DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY					
BUREAU OF HEALTH WORKFORCE	Institution:	Program: HPSL - Dentistry				
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 Cumulative **Current Year** (includes current year) 1. Number of Loans for the Dentistry discipline 0 0 2. Total Dollar Amount of Loans Awarded for the Dentistry discipline 0 0 3. Total Full-time enrollment for the Dentistry discipline for the academic year (both non-HPSL 0 and HPSL recipients) 4. Total number of Defaulted Loans for the Dentistry discipline 0 0 5. Total Original Defaulted Principal Loaned for Dentistry discipline 0 0 6a. Total Number of Students who dropped out this year for the Dentistry discipline 0 6b. Of the number above, how many of them were HPSL student borrowers 0 7a. Total Number of HPSL Borrowers for the Dentistry discip 0 0 7b. Of the number of HPSL borrowers for the Dentistry di umber of Active and ne al 0 Non Retired/Defaulted Borrowers 8. Total Number of HPSL students including the du e reporting period . ho gra 0 0 for the Dentistry discipline (Age and Gender de 9. Total Graduates (HPSL - Dentistry Only) 0 0 d during this 10. Number of HPSL loan students including those w g period 0 that indicate an intention to serve in a medically underserved con 11. Number of HPSL students including those that graduated du this re 0 indicate an intention to practice in primary care 12. Number of HPSL students and graduates during this reporting period 0 backgrounds **Current Year Graduate Special Data** Number of Graduates 13. Total number of full time graduates (HPSL loan recipients and Non-HPSL) at your s 0 during th nt reporting period 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 HPSL graduates during the current reporting period who indicate intent in a rural 0 Prior Year Graduate Special Data for 2013 - 2014 Academic Year Number of Graduates 15a. Total Number of HPSL - Dentistry Loan Recipients who graduated in academic year 2013 - 2014 0 15b. Of the Total Graduates reported in question 15a, the Number of Full-Time HPSL - Dentistry Graduates in acade 0 serving in Medically Underserved Communities 15c. Of the Total Graduates reported in question 15a, the Number of Full-Time HPSL - Dentistry Graduates in academic year 0 serving in Primary Care 15d. Of the Total Graduates in question 15a, the Number of Full-Time HPSL - Dentistry Graduates in academic year 2013 - 2014 who entered 0 the field for which they received their degree 15e. Of the Total Graduates reported in question 15a, the Number of HPSL - Dentistry Graduates in academic year 2013 - 2014 who entered 0 service in a rural area OMB Number: 0915-0044

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration			
BUREAU OF HEALTH WORKFORCE	Institution:	Program: HPSL - Dentistry	
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
				$\mathbf{\hat{o}}$	OMB Number: 09 Expiration Date: 01/

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY						
BUREAU OF HEALTH WORKFORCE	Institution:		P	Program: HPSL - Dentistry			
Loans Annual Operating Report	Submission Tracking #: Gr	ant Number:	Reporting Period: 7/1/2014 - 6/30/2				
Page 2: Program Accounts Section							
Dragram Assounts Section							
Program Accounts Section A. Federal Funds Awarded		Cumulative (\$)		Current Year (\$)			
A. Federal Fullus Awarded	(inclue	des current year)		Current rear (\$)			
Federal Funds Awarded		0		0			
B. Cash Balance - Start of Report Period				Current Year (\$)			
Cash Balance - Start of Report Period				0			
C. Cash Receipts	(inclue	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		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		0		0			
C. Total		0		0			
D. Cash Disbursements	(inclue	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		0			
5. Repayments to Federal Government, Other Income				0			
6. Repayments to Institution, Principal				0			
7. Repayments to Institution, Interest	•			0			
8. Repayments to Institution, Other Income				0			
9. Collection Agent Costs, Principal				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			FOR TIRGA USE UNLT									
BUREAU OF HEAL	Institution:						Р	Program: HPSL - Dentistry				
Loans Annual Operating Report			Submission Tracking #: G					Number:	R	eporting Period	7/1/201	4 - 6/30/2015
age 3: Program Accounts Se	ection											
Program Accounts Section												
F.1. Loan Cancellations to B	orrowers – Profess	ional Pr	ractice									
Description			Cumul	ative (Incl	udes Current Year	)			с	urrent Year		
	_	Nur	mber of Borrow	vers	Principal (\$)	Inte	erest (\$)	Number of	Borrowers	Princip	al (\$)	Interest (
a. HP Practice – Shortage (10	%)		0		0		0	N//	٩			
b. HP Practice – Rural Shortag	ge (15%)		0		0		0	N//	4			
F.1. Total			0		0		0					
F.2. Loan Cancellations to B	orrowers – Nursing	j Emplo	yment									
Description			Cumul	ative (Incl	udes Current Year	)			c	urrent Year		
		Nur	mber of Borrow	vers	Principal (\$)	Inte	erest (\$)	Number of	Borrowers	Princip	al (\$)	Interest (
a. Nursing Employment (10%)			N/A					N/#	4			
b. Nursing Employment (15%)			N/A					N/A				
c. Nursing Employment (20%)			I/A					N/A				
d. Nursing Employment (15%) 03/23/2010	on or after		A					N/A				
e. Nursing Employment (20%) 03/23/2010	on or after		N	$\mathbf{i}$				N//	Ą			
f. Nursing Employment (Other) 03/23/2010	) on or after				4			N//	N/A			
F.2. Total												
F.3. Loan Cancellations to B	orrowers – Death											
Description			Cumul	ative (Incl	ude rrent Year				c	urrent Year		
		Nur	mber of Borrow	vers	Principal In		st (\$)	st (\$) Number of Borrowers		Principal (\$)		Interest (
a. On Loans made on or after	10/22/85				0			0			0	(
b. On Loans except those mad	de after F.3.a		0		0	7	ç	0			0	(
F.3. Total			0					0	0		0	(
F.4. Loan Cancellations to B	orrowers – Perman	ent & T	otal Disability /	Approved	by HHS		- 7					
Description			Cumul	ative (Incl	udes Current Year	)			c	urrent Year		
		Nur	mber of Borrow	vers	Principal (\$)	Inte	erest (\$)	Numerof	Browers	Princip	al (\$)	Interest (
a. On Loans made on or after	10/22/85		0		0		0		7		0	(
b. On Loans except those reported in F.4.a.			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	wers	Principal (\$)	Interest	(\$) Penalty Cha	rges (\$)	Numbe	r of Borrowers	Principal (	5) Interest (\$)	Pena	Ity Charges (
Total Approved		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: HPSL - Dent	Program: HPSL - Dentistry					
Loans Annual Operating Report	Submission Tracking #:	Submission Tracking #: Grant Number:							
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									
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 - 6/30/207	15								
1. Federal Funds Received/Receivable				0					
				0					
D. Institutional Contribution for 7/1/2014 - 6/3									
1. Institutional Contribution				0					
E. Projected Collections for 7/1/2015 - 6/30/2016									
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				0					
5. Frojected Cash Balance as 01 0/30/2010									
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									
A Further Oach (1, 10)									
1. Excess Cash (J – K)				0					
M. General Ledger Ending Cash Balance as of 6/30/2015									

