, line	5		4	0
5 Multiply line 4 by line 3				5	
6 Enter 19/ of not investment incom	no (49/ of Bort L line 37h)				166
6 Enter 1% of net investment incon	ne (1% of Part I, lifte 27b)			6	
7 Add lines 5 and 6				7	166
				<del>      -                                </del>	<u></u>
8 Enter qualifying distributions from	n Part XII, line 4			8	73,640
	n line 7, check the box in Part VI, line 1b,	and complete that i	part using a 1% tax rate	See the	
Part VI instructions					
					Form 990-PF (2017)

3

-	990-PF (2017) FIRST FEDERAL FOUNDATION, INC 57-1141539			F	Page 4	<u>4</u>
_ <u>P</u> a	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					-
1a						
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			166	<u>)</u>
	here ▶ X and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of					
	Part I, line 12, col (b)	Ì			_	
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			166	_
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			166	<u>)</u> -
6	Credits/Payments					
а	2017 estimated tax payments and 2016 overpayment credited to 2017					
b	Exempt foreign organizations – tax withheld at source					
С	Tax paid with application for extension of time to file (Form 8868)					
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 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			<u> 166</u>	<u>;</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				_
11		11				_
Pa	rt VII-A Statements Regarding Activities			,	т—	-
1a			-	Yes		
	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			1		
	Instructions for the definition		1b	ļ	<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					
С	Did the foundation file Form 1120-POL for this year?		1c	ļ	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	ļ	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	ļ	<u> </u>	_
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	•	4a	<b>↓</b>	X	_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/		<del>                                     </del>	<del> </del>	_
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5	<u> </u>	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					
	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?		6	X	<b></b>	-
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	ΧV	7	X	<del> </del>	•
8a	Enter the states to which the foundation reports or with which it is registered. See instructions   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		8b	Х		-
9	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 2017 or the taxable year beginning in 2017? See instructions for Part XIV If "Yes,"		}	1		1
	complete Part XIV		9	Х		L
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					•
	names and addresses		10	<u>L</u>	X	
			Form 9	90-PF	(2017)	)

Pa	art VII-A Statements Regarding	Activities (continued)	•				
						Yes	No
11	At any time during the year, did the foundation	n, directly or indirectly, own a controlled entity within the					
	meaning of section 512(b)(13)? If "Yes," attack	ch schedule. See instructions			11		X
12	Did the foundation make a distribution to a do	pnor advised fund over which the foundation or a disqualified					
	person had advisory privileges? If "Yes," attach	ch statement. See instructions			12		X
13	Did the foundation comply with the public insp	pection requirements for its annual returns and exemption appl	ication?		13	X	
	Website address ► HTTP://BANK						
14	The books are in care of ▶ MICHAEL	TRAVELLER Tel	ephone no 🕨	208-7	33-	422	2
	383 SHOSHONE S	T N					
	Located at ▶ TWIN FALLS	ID	ZIP+4 ▶	8330	L		
15	Section 4947(a)(1) nonexempt charitable trus	ts filing Form 990-PF in lieu of Form 1041 - check here					▶ [
	and enter the amount of tax-exempt interest r	eceived or accrued during the year	▶ _	15			
16	At any time during calendar year 2017, did th	e foundation have an interest in or a signature or other authorit	y			Yes	No
	over a bank, securities, or other financial acc	ount in a foreign country?			16		X
	See the instructions for exceptions and filing	requirements for FinCEN Form 114. If "Yes," enter the name of	f				
	the foreign country ▶				<u></u>		
Pa	art VII-B Statements Regarding	Activities for Which Form 4720 May Be Require	<u>d</u>				
	File Form 4720 if any item is checked in th	e "Yes" column, unless an exception applies.				Yes	No
1a	During the year, did the foundation (either dire	ectly or indirectly)	_				
	(1) Engage in the sale or exchange, or leasing	ng of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or ot	herwise extend credit to (or accept it from) a		_			
	disqualified person?	•	Yes	X No			
	(3) Furnish goods, services, or facilities to (o	r accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse	e the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqu	alified person (or make any of either available for				,	
	the benefit or use of a disqualified person	)?	Yes	X No			
	(6) Agree to pay money or property to a gove	ernment official? (Exception. Check "No" if the					
	foundation agreed to make a grant to or t	o employ the official for a period after					
	termination of government service, if term	ninating within 90 days )	_ · Yes	X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of	the acts fail to qualify under the exceptions described in Regu	lations	4-		-	
	section 53 4941(d)-3 or in a current notice reg			N/A	1b		ļ
	Organizations relying on a current notice rega	<del>-</del>		▶ □			
С		ny of the acts described in 1a, other than excepted acts, that		/-			
	were not corrected before the first day of the			N/A	1c		
2		4942) (does not apply for years the foundation was a private					
	operating foundation defined in section 4942(						
а	At the end of tax year 2017, did the foundation	•	п.,	₹			
	6e, Part XIII) for tax year(s) beginning before		Yes	X No			
	If "Yes," list the years ▶ 20 , 20	, 20 , 20					
b		foundation is not applying the provisions of section 4942(a)(2)	_				
	-	e year's undistributed income? (If applying section 4942(a)(2) to	0	N/A	2.		
