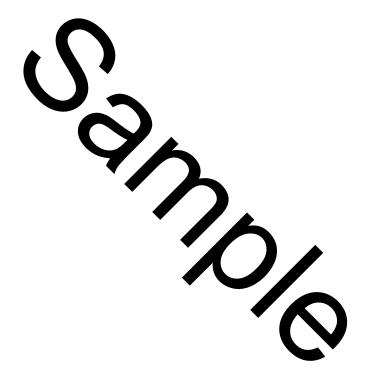
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY		
BUREAU OF HEALTH WORKFORCE	Institution:		Program: LDS - Dentistry	
Loans Annual Operating Report	Submission Tracking #:	Grant Number:	Reporting Period: 7/1/2014 - 6/30/2015	

Loans Annual Operating Report	Submission Tracking #: Grant Number:		Grant Number:	Reporting Period: 7/1/2014 - 6/30/20	
B					
Page 1A: Student Borrower Data Section					
Student/Graduate Data			C (includes cur	umulative	
Number of Loans for the Dentistry discipline				0	0
2. Total Dollar Amount of Loans Awarded for the Dentistry di	scipline			0	0
3. Total Full-time enrollment for the Dentistry discipline for the and LDS recipients)	e academic year (both non-LDS				0
4. Total number of Defaulted Loans for the Dentistry disciplin	е			0	0
5. Total Original Defaulted Principal Loaned for Dentistry disc	cipline			0	0
6a. Total Number of Students who dropped out this year for the	he Dentistry discipline				0
6b. Of the number above, how many of them were LDS students	ent borrowers				0
7a. Total Number of LDS Borrowers for the Dentistry disciplin				0	0
7b. Of the number of LDS borrowers for the Dentistry disc Non Retired/Defaulted Borrowers	ie above umber of Active and			0	
8. Total Number of LDS students including thos for the Dentistry discipline (Age and Gender det	during reporting period			0	0
9. Total Graduates (LDS - Dentistry Only)				0	0
10. Number of LDS loan students including those who go that indicate an intention to serve in a medically underserved	ed during this report q period com				0
11. Number of LDS students including those that graduated indicate an intention to practice in primary care	duril his report. od that				0
12. Number of LDS students and graduates during this report backgrounds	ting period for rural				0
Current Year Graduate Special Data				Number	of Graduates
13. Total number of full time graduates (LDS loan recipients	and Non-LDS) at your schr	the currenter reporting	g 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-l	JRM graduates			0	
14. Total number of full time LDS graduates during the curre	nt reporting period who indicate inter	nt to in a rural	are	0	
Prior Year Graduate Special Data for 2013 - 2014 Academ	nic Year			Number	of Graduates
15a. Total Number of LDS - Dentistry Loan Recipients who g	raduated in academic year 2013 - 2	014		0	
15b. Of the Total Graduates reported in question 15a, the Nu in Medically Underserved Communities	Imber of Full-Time LDS - Dentistry G	Graduates in acaden	n ear 20 14 servii	0	
15c. Of the Total Graduates reported in question 15a, the Nu in Primary Care	mber of Full-Time LDS - Dentistry G	Graduates in acaden	nic year 2t - 2014 st	0	
15d. Of the Total Graduates in question 15a, the Number of field for which they received their degree	Full-Time LDS - Dentistry Graduates	in academic year 2	013 - 2014 who entered the	0	
15e. Of the Total Graduates reported in question 15a, the Nu service in a rural area	imber of LDS - Dentistry Graduates	in academic year 20	113 - 2014 who entered	0	
Student Special Data (For LDS Programs only)					
16. Indicate the recruitment activities for disadvantaged stude (Recruitment Details)	ents your school uses for the LDS pr	rogram by checking	all box(s) that apply		
17a. Indicate the retention and/or mentoring activities for disaboxes that apply (Retention Details)	advantaged students that your school	ol uses for the LDS p	program by checking all		
17b. Indicate the type of retention and/or mentoring activities boxes that apply (Type of Retention Activities Details)	for disadvantaged students your sc	hool uses for the LD	S program by checking all		
18. Share in the box below any success stories about LDS re	cipients (Maximum 250 characters)			None ava	ailable at this time.
19. How many LDS students received pipeline training fr time? (Data collection period starts July 1, 2011).	om other HRSA programs (i.e., He	ealth Careers Oppo	rtunity Program (HCOP) Cente	ers of Exc	cellence (COE) at any period of
Description		Cumulative (Incl	udes Current Year)	Current ((New LDS Recipients)
HCOP:		0	,	0	. r · · · · ·
COE:		0		0	
Other:					
		0		0	

