# Board of Governors of the Federal Reserve System





# Annual Report of Holding Companies-

# Report at the close of business as of the end of fiscal year

This Report is required by law: Section 5(c)(1)(A) of the Bank Holding Company Act (12 U.S.C. § 1844 (c)(1)(A)); Section 8(a) of the International Banking Act (12 U.S.C. § 3106(a)); Sections 11(a)(1), 25 and 25A of the Federal Reserve Act (12 U.S.C. §§ 248(a)(1), 602, and 611a); Section 211.13(c) of Regulation K (12 C.F.R. § 211.13(c)); and Section 225.5(b) of Regulation Y (12 C.F.R. § 225.5(b)) and section 10(c)(2)(H) of the Home Owners' Loan Act. Return to the appropriate Federal Reserve Bank the original and the number of copies specified.

This report form is to be filed by all top-tier bank holding companies and top-tier savings and loan holding companies organized under U.S. law, and by any foreign banking organization that does not meet the requirements of and is not treated as a qualifying foreign banking organization under Section 211.23 of Regulation K (12 C.F.R. § 211.23). (See page one of the general instructions for more detail of who must file.) The Federal Reserve may not conduct or sponsor, and an organization (or a person) is not required to respond to, an information collection unless it displays a currently valid OMB control number.

NOTE: The Annual Report of Holding Companies must be signed by one director of the top-tier holding company. This individual should also be a senior official of the top-tier holding company. In the event that the top-tier holding company does not have an individual who is a senior official and is also a director, the chairman of the board must sign the report.

I, Don D. Jennings

Name of the Holding Company Director and Official

Board member

Title of the Holding Company Director and Official

attest that the Annual Report of Holding Companies (including the supporting attachments) for this report date has been prepared in conformance with the instructions issued by the Federal Reserve System and are true and correct to the best of my knowledge and belief.

With respect to information regarding individuals contained in this report, the Reporter certifies that it has the authority to provide this information to the Federal Reserve. The Reporter also certifies that it has the authority, on behalf of each individual, to consent or object to public release of information regarding that individual. The Federal Reserve may assume, in the absence of a request for confidential treatment submitted in accordance with the Board's "Rules Regarding Availability of Information," 12 C.F.R. Part 261, that the Reporter and individual consent to public release of all

details in the report concerning that individual. Signature of Holding Company Director and Official Date of Signature For holding companies not registered with the SEC-

Indicate status of Annual Report to Shareholders: is included with the FR Y-6 report will be sent under separate cover is not prepared For Federal Reserve Bank Use Only

Date of Report (top-tier holding company's fiscal year-end): June 30, 2013 Month / Day / Year

Reporter's Name, Street, and Mailing Address

First Federal MHC

Legal Title of Holding Company

479 Main Street

(Mailing Address of the Holding Company) Street / P.O. Box

Hazard KY

Zip Code City

Physical location (if different from mailing address)

Person to whom questions about this report should be directed:

Clay Hulette

Name

5022231638

Area Code / Phone Number / Extension

Area Code / FAX Number

chulette@ffsbfrankfort.com

E-mail Address

Address (URL) for the Holding Company's web page

Does the reporter request confidential treatment for any portion of this submission?

Yes Please identify the report items to which this request

☐ In accordance with the instructions on pages GEN-2 and 3, a letter justifying the request is being provided.

The information for which confidential treatment is sought is being submitted separately labeled "Confidential."