_	all years listed, answer "No" and attach stater	•		H/A	2b		
С		ng applied to any of the years listed in 2a, list the years here					
20	► 20 , 20 , 20 , 20 , 20 Did the foundation hold more than a 2% disease	t or indirect interest in any business enterprise					
3a		t of indirect interest in any business enterprise	Yes	X No			
h	at any time during the year?  If "Ves." did it have excess business holdings.	in 2017 as a result of (1) any purchase by the foundation or	☐ 162	A NO			
	_	in 2017 as a result of (1) any purchase by the foundation or					
		ne lapse of the 5-year period (or longer period approved by the					
		spose of holdings acquired by gift or bequest, or (3) the lapse of	,				
		riod? (Use Schedule C, Form 4720, to determine if the		N/A	3b		
	foundation had excess business holdings in 2	•	ac2	A1/ A	4a		х
		amount in a manner that would jeopardize its charitable purpos prior year (but after December 31, 1969) that could jeopardize			40		
					46	j	X
	chantable purpose that had not been removed	from jeopardy before the first day of the tax year beginning in	<u> </u>				(2017)

	990-PF (2017) FIRST FEDERAL FOUNDATION, INC		1141539			<u> </u>	age <b>6</b>
_ <u>P</u> a	art VII-B Statements Regarding Activities for Which Form	1720 May Be F	Required (con	tınued)	,	<del></del>	<del>,</del>
5a	During the year did the foundation pay or incur any amount to		_				
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4	1945(e))?	□ '	Yes 🗓 No			
(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							
directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			Yes 🏻 No			
	(4) Provide a grant to an organization other than a charitable, etc., organization	described in	_	_			
	section 4945(d)(4)(A)? See instructions			Yes 🗓 No			
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or	educational	_	_			
	purposes, or for the prevention of cruelty to children or animals?			Yes 🗓 No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under	er the exceptions o	lescribed in				
	Regulations section 53 4945 or in a current notice regarding disaster assistance	? See instructions		N/A	5b		ļ
	Organizations relying on a current notice regarding disaster assistance, check he	ere		▶ ∐		1	-
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	m the tax	. —				
	because it maintained expenditure responsibility for the grant?		N/A 🗌	Yes 📙 No		, ,	
	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 pa	y premiums	_				
	on a personal benefit contract?		$\square$ ,	Yes 🗓 No			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a per	sonal benefit cont	ract?		6b		X
	If "Yes" to 6b, file Form 8870			67			
7a	At any time during the tax year, was the foundation a party to a prohibited tax sh	elter transaction?	□,	Yes X No			
b	If "Yes," did the foundation receive any proceeds or have any net income attribut			N/A	7b		Щ.
Pε	at VIII Information About Officers, Directors, Trustees, Fo	undation Man	agers, Highly	Paid Employ	ees,		
	and Contractors						
<u>1 L</u>	ist all officers, directors, trustees, and foundation managers and their comp	ensation. See in:	structions.	<del></del>			
		(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	101 Ev	pense ac	ooount
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		r allowar	
		develop to position	J	compensation	——		
SE	E STATEMENT 3						
		ļ	<del>                                     </del>	<del> </del>	<del> </del>		
	<del></del>	<u></u>	<del> </del>	ļ	<del> </del>		
	<del></del>	<del> </del>	ļ	<b></b>	<del>├</del> ──		
		<u> </u>	<u> </u>	<u> </u>	<u> </u>		
2	Compensation of five highest-paid employees (other than those included o	n line 1 – see ins	tructions). If non	e, enter			
	"NONE."	<del></del>	г	<del></del>			
		(b) Title, and average		(d) Contributions to employee benefit	(e) Ex	pense ac	count.
