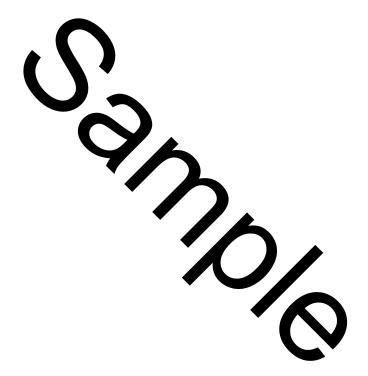
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration			
BUREAU OF HEALTH WORKFORCE	Institution:	Program: LDS - Optometry	
Loans Annual Operating Report	Submission Tracking #:	Grant Number:	Reporting Period: 7/1/2014 - 6/30/2015

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 (includes current year)			Current Year	
1. Number of Loans for the Optometry discipline			0	0		
2. Total Dollar Amount of Loans Awarded for the Optometry	discipline			0	0	
3. Total Full-time enrollment for the Optometry discipline for t and LDS recipients)	he academic year (both non-LDS				0	
4. Total number of Defaulted Loans for the Optometry discipl	ne			0	0	
5. Total Original Defaulted Principal Loaned for Optometry di	scipline			0	0	
6a. Total Number of Students who dropped out this year for t	he Optometry discipline				0	
6b. Of the number above, how many of them were LDS stude	ent borrowers				0	
7a. Total Number of LDS Borrowers for the Optometry discip	ipe			0	0	
7b. Of the number of LDS borrowers for the Optometry di Non Retired/Defaulted Borrowers	line abo number of Active and			0		
8. Total Number of LDS students including thos for the Optometry discipline (Age and Gender d ls)	during reporting period			0	0	
9. Total Graduates (LDS - Optometry Only)				0	0	
10. Number of LDS loan students including those who grathat indicate an intention to serve in a medically underserved	and during this report of period com				0	
11. Number of LDS students including those that graduated of indicate an intention to practice in primary care	duril his report. od that	nat			0	
12. Number of LDS students and graduates during this report backgrounds	ting period for rural				0	
Current Year Graduate Special Data				Number of	f Graduates	
13. Total number of full time graduates (LDS loan recipients	and Non-LDS) at your schrondring	the cur	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-U	IRM graduates			0		
14. Total number of full time LDS graduates during the current	nt reporting period who indicate inte	nt to in a rural	are	0		
Prior Year Graduate Special Data for 2013 - 2014 Academ	ic Year			Number of	f Graduates	
15a. Total Number of LDS - Optometry Loan Recipients who	graduated in academic year 2013 -	2014		0		
15b. Of the Total Graduates reported in question 15a, the Nu serving in Medically Underserved Communities	mber of Full-Time LDS - Optometry	Graduates in acade	ex year 2 2014	0		
15c. Of the Total Graduates reported in question 15a, the Nu serving in Primary Care	mber of Full-Time LDS - Optometry	Graduates in acade	emic year 1 3 - 2014	0		
15d. Of the Total Graduates in question 15a, the Number of I the field for which they received their degree	Full-Time LDS - Optometry Graduat	es in academic year	2013 - 2014 who entered	0		
15e. Of the Total Graduates reported in question 15a, the Nu service in a rural area	mber of LDS - Optometry Graduate	s in academic year	2013 - 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 pa	rogram by checking	all box(s) that apply			
17a. Indicate the retention and/or mentoring activities for disaboxes that apply (Retention Details)	dvantaged 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	OS program by checking all			
18. Share in the box below any success stories about LDS re	cipients (Maximum 250 characters)			N/A		
19. How many LDS students received pipeline training fretime? (Data collection period starts July 1, 2011).	om other HRSA programs (i.e., He	ealth Careers Oppo	ortunity Program (HCOP) Cente	rs of Exce	ellence (COE) at any period of	
Description		Cumulative (Incl	udes Current Year)	Current (N	lew LDS Recipients)	
HCOP:		0	·	0		
COE:		0		0		
Other:		0	(	0		
Other Program Titles:		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 Discurre (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

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

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		(
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	
8. Institutional Repayments of Bad Debts, Principal	0	
9. Institutional Repayments of Bad Debts, Interest	0	
10. Institutional Repayments of Bad Debts, Penalty charges	0	
C. Total	0	
D. Cash Disbursements	Cumulative (\$) (includes current year)	Current Year
1. Loaned to Students	0	
2. Transferred to Scholarship Fund		
3. Repayments to Federal Government, Principal		
4. Repayments to Federal Government, Interest		
5. Repayments to Federal Government, Other Income	0	
6. Repayments to Institution, Principal		
7. Repayments to Institution, Interest	0	
8. 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	