⊠ No

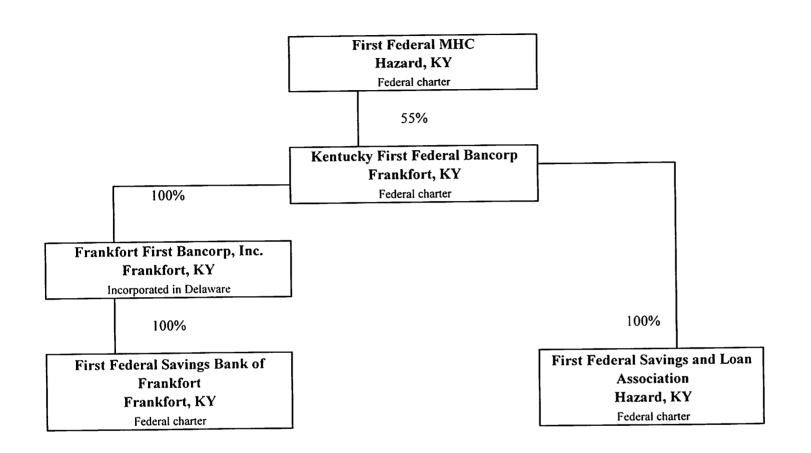
Public reporting burden for this information collection is estimated to vary from 1.3 to 101 hours per response, with an average of 5.25 hours per response, including time to gather and maintain data in the required form and to review instructions and complete the information collection. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Secretary, Board of Governors of the Federal Reserve System, 20th and C Streets, N.W., Washington, DC 20551, and to the Office of Management and Budget, Paperwork Reduction Project (7100-0297), Washington, DC 20503.

12/2012

# For Use By Tiered Holding Companies

Top-tiered holding companies must list the names, mailing address, and physical locations of each of their subsidiary holding companies below.

| Kentucky First Fe                                     | deral Bancorp             |                      |                                                                       |                                 |                   |  |  |  |
|-------------------------------------------------------|---------------------------|----------------------|-----------------------------------------------------------------------|---------------------------------|-------------------|--|--|--|
| Legal Title of Subsidiary F                           | Holding Company           | <u>-</u>             | Legal Title of Subsidiary Holding Company                             |                                 |                   |  |  |  |
| PO Box 535                                            |                           |                      |                                                                       |                                 |                   |  |  |  |
| (Mailing Address of the S                             | ubsidiary Holding Company | r) Street / P.O. Box | (Mailing Address of the Subsidiary Holding Company) Street / P.O. Box |                                 |                   |  |  |  |
| Frankfort                                             | KY                        | 40602-0535           |                                                                       |                                 |                   |  |  |  |
| City                                                  | State                     | Zip Code             | City                                                                  | State                           | Zip Code          |  |  |  |
| 216 West Main St                                      | reet                      |                      |                                                                       |                                 |                   |  |  |  |
| Physical location (if different from mailing address) |                           |                      | Physical location (if                                                 | different from mailing address) |                   |  |  |  |
| Frankfort First Bar                                   | ncorp, Inc.               |                      |                                                                       |                                 |                   |  |  |  |
| Legal Title of Subsidiary F                           |                           |                      | Legal Title of Subsid                                                 | iary Holding Company            |                   |  |  |  |
| PO Box 535                                            |                           |                      |                                                                       |                                 |                   |  |  |  |
|                                                       | ubsidiary Holding Company | ) Street / P.O. Box  | (Mailing Address of t                                                 | the Subsidiary Holding Company) | Street / P.O. Box |  |  |  |
| Frankfort                                             | KY                        | 40602-0535           |                                                                       |                                 |                   |  |  |  |
| City                                                  | State                     | Zip Code             | City                                                                  | State                           | Zip Code          |  |  |  |
| 216 West Main St                                      | reet                      |                      |                                                                       |                                 |                   |  |  |  |
| Physical location (if different                       | ent from mailing address) |                      | Physical location (if                                                 | different from mailing address) |                   |  |  |  |
| Legal Title of Subsidiary H                           | Holding Company           |                      | Legal Title of Subsid                                                 | iary Holding Company            |                   |  |  |  |
| (Mailing Address of the So                            | ubsidiary Holding Company | /) Street / P.O. Box | (Mailing Address of t                                                 | the Subsidiary Holding Company) | Street / P.O. Box |  |  |  |
| City                                                  | State                     | Zip Code             | City                                                                  | State                           | Zip Code          |  |  |  |
| Physical location (if different                       | ent from mailing address) |                      | Physical location (if                                                 | different from mailing address) |                   |  |  |  |
| Legal Title of Subsidiary F                           | Holding Company           |                      | Legal Title of Subsid                                                 | liary Holding Company           |                   |  |  |  |
| (Mailing Address of the S                             | ubsidiary Holding Company | /) Street / P.O. Box | (Mailing Address of                                                   | the Subsidiary Holding Company) | Street / P.O. Box |  |  |  |
| City                                                  | State                     | Zip Code             | City                                                                  | State                           | Zip Code          |  |  |  |
| Physical location (if differ                          | ent from mailing address) |                      | Physical location (if                                                 | different from mailing address) |                   |  |  |  |