1. General Ledger Ending Cash Balance



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

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY						
BUREAU OF HEALTH WORKFORCE	Institution:		Program: HPSL -	Dentistry				
Loans Annual Operating Report	Doort Submission Tracking #: Grant Number: Reporting Period: 7/1/2014 - 6/30/201							
Page 5: Program Accounts Section								
Program Accounts Section								
H. Default Rate (Pre-populated. No entry required)								
1. Default Rate (%)				0.00				
For Active Schools								
2. Excess cash(\$) from report page 4 that was or will be retu				0				
3. Excess cash(\$) from report page 4 that was or will be retu For Closing Schools	rned to the Division of Financial Operations			0				
4. Amount of cash(\$) determined to be due to the federal	ernme od remitted separately to the division of Fi	nancial Operations		0				
I. Checklist/Questions								
1. What is the total amount (\$) of interest that is				0				
2. Does your institution provide for a biennial audit of	or school winds by a qualifying independen	t auditor? Yes		0				
Yes (provide the detail below) No (proceed to the next of								
Audits			ММ	YYYY				
a. Period of last audit - Start Date	YA		00	0000				
b. Period of last audit - End Date			00	0000				
c. Date audit submitted to Regional Audit Agency			00	0000				
		5		OMB Number: 0915-01 Expiration Date: 01/31/2				

DEPARTMENT OF HEALT Health Resources and S			FOR HRSA USE ONLY												
BUREAU OF HEAI	LTH WORKFO	RCE	Instit	ution	F	Program: HPSL - Dentistry									
Loans Annual C	perating Rep	ort	Subn	Submission Tracking #:			Grant Number:			Reporting Period: 7/1/2014 - 6/30/2015					
Page 6: Program Accounts S	age 6: Program Accounts Section														
Program Accounts Section	1														
1. Fully Retired															
Description	Number of Borrowers	Principal Loaned	Principal Repaid (\$)		Cancelled	Principal Delinquent		Principa Outstanding		Capitalized Interest (\$)	Reconciling Difference				
	(1)	(\$) (2)	(3)	Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)	- (\$) (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	0	0	0			0				0				
E. HHS Approved Write- Off	0			0					0		0				
F. Uncollectible per P.L. 107-205	0	0	0	0					0		0				
1. Total (Sum of Row A through F)	0	0			0		0		0		0				
2. Current															
Description	Number of Borrowers (1)		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				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 Repaid (\$) (3)	Principal C Employment/Prof Pract (\$) (4)	Eancelled 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							-	Principal Written	Capitalized Interest (\$)	Reconciling Difference	
	(1)	(\$) (2)		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	Principal Loaned	Principal Repaid (\$)		Cancelled	Principal Delinquent	Principal Uncollectible		Principal Written	Capitalized Interest (\$)	Reconciling Difference
	(1)	(\$) (2)	(3)	Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)	(6)	Not Past Due (\$) (7)	but Not Due Off (\$) (\$) (9) (8)	(9) + Colu 10 – Sum Column through	(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

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

DEPARTMENT OF HEALTH AND HUMAN SE Health Resources and Services Administ			FOR HRSA USE ONLY			
BUREAU OF HEALTH WORKFORCE	BUREAU OF HEALTH WORKFORCE				Program: HPSL - Der	ntistry
Loans Annual Operating Report		Submission Tracking #:		Grant Number:	Reporting Period: 7/	1/2014 - 6/30/2015
Comments and Certification						
Role	Name		Phone		Email	
	Name		Fhone		Email	
Primary Point of Contact Alternate Point of Contact						
Alternate Form of Contact						
Certification						
I am authorized to submit this report to HRSA.						
Authorized Certifying Official						
Date Report Submitted						
Future Support Required:			Yes			
Comments						
Commenta	•					
Warnings						
Section Message						Explanation Provided
Page 2 Explanation:						
		YA				OMB Number: 0915-0044
						Expiration Date: 01/31/2018
		•				