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

Loans Annual Operating Report	Submission Tracking #:	Submission Tracking #: Grant Number:			Reporting Period: 7/1/2014 - 6/30/2015		
Page 1A: Student Borrower Data Section							
Student/Graduate Data			Cu (includes curre	mulative ent year)	Current Year		
Number of Loans for the Pharmacy discipline				0	0		
2. Total Dollar Amount of Loans Awarded for the Pharmacy	discipline			0	0		
3. Total Full-time enrollment for the Pharmacy discipline for HPSL and HPSL recipients)	the academic year (both non-				0		
4. Total number of Defaulted Loans for the Pharmacy disci	oline			0	0		
5. Total Original Defaulted Principal Loaned for Pharmacy	discipline			0	0		
6a. Total Number of Students who dropped out this year fo	r the Pharmacy discipline				0		
6b. Of the number above, how many of them were HPSL s	tudent borrowers				0		
7a. Total Number of HPSL Borrowers for the Pharmacy dis	cipline			0	0		
7b. Of the number of HPSL borrowers for the Pharmacy of and Non Retired/Defaulted Borrowers	pline ab number of Active			0			
8. Total Number of HPSL students including the for the Pharmacy discipline (Age and Gender des)	d during le reporting period			0	0		
9. Total Graduates (HPSL - Pharmacy Only)				0	0		
10. Number of HPSL loan students including those who that indicate an intention to serve in a medically underserve	ated during this repairing period ed com				0		
11. Number of HPSL students including those that graduate indicate an intention to practice in primary care	ed du t this repo.				0		
12. Number of HPSL students and graduates during this rebackgrounds	porting period n rural				6		
Current Year Graduate Special Data			1	Number of	Graduates		
13. Total number of full time graduates (HPSL loan recipier	nts and Non-HPSL) at your s	uring the	ing period	0			
13a. Of the total number in question 13, how many are UR	M graduates			0			
13b. Of the total number in question 13, how many are nor	-URM graduates			0			
14. Total number of full time HPSL graduates during the cu	rrent reporting period who indicate in	ntent to e in a rural	ar)			
Prior Year Graduate Special Data for 2013 - 2014 Acade	emic Year		1	Number of	Graduates		
15a. Total Number of HPSL - Pharmacy Loan Recipients w	rho graduated in academic year 2013	3 - 2014		0			
15b. Of the Total Graduates reported in question 15a, the 1 serving in Medically Underserved Communities	Number of Full-Time HPSL - Pharmac	cy Graduates in acad	c year 2014	0			
15c. Of the Total Graduates reported in question 15a, the N serving in Primary Care	Number of Full-Time HPSL - Pharmac	cy Graduates in acade	mic year 113 - 2014	0			
15d. Of the Total Graduates in question 15a, the Number of the field for which they received their degree	f Full-Time HPSL - Pharmacy Gradu	ates in academic year	2013 - 2014 who entered	0			
15e. Of the Total Graduates reported in question 15a, the I service in a rural area	Number of HPSL - Pharmacy Gradua	ates in academic year 2	2013 - 2014 who entered	0			

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

	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 Discurie (A)	N Student Re lients (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	10/	0	0

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY		
BUREAU OF HEALTH WORKFORCE	Institution:		Program: HPSL - Pharmacy	
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
1. 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	0	
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	
E. Cash Balance - End of Report Period		Current Year

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

Loans Annual Op	perating Report	Submissio	n Tracking #	:		Grant Number: Rep		Repoi	Reporting Period: 7/1/2014 - 6/30/2015		
Page 3: Program Accounts Se	ection										
Program Accounts Section											
F.1. Loan Cancellations to B	orrowers – Professio	nal Practice									
Description		Cumul	lative (Includ	les Current Year)			Curre	ent Year		
		Number of Borrow	/ers	Principal (\$)	Inte	rest (\$)	Number of Borrow	ers	Principa	al (\$)	Interest (\$)
a. HP Practice – Shortage (10	%)	0		0		0	N/A				
b. HP Practice – Rural Shortag	ge (15%)	0		0		0	N/A				
F.1. Total		0		0		0					
F.2. Loan Cancellations to B	orrowers – Nursing E	mployment									
Description		Cumul	lative (Includ	les Current Year)			Curre	ent Year		
		Number of Borrow	/ers	Principal (\$)	Inte	rest (\$)	Number of Borrow	ers	Principa	al (\$)	Interest (\$)
a. Nursing Employment (10%)		N/A					N/A				
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	M	Y				N/A				
F.2. Total											
F.3. Loan Cancellations to B	orrowers - Death										
Description		Cumul	lative (Includ	le rrent Year				Curre	ent Year		
		Number of Borrow	vers	Principal	lp	st (\$)	Number of Borrow	ers	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	0	0			0	0
F.3. Total		0					0			0	0
F.4. Loan Cancellations to B	orrowers – Permaner	nt & Total Disability	Approved by	HHS							
Description		Cumul	lative (Includ	les Current Year)			Curre	ent Year		
		Number of Borrow	/ers	Principal (\$)	Inte	rest (\$)	Num of E row	ers	Principa	al (\$)	Interest (\$)
a. On Loans made on or after	10/22/85	0 0			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			
G. Bad Debts Approved For	Write-Off By HHS										
Description		Cumulative (Include	es Current Ye	ear)				Current Y	ear		
	Number of Borrowe	ers Principal (\$)	Interest (\$)	Penalty Cha	rges (\$)	Number	of Borrowers Princ	ipal (\$)	Interest (\$)	Pena	ty Charges (\$)
Total Approved	0	0	0		0		0	0	0		0

