DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY				
BUREAU OF HEALTH WORKFORCE	Institution:	Program: HPSL - Veterinary Medicine				
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 Veterinary Medicine discipline 0 0 2. Total Dollar Amount of Loans Awarded for the Veterinary Medicine discipline 0 0 3. Total Full-time enrollment for the Veterinary Medicine discipline for the academic year (both 0 non-HPSL and HPSL recipients) 4. Total number of Defaulted Loans for the Veterinary Medicine discipline 0 0 5. Total Original Defaulted Principal Loaned for Veterinary Medicine discipline 0 0 6a. Total Number of Students who dropped out this year for the Veterinary Medicine discipline 0 6b. Of the number above, how many of them were HPSL student borrowers 0 7a. Total Number of HPSL Borrowers for the Veterinary Medi 0 0 cipline 7b. Of the number of HPSL borrowers for the Veterinary e above, number of cine (0 Active and Non Retired/Defaulted Borrowers 8. Total Number of HPSL students including the du e reporting period ho gra 0 0 for the Veterinary Medicine discipline (Age and der deta 9. Total Graduates (HPSL - Veterinary Medicine 0 0 10. Number of HPSL loan students including those w d during this 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 guestion 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 - Veterinary Medicine Loan Recipients who graduated in academic year 2013 - 2014 00 15b. Of the Total Graduates reported in question 15a, the Number of Full-Time HPSL - Veterinary Medicine Graduate 0 2014 serving in Medically Underserved Communities 15c. Of the Total Graduates reported in question 15a, the Number of Full-Time HPSL - Veterinary Medicine Graduates in aca 0 2014 serving in Primary Care 15d. Of the Total Graduates in question 15a, the Number of Full-Time HPSL - Veterinary Medicine Graduates in academic year 2013 - 2014 who 0 entered the field for which they received their degree 15e. Of the Total Graduates reported in question 15a, the Number of HPSL - Veterinary Medicine Graduates in academic year 2013 - 2014 who 0 entered service in a rural area

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY	
BUREAU OF HEALTH WORKFORCE	Institution:		Program: HPSL - Veterinary Medicine
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 Discurrile (A)	N Student Relients (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)	U	U			OMB Number: C

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLT						
BUREAU OF HEALTH WORKFORCE	Institution:	F	Program: HPSL - Veterinary Medicine				
Loans Annual Operating Report	Submission Tracking #: Gra	on Tracking #: Grant Number:					
Page 2: Program Accounts Section							
Program Accounts Section							
A. Federal Funds Awarded	(includ	Cumulative (\$) les 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	(includ	Cumulative (\$) les 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	V A	0		0			
C. Total		0		0			
D. Cash Disbursements	(includ	Cumulative (\$) les current year)		Current Year (\$			
1. Loaned to Students		0		0			
2. Transferred to Scholarship Fund	16	0					
3. Repayments to Federal Government, Principal				0			
4. Repayments to Federal Government, Interest		0		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			
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			

