

## FEDERAL FINANCIAL REPORT

(Follow form instructions)

SF425 - 4th quarter  
PU-09-629 Filed: 5/10/2012 Pages: 2 52

1. Federal Agency and Organizational Element to Which Report is Submitted		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment)		Page 1	of 1			
DOE		DE-OE0000151		pages				
3. Recipient Organization (Name and complete address including Zip code) Public Service Commission, North Dakota 600 E Blvd 12th Fl, Bismarck ND 58505-0480								
4a. DUNS Number	4b. EIN	5. Recipient Account Number or Identifying Number (To report multiple grants, use FFR Attachment)	6. Report Type	7. Basis of Accounting				
802-744-946	45-0309764	ARRA R097S	Q	Accrual				
8. Project/Grant Period From: (Month, Day, Year) 10/1/2010		To: (Month, Day, Year) 12/31/2011	9. Reporting Period End Date (Month, Day, Year) 12/31/2011					
10. Transactions				Cumulative				
<i>(Use lines a-c for single or multiple grant reporting)</i>								
<b>Federal Cash (To report multiple grants, also use FFR Attachment):</b>								
a. Cash Receipts				\$0.00				
b. Cash Disbursements				\$0.00				
c. Cash on Hand (line a minus b)				\$0.00				
<i>(Use lines d-o for single grant reporting)</i>								
<b>Federal Expenditures and Unobligated Balance:</b>								
d. Total Federal funds authorized				\$766,350.00				
e. Federal share of expenditures				\$199,961.00				
f. Federal share of unliquidated obligations				\$0.00				
g. Total Federal share (sum of lines e and f)				\$199,961.00				
h. Unobligated balance of Federal funds (line d minus g)				\$566,389.00				
<b>Recipient Share:</b>								
i. Total recipient share required				\$0.00				
j. Recipient share of expenditures				\$0.00				
k. Remaining recipient share to be provided (line i minus j)				\$0.00				
<b>Program Income:</b>								
l. Total Federal program income earned				\$0.00				
m. Program income expended in accordance with the deduction alternative				\$0.00				
n. Program income expended in accordance with the addition alternative				\$0.00				
o. Unexpended program income (line l minus line m or line n)				0				
11. Indirect Expense	a. Type	b. Rate	c. Period From	Period To	d. Base	e. Amount Charged	f. Federal Share	
	Fixed	35.73%	10/11/2010	9/30/2011	85,655.10	30,604.57	30,604.57	
	Fixed	33.85%	10/1/2011	12/31/2011	7,740.72	7,740.72	7,740.72	
			g. Totals:					

12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation:	
13. Certification: By signing this report, I certify that it is true, complete, and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent information may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)	
a. Typed or Printed Name and Title of Authorized Certifying Official	c. Telephone (Area code, number and extension)
Darrell Nitschke, Executive Secretary	701 328 4098
	d. Email address
	dnitschk@nd.gov
b. Signature of Authorized Certifying Official	e. Date Report Submitted (Month, Day, Year)
<i>Darrell Nitschke</i>	1/30/2012
	14. Agency use only:

Standard Form 425  
OMB Approval Number: 0348-0061  
Expiration Date: 10/31/2011

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