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		r allowar	
		<del></del>		compensation	┼		
NO	NE		j	J	}		
_					<del>├</del> ─		
			]	J			
		<del></del>	<del> </del>	<del> </del>	+		
				J	]		
	<del></del>			<del> </del>	┼		
				J			
					—		
					1		
		<u> </u>	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	<b>⊢</b> —		
Total	number of other employees paid over \$50,000		<u> </u>				<u> </u>
				F	om 99	U-PF	(2017)

Form 990-PF (2017) FIRST FEDERAL FOUNDATION, INC	57-1141539	
Part VIII Information About Officers, Directors, Trustees, Four and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. See ins	tructions. 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		<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information organizations and other beneficiaries served, conferences convened, research papers produced, etc.	on such as the number of	Expenses
1 ANNUAL GRANT CYCLE WITH GRANTS MADE TO 2 CHARITABLE OR GOVERNMENTAL ORGANIZATIONS		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see inst	ructions)	
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		

Form 990-PF (2017)

**•** 

Total. Add lines 1 through 3

	art X Minimum Investment Return (All domestic foundations must complete this part Foreig	n foun	dations.
	see instructions )	<b></b>	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.		<del></del>
	purposes		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	1,362,579
Ç	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	1,362,579
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2_	0
3	Subtract line 2 from line 1d	3	1,362,579
4	Cash deemed held for charitable activities Enter 11/2% of line 3 (for greater amount, see		<del></del>
	instructions)	4	1,362,579
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	0
6	Minimum investment return. Enter 5% of line 5	6	0
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating	founda	ations
	and certain foreign organizations check here ▶ X and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017 (This does not include the tax from Part VI )		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
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 XIII,		
	line 1	7	
Б.	art XII Qualifying Distributions (see instructions)		
	ATT AND Qualifying Distributions (See Instructions)		<del></del>
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	ļ	
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1 <u>a</u>	73,640
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4_	73,640
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions	5	166
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	73,474

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

Form 990-PF (2017)

P	art XIII Undistributed Income (see instructions	)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2017 from Part XI,	Corpus	Years prior to 2016	2016	2017
	line 7 ,				
2	Undistributed income, if any, as of the end of 2017				, , , , , , , , , , , , , , , , , , , ,
	Enter amount for 2016 only				
	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2017				
	From 2012				
	From 2013				
c					
_	From 2015				
	From 2016				
	Total of lines 3a through e				
4	Qualifying distributions for 2017 from Part XII,				
•	line 4 ▶ \$ 73,640				
а	Applied to 2016, but not more than line 2a				
	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 2017 distributable amount				
	Remaining amount distributed out of corpus	73,640			
5	Excess distributions carryover applied to 2017			······································	
	(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	73,640			
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 2016 Subtract line				
	4a from line 2a Taxable amount – see				
	instructions	t .			
