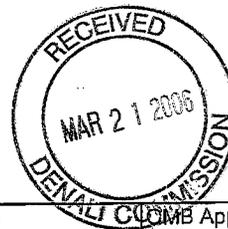


FINANCIAL STATUS REPORT
(Short Form)
(Follow instructions on the back)



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 1 1	
Denali Commission		0146-DC-2002-129				Pages	
3. Recipient Organization (Name and complete address, including ZIP code)							
ANTHC/DEHE, 1901 Bragaw St, Anchorage, AK 99508							
4. Employer Identification Number		5. Recipient Account Number of Identifying Number			6. Final Report		7. Basis
92-0162721					Yes X No		X Cash Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year)		To: (Month, Day, Year)	9. Period Covered by this Report From: (Month, Day, Year)		To: (Month, Day, Year)		
9/1/2004		9/30/2006	10/1/2005		12/31/2005		
10. Transactions:		I	II	III			
		Previously Reported	This Period	Cumulative			
a. Total outlays							
		\$9,293,493.11	\$192,028.68	\$9,485,521.79			
b. Recipient share of outlays				\$0			
c. Federal share of outlays		@ 9/30/05 8,478,233.03	* \$9,293,493.11	\$192,028.68	\$9,485,521.79		
d. Total unliquidated obligations				\$0			
e. Recipient's share of unliquidated obligations				\$0			
f. Federal share of unliquidated obligations				\$0			
g. Total federal share (sum of lines c and f)				\$9,485,521.79			
h. Total federal funds authorized for this funding period				\$17,006,471.00			
i. Unobligated balance of federal funds (Line h minus line g)				\$7,520,949.21			
11. Indirect Expense		a. Type of Rate (Place an "X" in appropriate box) Provisional Predetermined Final X 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.							
* These are corrected expenditures for 9/30/05							
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)			
Diane Chris, Construction Controller				907-729-3580			
Signature of Authorized Certifying Official				Date Report Submitted			
				3/20/2006			

ACCEPTED