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

Page 1A: Student Borrower Data Section				
Student/Graduate Data	mulative ent year)	Current Year		
1. Number of Loans for the Nursing - Baccalaureate discipline		0	0	
2. Total Dollar Amount of Loans Awarded for the Nursing - Baccalaureate discipline	0	0		
3. Total Full-time enrollment for the Nursing - Baccalaureate discipline for the academic year (both non-NSL and NSL recipients)			0	
4. Total number of Defaulted Loans for the Nursing - Baccalaureate discipline	0	0		
5. Total Original Defaulted Principal Loaned for Nursing - Baccalaureate discipline		0	0	
6a. Total Number of Students who dropped out this year for the Nursing - Baccalaureate discipline			0	
6b. Of the number above, how many of them were NSL student borrowers			0	
7a. Total Number of NSL Borrowers for the Nursing - Bacrarean cipline		0	0	
7b. Of the number of NSL borrowers for the Nursing - Back tureate distine above, number of Active and Non Retired/Defaulted Borrowers		0		
8. Total Number of NSL students including those ho graduate uring the reporting period for the Nursing - Baccalaureate discipline (Age a Gender det	0	0		
9. Total Graduates (NSL - Nursing - Baccalaureate	0	0		
10. Number of NSL loan students including those who graduated the second period that indicate an intention to serve in a medically underserved conjunity		0		
11. Number of NSL students including those that graduated during report derived the indicate an intention to practice in primary care		0		
12. Number of NSL students and graduates during this reporting period from rura backgrounds		0		
Current Year Graduate Special Data	N	lumber of	Graduates	
13. Total number of full time graduates (NSL loan recipients and Non-NSL) at your school during	the 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 current reporting period who indicate inter				
Prior Year Graduate Special Data for 2013 - 2014 Academic Year	N	lumber of	Graduates	
15a. Total Number of NSL - Nursing - Baccalaureate Loan Recipients who graduated in academic	c year 2013 - 2014 0			
15b. Of the Total Graduates reported in question 15a, the Number of Full-Time NSL - Nursing - B - 2014 serving in Medically Underserved Communities				
15c. Of the Total Graduates reported in question 15a, the Number of Full-Time NSL - Nursing - B - 2014 serving in Primary Care				
15d. Of the Total Graduates in question 15a, the Number of Full-Time NSL - Nursing - Baccalaure who entered the field for which they received their degree	eate Graduates in academic year 2013 - 2014 0			
15e. Of the Total Graduates reported in question 15a, the Number of NSL - Nursing - Baccalaures who entered service in a rural area	ate Graduates in academic year 2013 - 2014 0			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY					
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Loans Annual Operating Report	Submission Tracking #:	Grant Number:	Reporting Period: 7/1/2014 - 6/30/2015			

Page 1B: Student Race/Ethnicity Data Section

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 Discussive (A)	N Student Re ients (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		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
Total (A + B + C + D + E + F + G)	0	0			0 OMB Number: 0 Expiration Date: 0

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY					
BUREAU OF HEALTH WORKFORCE	Institution:		P	Program: NSL - Baccalaureate Nursing		
Loans Annual Operating Report	Submission Tracking #: Gra	ant Number:	R	Reporting Period: 7/1/2014 - 6/30/2015		
Page 2: Program Accounts Section						
Program Accounts Section						
A. Federal Funds Awarded	(includ	Cumulative (\$) des 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	(incluc	Cumulative (\$) des current year)		Current Year (\$)		
1. Federal Funds Received/Receivable		0		0		
2. Institutional Contributions Deposited		0		0		
3. Transferred from Scholarship Fund		0				
4. Loan Principal Collected		0		0		
5. Interest Income Collected on Loans		0		0		
6. Penalty Charges Collected on Loans		0		0		
7. Investment Income		0				
8. Institutional Repayments of Bad Debts, Principal		0		0		
9. Institutional Repayments of Bad Debts, Interest	\frown	0		0		
10. Institutional Repayments of Bad Debts, Penalty charges	V A	0		0		
C. Total		0		0		
D. Cash Disbursements	(include	Cumulative (\$) des current year)		Current Year (\$)		
1. Loaned to Students		0		0		
2. Transferred to Scholarship Fund		0				
3. Repayments to Federal Government, Principal				0		
4. Repayments to Federal Government, Interest				0		
5. Repayments to Federal Government, Other Income		0		0		
6. Repayments to Institution, Principal				0		
7. Repayments to Institution, Interest		0		0		
8. Repayments to Institution, Other Income				0		
9. Collection Agent Costs, Principal		0		0		
10. Collection Agent Costs, Interest		0		0		
11. Litigation Costs, Principal		0		0		
12. Litigation Costs, Interest		0		0		
13. Credit Bureau Fees		0		0		
14. Other Costs		0		0		
D. Total		0		0		
E. Cash Balance - End of Report Period				Current Year (\$)		
Cash Balance – End of Report Period				0		

DEPARTMENT OF HEALTH Health Resources and Se							FURE	HRSA USE ONLY	r				
BUREAU OF HEALT	TH WORKFORCE		Institution:							Program: NSL - Baccalaureate Nursing			
Loans Annual Op	erating Report		Submissio	Submission Tracking #: G					R	eporting Period	eporting Period: 7/1/2014 - 6/30/2015		
age 3: Program Accounts Se	ection												
Program Accounts Section													
F.1. Loan Cancellations to B	orrowers – Profess	sional P	ractice										
Description			Cumu	lative (Inclu	udes Current Year)			c	urrent Year			
		Nu	mber of Borrow	vers	Principal (\$)	Inte	erest (\$)	Number of	Borrowers	Princip	al (\$)	Interest (
a. HP Practice - Shortage (10	%)		N/A					N/A	N/A				
b. HP Practice - Rural Shortag	je (15%)		N/A					N/A	4				
F.1. Total													
F.2. Loan Cancellations to B	orrowers – Nursing	g Emplo	oyment										
Description		<u> </u>		lative (Inclu	udes Current Year)			c	urrent Year			
	-	N	um <u>ber of</u> Borro		Principal (\$)		erest (\$)	Number of Borrowers		Princip	al (\$)	Interest (S	
a. Nursing Employment (10%)			0		0		0	N/A					
b. Nursing Employment (15%)			0		0		0	N/A					
c. Nursing Employment (20%)		7					0	N/A					
d. Nursing Employment (15%) 03/23/2010	on or after				0		0	0		0			
e. Nursing Employment (20%) 03/23/2010	on or after			\mathbf{i}	0		0	0			0		
f. Nursing Employment (Other) 03/23/2010	on or after			7	0		0	0		0			
F.2. Total			0		0		0	0			0	(
F.3. Loan Cancellations to B	orrowers – Death												
Description			Cumu	lative (Inclu	ude rrent Year				c	urrent Year			
		Nu	mber of Borrow	vers	Principal	lp	st (\$)	Number of Borrowers		ers Principal (\$)		Interest (
a. On Loans made on or after	10/22/85		0		0			0		0		(
b. On Loans except those mad	le after F.3.a		0		0	7	ç	0		0		(
F.3. Total			0					0			0	(
F.4. Loan Cancellations to B	orrowers – Permar	nent & 1	otal Disability	Approved I	by HHS								
Description			Cumu	lative (Inclu	udes Current Year)			c	urrent Year			
		Nu	mber of Borrow	vers	Principal (\$)	Inte	erest (\$)	Num	Browers	Princip	al (\$)	Interest (
a. On Loans made on or after 10/22/85			0		0		0		7		0	(
On Loans except those reported in F.4.a.			0		0	0 0		0 0		0		(
F.4. Total			0		0		0		0		0		
G. Bad Debts Approved For	Write-Off By HHS												
Description		Cum	ulative (Include	es Current	Year)				Curre	nt Year			
	Number of Borro	owers	Principal (\$)	Interest	(\$) Penalty Cha	rges (\$)	Number	of Borrowers	Principal (\$) Interest (\$)	Pena	Ity Charges (
Total Approved	0		0	0		0		0	0	0		0	

