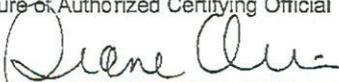




FINANCIAL STATUS REPORT

(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 0068-DC-2002-121		OMB Approval No.	Page 1 of 1 Pages
3. Recipient Organization (Name and complete address, including ZIP code) ANTHC/DEHE, 1901 Bragaw St, Anchorage, AK 99508					
4. Employer Identification Number 92-0162721		5. Recipient Account Number of Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 4/1/2002		To: (Month, Day, Year) 12/31/2006		9. Period Covered by this Report From: (Month, Day, Year) 7/1/2006 To: (Month, Day, Year) 9/30/2006	
10. Transactions:		I	II	III	
		Previously Reported	This Period	Cumulative	
a. Total outlays		\$2,633,646.79	\$638,949.96	\$3,272,596.75	
b. Recipient share of outlays				\$0	
c. Federal share of outlays		\$2,633,646.79	\$638,949.96	\$3,272,596.75	
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)				\$3,272,596.75	
h. Total federal funds authorized for this funding period				\$3,600,000.00	
i. Unobligated balance of federal funds (Line h minus line g)				\$327,403.25	
11. Indirect Expense	a. Type of Rate (Place an "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> 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. <p style="text-align: center;">The reported outlays are preliminary as of 10/30/06 and will change due to fiscal year end reconciliation.</p>					
13. Certificator 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 Diane Chris, Construction Controller			Telephone (Area code, number and extension) 907-729-3580		
Signature of Authorized Certifying Official 			Date Report Submitted 10/30/2006		

ACCEPTED