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

1. Federal Agency and Organizational Element to which Report is Submitted

DOI/ OIEED/ DWD

2. Federal Contract or Other Identifying Number

 Assigned By Federal Agency

OSGT108

3. Recipient Organization (Name and complete address, including ZIP code)

MAKAH TRIBE

P. O. BOX 115

NEAH BAY, WA 98357

4. Employer Identification Number

91-0492517

5. Recipient Account Number or Identifying Number

35-5103

6. Final Report

O YES  X NO

7. Basis

O CASH  X ACCRUAL

8. Funding Contract Period (See Instructions)

From: (Month/Day/Yr)

01/01/2014

To: (Month/Day/Yr)

12/31/2016

9. Period Covered by this Report

From: (Month/Day/Yr)

01/01/2014

To: (Month/Day/Yr)

12/31/2014

10. Transactions:

I. Previously Reported

II. This Period

III. Cumulative

a. Total outlays $893,032

b. Recipient share of outlays $340,561

c. Federal share of outlays $523,295

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) $523,295

h. Total Federal funds authorized for this funding period $523,295

i. Unobligated balance of Federal funds (Line h minus line g) 0

11. Indirect Expense

a. Type of Rate (Place an X in appropriate box)

O Provisional

O Predetermined

O Final

O Fixed

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

Timothy J. Greene, Sr.

Signature of Authorized Certifying Official

Date Report Submitted

4/10/15