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY		
BUREAU OF HEALTH WORKFORCE	Institution:		Program: NSL	- Baccalaureate Nursing
Loans Annual Operating Report	Submission Tracking #:	Grant Number:	Reporting Peri	od: 7/1/2014 - 6/30/2015
Page 4: Excess Cash Worksheet Section				
Excess Cash Worksheet Section				A
A. General Ledger Cash Balance as of Date				Amount (\$)
B. Actual Collections for 7/1/2014 - 6/30/2015				0
B. Actual Collections for 7/1/2014 - 0/30/2013				
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 - 6/30/20	15			
1. Federal Funds Received/Receivable				0
D. Institutional Contribution for 7/1/2014 - 6/3				
1. Institutional Contribution				0
E. Projected Collections for 7/1/2015 - 6/30/2016				
	\sim			
1. Principal				0
2. Interest				0
3. Investment Income and Penalty Charges				0
F. Projected Funds Available as of 6/30/2016				
1. Projected Funds Available (A+B+C+D+E)				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 (Princi	pal, Interest and Other Income)			0
H. Projected Expenditures for 7/1/2015 - 6/30/2016				
1. Loans to Students				0
2. Costs (Collection, Litigation and Credit Bureau)				0
I. Projected Expenditures as of 6/30/2016				
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				
1. Less Projected Expenditures				0
L. Excess Cash				
1. Excess Cash (J – K)				0
M. General Ledger Ending Cash Balance as of 6/30/2015				

