

**FINANCIAL STATUS REPORT
(Short Form)**
(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission Alaska	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0021-DC-2001-13	OMB Approval No. 0348-0039	Page 1	of pages
3. Recipient Organization (Name and complete address, including ZIP code) ALEUTIAN/PRIBILOF ISLANDS ASSOCIATION, INC. 201 East 3 rd Avenue ANCHORAGE, AK 99501-2544				
4. Employer Identification Number 92-0073013	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 Instr) From: (Month, Day, Year) 09/01/2000	To: (Month, Day, Year) 12/31/2005	9. Period Covered by this Report From: (Month, Day, Year) 10/01/03	To: (Month, Day, Year) 12/31/03	
10. Transactions:	I	II	III	
	Previously Reported	This Period	Cumulative	
a. Total Outlays	1,191,334.92	0.00	1,191,334.92	
b. Recipient share of outlays			0.00	
c. Federal share of outlays	1,191,334.92	0.00	1,191,334.92	
d. Total unliquidated obligations			0.00	
e. Recipient share of unliquidated obligations				
f. Federal share of unliquidated obligations			0.00	
g. Total Federal share (Sum lines c and f)			1,191,334.92	
h. Total Federal funds authorized for this funding period			1,200,225.00	
i. Unobligated balance of Federal funds (Line h minus line g)			8,890.08	
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 4.3%	c. Base 1,142,219.48	d. Total Amount 49,115.44	e. Federal Share 49,115.44
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 Jim Nutty, Chief Financial Officer			Telephone (Area code, number and extension) (907) 276-2700 Ext 249	
Signature of Authorized Certifying Official 			Date Report Submitted 2/19/04	