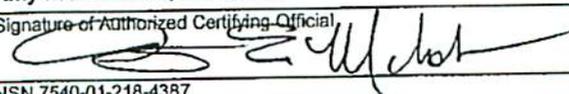


# FINANCIAL STATUS REPORT

(Short Form)

1. Federal Agency and Organization Element to which Report is Submitted <b>Denali Commission</b>	2. Federal Grant or Other Identifying Number Assigned By Federal Agency 331-07 BULK FUEL CONSOLIDATION & POWER GENERATION UPGRADES - FY07	OMB Approval No. 0348-0038	Page 1 of 1
3. Recipient Organization (Name and complete address, including ZIP code) STATE OF ALASKA, DEPARTMENT OF COMMUNITY & ECONOMIC DEVELOPMENT Alaska Energy Authority 813 West Northern Lights Blvd. Anchorage, Alaska 99503			
4. Employer Identification Number 92-6001185	5. Recipient Account Number or Identifying Number 31053	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) 6/1/2007 To: (Month, Day, Year) 8/31/2009		9. Period Covered by this Report From: (Month, Day, Year) 10/1/2008 To: (Month, Day, Year) 12/31/2008	
10. Transactions:		I Previously Reported	II This Period
		III Cumulative	
a. Total outlays		5,840,280.27	3,051,884.36
b. Recipient share of outlays (Grant does not have a match requirement)		43,829.25	0.00
c. Federal share of outlays		5,796,451.02	3,051,884.36
d. Total unliquidated obligations			12,307,198.37
e. Recipient share of unliquidated obligations			0.00
f. Federal share of unliquidated obligations			12,307,198.37
g. Total federal share (Sum of lines c and f)			21,155,533.75
h. Total Federal funds authorized for this funding period			21,485,255.00
i. Unobligated balance of Federal funds (Line h minus line g)			329,721.25
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 <b>Amy E. McCollum, Controller</b>		Telephone (Area code, Number and extension) <b>(907) 771-3013</b>	
Signature of Authorized Certifying Official 		Date Report Submitted January 23, 2009	

ACCEPTED