19. How many LDS students received pipeline training from other HRSA programs (i.e., Health Careers Opportunity Program (HCOP) Centers of Excellence (COE) at any period of time? (Data collection period starts July 1, 2011).						
Description	Cumulative (Includes Current Year)	Current (New LDS Recipients)				
20. Please provide the name of at least one health clinic that provides service to a significant number of individuals who are from disadvantaged backgrounds including members of minority groups, that your school has an agreement with to provide students with experience in providing clinical services to such individuals. (Maximum 100 characters)						
Clinic 1:						
Clinic 2:						
Clinic 3:						



DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration			
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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 Disconle (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	3	0	0
Total (A + B + C + D + E + F + G)	0	0	3 🛕	0	0

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Program Accounts Section		
A. Federal Funds Awarded	Cumulative (\$) (includes current year)	Current Year (
Federal Funds Awarded	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	(
2. Institutional Contributions Deposited	0	
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	
2. 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

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BUREAU OF HEALTH WORKFORCE	Institution:	Program: LDS - Dentistry		
Loans Annual Operating Report	Submission Tracking #:	Grant Number:	Reporting Period: 7/1/2014 - 6/30/2015	

Loans Annual O	perating Report	Submissio	n Tracking #			Grant N	ant Number: Reporting Per		orting Period:	Period: 7/1/2014 - 6/30/2015	
Page 3: Program Accounts S	ection										
Program Accounts Section											
F.1. Loan Cancellations to B	Borrowers – Professi	onal Practice									
Description		Cumu	lative (Includ	es Current Year)				Cur	rent Year		
		Number of Borrov	vers	Principal (\$)	Inte	rest (\$)	Number of Born	rowers	Principa	al (\$)	Interest (\$)
a. HP Practice – Shortage (10	0%)	N/A				(17)	N/A				
b. HP Practice – Rural Shorta	ge (15%)	N/A					N/A				
F.1. Total											
F.2. Loan Cancellations to E	Borrowers - Nursing	Employment									
Description		Cumu	lative (Includ	es Current Year)				Cur	rent Year		
		Number of Borrov	vers	Principal (\$)	Inte	rest (\$)	Number of Born	rowers	Principa	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%) 03/23/2010) on or after						N/A				
e. Nursing Employment (20%) 03/23/2010) on or after	N					N/A				
f. Nursing Employment (Other 03/23/2010	r) on or after	M	Y	4			N/A				
F.2. Total											
F.3. Loan Cancellations to E	Borrowers - Death								1		
Description		Cumu	lative (Includ	e rrent Year)				Cur	rent Year		
		Number of Borrov	vers	Principal	lp	st (\$)	Number of Born	rowers	Principa	al (\$)	Interest (\$)
a. On Loans made on or after	10/22/85	0		0			0			0	0
b. On Loans except those made	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	Borrowers – Permane	ent & Total Disability	Approved by	HHS							
Description		Cumu	lative (Includ	es Current Year)				Cur	rent Year		
		Number of Borrov	vers	Principal (\$)	Inte	rest (\$)	Nun of E	rowers	Principa	al (\$)	Interest (\$)
a. On Loans made on or after	10/22/85	0		0		0	V			0	0
b. On Loans except those rep	orted in F.4.a.	0		0		0				0	0
F.4. Total		0		0		0	0 0		0		0
G. Bad Debts Approved For	Write-Off By HHS										
Description		Cumulative (Include	es Current Ye	ear)				Current	Year		
	Number of Borrow	wers Principal (\$)	Interest (\$)	Penalty Char	ges (\$)	Number	of Borrowers Pi	rincipal (\$)	Interest (\$)	Penal	Ity Charges (\$)
Total Approved	0	0	0		0		0	0	0		0

0

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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)			C
C. Federal Funds Received/Receivable 7/1/2014 - 6/30/20	15			
Federal Funds Received/Receivable				
D. Institutional Contribution for 7/1/2014 - 6/3 015				
B. Institutional Contribution for 17172014 - 61				
1. Institutional Contribution				(
E. Projected Collections for 7/1/2015 - 6/30/2016				
1. Principal	V			0
2. Interest				0
3. Investment Income and Penalty Charges				0
F. Projected Funds Available as of 6/30/2016				
Projected Funds Available (A+B+C+D+E)	•	0/		0
G. Actual Expenditures for 7/1/2014 - 6/30/2015	V			
1. Loans to Students				0
2. Costs (Collection, Litigation, Credit Bureau and Other)				(
3. Repayments to Federal Government and Institution (Princ	ipal, Interest and Other Income)			(
H. Projected Expenditures for 7/1/2015 - 6/30/2016				
1. Loans to Students				0
2. Costs (Collection, Litigation and Credit Bureau)				(
I. Projected Expenditures as of 6/30/2016				
Projected Expenditures (G+H)				0
J. Projected Cash Balance as of 6/30/2016				
Projected Cash Balance (F-I)				0
K. Less Projected Expenditures for 7/1/2016 - 6/30/2018				0
300,2010				
Less Projected Expenditures				0