1. General Ledger Ending Cash Balance

28,071

OMB Number: 0915-0044 Expiration Date: 01/31/2018

BUREAU OF HEALTH WORKFORCE Loans Annual Operating Report Submission Tracking #: Grant Number: Reporting Period: 7/1/2014 - 6/30/201 Program Accounts Section Program Accounts Section I. Default Rate (%) 1. Default Rate (%) 2. Excess cash(\$) from report page 4 that was or will be returned to PMS 3. Excess cash(\$) from report page 4 that was or will be returned to PMS 3. Excess cash(\$) from report page 4 that was or will be returned to PMS 4. Amount of cash(\$) determined to be due to the federal confines and remitted separately to the division of Financial Operations 4. Amount of cash(\$) determined to be due to the federal confines and remitted separately to the division of Financial Operations 4. Amount of cash(\$) determined to be due to the federal confines and remitted separately to the division of Financial Operations 4. Amount of cash(\$) determined to be due to the federal confines and remitted separately to the division of Financial Operations 4. Amount of cash(\$) determined to be due to the federal confines and remitted separately to the division of Financial Operations 4. Amount of cash(\$) determined to be due to the near question 4. Amount of cash(\$) determined to be due to the near question 4. Amount of cash(\$) determined to be due to the near question 4. Amount of cash(\$) for reset that is in clue? 5. Coess cash(\$) for reset that is in clue? 5. Coess cash(\$) for reset that is in clue? 5. Coess cash(\$) for reset that is in clue? 5. Coess cash(\$) for reset that is in clue? 5. Coess cash(\$) for reset that is in clue? 5. Coess cash(\$) for reset that is in clue? 5. Coess cash(\$) for reset that is in clue? 5. Coess cash(\$) for reset that is in clue? 5. Coess cash(\$) for reset that is in clue? 5. Coess cash(\$) for reset that is in clue? 5. Coess cash(\$) for reset that is in clue? 5. Coess cash(\$) for reset that is in clue? 5. Coess cash(\$) for reset that is in clue? 5. Coess cash(\$) for reset that is in clue? 5. Coess cash(\$) for reset that is in clue? 5. Coess cash(\$) for reset tha	Health Resources and Services Administration BUREAU OF HEALTH WORKFORCE Loans Annual Operating Report Institution: Program: NSL - Baccalaureale Nursing Page 5: Submission Tracking #: Grant Number: Reporting Period: 7/1/2014 - 6/30/2015 Page 5: Forgram Accounts Section Image: Comparison of the forgram in the forgram					
BUREAU OF HEALTH WORKFORCE Loans Annual Operating Report Submission Tracking #: Grant Number: Reporting Period: 7/1/2014 - 6/30/201	BUREAU OF HEALTH WORKFORCE Laans Annual Operating Report Submission Tracking #: Grant Number: Reporting Period: 7/1/2014 - 6/30/2015 Page 5: Program Accounts Section Frogram Accounts Section I. Default Rate (%) I. Default Rate (%) For Active Schools I. Default Rate (%) For Active Schools I. Excess cash(\$) from report page 4 that was or will be returned to PMS I. Excess cash(\$) from report page 4 that was or will be returned to the Division of Financial Operations For Closing Schools I. Amount of cash(\$) determined to be due to the federal period. Financial Operations I. Checklist/Questions I. Checklist/Questions I. Unbat is the total amount (\$) of interest that is Endue? I. Unbat is the total amount (\$) of interest that is Endue? I. Schools I. Checklist/Questions I. Checklist/Question I. Checklist/Question I. Checklist/Question I. Ch			FOR HRSA USE ONLY		
Loars Annual Operating report C Program Accounts Section Program Accounts Section H. Default Rate (%) O For Accounts Section 1. Default Rate (%) For Accounts Section 2. Excess cash(\$) from report page 4 that was or will be returned to PMS 3. Excess cash(\$) from report page 4 that was or will be returned to the Division of Financial Operations For Closing Schools 4. Amount of cash(\$) determined to be due to the federal function of school sch	Ldails Annual Operating Report Image: Control operating Report Page 5: Program Accounts Section Image: Control operating Report Program Accounts Section Image: Control operating Report I. Default Rate (%) Image: Control operating Report Report Page 4 that was or will be returned to PMS I. Scesse cash(\$) from report page 4 that was or will be returned to the Division of Financial Operations Image: Control operating Report I. Amount of cash(\$) determined to be due to the federal Profit Profit Report Report Page 4 that was or will be returned to rest returned to the division of Financial Operations Image: Control operating Report Page 4 that was or will be returned to return Report Report Page 4 that was or will be returned to return Report Page 4 that was or will be returned to return Report Page 4 that was or will be returned to return Report Page 4 that was or will be returned to return Report Page 4 that was or will be returned to return Report Page 4 that was or will be returned to reture Report Page 4 that was or will be returned	BUREAU OF HEALTH WORKFORCE	Institution:		Program: NSL	- Baccalaureate Nursing
