

FEDERAL FINANCIAL REPORT

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted USDA US DEPT OF AG		2. Federal Grant or Other Identifying Number Assigned by Federal Agency (To report multiple grants, use FFR Attachment) 05-DG-1124425-339-Mod A1			Page 1 of 1 pages	
3. Recipient Organization (Name and complete address including Zip code) Suite 450, 200 Oak Street SE, Minneapolis, MN 55414						
4a. DUNS Number 555917996		4b. EIN 000416007513	5. Recipient Account Number or Identifying Number CON000000000046		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis of Accounting <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Project/Grant Period From: (Month, Day, Year) 03/01/2007			To: (Month, Day, Year) 02/28/2012		9. Reporting Period End Date (Month, Day, Year) 02/29/2008	
10. Transactions					Cumulative	
(Use lines a-c for single or multiple grant reporting)						
Federal Cash (To report multiple grants, also use FFR Attachment):						
a. Cash Receipts					8,304.64	
b. Cash Disbursements					8,304.64	
c. Cash on Hand (line a minus b)					0.00	
(Use lines d-q for single grant reporting)						
Federal Expenditures and Unobligated Balance:						
d. Total Federal funds authorized					9,000.00	
e. Federal share of expenditures					8,304.64	
f. Federal share of unliquidated obligations					0.00	
g. Total Federal share (sum of lines e and f)					8,304.64	
h. Unobligated balance of Federal funds (line d minus g)					695.36	
Recipient Share:						
i. Total recipient share required					0.00	
j. Recipient share of expenditures					0.00	
k. Recipient share of unliquidated obligations					0.00	
l. Total recipient share (sum of lines j and k)					0.00	
m. Remaining recipient share to be provided (line i minus l)					0.00	
Program Income:						
n. Total Federal program income earned					0.00	
o. Program income expended in accordance with the deduction alternative					0.00	
p. Program income expended in accordance with the addition alternative					0.00	
q. Unexpended program income (line n minus line o or line p)					0.00	
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: 49.5%	c. Base: \$5,554.94	d. Total Amount:	2,749.70	e. Federal Share:	2,749.70
12. Remarks: 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 expenditures and unliquidated obligations are for the purposes set forth in the award documents.						
a. Typed or Printed Name and Title of Authorized Certifying Official Suzanne Paulson, Director				c. Telephone (Area code, number and extension) 612/624-5007		
				d. Email address spaul@umn.edu		
b. Signature of Authorized Certifying Official				e. Date Report Submitted (Month, Day, Year) 04/16/2008		
14. Agency use only:						

Prescribed by OMB A-102 and A-110
OMB Approval Number: