

## FINANCIAL STATUS REPORT

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>169-05</b>	OMB Approval No.  <b>0348-0038</b>	Page  1	of  1
3. Recipient Organization (Name and complete address, including ZIP code) <b>Alaska Power &amp; Telephone Company</b> <b>193 Otto Street</b> <b>P.O. Box 3222</b> <b>Port Townsend, WA 98368-0922</b>				
4. Employer Identification Number  <b>92-0153693</b>	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)   To: (Month, Day, Year) <b>February 1, 2005</b> <b>December 31, 2006</b>		9. Period Covered by this Report From: (Month, Day, Year)   To: (Month, Day, Year) <b>January 1, 2006</b> <b>March 31, 2006</b>		
10. Transactions Report the transactions for the budget period - not the whole project				III Cumulative
		I Previously Reported	II This Period	
a. Total outlays		\$212,196	\$186,715	\$398,911
b. Recipient share of outlays				0
c. Federal share of outlays		\$212,196	\$186,715	398,911
d. Total unliquidated obligations				0
e. Recipient share of unliquidated obligations				0
f. Federal share of unliquidated obligations				0
g. Total federal share (Sum of lines c and f)				398,911
h. Total Federal funds authorized for this funding period				597,000
i. Unobligated balance of Federal funds (Line h minus line g)				\$198,090
11. Indirect Expense		a. Type of Rate (Place "X" in appropriate box) <input checked="" type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed		
		b. Rate 13.500%	c. Base \$351,464	d. Total Amount \$47,448
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.				
13. Certification: <b>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.</b>				
Typed or Printed Name and Title  Karl B. Wood, Senior Regulatory Accountant			Telephone (Area code, number and extension) (360) 385-1733, ext. 128 karl.w@aptalaska.com	
Signature of Authorized Certifying Official  			Date Report Submitted  March 31, 2006	