## FEDERAL FINANCIAL REPORT

(Follow form instructions) 2. Federal Grant or Other Identifying Number Assigned by Federal Agency of Page 1. Federal Agency and Organizational Element (To report multiple grants, use FFR Attachment) to Which Report is Submitted pages US Department of the Interion Office of Surface Mining S12AP200005 3. Recipient Organization (Name and complete address including Zip code) Commonwealth of Pennsylvania, Department of Environmental Protection P.O. Box 2063, Harrisburg, PA 17105-2063 5. Recipient Account Number or Identifying Number 6. Report Type 7. Basis of Accounting 4b. EIN 4a. DUNS Number (To report multiple grants, use FFR Attachment) □ Quarterly □ Semi-Annual n Annual □ Cash X Accrual X Final V12612 135668887 23-2632825 9. Reporting Period End Date 8. Project/Grant Period To: (Month, Day, Year) (Month, Day, Year) From: (Month, Day, Year) 9/30/2012 9/30/2012 10/1/2011 Cumulative 10. Transactions (Use lines a-c for single or multiple grant reporting) Federal Cash (To report multiple grants, also use FFR Attachment): \$10,792,404.45 a. Cash Receipts \$10,792,404.45 b. Cash Disbursements \$0.00 c. Cash on Hand (line a minus b) (Use lines d-o for single grant reporting) Federal Expenditures and Unobligated Balance: \$11,582,292.00 d. Total Federal funds authorized \$10,792,404.45 e. Federal share of expenditures \$0.00 f. Federal share of unliquidated obligations \$10,792,404.45 g. Total Federal share (sum of lines e and f) \$789,887.55 h. Unobligated balance of Federal funds (line d minus g) Recipient Share: \$11,582,292.00 i. Total recipient share required \$10,792,404.45 j. Recipient share of expenditures \$789,887.55 k. Remaining recipient share to be provided (line i minus j) Program Income: \$0.00 I. 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 I minus line m or line n) f. Federal Share e. Amount Charged Period From Period To d, Base b. Rate a. Type 1,431,922.80 6/30/2012 \$ 5,119,495.17 \$ 1,431,922.80 \$ 11, Indirect 27 97% 7/1/2011 Fixed 838,858.08 838,858.08 7/1/2012 9/30/2012 \$ 2,926,929.80 \$ \$ Expense Fixed 28.66% 2,270,780.88 g. Totals: \$ 8,046,424.97 \$ 2,270,780.88 | \$ 12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation: Refund in process for \$164,334.11 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 penalities. (U.S. Code, Title 218, Section 1001) c. Telephone (Area code, number and extension) Typed or Printed Name and Title of Authorized Certifying Official (717) 425-6781 Ronald Kutney, Commonwealth Accountant Manager d. Email address Central Agencies, Recreation & Protection rkutney@pa.gov e. Date Report Submitted (Month, Day, Year) b. Signature of Authorized Certifying Official

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

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is 0348-0061. Public reporting burden for this collection of information is estimated to average 1.5 hours 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 ( 0348-0061), Washington, DC 20503.