Program Accounts Section H. Default Rate (Pre-populated. No entry required) 1. Default Rate (%) For Active Schools 2. Excess cash(\$) from report page 4 that was or will be returned to PMS 3. Excess cash(\$) from report page 4 that was or will be returned to the Division of Financial Operations For Closing Schools For Closing Schools 4. Amount of cash(\$) determined to be due to the federal operfimite up are attributed separately to the division of Financial Operations 1. Urbat is the total amount (\$) of interest that is include? 2. Does your institution provide for a biennial audit of the fact and the separately to the division of Financial Operations? 1. What is the total amount (\$) of interest that is include? 2. Does your institution provide for a biennial audit of the fact and the fact and the fact at	Program Accounts Section H. Default Rate (Pre-populated. No entry required) 1. Default Rate (%) For Active Schools 2. Excess cash(\$) from report page 4 that was or will be returned to PMS 3. Excess cash(\$) from report page 4 that was or will be returned to the Division of Financial Operations For Closing Schools For Closing Schools I. Amount of cash(\$) determined to be due to the federal merrimeted separately to the division of Financial Operations I. Checklist/Questions I. What is the total amount (\$) of interest that is Nclue? 2. Does your institution provide for a biennial audit of the next questor Yes [Yes] Yes [Yes] Yes [Yes]	Loans Annual Operating Report	Submission Tracking #:	Grant Number:	Reporting Per	iod: 7/1/2014 - 6/30/2015
Program Accounts Section H. Default Rate (Pre-populated. No entry required) 1. Default Rate (%) For Active Schools 2. Excess cash(\$) from report page 4 that was or will be returned to PMS 3. Excess cash(\$) from report page 4 that was or will be returned to the Division of Financial Operations For Closing Schools 4. Amount of cash(\$) determined to be due to the federal perfimite and remitted separately to the division of Financial Operations 1. Urback its the total amount (\$) of interest that is include? 2. Does your institution provide for a biennial audit on the next question Yes MM Yury Anits MM Anits audit - Start Date Image: Close Schools	Program Accounts Section H. Default Rate (Pre-populated. No entry required) I. Default Rate (%) For Active Schools 2. Excess cash(\$) from report page 4 that was or will be returned to PMS 3. Excess cash(\$) from report page 4 that was or will be returned to the Division of Financial Operations For Closing Schools For Closing Schools I. Understand to be due to the federal merimited remitted separately to the division of Financial Operations I. Checklist/Questions I. What is the total amount (\$) of interest that is Schodue? 2. Does your institution provide for a biennial audit of whenever or scheff al functional by a qualifying independent auditor? Yes Yes (provide the detail below) Noi (proceed to the next question) Addits MM YYYY a. Period of last audit - Stant Date Image: Schools	Page 5: Program Accounts Section				
H. Default Rate (Pre-populated. No entry required) 1. Default Rate (%) For Active Schools 2. Excess cash(\$) from report page 4 that was or will be returned to PMS 3. Excess cash(\$) from report page 4 that was or will be returned to the Division of Financial Operations For Closing Schools 4. Amount of cash(\$) determined to be due to the federal entermines and remitted separately to the division of Financial Operations I. Checklist/Questions 1. What is the total amount (\$) of interest that is 1 endue? 2. Does your institution provide for a biennial audit on the entermines of schedule fundition by a qualifying independent auditor? Yes Yes (provide the detail below) No (proceed to the next question) Audits Audits MM YYYY a. Period of last audit - Start Date	H. Default Rate (Pre-populated. No entry required) 1. Default Rate (%) For Active Schools 2. Excess cash(\$) from report page 4 that was or will be returned to PMS 3. Excess cash(\$) from report page 4 that was or will be returned to the Division of Financial Operations For Closing Schools 4. Amount of cash(\$) determined to be due to the federal memmers and the division of Financial Operations 4. Amount of cash(\$) determined to be due to the federal memmers and the division of Financial Operations 5. Leceklist/Questions 1. Unckellist/Questions 2. Does your institution provide for a biennial audit of Schools by a qualifying independent auditor? Yes Yes (provide the detail below) No (proceed to the next question) Audits Audits Audits MM YYYY Audits For Operation of Start Date For Operation of Start Date For Operation of Start Date For Operation of Start Date For Operation of Start Date For Operation of Start Date For Operation of Start Date For Operation of Start Date For Operation of Start Date For Operation of Start Date For Operation of Start Date For Operation of					
