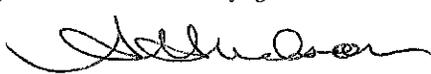


PUBLIC LAW 102-477
FINAL FINANCIAL STATUS REPORT
(Follow instructions provided)

| | | | | | | |
|---|---------|---|-------------------------------------|--|-----------------------------|--|
| 1. Federal Agency and Organizational Element to which Report is Submitted DOI/AS-IA/OIEED/DWD | | 2. Federal Contract or Other Identifying Number Assigned By Federal Agency GTO8GT199 | | OMB Approval No. 1076-0135 | Page | Of Pages |
| 3. Recipient Organization (Name and complete address, including ZIP code) Metlakatla Indian Community, P.O. Box 8, Metlakatla, Alaska 99926 | | | | | | |
| 4. Employer Identification Number 92-00114579 | | 5. Recipient Account Number or Identifying Number | | 6. Final Report <input type="radio"/> YES <input checked="" type="radio"/> NO | | 7. Basis <input type="radio"/> CASH <input type="radio"/> ACCRUAL |
| 8. Funding Contract Period (See Instructions) From: (Month/Day/Yr) 10/01/2009 | | To: (Month/Day/Yr) 09/30/2012 | | 9. Period Covered by this Report From: (Month/Day/Yr) 10/01/2013 | | To: (Month/Day/Yr) 09/30/2014 |
| 10. Transactions: | | I Previously Reported | II This Period | III Cumulative | | |
| a. Total outlays | | 375,740.64 | 7,473.01 | 383,213.65 | | |
| b. Recipient share of outlays | | 0.00 | 0.00 | 0.00 | | |
| c. Federal share of outlays | | 375,740.64 | 7,473.01 | 383,213.65 | | |
| d. Total unliquidated obligations | | [REDACTED] | | | 0.00 | |
| e. Recipient share of unliquidated obligations | | | | | 0.00 | |
| f. Federal share of unliquidated obligations | | | | | 0.00 | |
| g. Total Federal share (Sum of lines c and f) | | | | | 383,213.65 | |
| h. Total Federal funds authorized for this funding period | | | | | 433,796.00 | |
| i. Unobligated balance of Federal funds (Line h minus line g) | | | | 50,582.35 | | |
| 11. Indirect | | a. Type of Rate (Place an X in appropriate box) | | | | |
| | | <input type="radio"/> Provisional | <input type="radio"/> Predetermined | <input type="radio"/> Final | <input type="radio"/> Fixed | |
| Expense | b. Rate | c. Base | d. Total Amount | | e. Federal Share | |
| 12. Remarks: See instructions, Section 12 a. -g. for required and optional attachments. Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. | | | | | | |
| Typed or Printed Name and Title Audrey M.L. Hudson, Mayor | | | | Telephone (Area code, number and extension) (907) 886-4441 | | |
| Signature of Authorized Certifying Official  | | | | Date Report Submitted 5/18/2015 | | |

OMB Control No. 1076-0135
Expiration Date: 12/31/2013

PUBLIC LAW 102-477
FINAL FINANCIAL STATUS REPORT
(Follow instructions provided)

| | | | | | | | |
|---|--|---|-------------------|--|-------------------|--|--|
| 1. Federal Agency and Organizational Element to which Report is Submitted DOI/AS-IA/OIEED/DWD | | 2. Federal Contract or Other Identifying Number Assigned By Federal Agency GTOSGT199 | | OMB Approval No. 1076-0135 | Page | Of Pages | |
| 3. Recipient Organization (Name and complete address, including ZIP code) Metlakatla Indian Community, P.O. Box 8, Metlakatla, Alaska 99926 | | | | | | | |
| 4. Employer Identification Number 92-00114579 | | 5. Recipient Account Number or Identifying Number | | 6. Final Report <input type="radio"/> YES <input checked="" type="radio"/> NO | | 7. Basis <input type="radio"/> CASH <input type="radio"/> ACCRUAL | |
| 8. Funding Contract Period (See Instructions) From: (Month/Day/Yr) 10/01/2012 | | To: (Month/Day/Yr) 09/30/2015 | | 9. Period Covered by this Report From: (Month/Day/Yr) 10/01/2013 | | To: (Month/Day/Yr) 09/30/2014 | |
| 10. Transactions: | | I Previously Reported | II This Period | | III Cumulative | | |
| a. Total outlays | | 31,419.31 | 166,632.60 | | 198,051.91 | | |
| b. Recipient share of outlays | | 0.00 | 0.00 | | 0.00 | | |
| c. Federal share of outlays | | 31,419.31 | 166,632.60 | | 198,051.91 | | |
| d. Total unliquidated obligations | | | | 0.00 | | | |
| e. Recipient share of unliquidated obligations | | | | 0.00 | | | |
| f. Federal share of unliquidated obligations | | | | 0.00 | | | |
| g. Total Federal share (Sum of lines c and f) | | | | 198,051.91 | | | |
| h. Total Federal funds authorized for this funding period | | | | 330,551.00 | | | |
| i. Unobligated balance of Federal funds (Line h minus line g) | | 132,499.09 | | | | | |
| 11. Indirect | | a. Type of Rate (Place an X in appropriate box) | | | | | |
| | | <input type="radio"/> Provisional | | <input type="radio"/> Predetermined | | <input type="radio"/> Final | |
| | | <input type="radio"/> Fixed | | | | | |
| Expense | | b. Rate | c. Base | d. Total Amount | | e. Federal Share | |
| 12. Remarks: See instructions, Section 12 a. -g. for required and optional attachments. Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. | | | | | | | |
| 13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents. | | | | | | | |
| Typed or Printed Name and Title Audrey M.L. Hudson, Mayor | | | | Telephone (Area code, number and extension) (907) 886-4441 | | | |
| Signature of Authorized Certifying Official  | | | | Date Report Submitted 5/18/2015 | | | |