

FINANCIAL STATUS REPORT

(Long Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted DGNALU COMMISSION		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0035-DC-2001-I17		OMB Approval No. 0348-0039	Page of 1 of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) SUNSHINE COMMUNITY HEALTH CENTER P.O. BOX 787, TALKEETNA, ALASKA 99676					
4. Employer Identification Number 92-0117838		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) 4/1/01		To: (Month, Day, Year) 3/31/04		9. Period Covered by this Report From: (Month, Day, Year) 4/1/01 To: (Month, Day, Year) 2/28/03	
10. Transactions:			I Previously Reported	II This Period	III Cumulative
a. Total outlays					50,000.
b. Refunds, rebates, etc.					
c. Program income used in accordance with the deduction alternative					
d. Net outlays (Line a, less the sum of lines b and c)					50,000.
Recipient's share of net outlays, consisting of:					
e. Third party (in-kind) contributions					0
f. Other Federal awards authorized to be used to match this award					
g. Program income used in accordance with the matching or cost sharing alternative					
h. All other recipient outlays not shown on lines e, f or g					
i. Total recipient share of net outlays (Sum of lines e, f, g and h)					0
j. Federal share of net outlays (line d less line i)					50,000.
k. Total unliquidated obligations					
l. Recipient's share of unliquidated obligations					
m. Federal share of unliquidated obligations					
n. Total federal share (sum of lines j and m)					50,000.
o. Total federal funds authorized for this funding period					50,000.
p. Unobligated balance of federal funds (Line o minus line n)					0
Program income, consisting of:					
q. Disbursed program income shown on lines c and/or g above					0
r. Disbursed program income using the addition alternative					
s. Undisbursed program income					
t. Total program income realized (Sum of lines q, r and s)					0
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	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 KAREN HOLT, CHIEF FINANCIAL OFFICER				Telephone (Area code, number and extension) (907) 733-9216	
Signature of Authorized Certifying Official Karen Holt				Date Report Submitted 2/28/03	

Funder	Design			Construction			Administrative (network, permits)			IT/EI			Total						
	Budget	Spent to Date	Balance	Budget	Spent to Date	Balance	Budget	Spent to Date	Balance	Budget	Spent to Date	Balance	Budget	Spent to Date	Balance				
DC # 2	125,000	13,235.21	111,764.79	177,000	43,302.44	133,697.56	361,350	59,277.70	302,072.30	10,000.00	2,818.05	7,181.95	375,650.00	5,114.00	170,536.00	649,000.00	287,474.00	72,526.00	
CRDG							20,000		20,000.00				410,000.00			410,000.00	20,000.00	410,000.00	
							287,500	78,200.00	209,300.00	35,000.00	5,287.97	29,712.03	15,000.00		15,000.00	73,000.00	73,000.00	69,712.03	
							25,000		25,000.00										
							13,000		13,000.00										
SCHC Capital																			
VHC							67,600		67,600.00										
USDA							2,611,400		2,611,400.00										
USDA Supplement							50,000		50,000.00										
										20,000.00		20,000.00							20,000.00
Murdock Charitable Trust *										65,000.00	8,106.02	56,893.98	63,650.00	5,114.00	218,536.00	4,905,900.00	307,235.37		4,128,664.63
TOTAL	375,000	263,235.21	111,764.79	177,000	43,302.44	133,697.56	3,433,250	137,477.70	3,295,772.30	65,000.00	8,106.02	56,893.98	63,650.00	5,114.00	218,536.00	4,905,900.00	307,235.37		4,128,664.63

*Murdock Charitable Trust requested 100,000 not committed