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For Active Schools 2. Excess cash(\$) from report page 4 that was or will be returned to PMS 3. Excess cash(\$) from report page 4 that was or will be returned to the Division of Financial Operations For Closing Schools 4. Amount of cash(\$) determined to be due to the federal meminities of remitted separately to the division of Financial Operations 1. Checklist/Questions 1. What is the total amount (\$) of interest that is include? 2. Does your institution provide for a biennial audit of schools will be a qualifying independent auditor? Yes Yes Yes Yes MM YYY a. Period of last audit - Start Date	For Active Schools 2. Excess cash(\$) from report page 4 that was or will be returned to PMS 3. Excess cash(\$) from report page 4 that was or will be returned to the Division of Financial Operations 5. Excess cash(\$) from report page 4 that was or will be returned to the Division of Financial Operations 6. Excess cash(\$) from report page 4 that was or will be returned to the Division of Financial Operations 7. Excess cash(\$) from report page 4 that was or will be returned to the Division of Financial Operations 7. Closing Schools 4. Amount of cash(\$) determined to be due to the federal every financial operations 1. Checklist/Questions 1. What is the total amount (\$) of interest that is Natidue? 2. Does your institution provide for a biennial audit of every or schit every funds by a qualifying independent auditor? Yes	H. Default Rate (Pre-populated. No entry required)				
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3. Excess cash(\$) from report page 4 that was or will be returned to the Division of Financial Operations For Closing Schools 4. Amount of cash(\$) determined to be due to the federal operations of Financial Operations 1. Checklist/Questions 1. What is the total amount (\$) of interest that is a final due? 2. Does your institution provide for a biennial audit on before or school and inductions by a qualifying independent auditor? Yes Yes Yes (provide the detail below) No (proceed to the next question) MM YYYY a. Period of last audit - Start Date	3. Excess cash(\$) from report page 4 that was or will be returned to the Division of Financial Operations For Closing Schools 4. Amount of cash(\$) determined to be due to the federal memory and remitted separately to the division of Financial Operations 4. Amount of cash(\$) determined to be due to the federal memory and remitted separately to the division of Financial Operations 1. Checklist/Questions 1. What is the total amount (\$) of interest that is Subdue? 2. Does your institution provide for a biennial audit of allebary or schler alfunds by a qualifying independent auditor? Yes Yes (provide the detail below) No (proceed to the next questive) Audits A. Period of last audit - Start Date Details and the start	For Active Schools				
3. Excess cash(\$) from report page 4 that was or will be returned to the Division of Financial Operations For Closing Schools 4. Amount of cash(\$) determined to be due to the federal elements and remitted separately to the division of Financial Operations 1. Checklist/Questions 1. What is the total amount (\$) of interest that is [wildue? 2. Does your institution provide for a biennial audit on blear wor schedur builduit by a qualifying independent auditor? Yes Yes Yes (provide the detail below) No No Prevido f last audit - Start Date	3. Excess cash(s) from report page 4 that was or will be returned to the Division of Financial Operations For Closing Schools 4. Amount of cash(s) determined to be due to the federal elements and remitted separately to the division of Financial Operations I. Checklist/Questions 1. What is the total amount (s) of interest that is 1.0 idue? 2. Does your institution provide for a biennial audit on element or schler alfunds by a qualifying independent auditor? Yes Yes (provide the detail below) No (proceed to the next question) Audits Audits Audit - Start Date					
For Closing Schools 4. Amount of cash(\$) determined to be due to the federal elements and remitted separately to the division of Financial Operations 1. Checklist/Questions 1. What is the total amount (\$) of interest that is just due? 2. Does your institution provide for a biennial audit on bience or schedule funds by a qualifying independent auditor? Yes Yes (provide the detail below) No Audits MM a. Period of last audit - Start Date MM	For Closing Schools 4. Amount of cash(\$) determined to be due to the federal undernmits and remitted separately to the division of Financial Operations 4. Amount of cash(\$) determined to be due to the federal undernmits and remitted separately to the division of Financial Operations 1. Checklist/Questions 1. What is the total amount (\$) of interest that is, budde? 2. Does your institution provide for a biennial audit of the federal undernmits by a qualifying independent auditor? Yes Yes Yes (provide the detail below) No (proceed to the next question) Audits MM YYYY a. Period of last audit - Start Date Image: Control of Contro	2. Excess cash(\$) from report page 4 that was or will be retu	Irned to PMS			
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a. Period of last audit - Start Date	a. Period of last audit - Start Date	Yes (provide the detail below) No (proceed to the next of	questic			
		Audits			ММ	YYYY
b. Period of last audit - End Date c. Date audit submitted to Regional Audit Agency OMB Number: 0 Expiration Date: 0	b. Period of last audit - End Date c. Date audit submitted to Regional Audit Agency OMB Number: 091 Expiration Date: 01/3	a. Period of last audit - Start Date	YA			
c. Date audit submitted to Regional Audit Agency OMB Number: 0 Expiration Date: 0	c. Date audit submitted to Regional Audit Agency OMB Number: 0912 Expiration Date: 01/3	b. Period of last audit - End Date		 • 		
OMB Number: 0 Expiration Date: 0	OMB Number: 091 Expiration Date: 01/3	c. Date audit submitted to Regional Audit Agency				
				ら.		

