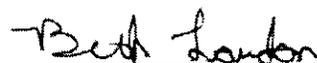


FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 278-07		OMB Approval No. 0348-0038	Page of 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Alaska Center for Rural Health, 3211 Providence Drive, DPL404, Anchorage, AK 99508					
4. Employer Identification Number 92-0126793		5. Recipient Account Number or Identifying Number 95670000		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual					
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 2/1/2007		To: (Month, Day, Year) 9/30/2007		9. Period Covered by this Report From: (Month, Day, Year) 2/1/2007	
				To: (Month, Day, Year) 3/30/2007	
10. Transactions:					
		I Previously Reported	II This Period	III Cumulative	
a. Total outlays			18,636.25	18,636.25	
b. Recipient share of outlays			0.00	0.00	
c. Federal share of outlays			18,636.25	18,636.25	
d. Total unliquidated obligations				44,030.75	
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations				44,030.75	
g. Total Federal share (Sum of lines c and f)				62,667.00	
h. Total Federal funds authorized for this funding period				62,667.00	
i. Unobligated balance of Federal funds (Line h minus line g)				0.00	
11. Indirect Expense					
a. Type of Rate (Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
b. Rate 0.0		c. Base		d. Total Amount	
				e. Federal Share	
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 Beth Landon, Director				Telephone (Area code, number and extension) 907-786-6589	
Signature of Authorized Certifying Official 				Date Report Submitted May 9, 2007	

ACCEPTED

ENTERED