Results: A list of branches for your depository institution. FIRST FEDERAL SAVINGS BANK OF FRANKFORT (ID) RSSD: 741974)

This depository institution is held by FRANKFORT FIRST BANCORP, INC. (2484531) of FRANKFORT, KY

The data are as of 06 30(2013) Data reflects information that was received and processed through 07 08(2013).

### Reconciliation and Verification Steps

- 1 In the Data Action column of each branch row, enter one or more of the actions specified below
- 2 If required, enter the date in the Effective Date column

#### Action

OK: If the branch information is correct, enter 'OK' in the Data Action column.

Change: If the branch information is incorrect or incomplete, revise the data, enter 'Change' in the Data Action column and the date when this information first became valid in the Effective Date column

Close: If a branch listed was sold or closed, enter 'Close' in the Data Action column and the sale or closure date in the Effective Date column

Delete: If a branch listed was never owned by this depository institution, enter 'Delete' in the Data Action column.

Add: If a reportable branch is missing, insert a row, add the branch data, and enter 'Add' in the Data Action column and the opening or acquisition date in the Effective Date column

If printing this list, you may need to adjust your page setup in MS Excel. Try using landscape orientation, page scaling, and/or legal sized paper

#### Submission Procedure

When you are finished, send a saved copy to your FRB contact. See the detailed instructions on this site for more information.

If you are e-mailing this to your FRB contact, put your institution name, city and state in the subject line of the e-mail

#### Note

To satisfy the FR Y-10 reporting requirements, you must also submit FR Y-10 Domestic Branch Schedules for each branch with a Data Action of Change, Close, Delete, or Add The FR Y-10 report may be submitted in a hardcopy format or via the FR Y-10 Online application - https://y10online.federalreserve.gov.

\* FDIC UNINUM, Office Number, and ID\_RSSD columns are for reference only. Verification of these values is not required.

| Deta Action | Effective Date | Branch Service Type        | Branch ID RSSD* | Popular Name                            | Street Address            | City      | State | Zip Code | County   | Country       | FDIC UNINUM* | Office Number* |
|-------------|----------------|----------------------------|-----------------|-----------------------------------------|---------------------------|-----------|-------|----------|----------|---------------|--------------|----------------|
| OK          |                | Full Service (Head Office) |                 | FIRST FEDERAL SAVINGS BANK OF FRANKFORT | 216 WEST MAIN STREET      | FRANKFORT | KY    | 40601    | FRANKLIN | UNITED STATES | 42771        | 0              |
| OK          |                | Full Service               | 633275          | DANVILLE BRANCH                         | 340 WEST MAIN STREET      | DANVILLE  | KY    | 40422    | BOYLE    | UNITED STATES | Not Required | Not Required   |
| ок          |                | Full Service               | 4175719         | RIDGEFIELD CENTER BRANCH                | 120 SKYWATCH DRIVE        | DANVILLE  | ΚY    | 40422    | BOYLE    | UNITED STATES | Not Required | Not Required   |
| ОК          |                | Full Service               | 4175746         | EAST FRANKFORT BRANCH                   | 190 VERSAILLES ROAD       | FRANKFORT | KY    | 40601    | FRANKLIN | UNITED STATES | 277802       | 1              |
| ок          |                | Full Service               | 4175737         | WEST FRANKFORT BRANCH                   | 1220 US HIGHWAY 127 SOUTH | FRANKFORT | ку    | 40601    | FRANKLIN | UNITED STATES | 277803       | 3              |
| ОК          |                | Full Service               | 4175728         | LANCASTER BRANCH                        | 208 LEXINGTON STREET      | LANCASTER | KY    | 40444    | GARRARD  | UNITED STATES | Not Required | Not Required   |

Results: A list of branches for your depository institution. FIRST LITHERAL SAVINGS AND LOAN ASSOCIATION (ID. RSND. 831875). This depository institution is held by FIRST FEDERAL OF HAZARD METE ALL HOLDING COMPANY (3834176) of HAZARD. KY The data are as of 106-30-3013. Data reflects information that was received and processed through 07.082013.