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration			
BUREAU OF HEALTH WORKFORCE	Institution:	Program: LDS - Optometry	
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Loans Annual Op	perating Report	Submissio	n Tracking #:			Grant Number: Rep		Rep	Reporting Period: 7/1/2014 - 6/30/2015		
Page 3: Program Accounts Se	ection										
Program Accounts Section											
F.1. Loan Cancellations to B	Sorrowers – Profession	onal Practice									
Description		Cumul	lative (Includ	es Current Year)				Cur	rent Year		
•		Number of Borrow		Principal (\$)		erest (\$)	Number of Borr	owers	Principa	al (\$)	Interest (\$)
a. HP Practice – Shortage (10	1%)	N/A					N/A			(1)	
b. HP Practice – Rural Shorta	ge (15%)	N/A					N/A				
F.1. Total											
F.2. Loan Cancellations to B	Borrowers – Nursing I	Employment									
Description			lative (Includ	es Current Year)				Cur	rent Year		
		Number of Borrow		Principal (\$)		erest (\$)	Number of Borr		Principa	al (\$)	Interest (\$)
a. Nursing Employment (10%)	)	N/A		17.7 (7)			N/A			(1)	
b. Nursing Employment (15%)		N/A					N/A				
c. Nursing Employment (20%)		V/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	) on or after	N	Y.				N/A				
F.2. Total											
F.3. Loan Cancellations to B	Borrowers - Death										
Description		Cumul	lative (Includ	e rrent Year)				Cur	rent Year		
		Number of Borrow	vers	Principal	lp	st (\$)	Number of Borr	owers	wers Principal (\$)		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	0
F.4. Loan Cancellations to B	Borrowers – Permane	ent & Total Disability	Approved by	HHS							
Description		Cumul	lative (Includ	es Current Year)				Cur	rent Year		
		Number of Borrow	/ers	Principal (\$)	Inte	erest (\$)	Nun of E	owers	Principa	al (\$)	Interest (\$)
a. On Loans made on or after	10/22/85	0		0				0	0		
b. On Loans except those repo	orted in F.4.a.	0		0	0 0			0	0		
F.4. Total		0		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	vers Principal (\$)	Interest (\$)	Penalty Char	ges (\$)	Number	of Borrowers Pr	rincipal (\$)	Interest (\$)	Penal	ty Charges (\$)
Total Approved	0	0	0		0		0	0	0		0

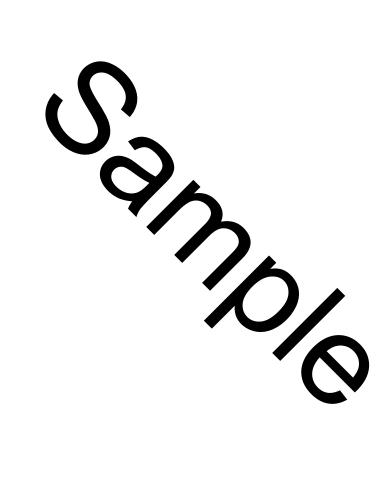
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY		
BUREAU OF HEALTH WORKFORCE	Institution:		Program: LDS - Optometry
Loans Annual Operating Report	Submission Tracking #:	Grant Number:	Reporting Period: 7/1/2014 - 6/30/2015
Page 4: Excess Cash Worksheet 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

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 - 6/30/2015	
1. 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	
<b>Y</b>	
1. Principal	0
Interest     Investment Income and Penalty Charges	0
5. Investment income and remany charges	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
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 Evpanditures	0
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	· ·
Serioral 2025. 2amy oddi balance as or olovizoro	

1. General Ledger Ending Cash Balance

0 OMB Number: 0915-0044

Expiration Date: 01/31/2018



DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration			
BUREAU OF HEALTH WORKFORCE	Institution:	Program: LDS - Optometry	
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D			
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 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 Financial	Operations		0
I. Checklist/Questions			
1. What is the total amount (\$) of interest that is, due?			0
2. Does your institution provide for a biennial audit of the base of school sunds by a qualifying independent auditor	r? Yes		
Yes (provide the detail below) No (proceed to the next question)			
Audits	ММ	YYY	YY
a. Period of last audit - Start Date	00	000	10
b. Period of last audit - End Date	00	000	10
c. Date audit submitted to Regional Audit Agency	00	000	10
		OMB Nu	umber: 0915-
	_	Expiration	Date: 01/31/2
·			

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY			
BUREAU OF HEALTH WORKFORCE	Institution:	Program: LDS - Optometry		
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Page 6: Program Accounts S	ection										
Program Accounts Section											
1. Fully Retired											
Description	Number of Borrowers		Principal Uncollectible	Principal Outstanding	Principal Written	Capitalized 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 10 - Sum o 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	<b>^</b> 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
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 L	Principal Loaned	Repaid	Principal Cancelled		Principal Delinquent	nt Uncollectible	Outstanding	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 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	Principal Loaned		Principal Uncollectible	Principal Outstanding	Principal Written	Capitalized Interest (\$)	Reconciling Difference			
	(1)	(\$)	(\$)	Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)	(\$)		\$) (\$)	(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	Borrowers Loaned	Principal Repaid	Principal Cancelled		Principal Delinquent	Principal Principal Uncollectible Outstanding			Reconciling Difference	
	(1)	(\$)	(\$)	Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)	(\$)	Not Past Due (\$) (7)	but Not Due (\$) (8)	Off (\$) (9)	(10)	(Column 2 + Column 10 - Sum of Columns 3 through 9)
	_	0	0	0		0	0	0			0
A. Forbearance	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:									

