

## FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted HUD, Office of Multifamily Housing		2. Federal Grant or Other Identifying Number Assigned By Federal Agency HI08HS02002		OMB Approval No. 0348-0039	Page 1	Of 1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Surfin' Safari House, inc., 150 Pineapple Way, Honolulu, HI						
4. Employer Identification Number 086-2456		5. Recipient Account Number or Identifying Number N/A		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
8. Funding/Grant Period (See Instructions) From: (Month, Day, Year) 1/1/03		To: (Month, Day, Year) 12/31/06		9. Period Covered by this Report From: (Month, Day, Year) 4/1/04		To: (Month, Day, Year) 9/30/04
10. Transactions				I Previously Reported	II This Period	III Cumulative
a. Total outlays				60000	30000	90000
b. Recipient share of outlays				0	0	0
c. Federal share of outlays				60000	30000	90000
d. Total unliquidated obligations				0	3500	3500
e. Recipient share of unliquidated obligations				0	0	0
f. Federal share of unliquidated obligations				0	3500	3500
g. Total Federal share (Sum of lines c and f)				60000	33500	93500
h. Total Federal funds authorized for this funding period				60000	31500	91500
i. Unobligated balance of Federal funds (Line h minus line g)				0	-2000	-2000
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 <b>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.</b>						
Typed or Printed Name and Title  John Smith, President				Telephone (Area code, number and extension)		
Signature of Authorized Certifying Official				Date Report Submitted		