

**P. L. 102-477 DEMONSTRATION PROJECT
FINAL FINANCIAL STATUS REPORT
(Follow instructions provided)**

1. Federal Agency and Organizational Element to which Report is Submitted	2. Federal Contract or Other Identifying Number Assigned By Federal Agency SELF GOVERNANCE	OMB Approval No. 1076-0135	Page 1	Of 1 Pages
3. Recipient Organization (Name and complete address, including ZIP code) SHOSHONE PAIUTE TRIBE, P.O. BOX 219, OWYHEE NEVADA 89832				
4. Employer Identification Number 88-0063331	5. Recipient Account Number or Identifying Number 6-3015	6. Final Report 0 YES X NO	7. Basis 0 CASH X ACCRUAL	
8. Funding Contract Period (See Instructions) From: (Month/Day/Yr) 07/01/2012	To: (Month/Day/Yr) 06/30/2015	9. Period Covered by this Report From: (Month/Day/Yr) 07/01/2014	To: (Month/Day/Yr) 06/30/2015	
10. Transactions:	I Previously Reported	II This Period	III Cumulative	
a. Total outlays	1,732,730.00	927,318.00	2,660,078.00	
b. Recipient share of outlays				
c. Federal share of outlays	1,732,730.00	927,318.00	2,660,048.00	
d. Total unliquidated obligations				
e. Recipient share of unliquidated obligations				
f. Federal share of unliquidated obligations				
g. Total Federal share (Sum of lines c and f)			2,660,048.00	
h. Total Federal funds authorized for this funding period			2,930,110.00	
i. Unobligated balance of Federal funds (Line h minus line g)			270,062.00	
11. Indirect Expense	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			
	b. Rate 31.49%	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 PETE MAGEE, CFO			Telephone (Area code, number and extension) (208) 759-3100 EXT 1204	
Signature of Authorized Certifying Official 			Date Report Submitted 09/16/2015	