FINANCIAL STATUS REPORT

(SHORT FORM)

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. 0348-0039	PAGE OF
US Department of Labor - ETA	184-05		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	5. RECIPIENT ACCOUNT NUMBER OR IDENTIFYING NUMBER	6. FINAL REPORT	7. BASIS
92-6001185	PR 50091 PMS# 184-05	__ YES _X_ NO	__ CASH _X_ ACCRUAL

8. FUNDING/GRANT PERIOD FROM: (MONTH, DAY, YEAR)	TO: (MONTH, DAY, YEAR)	9. PERIOD COVERED BY THIS RECORD FROM: (MONTH, DAY, YEAR)	TO: (MONTH, DAY, YEAR)
July 1, 2005	June 30, 2008	April 1, 2007	June 30, 2007

10. TRANSACTIONS:	I PREV. REPORTED	II THIS PERIOD	III CUMULATIVE
A. TOTAL OUTLAYS	5,594,814.74	594,354.20	6,189,168.94
B. RECIPIENT SHARE OF OUTLAYS	0.00	0.00	0.00
C. FEDERAL SHARE OF OUTLAYS	5,594,814.74	594,354.20	6,189,168.94
D. TOTAL UNLIQUIDATED OBLIGATIONS			383,714.33
E. RECIPIENT SHARE OF UNLIQUIDATED OBLIGATIONS			0.00
F. FEDERAL SHARE OF UNLIQUIDATED OBLIGATIONS			383,714.33
G. TOTAL FEDERAL SHARE (SUM OF LINES C AND F)			6,572,883.27
H. TOTAL FEDERAL FUNDS AUTHORIZED FOR THIS FUNDING PERIOD			6,596,800.00
I. UNOBLIGATED BALANCE OF FEDERAL FUNDS (LINE H MINUS LINE G)			23,916.73

11. INDIRECT EXPENSE	A. TYPE OF RATE		__ PROVISIONAL __ PREDETERMINED __ FINAL _X_ FIXED	
	B. RATE	C. BASE	D. TOTAL AMOUNT	E. FEDERAL SHARE
	4.5%	221,245.24	9956.04	9956.04

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
SY06	4.5%	198,535.93	8934.12	8934.12
SY07	4.5%	22,709.31	1,021.92	1,021.92
Total		221,245.24	9,956.04	9,956.04

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	TELEPHONE (AREA CODE, NUMBER AND EXTENSION)
Michael Weaver, Accountant III	(907)465-8577
SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	DATE REPORT SUBMITTED
JoAnn Pelayo for	07/27/07

NSN 7540-01-218-4387 269-201 STANDARD FORM 269A (REV 4-88) PRESCRIBED BY OMB CIRCULARS A-102 AND A-110

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ACCEPTED