. .

- Reconciliation and Verification Signs

  1. In the Data Action column of each branch row, enter one or more of the actions specified below

  2. If required, enter the date in the Effective Date column

Oktions
OK: If the branch information is correct, enter 'OK' in the Data Action column
OK: If the branch information is correct or incomplete, revise the data, enter 'Change' in the Data Action column and the date when this information first became valid in the Effective Date column.
Change: If a branch instead was sold or closed, enter 'Close' in the Data Action column and the sale or closure date in the Effective Date column.
Close: If a branch listed was sold or closed, enter 'Close' in the Data Action column oblumn
Deter: If a branch listed was never owned by this depository materition, enter 'Delec' in the Data Action column
Add: If a reportable branch is missing, insert a row, add the branch data, and enter 'Add' in the Data Action column and the opening or acquisition date in the Effective Date column
Add: If a reportable branch is missing, insert a row, add the branch data, and enter 'Add' in the Data Action column and the opening or acquisition date in the Effective Date column

If printing this list, you may need to adjust your page setup in MS Exect. Try using landscape orientation, page scaling, and/or legal sized paper

Submission Procedure

When you are finished, send a saved copy to your FRB contact. See the detailed instructions on this site for more information. If you are e-mailing this to your FRB contact, put your institution name, city and state in the subject line of the e-mail.

To satisfy the FR V-10 reporting requirements, you must also submit FR V-10 Domestic Branch Schedules for each branch with a Data Action of Change, Class., Delete, or Add The FR V-10 report may be submitted in a hardcopy format or via the FR V-10 Online application - https://y.10online.federalreserve.gov.

\* FDIC UNINUM. Office Number, and ID\_RSSD columns are for reference only. Verification of these values is not required.

| Ç                          | ?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                | DED ACTO            |                 |  |
|----------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|-----------------|--|
| _                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | on   Exicetive Date | 200             |  |
| Full Service (Head Office) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | branch Service Type | 2               |  |
| 001070                     | 1.01.01                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                | Dranen ID NOOD      | D Deen.         |  |
| ASSOCIATION                | A CONTINUE TO A | FIRST FEDERAL SAVINGS AND LOAN | L'ODGIST IVAIRE     | lol. Name       |  |
| AND INCHAST STREET         | 170 MAIN CTREET                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                | Street Value        | Stemp Address   |  |
| THE CASE                   | HAZARD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                | ٤                   | 2               |  |
| 41701                      | CV   41701                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                | State Contract      | State 7 in Code |  |
| 1000                       | 78830                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                     | Comp            |  |
| 0111100                    | NITED STATES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                |                     | Ottotry         |  |
|                            | 44031                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                |                     | FOIC UNINUM:    |  |
|                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                |                     | Office Number   |  |
|                            | MASSOCIATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | FIRST FEDERAL SAVINGS AND LUAN |                     | Head Office     |  |

| Form FR Y-6 First Federal MHC Fiscal Year Ended June 30, 2013                            |                                                                   |                                                                    |
|------------------------------------------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------------------|
| Report Item 3: Securities holders  Current securities holders with ownership, control of | or holdings of 5% or more with power to vote during the fiscal ye | ar ended June 30, 2013                                             |
| (1)(a) Name, City, State, Country                                                        | (1)(b) Country of Citizenship or Incorporation                    | (1)(c) Number and Percentage of Each<br>Class of Voting Securities |
| First Federal MHC<br>Hazard, KY<br>USA                                                   | USA                                                               | Mutual is 100% owned by its members - no stock                     |
| Securities holders not listed in 3(1)(a) through 3(1)                                    | (c.) that had ownership, control or holdings of 5% or more with p | power to vote during the fiscal year ended June 30, 2013           |
| (2)(a) Name, City, State, Country                                                        | (2)(b) Country of Citizenship or Incorporation                    | (2)(c) Number and Percentage of Each<br>Class of Voting Securities |

