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

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	0052-DC-2002-I5		1	1 pages

3. Recipient Organization (Name and complete address, including ZIP code)
South East Alaska Regional Health Consortium 3245 Hospital Drive Juneau, AK 99801

4. Employer Identification Number	5. Recipient Account Number or Identifying Number	6. Final Report	7. Basis
92 - 0056274		[ ]	[X] Cash [ ] Accrual

8. Funding/Grant Period (See instructions) From: (Month, Day, Year)	To: (Month, Day, Year)	Period Covered by this Report From: (Month, Day, Year)	To: (Month, Day, Year)
4/1/2002	3/31/2007	4/1/2004	6/30/2004

10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total Outlays	1,329,340.73	0.00	1,329,340.73
b. Recipient Share of outlays	437,620.00	0.00	437,620.00
c. Federal Share of outlays	891,720.73	0.00	891,720.73
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)			891,720.73
h. Total Federal funds authorized for this funding period			1,545,480.00
i. Unobligated balance of Federal funds (lines h minus g)			653,759.27

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
	6.50%	837,296.46	54,424.27	54,424.27

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)
JoAnn Schoeppe Accountant V	(907) 463 - 4062
Signature of Authorized Certifying Official JoAnn Schoeppe	Date Report Submitted July 26,2004

NSN 7540-01-218-4387 269-202 Standard Form 269A (Rev. 7-97)
Prescribed by OMB Circulars A-102 and A-110