Health Resources and Ser	rvices Administrati	ion	FOR HRSA USE ONLY										
BUREAU OF HEALTH WORKFORCE			Institution: Submission Tracking #: Grant N								gram: HPSL - Veterinary Medicine		
											7/1/201	4 - 6/30/2015	
age 3: Program Accounts Sec	tion												
Program Accounts Section													
F.1. Loan Cancellations to Bo	rrowers – Professi	ional Pra	ctice										
Description			Cumul	ative (Inclu	Ides Current Year)				c	urrent Year			
		Num	ber of Borrow	vers	Principal (\$)	Inte	erest (\$)	Number of	Borrowers	Princip	al (\$)	Interest (
a. HP Practice - Shortage (10%	b)		0		0		0	N/A	4				
b. HP Practice - Rural Shortage	e (15%)		0		0		0	N/A	4				
F.1. Total			0		0		0						
F.2. Loan Cancellations to Bo	rrowers – Nursing	Employ	ment										
Description			Cumul	ative (Inclu	Ides Current Year)				c	urrent Year			
	_	Num	ber of Borrow	vers	Principal (\$)	Inte	erest (\$)	Number of	Borrowers	Princip	al (\$)	Interest (\$	
a. Nursing Employment (10%)			N/A					N/A					
b. Nursing Employment (15%)			N/A					N/A					
c. Nursing Employment (20%)			I/A					N/A					
d. Nursing Employment (15%) c 03/23/2010	on or after		A					N/A					
e. Nursing Employment (20%) c 03/23/2010	on or after		N					N/A					
f. Nursing Employment (Other) 03/23/2010	on or after		N	7	6			N/A					
F.2. Total													
F.3. Loan Cancellations to Bo	rrowers - Death												
Description			Cumul	ative (Inclu	ide (rrent Year)				С	urrent Year			
		Num	ber of Borrow	vers	Principal	lp	st (\$)	Number of	Borrowers	Princip	al (\$)	Interest (
a. On Loans made on or after 1	0/22/85		0		0			0			0	(
b. On Loans except those made	e after F.3.a		0		0	7	0	0			0	(
F.3. Total			0					0			0	(
F.4. Loan Cancellations to Bo	rrowers – Permane	ent & Tot	tal Disability /	Approved b	by HHS		_						
Description			Cumul	ative (Inclu	Ides Current Year)				c	urrent Year			
	_	Num	ber of Borrow	vers	Principal (\$)	Inte	erest (\$)	Num	Browers	Princip	al (\$)	Interest (
a. On Loans made on or after 1	0/22/85		0		0		0				0	(
b. On Loans except those reported in F.4.a.		0			0		0 0		0		0	(
F.4. Total			0		0		0	0			0	(
G. Bad Debts Approved For V	Vrite-Off By HHS												
Description		Cumul	lative (Include	s Current	Year)				Curre	nt Year			
	Number of Borrov	wers	Principal (\$)	Interest (\$) Penalty Cha	ges (\$)	Numbe	r of Borrowers	Principal (\$) Interest (\$)	Pena	lty Charges (\$	
Total Approved	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:		Prog	gram: HPSL - Vete	erinary Medicine
Loans Annual Operating Report	Submission Tracking #:	Grant Number:	Rep	orting Period: 7/1	/2014 - 6/30/2015
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 - 6/30/20	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					
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

68,986

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR HRSA USE ONLY Health Resources and Services Administration FOR HRSA USE ONLY									
BUREAU OF HEALTH WORKFORCE	Institution:		Program: HPSL -	/eterinary Medicine					
Loans Annual Operating Report	Submission Tracking #:	Grant Number:	ant Number: Reporting Period: 7/1/2014 - 6/30/2015						
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	rned to PMS			0					
3. Excess cash(\$) from report page 4 that was or will be retu	rned to the Division of Financial Operations			0					
For Closing Schools									
4. Amount of cash(\$) determined to be due to the federal	ernme and remitted separately to the division of Fi	nancial 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 of the	or scheren independer	t auditor? Yes							
Yes (provide the detail below) No (proceed to the next of	question								
Audits			MM	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					
		2		OMB Number: 0915-0 Expiration Date: 01/31/2					

DEPARTMENT OF HEALT Health Resources and S			FOR HRSA USE ONLY												
BUREAU OF HEAI	LTH WORKFO	RCE	Instit	ution:	Program: HPSL - Veterinary Medicine										
Loans Annual C	perating Rep	ort	Subr	nission Tracking #:		Gran	t Number:	F	Reporting Pe	riod: 7/1/2014	- 6/30/2015				
	age 6: Program Accounts Section														
Page 6: Program Accounts S	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 (\$ (8)) (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	٥	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 Loaned (\$) (2)	Principal Repaid (\$) (3)	▼ .	Death/Disa	Principal Delinquent (\$) (6)	Uncollectible Not Past Due	Principa Outstanding but Not Due (\$	Written Off (\$) (9)	Capitalized Interest (\$) (10)	Reconciling Difference (Column 2 + Column 10 – Sum of				
				(4)	(5)			· · · ·			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 Loaned (\$) (2)	Principal Repaid (\$) (3)	Principal C Employment/Prof Pract (\$) (4)	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			(\$)				

4. In Default														
Description	Number of Borrowers		Principal Repaid	Principal Cancelled				Principal Outstanding	Principal Written	Capitalized Interest (\$)	Reconciling Difference			
	(1)	(\$) (2)	(\$) (3)	Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)	(\$) (6)			(6) (\$	Not Past Due (\$) (7)	(\$) (\$)	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	5	Principal Written	Capitalized Interest (\$)	Reconciling Difference			
	(1) (\$) (3) (2) Employment/Prof Death/Disability Pract (\$) (\$) (4) (5)	(6)	Not Past Due (\$) (7)	(\$) (\$)	Off (\$) (9)	(10)	(Column 2 + Column 10 – Sum of Columns 3 through 9) (\$)							
A. Forbearance	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		Institution:			Program: HPSL - Veterinary Medicine
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					
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		\frown			
					OMB Number: 0915-0044
					Expiration Date: 01/31/2018