f	Undistributed income for 2017 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2018				
7	Amounts treated as distributions out of corpus		1		
	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 2012 not				
	applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2018.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
а	Excess from 2013				
b	Excess from 2014				
С	Excess from 2015		l		
d	Excess from 2016				
^	Evenes from 2017	· · · · · · · · · · · · · · · · · · ·	1	ŀ	

<u>Form</u>	990-PF(2017) FIRST FEDERA	L FOUNDATIO	ON, INC	57-11415	39	Page 10
~~~~	art XIV Private Operating Fou			rt VII-A, question 9	9)	
1a	If the foundation has received a ruling or o					
	foundation, and the ruling is effective for 2	2017, enter the date o	of the ruling	<b>•</b>		
b	Check box to indicate whether the founda	tion is a private opera	ating foundation descri	bed in section X 49	942(j)(3) or 4942	(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	N	Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
	investment return from Part X for					
	each year listed	0	16,574	16,596	15,868	49,038
b	85% of line 2a		14,088	14,107	13,488	41,683
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	73,640	272,788	221,805	362,143	930,376
d	Amounts included in line 2c not used directly					
_	for active conduct of exempt activities			<b>N</b>		
е	Qualifying distributions made directly					
•	for active conduct of exempt activities					
	Subtract line 2d from line 2c	73,640	272,788	221,805	362,143	930,376
3	Complete 3a, b, or c for the	,3,010	2,3,,03	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
•	alternative test relied upon		1	X		
а	"Assets" alternative test – enter					
a	(1) Value of all assets	1,387,063	1,338,094	1,312,639	1,592,968	5,630,764
	· ' '	1,307,003	1,330,034	1,312,033	1,352,300	3,030,704
	(2) Value of assets qualifying under	1 207 062	1,338,094	1,312,639	1,592,968	5,630,764
_	section 4942(j)(3)(B)(i)	1,387,063	1,330,034	/ 1,312,639	1,392,900	3,030,704
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed		<del> </del>			<del></del>
С	"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) <b>N/A</b>				1	\
	(2) Support from general public					<u></u>
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii) <b>N/A</b>					
	(3) Largest amount of support from					
	an exempt organization N/A					
	(4) Gross investment income N/A					
Pa	rt XV Supplementary Inform	atión (Complete	this part only if	the foundation ha	ad \$5,000 or more	in assets at
	any time during the ye	<u>ar – see instruct</u>	tions.)			
1	Information Regarding Foundation Mar	nagers:				
а	List any managers of the foundation who I	nave contributed more	e than 2% of the total of	contributions received	by the foundation	
	before the close of any tax year (but only i	f they have contribute	ed more than \$5,000)	(See section 507(d)(2)	)	
	N/A					
b	List any managers of the foundation who	own 10% or more of t	he stock of a corporati	on (or an equally large	portion of the	
	ownership of a partnership or other entity)	of which the foundati	on has a 10% or great	er interest		
	N/A					
2	Information Regarding Contribution, G	rant, Gift, Loan, Sch	olarship, etc., Progra	ıms:		
	Check here ▶ ☐ If the foundation only	makes contributions t	to preselected charitab	le organizations and d	oes not accept	
	unsolicited requests for funds. If the found					
	complete items 2a, b, c, and d See instru		,	<b>J</b>	,	
a	The name, address, and telephone number		the person to whom a	ipplications should be	addressed	
_	SEE STATEMENT 4		, to the particular to the control of the control o			
b	The form in which applications should be s	submitted and informa	ation and materials the	v should include		<del></del>
-	NAME, ADDRESS, IRS S'					
c	Any submission deadlines				· · · · · · · · · · · · · · · · · · ·	
