

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 #171-05		OMB Approval No. 0348-0038	Page of pages
3. Recipient Organization (Name and complete address, including ZIP code) Rural Alaska Fuel Services, Inc 6000 "C" Street, Suite 201 Anchorage, AK 99518					
4. Employer Identification Number 27-0074778		5. Recipient Account Number or Identifying Number		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) 3/1/2005		To: (Month, Day, Year) 6/30/2008		9. Period Covered by this Report From: (Month, Day, Year) 1/1/2006	
To: (Month, Day, Year) 3/31/2006					
10. Transactions:				I Previously Reported	II This Period
				III Cumulative	
a. Total outlays				407,815.34	115,342.72
b. Recipient share of outlays				257,815.34	115,342.72
c. Federal share of outlays				150,000.00	0.00
d. Total unliquidated obligations					
e. Recipient share of unliquidated obligations					
f. Federal share of unliquidated obligations					
g. Total Federal share(Sum of lines c and f)					150,000.00
h. Total Federal funds authorized for this funding period					150,000.00
i. Unobligated balance of Federal funds(Line h minus line g)					0.00
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		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.					
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 Delbert Conrad, CEO				Telephone (Area code, number and extension) 907-562-0285	
Signature of Authorized Certifying Official 				Date Report Submitted April 24, 2006	

ACCEPTED