FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

RECEIVED JUL 18 2006 DENALI COMMISSION

1. Federal Agency and Organizational Element to Which Report is Submitted	2. Federal Grant or Other Identifying Number Assigned By Federal Agency	OMB Approval No.	Page of	
Denali Commission	0054-DC-2002-I7	0348-0038	1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)

Sunshine Community Health Center
PO Box 787, Talkeetna, AK 99676

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
92-0117838		☐ Yes ☑ No	☐ Cash ☑ Accrual

8. Funding/Grant Period *(See instructions)* From: (Month, Day, Year)	To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
4/1/2002	3/31/2007	4/1/2006	6/30/2006

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	977,839.00	3,592.00	981,431.00
b. Recipient share of outlays			0.00
c. Federal share of outlays	977,839.00	3,592.00	981,431.00
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)*			981,431.00
h. Total Federal funds authorized for this funding period			1,049,000.00
i. Unobligated balance of Federal funds *(Line h minus line g)*			67,569.00

11. Indirect Expense	a. Type of Rate *(Place "X" in appropriate box)* ☐ Provisional ☐ Predetermined ☐ Final ☐ Fixed			
	b. Rate	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	Telephone (Area code, number and extension)
Karen Holt, CFO	907-733-9216
Signature of Authorized Certifying Official	**Date Report Submitted**
Karen Holt	July 16, 2006

ACCEPTED