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

1. Federal Agency and Organizational Element to
   which Report is Submitted
   DOI
   P.L. 477

2. Federal Contract or Other Identifying Number
   Assigned By Federal Agency
   OMB Approval No.
   1076-0135

3. Recipient Organization (Name and complete address, including ZIP code)
   Muscogee (Creek) Nation
   P.O. Box 580, Okmulgee, OK 74447

4. Employer Identification Number
   07-240-6150

5. Recipient Account Number or Identifying Number
   73-0932018

6. Final Report
   YES
   NO

7. Basis
   CASH
   ACCRUAL

8. Funding Contract Period (See Instructions)
   From: (Month/Day/Yr) To: (Month/Day/Yr)
   10/01/2011
   09/30/2014

9. Period Covered by this Report
   From: (Month/Day/Yr) To: (Month/Day/Yr)
   10/01/2013
   09/30/2014

10. Transactions:

   I. Previously Reported
   II. This Period
   III. Cumulative

   a. Total outlays
      3,200,742.80
      798,324.96
      3,999,067.76

   b. Recipient share of outlays
      -0-
      0-
      0-

   c. Federal share of outlays
      3,200,742.80
      798,324.96
      3,999,067.76

   d. Total unliquidated obligations
      -0-
      0-
      0-

   e. Recipient share of unliquidated obligations
      -0-
      0-
      0-

   f. Federal share of unliquidated obligations
      -0-
      0-
      0-

   g. Total Federal share (Sum of lines c and f)
      3,999,067.76

   h. Total Federal funds authorized for this funding period
      4,950,239.00

   i. Unobligated balance of Federal funds (Line h minus line g)
      951,171.24

11. Indirect Expense

   a. Type of Rate (Place an X in appropriate box)
      O Provisional
      O Predetermined
      O Final
      X Fixed

      b. Rate
      c. Base
      d. Total Amount
      e. Federal Share

      31.01%
      263,600.96
      81,742.66
      81,742.66

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.
   Revised Annual dated February 3rd, 2015

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
   Patricia Kilian, Acting Controller

   Signature of Authorized Certifying Official

   Date Report Submitted
   04/09/2015

OMB Control No. 1076-0135