None

| Form FR Y-6<br>Kentucky First Federal Bancorp<br>Fiscal Year Ended June 30, 2013 |                                                               |                                                                    |
|----------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------|
| Report Item 3: Securities holders                                                |                                                               |                                                                    |
| Current securities holders with ownership, control or holdings                   | s of 5% or more with power to vote during the fiscal year end | led June 30, 2013                                                  |
| (1)(a) Name, City, State, Country                                                | (1)(b) Country of Citizenship or Incorporation                | (1)(c) Number and Percentage of Each<br>Class of Voting Securities |
| First Federal MHC<br>Hazard, KY<br>USA                                           | USA                                                           | 4,727,938 - 55% of common stock                                    |
|                                                                                  |                                                               |                                                                    |
| Securities holders not listed in 3(1)(a) through 3(1)(c.) that ha                | d ownership, control or holdings of 5% or more with power     | to vote during the fiscal year ended June 30, 2013                 |
| (2)(a) Name, City, State, Country                                                | (2)(b) Country of Citizenship or Incorporation                | (2)(c) Number and Percentage of Each<br>Class of Voting Securities |
| None                                                                             |                                                               |                                                                    |

| Fiscal Year Ended June 30, 2013 | Frankfort First Bancorp, Inc. | Form FR Y-6 |  |
|---------------------------------|-------------------------------|-------------|--|
|                                 |                               |             |  |

| Report     |
|------------|
| Item       |
| ယ္         |
| Securities |
| holders    |

Current securities holders with ownership, control or holdings of 5% or more with power to vote during the fiscal year ended June 30, 2013

| (1)(a) Name, City, State, Country (1)(b) Country of Citizenship or Incorporation  Kentucky First Federal Bancorp  Hazard, KY  USA |
|-----------------------------------------------------------------------------------------------------------------------------------|
|-----------------------------------------------------------------------------------------------------------------------------------|

Securities holders not listed in 3(1)(a) through 3(1)(c.) that had ownership, control or holdings of 5% or more with power to vote during the fiscal year ended June 30, 2013

| (2)(a) Name, City, State, Country                               |  |
|-----------------------------------------------------------------|--|
| (2)(b) Country of Citizenship or Incorporation                  |  |
| (2)(c) Number and Percentage of Each Class of Voting Securities |  |

None

Form FR Y-6 First Federal MHC Fiscal Year Ended June 30, 2013

# Report Item 4: Insiders

Current securities holders with ownership, control or holdings of 5% or more with power to vote during the fiscal year ended June 30, 2013

| Current securities noticers w                | van ownersnip, control of notoni                            | as of 5,000 more with power                  | (3)(b) Title & Position with Subsidiaries                    | (3)(c) Title & Position with Other Businesses (include names | (4)(a) Percentage of Voting Shares in | (4)(b) Percentage<br>of Voting Shares<br>in Subsidiaries | (4)(c) List names of other<br>companies (includes<br>partnerships) if 25% or more of<br>voting securities are held (List<br>names of companies and |
|----------------------------------------------|-------------------------------------------------------------|----------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| (1) Name, City, State,<br>Country            | (2) Principal Occupation if other than with Holding Company | (3)(a) Title & Position with Holding Company | (include names of<br>subsidiaries)                           | of other<br>businesses)                                      | Holding<br>Company                    | (include names of subs)                                  | percentage of voting securities held)                                                                                                              |
| Whitaker, Tony D.<br>Louisville, KY<br>USA   | N/A                                                         | Director & Chairman                          | Director & Chairman<br>KFFB<br>Director & Chairman<br>FFSLH  | N/A                                                          | •                                     | N/A                                                      | N/A                                                                                                                                                |
| Jennings, Don D.<br>Frankfort, KY<br>USA     | N/A                                                         | Director                                     | Director-KFFB<br>Director-FFB<br>Director & Chairman<br>FFSB | N/A                                                          | •                                     | N/A                                                      | N/A                                                                                                                                                |
| Farler, Lou Ella<br>Hazard, KY<br>USA        | N/A                                                         | Director/Pres/CEO                            | Director/Pres/CEO<br>FFSLH                                   | N/A                                                          | •                                     | N/A                                                      | N/A                                                                                                                                                |
| Barker, Stephen G<br>Hazard, KY<br>USA       | Attorney                                                    | Director                                     | Director-KFFB Director-FFSLH                                 | N/A                                                          | •                                     | N/A                                                      | N/A                                                                                                                                                |
| Ecton, Jr., Walter G<br>Richmond, KY<br>USA  | Attorney                                                    | Director                                     | Director-KFFB<br>Director-FFSLH                              | N/A                                                          | •                                     | N/A                                                      | N/A                                                                                                                                                |
| Gorman, Jr., William D.<br>Hazard, KY<br>USA | Insurance professional                                      | Director                                     | Director-KFFB<br>Director-FFSLH                              | N/A                                                          | •                                     | N/A                                                      | N/A                                                                                                                                                |
| Harrod, David R.<br>Frankfort, KY<br>USA     | Certified Public Accountant                                 | Director                                     | Director-KFFB<br>Director-FFB<br>Director-FFSB               | N/A                                                          | •                                     | N/A                                                      | N/A                                                                                                                                                |
| Regan, Jr., Herman D<br>Frankfort, KY<br>USA | Retired engineer                                            | Director                                     | Director-KFFB<br>Director-FFB<br>Director-FFSB               | N/A                                                          | •                                     | N/A                                                      | N/A                                                                                                                                                |

