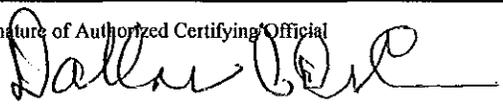


PUBLIC LAW 102-477
FINAL FINANCIAL STATUS REPORT
(Follow instructions provided)

1. Federal Agency and Organizational Element to which Report is Submitted DOI-BIA ECONOMIC DEV. DIV OF JOB PLACEMENT		2. Federal Contract or Other Identifying Number Assigned By Federal Agency 102-477		OMB Approval No. 1076-0135	Page	1 Of 1 Pages
3. Recipient Organization (Name and complete address, including ZIP code) PORT GAMBLE S'KLALLAM TRIBE 31914 LITTLE BOSTON ROAD NE KINGSTON, WA 98346						
4. Employer Identification Number 91-0875163		5. Recipient Account Number or Identifying Number NUMBER 3336		6. Final Report OYES XNO		7. Basis O CASH X ACCRUAL
8. Funding Contract Period (See Instructions) From: (Month/Day/Yr) 10/01/2013		To: (Month/Day/Yr) 09/30/2016		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			-0-	65,022.40	65,022.40	
b. Recipient share of outlays			-0-	-0-	-0-	
c. Federal share of outlays			-0-	65,022.40	65,022.40	
d. Total unliquidated obligations					-0-	
e. Recipient share of unliquidated obligations					-0-	
f. Federal share of unliquidated obligations					-0-	
g. Total Federal share (Sum of lines c and f)					65,022.40	
h. Total Federal funds authorized for this funding period					68,532.00	
i. Unobligated balance of Federal funds (Line h minus line g)					3,509.60	
11. Indirect		a. Type of Rate (Place an X in appropriate box)				
		O Provisional	O Predetermined	O Final	X Fixed	
Expense	b. Rate	c. Base	d. Total Amount	e. Federal Share		
	72%	S&F	-0-	-0-		
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 DALLAS I DEGUIRE DIRECTOR OF ADMINISTRATION				Telephone (Area code, number and extension) 360-297-2646		
Signature of Authorized Certifying Official 				Date Report Submitted 1/7/2015		