0

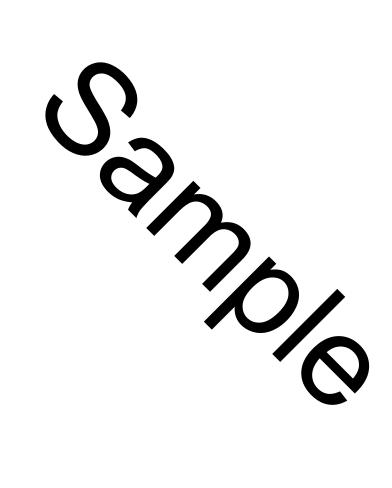
DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY		
BUREAU OF HEALTH WORKFORCE	Institution:		Program: HPSL - P	harmacy
Loans Annual Operating Report	Submission Tracking #:	Grant Number:	Reporting Period:	7/1/2014 - 6/30/2015
Page 4: Excess Cash Worksheet 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				C
2. Interest				C
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				
Institutional Contribution				
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				
Projected Funds Available (A+B+C+D+E)	·			0
G. Actual Expenditures for 7/1/2014 - 6/30/2015	V			
Loans to Students				0
Costs (Collection, Litigation, Credit Bureau and Other)				
Repayments to Federal Government and Institution (Prince)	ipal, Interest and Other Income)			(
H. Projected Expenditures for 7/1/2015 - 6/30/2016				
Loans to Students				0
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				
1 Long Projected Expanditures				0
Less Projected Expenditures				0

1. Excess Cash (J – K)

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

1. General Ledger Ending Cash Balance

19,894



DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration		FOR HRSA USE ONLY	DR HRSA USE ONLY		
BUREAU OF HEALTH WORKFORCE	Institution:		Program: HPSL - Pharmacy		
Loans Annual Operating Report	Submission Tracking #:	Grant 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
For Active Schools			
O Forest cash (f) from some data and 4th at the cash cash 4th DMC			
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 gramme, and remitted separately to the division of File	nancial Operations		0
	ianciai Operations		0
I. Checklist/Questions			
What is the total amount (\$) of interest that isdue?			0
Does your institution provide for a biennial audit or bloom or school funds by a qualifying independent o	t auditor? Yes		
Yes (provide the detail below) No (proceed to the next question)	t dddidi. 100		
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
			OMB Number: 0915-0
			Expiration Date: 01/31/2
·	56		

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

Loans Annual Operating Report			Subn	Submission Tracking #:			Grant Number:		Reporting Period: 7/1/2014 - 6/30/2015		
Page 6: Program Accounts	Section										
Program Accounts Section	n										
1. Fully Retired											
Description	Number of Borrowers	Principal Loaned	Principal Repaid (\$)			Principal Delinquent	Uncollectible		g Written	Capitalized Interest (\$)	Reconciling Difference
	(1)	(\$)	(3)	Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)	(\$) (6)	Not Past Due (\$) (7)	but Not Du (\$	6) (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
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
Total (Sum of Row A through F)	0	0		0	0		0		0		0
2. Current											
Description	Number of Borrowers (1)	Principal Loaned (\$) (2)	Principal Repaid (\$) (3)	Employment/Pro Pract (\$) (4)	Death/Disal (\$)	Principal Delinquent (\$) (6)	Principal Uncollectible Not Past Due (\$) (7)	Principa Outstanding but Not Due (\$	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	Number of Borrowers	Loaned	Principal Repaid	Principal C	ancelled	Principal Delinquent	Principal Uncollectible	Principa Outstanding	Written	Interest (\$)	Reconciling
	(1)	(\$)	(3)	Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)	(\$)	Not Past Due (\$) (7)	but Not Due (\$ (8	(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											
Born	Number of Borrowers		Principal Repaid (\$)* (3)	Principal Cancelled			Principal Uncollectible	Principal Outstanding	Principal Written	Capitalized Interest (\$)	Reconciling Difference
	(1)			Employment/Prof Pract (\$) (4)	Death/Disability (\$) (5)	(\$) (6)	Not Past Due b (\$) (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	Repaid (\$)	·							
		Loaned	Repaid (\$)		Cancelled	Principal Delinquent	Uncollectible	Outstanding	Principal Written	Interest (\$)	Difference
	Borrowers (1)	-			Death/Disability	Delinquent (\$) (6)		Outstanding		Interest (\$)	Difference (Column : + Column 10 – Sum o Columns : through 9
A. Forbearance		Loaned (\$)	Repaid (\$)	Employment/Prof	Death/Disability	Delinquent (\$) (6)	Uncollectible Not Past Due (\$)	Outstanding but Not Due (\$)	Written Off (\$)	Interest (\$)	Reconciling Difference (Column 2 + Column 10 - Sum of Columns 3 through 9 (\$)



DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration	FOR HRSA USE ONLY				
BUREAU OF HEALTH WORKFORCE	Institution:		Program: HPSL - Pharmacy		
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