<sup>•</sup> Indicates less than 1% of the shares outstanding

Note, share percentages above represent both beneficial ownership and rights to acquire beneficial ownership with 60 days from Sept 30, 2013.

Form FR Y-6 Kentucky First Federal Bancorp Fiscal Year Ended June 30, 2013

## Report Item 4: Insiders

Current securities holders with ownership, control or holdings of 5% or more with power to vote during the fiscal year ended June 30, 2013

| (1) Name, City, State,<br>Country            | (2) Principal Occupation if other than with Holding Company | (3)(a) Title & Position<br>with Holding<br>Company | (3)(b) Title & Position<br>with Subsidiaries<br>(include names of<br>subsidiaries) | (3)(c) Title &<br>Position with<br>Other<br>Businesses<br>(include names<br>of other<br>businesses) | (4)(a) Percentage of Voting Shares in Holding Company | (4)(b) Percentage of Voting Shares in Subsidiaries (include names of subs) | (4)(c) List names of other<br>companies (includes<br>partnerships) if 25% or more of<br>voting securities are held (List<br>names of companies and<br>percentage of voting securities<br>held) |
|----------------------------------------------|-------------------------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Whitaker, Tony D.<br>Louisville, KY<br>USA   | N/A                                                         | Director & Chairman                                | Director & Chairman<br>First Federal MHC<br>Director & Chairman<br>FFSLH           | N/A                                                                                                 | 2.6                                                   | N/A                                                                        | N/A                                                                                                                                                                                            |
| Jennings, Don D.<br>Frankfort, KY<br>USA     | N/A                                                         | Director & President                               | Director<br>First Federal MHC<br>Director & Chairman<br>FFSB                       | N/A                                                                                                 | 1.3                                                   | N/A                                                                        | N/A                                                                                                                                                                                            |
| Barker, Stephen G<br>Hazard, KY<br>USA       | Attorney                                                    | Director                                           | Director<br>First Federal MHC<br>Director<br>FFSLH                                 | N/A                                                                                                 | *                                                     | N/A                                                                        | N/A                                                                                                                                                                                            |
| Ecton, Jr , Walter G<br>Richmond, KY<br>USA  | Attorney                                                    | Director                                           | Director<br>First Federal MHC<br>Director<br>FFSLH                                 | N/A                                                                                                 | •                                                     | N/A                                                                        | N/A                                                                                                                                                                                            |
| Gorman, Jr., William D.<br>Hazard, KY<br>USA | Insurance professional                                      | Director                                           | Director<br>First Federal MHC<br>Director<br>FFSLH                                 | N/A                                                                                                 | •                                                     | N/A                                                                        | N/A                                                                                                                                                                                            |
| Harrod, David R.<br>Frankfort, KY<br>USA     | Certified Public Accountant                                 | Director                                           | Director<br>First Federal MHC<br>Director<br>FFSB                                  | N/A                                                                                                 | •                                                     | N/A                                                                        | N/A                                                                                                                                                                                            |
| Regan, Jr., Herman D<br>Frankfort, KY<br>USA | Retired engineer                                            | Director                                           | Director<br>First Federal MHC<br>Director<br>FFSB                                  | N/A                                                                                                 | •                                                     | N/A                                                                        | N/A                                                                                                                                                                                            |