DEPARTMENT OF HEALT Health Resources and S				FOR HRSA USE ONLY							
BUREAU OF HEA	BUREAU OF HEALTH WORKFORCE			ution:				F	Program: NS	L - Baccalaure	ate Nursing
Loans Annual C	Operating Rep	ort	Subr	Submission Tracking #: Grant Number: Reporting Period: 7/1/2014					- 6/30/2015		
Page 6: Program Accounts	Section										
Program Accounts Section	ı										
1. Fully Retired											
Description	Number of Borrowers (1)	Principal Loaned	Principal Repaid (\$)		Cancelled	Principal Delinquent				Capitalized Interest (\$)	Reconciling Difference
	(1)	(\$) (2)	(3)	Employment/Prof Pract (\$) (4)	(\$)	(6)		but Not Due (\$) (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	P	0	0			0				0
E. HHS Approved Write- Off	0			0					0		0
F. Uncollectible per P.L. 107-205	0	0	0	Ο					0		0
1. Total (Sum of Row A through F)	0	0			0		0		0		0
2. Current											
Description	Number of Borrowers (1)	Principal Loaned (\$) (2)	Principal Repaid (\$) (3)	Employment/Pro Pract (\$) (4)	Death/Disate (\$)	Principal Delinquent (\$) (6)	Principal Uncollectible Not Past Due (\$) (7)	Principal Outstanding but Not Due (\$) (8)	Written Off (\$) (9)	Capitalized Interest (\$) (10)	Reconciling Difference (Column 2 + Column 10 – Sum of Columns 3 through 9) (\$)
A. Student Status	0	0	0					0			0
B. Grace Period	0	0	0					0			0
C. Deferment Status	0	0	0	0			K	0			0
D. Postponement/Cancellation	0	0	0	0				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 (1)	Principal Loaned (\$) (2)	Principal Repaid (\$) (3)	Principal C Employment/Prof Pract (\$) (4)	Cancelled Death/Disability (\$) (5)	Principal Delinquent (\$) (6)	Principal Uncollectible Not Past Due (\$) (7)	Principal Outstanding but Not Due (\$) (8)	Written Off (\$) (9)	Capitalized Interest (\$) (10)	Reconciling Difference (Column 2 + Column 10 – Sum of Columns 3 through 9) (\$)
A. Pending Discharge/Wage Earners Agreement	0	0	0	0		0	0	0			0

4. In Default											
Description	Number of Borrowers	Loaned	Principal Repaid	Principal Cancelled		Principal Delinquent	Principal Uncollectible	Principal Outstanding	Principal Written	Capitalized Interest (\$)	Reconciling Difference
	(1)	(\$) (2)	(\$)	Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)	(6) (5	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	Principal Loaned	Principal Repaid (\$)				Principal Principal Delinquent Uncollectible	Principal Outstanding	Principal Written	Capitalized Interest (\$)	Reconciling Difference
	(1)	(\$) (2)	(3)	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. Forbearance	0	0	0	0		0	0	0			0
Total	0	0	0	0	0	0	0	0	0		0

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DEPARTMENT OF HEALTH AND HUMAN SE Health Resources and Services Administr				FOR HRSA USE ONLY	
BUREAU OF HEALTH WORKFORCE		Institution:			Program: NSL - Baccalaureate Nursing
Loans Annual Operating Report		Submission Tracking #:		Grant Number:	Reporting Period: 7/1/2014 - 6/30/2015
Comments and Certification					
Role	Name		Phone		Email
Primary Point of Contact	Hume		Thone		
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	C		2		OMB Number: 0915-0044 Expiration Date: 01/31/2018
				C	