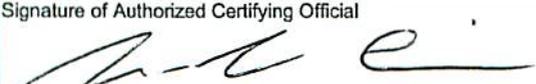


FINANCIAL STATUS REPORT
(Short Form)

(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 195-05		OMB Approval No. 0348-0038	Page of 1 1 pages	
3. Recipient Organization (Name and complete address, including ZIP code) First Alaskans Institute, 606 E Street, Suite 99501						
4. Employer Identification Number 92-0174854		5. Recipient Account Number or Identifying Number		6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual						
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 9/1/2005		To: (Month, Day, Year) 10/31/2007		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2007		
To: (Month, Day, Year) 10/31/2007						
10. Transactions:				I Previously Reported	II This Period	III Cumulative
a. Total outlays				296,292.10	32,727.58	329,019.68
b. Recipient share of outlays				69,147.52	9,872.16	79,019.68
c. Federal share of outlays				227,144.58	22,855.42	250,000.00
d. Total unliquidated obligations						0.00
e. Recipient share of unliquidated obligations						0.00
f. Federal share of unliquidated obligations						0.00
g. Total Federal share(Sum of lines c and f)						250,000.00
h. Total Federal funds authorized for this funding period						250,000.00
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 checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
	b. Rate .3858	c. Base 238,095	d. Total Amount 68,523.74	e. Federal Share 11,905.00		
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Cumulative Administrative Costs through October 31, 2007 = \$11,596.19						
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 Tracy L. Craig, Finance Director			Telephone (Area code, number and extension) (907) 677-1700			
Signature of Authorized Certifying Official 			Date Report Submitted November 15, 2007			

ACCEPTED