

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted  <b>National Institute of Health Science</b>	2. Federal Grant or Other Identifying Number Assigned By Federal Agency  NIH001	OMB Approval No. <b>0348-0038</b>	Page of _____ pages
3. Recipient Organization (Name and complete address, including ZIP code)  <b>PeopleSoft University, 4512 Main St., Portland, OR97201, USA</b>			
4. Employer Identification Number <b>64931</b>	5. Recipient Account Number or Identifying Number <b>NIH001</b>	6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>10/1/2001</b>	To: (Month, Day, Year) <b>9/30/2006</b>	9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2001</b>	To: (Month, Day, Year) <b>9/30/2006</b>
10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	0.00	110,000.00	110,000.00
b. Recipient share of outlays	0.00	0.00	0.00
c. Federal share of outlays	0.00	110,000.00	110,000.00
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)			110,000.00
h. Total Federal funds authorized for this funding period			1,500,000.00
i. Unobligated balance of Federal funds(Line h minus line g)			1,390,000.00
11. Indirect Expense	a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed		
	b. Rate <b>0</b>	c. Base <b>0</b>	d. Total Amount <b>0.00</b>
			e. Federal Share <b>0.00</b>
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.  <b>PLEASANTON, Calif.--(BUSINESS WIRE)--Nov. 27, 2002--PeopleSoft Inc. (Nasdaq:PSFT - News) today announced that more than 100 new customers selected PeopleSoft AppConnect in the third quarter. The PeopleSoft AppConnect suite of products, which includes Enterprise Portal, Integration Broker and Enterprise Warehouse, reduces the complexity of</b>			
13. Certification: <b>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.</b>			
Typed or Printed Name and Title  <b>Sherwood,Douglas.</b>		Telephone (Area code, number and extension)  <b>925 6947275</b>	
Signature of Authorized Certifying Official		Date Report Submitted  <b>May 28, 2009</b>	

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*(Short Form)*

Public reporting burden for this collection of information is estimated to average 90 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0038), Washington, DC 20503.

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

Please type or print legibly. The following general instructions explain how to use the form itself. You may need additional information to complete certain items correctly, or to decide whether a specific item is applicable to this award. Usually, such information will be found in the Federal agency's grant regulations or in the terms and conditions of the award. You may also contact the Federal agency directly.

Item	Entry	Item	Entry
1, 2 and 3.	Self-explanatory.		
4.	Enter the Employer Identification Number (EIN) assigned by the U.S. Internal Revenue Service.		
5.	Space reserved for an account number or other identifying number assigned by the recipient.		
6.	Check <i>yes</i> only if this is the last report for the period shown in item 8.		
7.	Self-explanatory.		
8.	Unless you have received other instructions from the awarding agency, enter the beginning and ending dates of the current funding period. If this is a multi-year program, the Federal agency might require cumulative reporting through consecutive funding periods. In that case, enter the beginning and ending dates of the grant period, and in the rest of these instructions, substitute the term "grant period" for "funding period."		
9.	Self-explanatory.		
10.	The purpose of columns I, II, and III is to show the effect of this reporting period's transactions on cumulative financial status. The amounts entered in column I will normally be the same as those in column III of the previous report in <i>the same funding period</i> . If this is the first or only report of the funding period, leave columns I and II blank. If you need to adjust amounts entered on previous reports, footnote the column I entry on this report and attach an explanation.		
10a.	Enter total program outlays less any rebates, refunds, or other credits. For reports prepared on a cash basis, outlays are the sum of actual cash disbursements for direct costs for goods and services, the amount of indirect expense charged, the value of in-kind contributions applied, and the amount of cash advances and payments made to subrecipients. For reports prepared on an accrual basis, outlays are the sum of actual cash disbursements for direct charges for goods and services, the amount of indirect expense incurred,		
			the value of in-kind contributions applied, and the net increase or decrease in the amounts owed by the recipient for goods and other property received, for services performed by employees, contractors, subgrantees and other payees, and other amounts becoming owed under programs for which no current services or performances are required, such as annuities, insurance claims, and other benefit payments.
		10b.	Self-explanatory.
		10c.	Self-explanatory.
		10d.	Enter the total amount of unliquidated obligations, including unliquidated obligations to subgrantees and contractors.
			Unliquidated obligations on a cash basis are obligations incurred, but not yet paid. On an accrual basis, they are obligations incurred, but for which an outlay has not yet been recorded.
			Do not include any amounts on line 10d that have been included on lines 10a, b, or c.
			On the final report, line 10d must be zero.
		10e.	f, g, h, h and i. Self-explanatory.
		11a.	Self-explanatory.
		11b.	Enter the indirect cost rate in effect during the reporting period.
		11c.	Enter the amount of the base against which the rate was applied.
		11d.	Enter the total amount of indirect costs charged during the report period.
		11e.	Enter the Federal share of the amount in 11d.
		Note:	If more than one rate was in effect during the period shown in item 8, attach a schedule showing the bases against which the different rates were applied, the respective rates, the calendar periods they were in effect, amounts of indirect expense charged to the project, and the Federal share of indirect expense charged to the project to date.