Ü	JUNE 16TH AND NOVEMB	ER 14TH		·		
d	Any restrictions or limitations on awards, s		nal areas, charitable fie	olds kinds of institution	s or other	
u	factors	oon as by geographic	sa, arcas, chantable lit	nas, kinas or matitation	io, or other	
	NONE					
DAA				<del></del>		Form 990-PF (2017)

	Year or Approved for F	1	1	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Pad during the year SEE STATEMENT 5	~			73,64
		,		
Total  b Approved for future payment N / A			<b>▶</b> 3a	73,64
N/A				

Part XVI-A	Analysis of Income-Producing A	ctivities		<del></del>		
	ounts unless otherwise indicated		ed business income	Excluded	d by section 512, 513, or 514	
3	,	(a) Business code	(b) Amount	(c) Exclusion	(d) Amount	(e) Related or exempt function income
1 Program se	Nuce revenue	Business code	Amount	code	Amount	(See instructions )
-				+-1		
		~				
		-		$\top$	<del></del>	<del></del>
d		-	*****	1	<del></del>	
f	<del></del>	- <del> </del>			<del></del>	
g Fees an	d contracts from government agencies		<u> </u>			
=	dues and assessments					
	savings and temporary cash investments					16,759
	nd interest from securities					
5 Net rental in	come or (loss) from real estate					
	anced property					
	t-financed property					
6 Net rental in	come or (loss) from personal property					
7 Other invest	ment income					
8 Gain or (los	s) from sales of assets other than inventory					
9 Net income	or (loss) from special events					
10 Gross profit	or (loss) from sales of inventory					
11 Other reven	ue a	_		1		
	<del></del>					
d		_				
e						
	ld columns (b), (d), and (e)		l	0	0	
	ine 12, columns (b), (d), and (e)				13	16,759
	in line 13 instructions to verify calculations )	• • •			<del></del>	
Part XVI-B	Relationship of Activities to the					<del></del>
Line No. ▼	Explain below how each activity for which incom					
N/A	accomplishment of the foundation's exempt pur	poses (other than	t by providing tunds	or such pu	rposes) (See instruct	ions )
N/A					<del></del>	<del></del>
<del></del>		<del></del>				<del></del>
		<del></del> -				
				<del></del> -		
					<del></del>	
		· <del></del>				
		<del></del>			<del></del>	
			<u> </u>		<del></del>	
		<u> </u>		<del></del>		
		<del></del>	•			
					<del></del>	
· <del>-</del>			<u> </u>			
			_			
			<del></del>			

Fall	AVH	Exempt Organiz	•	alisicis 10 ali	u IIaliSactio	ilis allu Relations	mps with Noticha	IIIIable		
1 D	id the orga			ge in any of the fol	lowing with any o	other organization desc	ribed		Yes	No
ın	section 5	01(c) (other than sect	ion 501(c)(3)	organizations) or	ın section 527, r	elating to political				
	rganızatıor									
		om the reporting found	dation to a no	oncharitable exem	pt organization o	f				
•	l) Cash							1a(1)		X
	2) Other a							1a(2)		Х
-	ther trans							45.41		v
		f assets to a nonchard	-	_				1b(1)		X
•	•	ses of assets from a n of facilities, equipment			on			1b(2) 1b(3)		X
		rsement arrangement		5615				1b(4)		X
•	•	or loan guarantees	3					1b(5)		X
	•	ance of services or m	embership o	r fundraising solici	tations			1b(6)		X
		acilities, equipment, m						1c		Х
d If	the answe	er to any of the above	ıs "Yes," com	plete the following	schedule Colu	mn (b) should always s	how the fair market			
V	alue of the	goods, other assets,	or services g	iven by the reporti	ng foundation If	the foundation received	d less than fair market			
v	alue in any	transaction or sharing	arrangeme	nt, show in <u>c</u> olumr	(d) the value of	the goods, other asset	s, or services received			
	Line no	(b) Amount involved	(c) Name	e of noncharitable exem	pt organization	(d) Description o	f transfers, transactions, and s	haring arrangeme	nts	
<u>N/A</u>			<u> </u>			<del>_</del>				
			ļ	<del></del>			<del></del>			
			-							
			<del>                                     </del>					<del></del>		
			·							
			<del> </del>	<del></del>	<del></del> -	<del></del>	<del></del>			
			<del>                                     </del>			<del></del> .	<del></del>			
_			<del> </del>							
				<del></del>						·
			-							
			-							
			L			<u> </u>				
		-	•			exempt organizations			(22)	
		section 501(c) (other		501(c)(3)) or in se	ection 527?			Ye	s X	No
_ b If		nplete the following so	hedule	#\ <del>\</del>		<del>_</del>	(a) Danas also a facility a chi			
N/		a) Name of organization		(b) Type of o	organization		(c) Description of relationshi	Р		
14/	<u>~</u>	<del></del>								
_				· <del></del>			<del> </del>			
		<del></del>	-				·			
	Under pen	alties of perjury, I declare th	at I have examir	ned this return, includin	g accompanying sche	dules and statements, and to	the best of my knowledge ar	id belief, it is true	,	
	correct, ar	nd complete Declaration of I	preparer (otner t	nan taxpayer) is based	on all information of v	which preparer has any knowl	May the	IRS discuss this re	tum	
Sign		а		$\cap$		/ .	with the See inst	preparer shown be ructions		ן אס ו
lere	·		6/1	Va Da		1/2/2010	L	Tuctions A	163	١٧٥
	×	none	V. (/L	reve	en K	13/2018	PRESIDENT			
	Signa	sture of officer or trustee			Date	/ / T	Title			
	Print/Ty	pe preparer's name			Preparer's signatur			Date	Check	ıf
aid			_		\\\Z	The Late	and !	0/00/	self-em	ployed
repare	r	IEN D WESTFAL		TIPARES	STEPHEN D	WESTFALL	<del></del>	0/29/18	100	
lse On	ly Firm's n			WESTFALL	, CPAS		PTIN	P00021		
	Firm's a			I AVENUE			Firm's EIN ▶	82-052 208-87		
	Ш	BURLE	EY, ID	83318			Phone no		O-PE	

			i edelal otatements		
	Š	Statement 1 - Form 990-PF,	PF, Part I, Line 18 - Taxes	axes	,
Description	otion	Total	Net Investment	Adjusted Net	Charitable ' Purpose
INDIRECT TAXES/LICENSES TOTAL	CENSES	\$ 174	\$ 174	\$ 174	w w
	Statement 2 - For	- Form 990-PF, Part I, Line 2	5 - Noncash Contrib	Line 25 - Noncash Contributions, Gifts, Grants	
Amount	Noncash Description	FMV Explanation	Book Value Amount	Book Value Explanation	Date
2,500 2,500 2,500 2,000 2,000 2,000 3,837 2,000 1,000 1,000 1,000 1,000					8/15/17 8/15/17 8/15/17 8/15/17 8/15/17 8/15/17 8/15/17 8/15/17 12/31/17 12/31/17 12/31/17 12/31/17 12/31/17 12/31/17 12/31/17

57-1141539	Federal Statements	atements			
Statement 3 - Form 990-PF,		- List of Offi	Part VIII, Line 1 - List of Officers, Directors, Trustees, Etc.	rustees, Etc.	,
Name and Address	Title	Average Hours	Compensation	Benefits	Fxnenses
TOM ASHENBRENER 3385 HIGHLAWN DR TWIN FALLS ID 83301	PRESIDENT		0	0	0
MIKE HASKIN 1140 18TH ST HEYBURN ID 83336	DIRECTOR	00.00	0	0	Ο,
JACKIE FREY 3803 N 1500 E BUHL ID 83316	DIRECTOR	00.00	0	0	0
MARY BAUSCHER 111 PELICAN DR RUPERT ID 83350	DIRECTOR	00.00	0	0	0
SHANE JENKINS 696 WHISPERING PINE DR TWIN FALLS ID 83301	DIRECTOR	00.0	0	0	0
BRIAN WILLIAMS 339 N 300 E JEROME ID 83338	DIRECTOR	00.00	0	0	
LORI WARD 1070 LAURELWOOD CT. TWIN FALLS ID 83301	DIRECTOR	00.00	0	0	0
SETH COLLINS 831 O LEARY WAY TWIN FALLS ID 83301	DIRECTOR	00.0	0	0	0
MARGIE MCBRIDE 584 IB PERRINE RD. TWIN FALLS ID 83301	DIRECTOR	0.00	0	0	0

57-1141539

### **Federal Statements**

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

Description

ASHLEY TERRY 208-733-4222 P O BOX 249 TWIN FALLS ID 83303 AFRODIN@BANKFIRSTFED.COM

### Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

NAME, ADDRESS, IRS STATUS, REQUEST INFORMATION

### Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description

JUNE 16TH AND NOVEMBER 14TH

### Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

NONE

6
3
S
$\overline{}$
4
$\overline{}$
$\overline{}$
~
10
-,

## **Federal Statements**

# Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the

Relationship   SOCIETY   99 EAST B	Name	Address		
ETY   NONE		5	Purpose	Amount
THE MONE   NONE   CONTINUE AVENUE   NONE   CONTINUE AVENUE   NONE   CONTINUE AVENUE   NONE   CONTINUE AVENUE   CONTINUE AVENUE AVENU	SOCIETY NON	0	DIGITIZE NEWPAPERS	.2,500
NONE	)1	Filek Ave. We SOIC(3) MODEU DIAINE	NEW	2,300
THE MAGIC V   69 EASTLAND SOUTH		160 NOKIH BLAINE 501C(3)	NEW ROOF	2,500
TIRES FOR TRUCK	IN CENIKAL COMMONIII ACIION AGEN TWIN FALLS ID 83303 TRAT FOR HIMANITY OF THE MACIC V	FO BOA	PURCHASE JUMPING JACK COMPACTOR	1,295
TATE NOTE	TWIN FALLS ID 83301 NONE	669 EASILMIN SOU 501C(3)	TIRES FOR TRUCK	1,450
CHANCE TRANSITION CORP.   WOMEN   200 LOCUST ST.   CHANCE TRANSITION CORP.   WOMEN   201 LOCUST ST.   CHANCE TRANSITION COMP.   201 LOCUST ST.	LS ID 83301	501C(3)	PURCHASE APPLIANCES FOR SHELTER	2,000
THIN FALLS ID 83301	5 1	MAIN ST		2,000
NONE	CHANCE TRANSITION CORP. WOI TWIN FALLS ID 83301	LOCUST		1,275
NONE	JUDICIAL DISTRICT CASA	BRIDGE		7.837
NONE		2ND AVE	THE MENT TO THE TOTAL TO	
NONE         501C(3)         PURCHASE MEDICAL EQUIPMENT         2,           NONE         501C(3)         PURCHASE PLAYGROUND EQUIPMENT         5,           NONE         501C(3)         ADA BATHROOMS         2,           NONE         501 HIGHWAY 30         ADA BATHROOMS         5,           NONE         501 C(3)         PURCHASE COMPUTERS         2,           SOOTETY         GOVERNMENT         PURCHASE COMPUTERS         3,           SOCIETY         GOVERNMENT         PURCHASE DISPLAY CASES         1,           NONE         501C(3)         PUCHASE DISPLAY CASES         1,           NONE         501C(3)         REPLACE ADA ENTRY         2,           NONE         501C(3)         PUCHASE BEDS FOR SHELTER         2,           NONE         501C(3)         PUCHASE BEDS FOR SHELTER         2,	SERVICES			0000
NONE		,		2,500
NONE		6 I 4	PURCHASE PLAYGROUND EQUIPMENT	5,000
NONE  691 HIGHWAY 30  NONE  501C(3)  NONE  501C(3)  NONE  500 MAIN ST.  NONE  SOCIETY  NONE  NONE  NONE  102 S. RAIL ST. E.  NONE  NONE  102 S. RAIL ST. E.  NONE  103 S. RAIL ST. E.  NONE  104 EASTLAND DR. S.  NONE  105 MAIN AVE. NORTH  NONE  106 MAIN AVE. NORTH  NONE  1070 MAIN AVE. NORTH  NONE  108 SOLC(3)  109 FROUTERS COMPUTERS  2, 2, 2, 2, 2, 2, 2, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	טינינס ר:		THEMAIL MIDDIDE SOUTHERN THEMADY	3.37
NONE         501C(3)         ADA BATHROOMS         5,           NONE         501C(3)         PURCHASE COMPUTERS         2,           SOCIETY         102 S. RAIL ST. E.         PUCHASE DISPLAY CASES         1,           NONE         501C(3)         PUCHASE DISPLAY CASES         1,           NONE         501C(3)         REPLACE ADA ENTRY         2,           NONE         501C(3)         PURCHASE BEDS FOR SHELTER         2,           NONE         501C(3)         PURCHASE BEDS FOR SHELTER         2,	LD 83330 BOW HUNTERS	HIGHWA	INSIALL WIRELESS NEIWORN	6/6/7
NONE 501C(3) PURCHASE COMPUTERS 2,  SOCIETY 102 S. RAIL ST. E. RONNE 501C(3)  NONE 501C(3) REPLACE ADA ENTRY  NONE 501C(3) REPLACE ADA ENTRY  NONE 501C(3) PURCHASE BEDS FOR SHELTER  2,  NONE 501C(3) REPLACE BEDS FOR SHELTER	83332		ADA BATHROOMS	2,000
NONE	AND GIRLS CLUB	FRONTIE		( (
NONE GOVERNMENT PURCHASE COMPUTERS 3,  SOCIETY 102 S. RAIL ST. E.  NONE 501C(3) PUCHASE DISPLAY CASES 1,  N SERVICE 484 EASTLAND DR. S.  NONE 501C(3) REPLACE ADA ENTRY 2,  NONE 501C(3) PURCHASE BEDS FOR SHELTER 2,		MAIN ST		7,500
NONE 5. KAIL SI. E. NONE 501C(3) PUCHASE DISPLAY CASES SERVICE 484 EASTLAND DR. S. NONE 501C(3) REPLACE ADA ENTRY 702 MAIN AVE. NORTH NONE 501C(3) PURCHASE BEDS FOR SHELTER	5	r r		3,500
SEKVICE 484 EASTLAND DK. S. NONE 501C(3) REPLACE ADA ENTRY 702 MAIN AVE. NORTH NONE 501C(3) PURCHASE BEDS FOR SHELTER		102 S. KALL SI. E 501C(3)		1,506
NONE 501C(3) PURCHASE BEDS FOR SHELTER		484	ADA	2,750
		70/	BEDS FOR	2,420

S

Ś
Ħ
<u></u>
O
Ę
O)
ᆂ
Ø
云
U)
_
a
<u> </u>
O
$\boldsymbol{\sigma}$
Ď
ŭ.
