



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

<b>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> 905-05	<b>OMB Approval No.</b> 0348-0038	<b>Page of</b> 1   1 pages
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b> THE FORAKER GROUP 880 H STREET, STE 100, ANCHORAGE, AK 99501			
<b>4. Employer Identification Number</b> 92-017787	<b>5. Recipient Account Number or Identifying Number</b>	<b>6. Final Report</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
<b>8. Funding/Grant Period (See instructions)</b> From: (Month, Day, Year) 4/1/2005	To: (Month, Day, Year) 9/30/2006	<b>9. Period Covered by this Report</b> From: (Month, Day, Year) 10/1/2005	To: (Month, Day, Year) 12/31/2005
<b>10. Transactions:</b>	I Previously Reported	II This Period	III Cumulative
a. Total outlays	125,000.00	140,933.00	265,933.00
b. Recipient share of outlays	0.00	121,650.00	121,650.00
c. Federal share of outlays	125,000.00	19,283.00	144,283.00
d. Total unliquidated obligations			0.00
e. Recipient share of unliquidated obligations			0.00
f. Federal share of unliquidated obligations			0.00
g. Total Federal share (Sum of lines c and f)			144,283.00
h. Total Federal funds authorized for this funding period			300,000.00
i. Unobligated balance of Federal funds (Line h minus line g)			155,717.00
<b>11. Indirect Expense</b>	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
<b>12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation.</b>			
<b>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.</b>			
Typed or Printed Name and Title GEORGE HIERONYMUS, CHIEF OPERATING OFFICER		Telephone (Area code, number and extension) (907) 743-1210	
Signature of Authorized Certifying Official 		Date Report Submitted March 3, 2006	

ACCEPTED

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