

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b>  NATIONAL INSTITUTE OF ALLERGY AND INFECTIOUS DISEASES		<b>2. Federal Grant or Other Identifying Number</b>  Agency Award # <span style="border: 1px solid red; padding: 2px;">                    </span>			
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b>  UNIVERSITY OF CALIFORNIA LOS ANGELES UNIVERSITY OF CALIFORNIA LOS ANGELES Office of Research Administration 11000 Kinross Avenue, Ste 102 LOS ANGELES CA 90095		<b>4. Employer Identification Number</b> 1956006143A1		<b>5. Recipient Account Number</b>  UCLA 5 digit fund # <span style="border: 1px solid red; padding: 2px;">                    </span>	
		<b>6. Final Report</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual	
<b>8. Funding/Grant Period</b>  From 07/15/2006 <span style="border: 1px solid red; padding: 2px;">Project Period</span> To 06/30/2011			<b>9. Period Covered by this Report</b> <span style="border: 1px solid red; padding: 2px;">Budget Period for this FSR</span>  From 07/15/2006 To 06/30/2007		
<b>10. Transactions:</b>		Previously Reported		This Period	
<b>a. Total outlays</b> <span style="border: 1px solid red; padding: 2px;">Total Expenses</span>		0.00		1,051,955.72	
<b>b. Refunds, rebates, etc</b>		0.00		0.00	
<b>c. Program income used in accordance with the deduction alternative</b>		0.00		0.00	
<b>d. Net outlays (Line a, less the sum of the lines b and c)</b>		0.00		1,051,955.72	
Recipient's share of net outlay, consisting of:		<span style="border: 1px solid red; padding: 2px;">Total Expense for ALL years, including true encumbrances*</span>		<span style="border: 1px solid red; padding: 2px;">Sum of prior years' + current figures</span>	
<b>e. Third Party (In-kind) contributions.</b>		0.00		0.00	
<b>f. Other Federal awards authorized to be used to match this award.</b>		0.00		0.00	
<b>g. Program income used in accordance with the matching or cost sharing alternative</b>		0.00		0.00	
<b>h. All other recipient outlays not shown on lines e, f or g</b>		0.00		0.00	
<b>i. Total recipient share of net outlays (Sum of lines e, f, g and h)</b>		0.00		0.00	
<b>j. Federal share of net outlays (line d less line i)</b>		0.00		1,051,955.72	
<b>k. Total unliquidated obligations</b> <span style="border: 1px solid green; padding: 2px;">Liens against Training Grants / trainee encumbrances only</span>		0.00		0.00	
<b>l. Recipient's share of unliquidated obligations</b> <span style="border: 1px solid green; padding: 2px;">Cost sharing pending encumbrances</span>		0.00		0.00	
<b>m. Federal share of unliquidated obligations</b> <span style="border: 1px solid green; padding: 2px;">Encumbrances minus cost share amount (k minus l)</span>		0.00		0.00	
<b>n. Total Federal share (sum of lines j and m)</b>		<span style="border: 1px solid blue; padding: 2px;">Total Expense (TC) ALL years, including encumbrances</span>		1,051,955.72	
<b>o. Total Federal funds authorized for this funding period</b>		<span style="border: 1px solid blue; padding: 2px;">Total Allocation (TC) ALL years, including this period</span>		1,342,306.00	
<b>p. Unobligated balance of Federal funds (lines o minus line n)</b>		<span style="border: 1px solid magenta; padding: 2px;">Total Unspent Funds (TC)</span>		290,350.28	
<b>Program Income, consisting of:</b>		0.00		0.00	
<b>q. Disbursed program income shown on lines c and/or g above</b>		0.00		0.00	
<b>r. Disbursed program income using addition alternative</b>		0.00		0.00	
<b>s. Undisbursed program income</b>		0.00		0.00	
<b>t. Total program income realized (Sum of lines q, r and s)</b>		0.00		0.00	
<b>11. Indirect Expense</b>  <span style="border: 1px solid red; padding: 2px;">for THIS/current period only</span>		<b>a. Type of Rate</b> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed <input type="checkbox"/>		<b>b. Rate</b> <b>c. Base</b> <b>d. Total Amount</b> <b>e. Total Amount Federal Share</b>	
		54.50    679,139.75    370,131.16		<span style="border: 1px solid red; padding: 2px;">Total F&amp;A spent this period</span> → 370,131.16	
<b>Total</b>		54.50    679,139.75    370,131.16			
<b>12. Remarks</b>		Carryover Request		0.00	
<b>13. Authorized Official</b>		Name Rachel Yglesias    Telephone (Area code, number, and extension) 310-794-2848		Date Report Submitted 01/03/2008	
<b>14. Approved by</b>		Name		Date Report Accepted	