L. Excess Cash

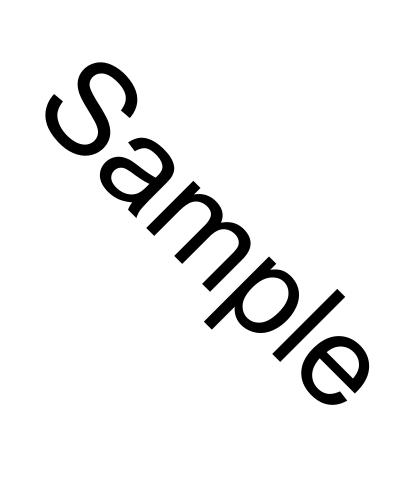
1. Excess Cash (J – K)

M. General Ledger Ending Cash Balance as of 6/30/2015

1. General Ledger Ending Cash Balance

0 OMB Number: 0915-0044

Expiration Date: 01/31/2018



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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		
2. 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 ernme 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 of the provide for school or school of the sch	ditor? Yes	
Yes (provide the detail below) No (proceed to the next question)		
Audits	мм	YYYY
a. Period of last audit - Start Date	00	0000
b. Period of last audit - End Date	00	0000
c. Date audit submitted to Regional Audit Agency	00	0000
c. Date audit submitted to Regional Audit Agency		OMB Number: 0915-0
		Expiration Date: 01/31/2
•		

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Page 6: Program Accounts S	Section										
Program Accounts Section											
1. Fully Retired											
Description Number of Borrowers		Principal Repaid	Principal Cancelled		Principal Delinquent	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)	(9)		(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						0
C. Cancellation/Disability	0	0		0	0						0
D. Discharged in Bankruptcy	0	^ 0	0	0			0				0
E. HHS Approved Write-Off	0	0	9	0					0		0
F. Uncollectible per P.L. 107-205	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 Loaned (\$) (2)	Principal Repaid (\$) (3)	Princi Employment/Prof Pract (\$)	De disabit	Principal Delinquent (\$) (6)	Principal Uncollectible Not Past Due (\$) (7)	Principal Outstanding but Not Due (\$) (8)	Principal Written Off (\$) (9)	Capitalized Interest (\$) (10)	Reconciling Difference (Column 2 - Column 10 - Sum o 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	Borrowers	Principal Loaned	Principal Repaid	Principal Cancelled		Principal Delinquent	Principal Uncollectible	Principal Outstanding	Principal Written	Interest (\$)	Reconciling
	(1)	(\$)	(\$)	Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)	(\$) (6)	Not Past Due (\$) (7)	but Not Due (\$) (8)	Off (\$) (9)	(10)	(Column 2 Column 1 - Sum c Columns through 9
A. Pending Discharge/Wage Earners Agreement	0	0	0	0		0	0	0			0

4. In Default											
Description Number of Borrowers		Principal Repaid	Principal Cancelled		Principal Delinquent	Principal Uncollectible	Principal Outstanding	Principal Written	Capitalized Interest (\$)	Reconciling Difference	
	(1)	(\$)	(3)		but Not Due (\$) (8)	(9)		(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											
	Number of	Borrowers Loaned	Repaid	The state of the s				Outstanding	Written	Interest (\$)	Reconciling Difference
	Borrowers	Loaned	Repaid	Principal	Cancelled	Principal Delinquent	Uncollectible	Outstanding		Interest (\$)	Difference
	Borrowers (1)	-		Employment/Prof Pract (\$) (4)	Death/Disability	Delinquent (\$)		Outstanding			Difference (Column : + Column 10 – Sum o Columns : through 9
A. Forbearance		Loaned (\$)	Repaid (\$)	Employment/Prof	Death/Disability	Delinquent (\$)	Uncollectible Not Past Due (\$)	Outstanding but Not Due (\$)	Written Off (\$)	Interest (\$)	_



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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			