DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration				
BUREAU OF HEALTH WORKFORCE	Institution:		Program: NSL - Diploma Nursing	
Loans Annual Operating Report	Submission Tracking #:	Grant Number:	Reporting Period: 7/1/2014 - 6/30/2015	

Loans Annual Operating Report	Submission Tracking #: Grant		Grant Number:	Repor	ting Period: 7/1/2014 - 6/30/2015
Page 1A: Student Borrower Data Section					
Student/Graduate Data			Cur (includes curre	mulative ent year)	Current Year
Number of Loans for the Nursing - Diploma discipline				0	0
2. Total Dollar Amount of Loans Awarded for the Nursing - D	Diploma discipline			0	0
3. Total Full-time enrollment for the Nursing - Diploma discipnon-NSL and NSL recipients)	line for the academic year (both				0
4. Total number of Defaulted Loans for the Nursing - Diplom	a discipline			0	0
5. Total Original Defaulted Principal Loaned for Nursing - Dip	oloma discipline			0	0
6a. Total Number of Students who dropped out this year for	the Nursing - Diploma discipline				0
6b. Of the number above, how many of them were NSL stud	ent borrowers				0
7a. Total Number of NSL Borrowers for the Nursing - Diplom	na discipline			0	0
7b. Of the number of NSL borrowers for the Nursing - Dip Active and Non Retired/Defaulted Borrowers	a discip. Above, number of			0	
8. Total Number of NSL students including thos for the Nursing - Diploma discipline (Age and G	during reporting period			0	0
9. Total Graduates (NSL - Nursing - Diploma Only				0	0
10. Number of NSL loan students including those who grathat indicate an intention to serve in a medically underserved	and during this report of period dicorr				0
11. Number of NSL students including those that graduated indicate an intention to practice in primary care	duril this report. od that				0
12. Number of NSL students and graduates during this repo backgrounds	rting period f				0
Current Year Graduate Special Data			N	Number of	Graduates
13. Total number of full time graduates (NSL loan recipients	and Non-NSL) at your sche	ng the current	period 0	)	
13a. Of the total number in question 13, how many are URM	graduates		0	)	
13b. Of the total number in question 13, how many are non-	URM graduates		0	)	
14. Total number of full time NSL graduates during the curre	nt reporting period who indicate inte	ent to in a rural a	are: 0	)	
Prior Year Graduate Special Data for 2013 - 2014 Acader	nic Year		N	lumber of	Graduates
15a. Total Number of NSL - Nursing - Diploma Loan Recipie	nts who graduated in academic year	ar 2013 - 2014	0	)	
15b. Of the Total Graduates reported in question 15a, the No serving in Medically Underserved Communities	umber of Full-Time NSL - Nursing -	Diploma Graduates in	ademir 2013 - 20	)	
15c. Of the Total Graduates reported in question 15a, the No serving in Primary Care	umber of Full-Time NSL - Nursing -	Diploma Graduates in	academ year 2013 4	)	
15d. Of the Total Graduates in question 15a, the Number of entered the field for which they received their degree	Full-Time NSL - Nursing - Diploma	Graduates in academ	ic year 2013 - 2014 who	)	
15e. Of the Total Graduates reported in question 15a, the Ne entered service in a rural area	umber of NSL - Nursing - Diploma (	Graduates in academic	c year 2013 - 2014 who	)	

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Hispanic or Latino Students By Race	Enrollment of Discipline (A)	New Student Recipients (B)	Recipients Other Than New Who Did Not Graduate (C)	Recipients Other Than New Who Graduated (D)	Total Recipients (B+C+D)
A. American Indian or Alaska Native	0	0	0	0	0
B. Asian	0	0	0	0	0
C. Black or African-American	0	0	0	0	0
D. Native Hawaiian or Other Pacific Islander	0	0	0	0	0
E. White	0	0	0	0	0
F. More than one race	0	0	0	0	0
G. Race Not Reported	0	0	0	0	0
Total (A + B + C + D + E + F + G)	0	0	0	0	0
Non-Hispanic or Non-Latino Students By Race	Enrollment of Discurre (A)	N Student Re lients (B)	Recipients Other Than New Who Did Not Graduate (C)	Recipients Other Than New Who Graduated (D)	Total Recipients (B+C+D)
A. American Indian or Alaska Native		0	0	0	0
B. Asian	0		0	0	0
C. Black or African-American	0		0	0	0
D. Native Hawaiian or Other Pacific Islander	0		0	0	0
E. White	0	7/	0	0	0
F. More than one race	0	0	0	0	0
G. Race Not Reported	0	0	0	0	0
Total (A + B + C + D + E + F + G)	0	0	0 🛕	0	0

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Program Accounts Section		
A. Federal Funds Awarded	Cumulative (\$) (includes current year)	Current Year (
Federal Funds Awarded	0	0
B. Cash Balance - Start of Report Period		Current Year (
Cash Balance – Start of Report Period		0
C. Cash Receipts	Cumulative (\$) (includes current year)	Current Year (
Federal Funds Received/Receivable	0	0
2. Institutional Contributions Deposited	0	C
3. Transferred from Scholarship Fund	0	
4. Loan Principal Collected	0	(
5. Interest Income Collected on Loans	0	(
6. Penalty Charges Collected on Loans	0	
7. Investment Income	0	
B. Institutional Repayments of Bad Debts, Principal	0	
9. Institutional Repayments of Bad Debts, Interest	0	
10. Institutional Repayments of Bad Debts, Penalty charges C. Total	0	
C. Total	0	
D. Cash Disbursements	Cumulative (\$) (includes current year)  0  0	Current Year
1. Loaned to Students	0	
2. Transferred to Scholarship Fund	0	
3. Repayments to Federal Government, Principal		
Repayments to Federal Government, Interest	0	
5. Repayments to Federal Government, Other Income	0	
6. Repayments to Institution, Principal		
7. Repayments to Institution, Interest	0	
3. Repayments to Institution, Other Income		
9. Collection Agent Costs, Principal		
10. Collection Agent Costs, Interest	0	
11. Litigation Costs, Principal	0	
12. Litigation Costs, Interest	0	
13. Credit Bureau Fees	0	
14. Other Costs	0	
D. Total	0	
E. Cash Balance - End of Report Period		Current Year

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration			
BUREAU OF HEALTH WORKFORCE	Institution:		Program: NSL - Diploma Nursing
Loans Annual Operating Report	Loans Annual Operating Report Submission Tracking #:		Reporting Period: 7/1/2014 - 6/30/2015

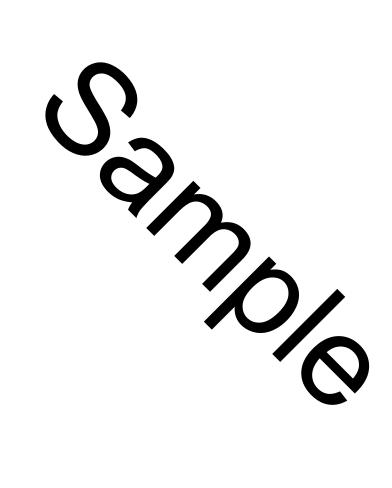
Loans Annual Op	erating Report	Submission	n Tracking #	<b>t</b> :		Grant N	lumber:	Reporting Period: 7/1/2014 - 6/		4 - 6/30/2015	
Page 3: Program Accounts Se	ection										
Program Accounts Section											
F.1. Loan Cancellations to B	orrowers – Profession	nal Practice									
Description		Cumul	lative (Includ	des Current Year)				Curi	rent Year		
		Number of Borrow	/ers	Principal (\$)	Inte	erest (\$)	Number of Borro	wers	Principa	al (\$)	Interest (\$)
a. HP Practice – Shortage (10°	%)	N/A					N/A				
b. HP Practice - Rural Shortag	ge (15%)	N/A					N/A				
F.1. Total											
F.2. Loan Cancellations to B	orrowers – Nursing E	mployment									
Description		Cumul	lative (Includ	des Current Year)				Curi	rent Year		
		Number of Borrow	/ers	Principal (\$)	Inte	erest (\$)	Number of Borro	wers	Principa	al (\$)	Interest (\$)
a. Nursing Employment (10%)		0		0		0	N/A				
b. Nursing Employment (15%)		0		0		0	N/A				
c. Nursing Employment (20%)		0	<b>'</b>	0		0	N/A				
d. Nursing Employment (15%) 03/23/2010	on or after			0		0	0			0	0
e. Nursing Employment (20%) 03/23/2010	on or after			0		0	0			0	0
f. Nursing Employment (Other) 03/23/2010	on or after		Y	0		0	0			0	0
F.2. Total		0		0		0	0			0	0
F.3. Loan Cancellations to B	orrowers - Death										
Description		Cumul	lative (Includ	de rrent Year)				Curi	rent Year		
		Number of Borrow	/ers	Principal	lp	st (\$)	Number of Borro	wers	Principa	al (\$)	Interest (\$)
a. On Loans made on or after	10/22/85	0		0			0			0	0
b. On Loans except those mad	de after F.3.a	0		0	7	g	0			0	0
F.3. Total		0					0		0		0
F.4. Loan Cancellations to B	orrowers – Permanen	t & Total Disability	Approved by	y HHS							
Description		Cumul	ative (Includ	des Current Year)				Curi	rent Year		
		Number of Borrow	/ers	Principal (\$)	Inte	erest (\$)	Num of E	wers	Principa	al (\$)	Interest (\$)
a. On Loans made on or after	10/22/85	0		0		0	V			0	0
b. On Loans except those repo	orted in F.4.a.	0		0		0 0		0		0	0
F.4. Total		0		0		0 0			0		0
G. Bad Debts Approved For	Write-Off By HHS										
Description		Cumulative (Include	es Current Y	'ear)				Current	Year		
	Number of Borrowe	ers Principal (\$)	Interest (\$	6) Penalty Char	ges (\$)	Number	of Borrowers Pri	ncipal (\$)	Interest (\$)	Pena	Ity Charges (\$)
Total Approved	0	0	0	)	0		0	0	0		0

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Loans Annual Operating Report	
Page 4: Excess Cash Worksheet Section	
Excess Cash Worksheet Section	
Description	Amount (\$)
A. General Ledger Cash Balance as of Date	0
B. Actual Collections for 7/1/2014 - 6/30/2015	-
27,0444 50,054 50,772 7 9,052 7 9	
1. Principal	0
2. Interest	0
3. Investment Income and Penalty Charges	0
4. Institutional Repayments of Bad Debts (Principal, Interest & Penalty Charges)	0
C. Federal Funds Received/Receivable 7/1/2014 - 6/30/2015	
Federal Funds Received/Receivable	0
D. Institutional Contribution for 7/1/2014 - 6/3 015	
1. Institutional Contribution	0
E. Projected Collections for 7/1/2015 - 6/30/2016	
1. Principal	0
2. Interest	0
· · · · · · · · · · · · · · · · · · ·	0
F. Projected Funds Available as of 6/30/2016	
3. Investment Income and Penalty Charges  F. Projected Funds Available as of 6/30/2016  1. Projected Funds Available (A+B+C+D+E)  G. Actual Expenditures for 7/1/2014 - 6/30/2015  1. Loans to Students 2. Costs (Collection, Litigation, Credit Bureau and Other) 3. Repayments to Federal Government and Institution (Principal, Interest and Other Income)  H. Projected Expenditures for 7/1/2015 - 6/30/2016	0
G. Actual Expenditures for 7/1/2014 - 6/30/2015	
1. Loans to Students	0
2. Costs (Collection, Litigation, Credit Bureau and Other)	0
3. Repayments to Federal Government and Institution (Principal, Interest and Other Income)	0
H. Projected Expenditures for 7/1/2015 - 6/30/2016	
1. Loans to Students	0
Costs (Collection, Litigation and Credit Bureau)	0
I. Projected Expenditures as of 6/30/2016	
3 P	
1. Projected Expenditures (G+H)	0
J. Projected Cash Balance as of 6/30/2016	
1. Projected Cash Balance (F-I)	0
K. Less Projected Expenditures for 7/1/2016 - 6/30/2018	
4 Loss Deciseded Eveneditures	0
L. Excess Cash	0
L. LAVESS VIGII	
1. Excess Cash (J – K)	0
M. General Ledger Ending Cash Balance as of 6/30/2015	

General Ledger Ending Cash Balance

187,125



DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY			
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Page 5: Program Accounts Section			
Program Accounts Section			
H. Default Rate (Pre-populated. No entry required)			
1. Default Rate (%)			0
For Active Schools			
Excess cash(\$) from report page 4 that was or will be returned to PMS			0
3. Excess cash(\$) from report page 4 that was or will be returned to the Division of Financial Operations			0
For Closing Schools			
4. Amount of cash(\$) determined to be due to the federal permits and remitted separately to the division of Finance	cial Operations		0
I. Checklist/Questions			
1. What is the total amount (\$) of interest that is , t due?			0
2. Does your institution provide for a biennial audit on the control of the state o	ditor? Yes		
Yes (provide the detail below) No (proceed to the next question)			
Audits	MN	I YYYY	
a. Period of last audit - Start Date			
b. Period of last audit - End Date			
c. Date audit submitted to Regional Audit Agency			
b. Period of last audit - End Date c. Date audit submitted to Regional Audit Agency		OMB Numbe	
		Expiration Date	e: 01/31/
	' <b>/</b>		

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Loans Annual C	perating Repo	ort	Subm	nission Tracking #:		Gran	t Number:		Reporting Pe	riod: 7/1/2014	- 6/30/2015
age 6: Program Accounts S	Section										
Program Accounts Section	ı										
1. Fully Retired											
Description	Pescription Number of Borrowers		Principal Repaid (\$)			Principal Delinquent	Uncollectible	Principa	g Written	Capitalized Interest (\$)	Reconciling Difference
	(1)	(\$)	(3)	Employment/Prof Pract (\$) (4)	(\$)	(\$)		but Not Du (\$	(9)	(10)	(Column 2 + Column 10 – Sum of Columns 3 through 9)
A. Repayment/Cancellation	0	0	0	0							0
B. Cancellation/Death	0	0		0	0						0
C. Cancellation/Disability	0	0	0	0	0						0
D. Discharged in Bankruptcy	0	0	0	0			0				0
E. HHS Approved Write- Off	0	0		0					0		0
F. Uncollectible per P.L. 107-205	0	0		0					0		0
1. Total (Sum of Row A through F)	0	0		0	0		0		0		0
2. Current											
Description	Number of Borrowers (1)	Principal Loaned (\$) (2)	Principal Repaid (\$)	Employment/Pro Pract (\$)  (4)	Death/Disak (\$)	Principal Delinquent (\$) (6)	Principal Uncollectible Not Past Due (\$) (7)	Principa Outstanding but Not Due (\$	Written Off (\$) (9)	Capitalized Interest (\$) (10)	Proceeding Difference (Column 2 + Column 10 - Sum of Columns 3 + Columns 3 + Columns 5 + Columns 5 + Columns 6 + Columns 7 + C
A. Student Status	0	0	0					0			0
B. Grace Period	0	0	0					0			0
C. Deferment Status	0	0	0	0				0			0
D. Postponement/Cancellation	0	0	0	0		<b>V</b>		0			0
E. Repayment – Not Past Due	0	0	0	0				0			0
F. Past Due 1-119 Days	0	0	0	0		0		0			0
2. Total (Sum of Row A through F)	0	0	0	0		0		0			0
3. In Bankruptcy											
Description	Number of Borrowers	Principal Loaned	Principal Repaid	Principal C	Cancelled	Principal Delinquent	Principal Uncollectible	Principa Outstanding	Written	Capitalized Interest (\$)	Reconciling
	(1)	(\$)	(\$)	Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)	(\$) (6)	Not Past Due (\$) (7)	but Not Due (\$	(9)	(10)	(Column 2 - Column 10 - Sum o Columns 3 through 9
A. Pending Discharge/Wage Earners Agreement	0	0	0	0		0	0	0			0

4. In Default											
	Number of Borrowers		Repaid (\$)	Principal Cancelled		Principal Delinquent	Principal Uncollectible	Principal Outstanding	Principal Written	Capitalized Interest (\$)	Reconciling Difference
	(1)			Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)	(\$) (6)	Not Past Due (\$) (7)	but Not Due (\$) (8)	Off (\$) (9)	(10)	(Column 2 + Column 10 - Sum of Columns 3 through 9) (\$)
A. 120 Days and Over	0	0	0	0		0	0	0			0
5. Forbearance											
Description Number of Borrowers (1)	Borrowers Lo	Loaned Repaid	Principal Repaid (\$)			Delinquent Unco	Uncollectible Outstandin	Principal Outstanding	Written	Capitalized Interest (\$)	Reconciling Difference
	(\$) (3)	Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)	(\$) (6)		(\$)	Off (\$) (9)	(10)	(Column 2 + Column 10 – Sum of Columns 3 through 9)		
A. Forbearance	0	0	0	0		0	0	0			0
Total	0	0	0	0	0	0	0	0	0		0



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Comments and Certification								
Role	Name	Phone	Email					
Primary Point of Contact								
Alternate Point of Contact								
Certification								
I am authorized to submit this report to HRSA.								
Authorized Certifying Official								
Date Report Submitted								
Future Support Required:		Yes						
	_							

Comments	. ^	
Warnings		
Section	Message	Explanation Provided