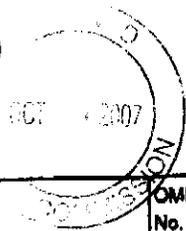


FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)



1. Federal Agency and Organizational Element to Which Report is Submitted Demoli Commission 265-07		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 265-07		OMB Approval No. 0348-0038	Page of 1 / 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) BOAR Recycling Our Acre's Resources					
4. Employer Identification Number 92-619175		5. Recipient Account Number or Identifying Number		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) 12/13/06		9. Period Covered by this Report From: (Month, Day, Year) 7/1/07 To: (Month, Day, Year) 9/30/07	
10. Transactions:			I Previously Reported	II This Period	III Cumulative
a. Total outlays					0.00
b. Recipient share of outlays			6,000.00	2,500.00	8,500.00
c. Federal share of outlays			24,638.00	3,838.00	27,851.75
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share (Sum of lines c and f)					27,851.75
h. Total Federal funds authorized for this funding period					29,000
i. Unobligated balance of Federal funds (Line h minus line g)					1,148.250.00
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input checked="" type="checkbox"/> Final <input type="checkbox"/> Fixed			
		b. Rate 6%	c. Base 29,000	d. Total Amount 29,000	e. Federal Share 29,000
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 outlays and unliquidated obligations are for the purposes set forth in the award documents.					
Typed or Printed Name and Title Elizabeth C. Rietveld				Telephone (Area code, number and extension) (907) 832-5608	
Signature of Authorized Certifying Official <i>[Signature]</i>				Date Report Submitted Oct, 9, 07	

ACCEPTED

ENTIRE