<sup>\*</sup> Indicates less than 1% of the shares outstanding

Note: share percentages above represent both beneficial ownership and rights to acquire beneficial ownership with 60 days from Sept 30, 2013.

Form FR Y-6 Frankfort First Bancorp, Inc. Fiscal Year Ended June 30, 2013

Report Item 4: Insiders

Current securities holders with ownership, control or holdings of 5% or more with power to vote during the fiscal year ended June 30, 2013

| . (1) Name, City, State, Country                    | (2) Principal Occupation if other than with Holding Company | (3)(a) Title & Position with Holding Company | (3)(b) Title & Position with Subsidiaries (include names of subsidiaries) | (3)(c) Title &<br>Position with<br>Other<br>Businesses<br>(include names<br>of other<br>businesses) | (4)(a) Percentage of Voting Shares in Holding Company | (4)(b) Percentage<br>of Voting Shares<br>in Subsidiaries<br>(include names<br>of subs) | (4)(c) List names of other<br>companies (includes<br>partnerships) if 25% or more of<br>voting securities are held (List<br>names of companies and<br>percentage of voting securities<br>held) |
|-----------------------------------------------------|-------------------------------------------------------------|----------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Kentucky First Federal Bancorp<br>Hazard, KY<br>USA | Bank holding company                                        |                                              |                                                                           |                                                                                                     | 100.0%                                                |                                                                                        |                                                                                                                                                                                                |
| Jennings, William C.<br>Frankfort, KY<br>USA        | Retired from FFSB                                           | Director, President<br>& Chairman            | Director-FFSB                                                             | N/A                                                                                                 | 0.0%                                                  | N/A                                                                                    | N/A                                                                                                                                                                                            |
| Jennings, Don D.<br>Frankfort, KY<br>USA            | N/A                                                         | Director & Vice Pres                         | Director-<br>First Federal MHC<br>Director-FFSB                           | N/A                                                                                                 | 0.0%                                                  | N/A                                                                                    | N/A                                                                                                                                                                                            |
| Davenport, C. Michael<br>Frankfort, KY<br>USA       | Real estate developer                                       | Director                                     | Director-FFSB                                                             | N/A                                                                                                 | 0.0%                                                  | N/A                                                                                    | N/A                                                                                                                                                                                            |
| Garland, Danny A.<br>Frankfort, KY<br>USA           | Retired from FFSB                                           | Director                                     | Director-FFSB                                                             | N/A                                                                                                 | 0.0%                                                  | N/A                                                                                    | N/A                                                                                                                                                                                            |
| Harrod, David R.<br>Frankfort, KY<br>USA            | Certified Public Accountant                                 | Director                                     | Director-<br>First Federal MHC<br>Director-FFSB                           | N/A                                                                                                 | 0.0%                                                  | N/A                                                                                    | N/A                                                                                                                                                                                            |
| Johnson, William M.<br>Frankfort, KY<br>USA         | Attorney                                                    | Director                                     | Director-FFSB                                                             | N/A                                                                                                 | 0.0%                                                  | N/A                                                                                    | N/A                                                                                                                                                                                            |
| Regan, Jr., Herman D<br>Frankfort, K.Y<br>USA       | Retired engineer                                            | Director                                     | Director-<br>First Federal MHC<br>Director-FFSB                           | N/A                                                                                                 | 0.0%                                                  | N/A                                                                                    | N/A                                                                                                                                                                                            |

Note: share percentages above represent both beneficial ownership and rights to acquire beneficial ownership with 60 days from Sept 30, 2013.