



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

1. Federal Agency and Organizational Element to Which Report is Submitted <b>Denali Commission</b>		2. Federal Grant or Other Identifying Number Assigned By Federal Agency <b>0071-DC-2002-I24</b>		OMB Approval No.	Page of <b>1 1</b> Pages				
3. Recipient Organization (Name and complete address, including ZIP code) <b>ANTHC/DEHE, 1901 Bragaw St, Anchorage, AK 99508</b>									
4. Employer Identification Number <b>92-0162721</b>		5. Recipient Account Number of Identifying Number		6. Final Report   Yes   X   No	7. Basis   X   Cash     Accrual				
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) <b>4/15/2002</b>		To: (Month, Day, Year) <b>4/14/2006</b>		9. Period Covered by this Report From: (Month, Day, Year) <b>10/1/2005</b>					
				To: (Month, Day, Year) <b>12/31/2005</b>					
10. Transactions:									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 33%;"></td> <td style="width: 33%; text-align: center;">I Previously Reported</td> <td style="width: 33%; text-align: center;">II This Period</td> <td style="width: 33%; text-align: center;">III Cumulative</td> </tr> </table>							I Previously Reported	II This Period	III Cumulative
	I Previously Reported	II This Period	III Cumulative						
a. Total outlays				<b>\$12,493,926.85</b>	<b>\$449,320.12</b>				
b. Recipient share of outlays					<b>\$0</b>				
c. Federal share of outlays <b>11,852,208.38 @ 9/30/05</b>				<b>* \$12,493,926.85</b>	<b>\$449,320.12</b>				
d. Total unliquidated obligations					<b>\$0</b>				
e. Recipient's share of unliquidated obligations					<b>\$0</b>				
f. Federal share of unliquidated obligations					<b>\$0</b>				
g. Total federal share (sum of lines c and f)					<b>\$12,943,246.97</b>				
h. Total federal funds authorized for this funding period					<b>\$15,266,509.09</b>				
i. Unobligated balance of federal funds (Line h minus line g)					<b>\$2,323,262.12</b>				
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 <b>Diane Chris, Construction Controller</b>				Telephone (Area code, number and extension) <b>907-729-3580</b>					
Signature of Authorized Certifying Official <i>Diane Chris</i>				Date Report Submitted <b>3/20/2006</b>					

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Standard Form 269A (Rev 4-88)

**ACCEPTED**