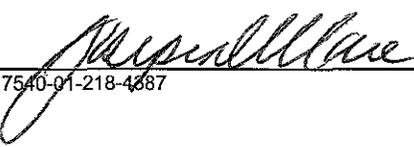


# FINANCIAL STATUS REPORT

(Short Form)

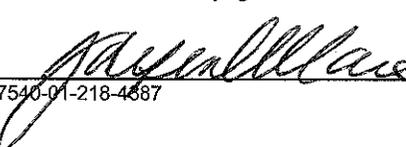
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  Bureau of Indian Affairs	2. Federal Grant or Other Identifying Number Assigned By Federal Agency  477 Program 2008 - 2011	OMB Approval No.  0348-0038	Page of 1   1 pages
3. Recipient Organization (Name and complete address, including ZIP code)  Confederated Tribes of the Umatilla Indian Reservation 46411 Timine Way Pendleton, OR 97801			
4. Employer Identification Number 93-0624734	5. Recipient Account Number or Identifying Number 034-XXX	6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10/1/2008	To: (Month, Day, Year) 9/30/2011	9. Period Covered by this Report From: (Month, Day, Year) 10/1/2012	To: (Month, Day, Year) 12/31/2014
10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	152,887.19	9,367.81	162,255.00
b. Recipient share of outlays	0.00	0.00	0.00
c. Federal share of outlays	152,887.19	9,367.81	162,255.00
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)			162,255.00
h. Total Federal funds authorized for this funding period			162,255.00
i. Unobligated balance of Federal funds(Line h minus line g)			0.00
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed		
	b. Rate 44.00	c. Base 2195.18	d. Total Amount 965.88
			e. Federal Share 439.04
12. Remarks: 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  Joe Mace, Director of Finance		Telephone (Area code, number and extension)  541-429-7166	
Signature of Authorized Certifying Official  		Date Report Submitted  March 19, 2015	

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  Bureau of Indian Affairs	2. Federal Grant or Other Identifying Number Assigned By Federal Agency  477 Program 2011-2014	OMB Approval No.  0348-0038	Page of  1   1 pages
3. Recipient Organization (Name and complete address, including ZIP code)  Confederated Tribes of the Umatilla Indian Reservation 46411 Timine Way Pendleton, OR 97801			
4. Employer Identification Number  93-0624734	5. Recipient Account Number or Identifying Number  034-XXX	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10/1/2011	To: (Month, Day, Year) 12/31/2014	9. Period Covered by this Report From: (Month, Day, Year) 10/1/2012	To: (Month, Day, Year) 12/31/2014
10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	4,680.74	13,704.47	18,385.21
b. Recipient share of outlays	0.00	0.00	0.00
c. Federal share of outlays	4,680.74	13,704.47	18,385.21
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)			18,385.21
h. Total Federal funds authorized for this funding period			149,000.00
i. Unobligated balance of Federal funds (Line h minus line g)			130,614.79
11. Indirect Expense	a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed		
	b. Rate 44.00	c. Base 2094.30	d. Total Amount 921.50
			e. Federal Share 418.86
12. Remarks: 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  Joe Mace, Director of Finance		Telephone (Area code, number and extension)  541-429-7166	
Signature of Authorized Certifying Official  		Date Report Submitted  March 19, 2015	