# FEDERAL CASH TRANSACTIONS REPORT

(See instructions on back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272-A.)

OMB APPROVAL NO. 0348-0003

1. Federal sponsoring agency and organizational element to which this report is submitted <b>Department of Health &amp; Human Services</b>	
4. Federal grant or other identification number	5. Recipient's account number or identifying number
6. Letter of credit number <b>DH8375669</b>	7. Last payment voucher number
<i>Give total number for this period</i>	
8. Payment vouchers credited to your account <b>1</b>	9. Treasury checks received (whether or not deposited)
10. PERIOD COVERED BY THIS REPORT <b>07/01/1999 to 09/30/1999</b>	

2. RECIPIENT ORGANIZATION  
Name **University College**  
Number and Street

3. FEDERAL EMPLOYER IDENTIFICATION NO.  
**846019576**

11. STATUS OF FEDERAL CASH  (See specific instructions on the back)	a. Cash on hand beginning of reporting period	\$0
	b. Letter of credit withdrawals	\$7,000.00
	c. Treasury check payments	
	d. Total receipts (Sum of lines b and c)	\$7,000
	e. Total cash available (Sum of lines a and d)	\$7,000
	f. Gross disbursements	\$7,000
	g. Federal share of program income	
	h. Net disbursements (Line f minus line g)	\$7,000
	i. Adjustments of prior periods	
	j. Cash on hand end of period	\$0

12. THE AMOUNT SHOWN ON LINE 11, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING

13. OTHER INFORMATION	
a. Interest income	\$0
b. Advances to subgrantees or subcontractors	\$0

14. REMARKS (Attach additional sheets of plain paper, if more space is required)

Create Form 272

15. CERTIFICATION			
I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement	AUTHORIZED	SIGNATURE	DATE REPORT SUBMITTED
	CERTIFYING OFFICIAL	TYPED OR PRINTED NAME AND TITLE <b>Tiger, Ben</b>	TELEPHONE (Area Code, Number, Extension) <b>09/02/1999</b> <b>414-283-3000</b>

THIS SPACE FOR AGENCY USE

## INSTRUCTIONS

Public reporting burden for this collection of information is estimated to average 120 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0003), Washington, DC 20503

**PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET, SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.**

Please type or print legibly. Items 1, 2, 8, 9, 10, 11d, 11e, 11h, and 15 are self explanatory, specific instructions for other items are as follows:

<i>Item</i>	<i>Entry</i>	<i>Item</i>	<i>Entry</i>
3	Enter employer identification number assigned by the U.S. Internal Revenue Service or the FICE (institution) code.		benefits if treated as a direct cost, interdepartmental charges for supplies and services, and the amount to which the recipient is entitled for indirect costs.
4	If this report covers more than one grant or other agreement, leave items 4 and 5 blank and provide the information on Standard Form 272-A, Report of Federal Cash Transactions - Continued; otherwise:  Enter Federal grant number, agreement number, or other identifying number that may be assigned by the recipient.	11g	Enter the Federal share of program income that was required to be used on the project or program by the terms of the grant or agreement.
5	This space reserved for an account number or other identifying number that may be assigned by the recipient.	11i	Enter the amount of all adjustments pertaining to prior periods affecting the ending balance that have not been included in any lines above. Identify each grant or agreement for which adjustment was made, and enter an explanation for each adjustment under "Remarks." Use plain sheets of paper if additional space is required.
6	Enter the letter of credit number that applies to this report. If all advances were made by Treasury check, enter "NA" for not applicable and leave items 7 and 8 blank.	11j	Enter the total amount of Federal cash on hand at the end of the reporting period. This amount should include all funds on deposit, imprest funds, and undeposited funds (line e, less line h, plus or minus line i).
7	Enter the voucher number of the last letter-of-credit payment voucher (Form TUS 5401) that was credited to your account.	12	Enter the estimated number of days until the cash on hand, shown on line 11j, will be expended. If more than three days cash requirements are on hand, provide an explanation under "Remarks" as to why the drawdown was made prematurely, or other reasons for the excess cash. The requirement for the explanation does not apply to prescheduled or automatic advances.
11a	Enter the total amount of Federal cash on hand at the beginning of the reporting period including all of the Federal funds on deposit, imprest funds, and undeposited Treasury checks.	13a	Enter the amount of interest earned on advances of Federal funds but not remitted to the Federal agency. If this includes any amount earned and not remitted to the Federal sponsoring agency for over 60 days, explain under "Remarks." Do not report interest earned on advances to States.
11b	Enter the total amount of Federal funds received through payment vouchers (Form TUS 5401) that were credited to your account during the reporting period.	13b	Enter the amount of advance to secondary recipients included in item 11h.
11c	Enter the total amount of all Federal funds received during the reporting period through Treasury checks, whether or not deposited.	14	In addition to providing explanations as required above, give additional explanation deemed necessary by the recipient and for information required by the Federal sponsoring agency in compliance with governing legislation. Use plain sheets of paper if additional space is required.
11f	Enter the total Federal cash disbursements, made during the reporting period, including cash received as program income. Disbursements as used here also include the amount of advances and payments less refunds to subgrantees or contractors, the gross amount of direct salaries and wages, including the employee's share of		

FEDERAL CASH TRANSACTIONS REPORT CONTINUATION <i>(This form is completed and attached to Standard Form 272 only when reporting more than one grant or assistance agreement.)</i>		OMB APPROVAL No. 0348-0003	
2. RECIPIENT ORGANIZATION <i>(Give name only as shown in item 2, SF-272)</i>  PeopleSoft University		1. FEDERAL SPONSORING AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH THIS REPORT IS SUBMITTED National Institute of Health Science	
		3. PERIOD COVERED BY THIS REPORT <i>(As shown on SF-272)</i> FROM <i>(month, day, year)</i> TO <i>(month, day, year)</i> 11/24/02 12/03/02	
4. List information below for each grant or other agreement covered by this report. Use additional forms if more space is required.			
FEDERAL GRANT OR OTHER IDENTIFICATION NUMBER <i>(Show a subdivision by other identifying numbers if required by the Federal Sponsoring Agency)</i> (a)	RECIPIENT ACCOUNT NUMBER OR OTHER IDENTIFYING NUMBER (b)	FEDERAL SHARE OF NET DISBURSEMENTS	
		NET DISBURSEMENTS <i>(Gross disbursements less program income received)</i> FOR REPORTING PERIOD (c)	CUMULATIVE NET DISBURSEMENTS (d)
1111		\$ 0.00	\$ 150.00
123		0.00	150.00
2222		0.00	430.00
3333		0.00	110.00
5. TOTALS <i>(Should correspond with amounts shown on SF 272 as follows: column (c) the same as line 11h; column (d) the sum of lines 11h and 11i of the SF-272 and cumulative disbursements shown on last report. Attach explanation of any differences.)</i>		\$ 0.00	\$ 840.00

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