ш-

57-1141539

Statement 5 - Form 9	990-PF, Part XV, Line 3a - Grants <u>Year (continued)</u>	Statement 5 - Form 990-PF, Part XV, Line 3a - Grants and Contributions Paid During the Year (continued)	,
Name	Address		
Address	Relationship Status	Purpose	Amount
NATIONAL SKI PATROL MAGIC MOUNTAIN RURAL ROUTE	RURAL ROUTE		
TWIN FALLS ID 83301 NONE	501C(3)	PURCHASE SAFETY AND RESCUE EQUIPMT	3,550
MAGIC VALLEY ASTRONOMICAL SOCIETY	FALLS AVE. WEST		
TWIN FALLS ID 83303 NONE	501C(3)	PURCHASE TRAILER	5,044
STANTON HEALTH CARE OF MAGIC VALLEY	Y PO BOX 2385		
TWIN FALLS ID 83303 NONE	501C(3)	REPLACE FLOORING	938
RISING STARS THERAPEUTIC RIDING CTR	R PO BOX 482		
TWIN FALLS ID 83301 NONE	501C(3)	BUILD CORRALS	5,000
JUNIOR ACHIEVEMENT OF IDAHO	1365 N ORCHARD RD		•
BOISE ID 83706 NONE	501C(3)	PROGRAM COSTS	4,000
TWIN FALLS SENIOR CITIZENS FEDERATI	I 530 SHOSHONE ST. W.		•
TWIN FALLS ID 83301 NONE	: 501C(3)	SHELVING AND COUNTERS	1,600
TOTAL			73,640

ა

### Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2017

Name of the organization

Employer identification number

FIRST FEDERAL	FOUNDATION, INC	57-1141539
Organization type (check or	ne)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
	covered by the <b>General Rule</b> or a <b>Special Rule</b> . 7), (8), or (10) organization can check boxes for both the General Rule and a Spe	cial Rule See
General Rule		
X For an organization f	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to	taling \$5,000
-	r property) from any one contributor. Complete Parts I and II. See instructions for	
Special Rules		
regulations under sec	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 <sup>1</sup> / <sub>3</sub> % supp ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990- that received from any one contributor, during the year, total contributions of the	EZ), Part II, line
	the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complet	
For an organization of	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received	from any one
	e year, total contributions of more than \$1,000 exclusively for religious, charitable	
	al purposes, or for the prevention of cruelty to children or animals. Complete Parts	
_	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received e year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no su	
•	more than \$1,000. If this box is checked, enter here the total contributions that we	
during the year for an	n exclusively religious, charitable, etc., purpose. Don't complete any of the parts u	nless the
	s to this organization because it received <i>nonexclusively</i> religious, charitable, etc	
totaling \$5,000 or mo	ore during the year	<b>&gt;</b> \$
•	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule	•
• • • • • • • • • • • • • • • • • • • •	ust answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of it o certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990	

Name of organization

Employer identification number

FIRST FEDERAL FOUNDATION, INC 57-1141539 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 1 FIRST FEDERAL SAVINGS BANK Person 383 SHOSHONE ST N **Payroll** 100,367 Noncash TWIN FALLS ID 83301 (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 No. Total contributions Type of contribution Person **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) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Payroll Noncash (Complete Part II for noncash contributions) (b) (c) (d) (a) Type of contribution Total contributions No. Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions)