APR 0 2007
LI COMMISSION

FINANCIAL STATUS REPORT
(SHORT FORM)

1. FEDERAL AGENCY AND ORGANIZATIONAL ELEMENT TO WHICH REPORT IS SUBMITTED US Department of Labor - ETA	2. FEDERAL GRANT OR OTHER IDENTIFYING NUMBER ASSIGNED BY FEDERAL AGENCY 0137-DC2004-T1	OMB APPROVAL NO. 0348-0039	PAGE OF 1 of 1

3. RECIPIENT ORGANIZATION (NAME AND COMPLETE ADDRESS, INCLUDING ZIP CODE)
STATE OF ALASKA, DEPARTMENT OF LABOR
P.O. BOX 21149
JUNEAU, ALASKA 99802-1149

4. EMPLOYER IDENTIFICATION NUMBER 92-6001185	5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER PR 52209 PMS# 0137-DC2004-T1	6. FINAL REPORT __ YES _X_ NO	7. BASIS __ CASH _X_ ACCRUAL
8. FUNDING/GRANT PERIOD FROM: (MONTH, DAY, YEAR) July 1, 2004	TO: (MONTH, DAY, YEAR) June 30, 2008	9. PERIOD COVERED BY THIS REPORT FROM: (MONTH, DAY, YEAR) January 1, 2007	TO: (MONTH, DAY, YEAR) March 31, 2007

10. TRANSACTIONS:

	I PREV. REPORTED	II THIS PERIOD	III CUMULATIVE
A. TOTAL OUTLAYS	4,172,911.87	142,141.10	4,315,052.97
B. RECIPIENT SHARE OF OUTLAYS	0.00	0.00	0.00
C. FEDERAL SHARE OF OUTLAYS	4,172,911.87	142,141.10	4,315,052.97
D. TOTAL UNLIQUIDATED OBLIGATIONS			406,922.03
E. RECIPIENT SHARE OF UNLIQUIDATED OBLIGATIONS			0.00
F. FEDERAL SHARE OF UNLIQUIDATED OBLIGATIONS			406,922.03
G. TOTAL FEDERAL SHARE (SUM OF LINES C AND F)			4,721,975.00
H. TOTAL FEDERAL FUNDS AUTHORIZED FOR THIS FUNDING PERIOD			4,721,975.00
I. UNOBLIGATED BALANCE OF FEDERAL FUNDS (LINE H MINUS LINE G)			0.00

11. INDIRECT EXPENSE

A. TYPE OF RATE __ PROVISIONAL __ PREDETERMINED __ FINAL _X_ FIXED

B. RATE	C. BASE	D. TOTAL AMOUNT	E. FEDERAL SHARE
4.5%	263,324.57	11849.61	11849.61

12. REMARKS: ATTACH ANY EXPLANATIONS DEEMED NECESSARY OR INFORMATION REQUIRED BY FEDERAL SPONSORING AGENCY IN COMPLIANCE WITH GOVERNING LEGISLATION.

Rate	Base	Total Amount	Federal Share
5.5%	200,850.26	11,046.76	11046.76
4.5%	17,841.14	802.85	802.85
Total	218,691.40	11,849.61	11,849.61

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 PURPOSE SET FORTH IN THE AWARD DOCUMENTS

TYPED OR PRINTED NAME AND TITLE Michael Weaver, Accountant III	TELEPHONE (AREA CODE, NUMBER AND EXTENSION) (907)465-8577
SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL Michael Weaver	DATE REPORT SUBMITTED 04/26/07

NSN 7540-01-218-4387 269-201 STANDARD FORM 269A (REV. 8-85) PRESCRIBED BY OMB CIRCULARS A-102 AND A-110

ACCEPTED