

# FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0130-DC-2004-117	OMB Approval No. 0348-0038	Page of 1   1 pages
3. Recipient Organization (Name and complete address, including ZIP code) Four Dam Pool Power Agency 703 W Tudor Road Suite 102 Anchorage, Alaska 99503-6650			
4. Employer Identification Number 92-0174669	5. Recipient Account Number or Identifying Number DUNS # 06-711-3931 CFDA 90.100	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) 5/1/2004	To: (Month, Day, Year) 12/31/2006	9. Period Covered by this Report From: (Month, Day, Year) 4/1/2006	To: (Month, Day, Year) 6/30/2006
10. Transactions:	I Previously Reported	II This Period	III Cumulative
a. Total outlays	58,099,151.48	928,265.91	59,027,417.39
b. Recipient share of outlays	55,598,775.63	-133,278.77	55,465,496.86
c. Federal share of outlays	2,500,375.85	1,061,544.68	3,561,920.53
d. Total unliquidated obligations			201,714.29
e. Recipient share of unliquidated obligations			76,714.29
f. Federal share of unliquidated obligations			125,000.00
g. Total Federal share(Sum of lines c and f)			3,686,920.53
h. Total Federal funds authorized for this funding period			4,974,400.00
i. Unobligated balance of Federal funds(Line h minus line g)			1,287,479.47
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	e. Federal Share
		d. Total Amount	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. Recipient share correction for duplicate invoice (\$152,982.77) allocation. Actual Recipient outlays for quarter \$19,704.			
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 Dave Carlson CEO		Telephone (Area code, number and extension) 907-258-7752	
Signature of Authorized Certifying Official 		Date Report Submitted July 11, 2006	