\*Includes "true encumbrances" which include ONLY encumbrances that the fund manager has invoices for and/or knows will be PAID on the next closed ledger.

**FINANCIAL STATUS REPORT***(Follow instructions on the back)*

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED NIH/NATIONAL INST OF DIABETES, DIGESTIVE AND KIDNEY DISEASE		2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER <b>Agency Award #</b>		OMB Approved No. 80-R0180
3. RECIPIENT ORGANIZATION (Name and complete address, including ZIP code) THE REGENTS OF THE UNIVERSITY OF CALIFORNIA UNIVERSITY OF CALIFORNIA, LOS ANGELES 11000 Kinross Ave., Suite 102 Los Angeles, CA 90095-1406		4. EMPLOYER IDENTIFICATION NUMBER 95-6006143		5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NO. <b>UCLA 5 digit fund #</b>
8. PROJECT PERIOD (see instructions) FROM (Month, day, year) 08/17/2006		TO (Month, day, year) 07/31/2009		6. FINAL REPORT <input type="checkbox"/> Yes <input type="checkbox"/> No
		7. BASIS <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		9. PERIOD COVERED BY THIS REPORT FROM (Month, day, year) 08/17/2006
				TO (Month, day, year) 07/31/2009
10. STATUS OF FUNDS				
a. Net outlays previously reported		Total Expenses from all prior years only of same award		\$ -
b. Total outlays this report period		Total Expenses from current period only (box 9)		304,490.44
c. Less: Program income credits		if applicable		0.00
d. Net outlays this report period (Line b minus line c)		Total Expenses f/current period less any prog. income*		304,490.44
e. Net outlays to date (Line a plus line d)		Sum of prior years' + current period total expenses*		304,490.44
f. Less: Non-Federal share of outlays		Cost Sharing, if applicable		0.00
g. Total Federal share of outlays (Line e minus line f)		All years' total expenses minus any cost sharing		304,490.44
h. Total unliquidated obligations		Liens against Training Grants / trainee encumbrances <b>only</b>		0.00
i. Less: Non-Federal share of unliquidated obligations shown in line h		Cost sharing pending encumbrances		0.00
j. Federal share of unliquidated obligations (Line h minus line i)		Encumbrances minus cost shared encumb.		0.00
k. Total Federal share of outlays and unliquidated obligations (Line g plus line j)		Total Exp all years, incl. encumb.		304,490.44
l. Total cumulative amount of Federal funds authorized		Total Allocation ALL years, including this period		304,520.00
m. Unobligated balance of Federal funds (Line l minus line k)		Total Unspent Funds		\$ 29.56
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	c. BASE	d. TOTAL AMOUNT	e. FEDERAL SHARE
	\$ .00		\$ .00	\$ .00
12. REMARKS : (Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.)				
This Financial Status Report was submitted electronically and accepted by the agency on ___/___/___.				
The balance on line 10.m was carried forward to the next budget period.				
for THIS/current period only		To calculate Direct Cost (DC) spent for this current period, subtract 11e from 10b		***All figures in section 10 are TOTAL COST (TC) figures***
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 purposes set forth in the award documents.		SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL  TYPED OR PRINTED NAME OR TITLE Evelyn Balabis, Director Extramural Fund Management		DATE REPORT SUBMITTED 09/15/2009  TELEPHONE (Area code, number and extension) (310)794-6215
DISTRIBUTION: Copy 1 - Official Grant File Copy 2 - Grants Section, FAAB Copy 3 - Grantee		STANDARD FORM 289 97-76 Prescribed by Office of Management and Budget Cir. No. A-110		

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