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| **FINANCIAL DATA** |
| **1.** Federal Agency and Organization Element toWhich Report is Submitted | **2.** Federal Grant or Other Identifying NumberAssigned by Federal Agency | **3a.** DUNS # |  | **4.** Reporting PeriodEnd Date |
| **Health Resources and Services Administration****(HRSA)** | Grant #: Submission Tracking #: OPSID:  | **3b.** EIN |  | **06/30/2013** |
| **PAGE 1A - STUDENT BORROWER DATA SECTION** |
| **Student/Graduate Data Cumulative Current Year****(Includes current year) (7/1/2012-6/30/2013)** |
| 1A-1. Number of Loans for the Dentistry discipline |  | (New Only) |
| 1A-2. Total Dollar Amount of Loans Awarded for the Dentistry discipline |  |  |
| 1A-3. Total Full-time Enrollment for the Dentistry discipline for the academic year (both non-LDS recipients and LDS recipients) |  |  |
| 1A-4. Total number of Defaulted Loans for the Dentistry discipline |  |  |
| 1A-5. Total Original Defaulted Principal Loaned for the Dentistry discipline |  |  |
| 1A-6a. Total Number of Students who dropped out of the Dentistry discipline |  |  |
| 1A-6b. Of the number above, how many of them were LDS student borrowers |  |  |
| 1A-7a. Total Number of LDS Borrowers for the Dentistry discipline |  |  |
| 1A-7b. Of the number of LDS borrowers for the Dentistry discipline above, number of Active and Non Retired/Defaulted Borrowers |  |  |
| 1A-8. Total Number of LDS Students including those who graduated during the reporting period for the Dentistry discipline |  | (Age and Gender details) |
| 1A-9. Total Graduates (LDS-Dentistry only) |  |
| 1A-10. Number of LDS students including those who graduated during this reporting period that indicate an intention to serve in a medic ally underserved community |  |  |
| 1A-11. Number of LDS students including those that graduated during this reporting period that indicate an intention to practice in primary c are |  |
| 1A-12. Number of LDS students including those who graduated during this reporting period that are from rural backgrounds |  |

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| **Current Years Graduate Special Data Number of Graduates** |
| 1A-13. Total number of full time graduates (LDS loan recipients and Non-LDS) at your school during the current reporting period |  |
| 1A-13a. Of the total number in question 1A-13, how many are URM graduates |  |
| 1A-13b. Of the total number in question 1A-13, how many are non- URM graduates |  |
| 1A-14. Total number of full time LDS graduates during the current reporting period who indicate intent to serve in a rural area |  |

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| **Prior Years Graduate Special Data Number of Graduates** |
| 1A-15a. Total Number of LDS - Dentistry Loan Recipients who graduated in academic year 2011-2012 |  |
| 1A-15b. Of the Total Graduates reported in question 1A-15a, the Number of Full-Time LDS - Dentistry Graduates in academic year 2011-2012 serving in Medic ally Underserved Communities |  |
| 1A-15c . Of the Total Graduates reported in question 1A-15a, the Number of Full-Time LDS - Dentistry Graduates in academic year 2011-2012 serving in Primary Care |  |
| 1A-15d. Of the Total Graduates reported in question 1A-15a, the Number of Full-Time LDS - Dentistry Graduates in academic year 2011-2012 who entered the field for which they received the degree |  |
| 1A-15e. Of the Total Graduates in question 1A-15a, the Number of Full-Time LDS - Dentistry Graduates in academic year2011-2012 who entered service in a rural area? |  |

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| **Student Special Data (For LDS programs Only)** |
| **\***1A-16. Please indicate the recruitment activities for disadvantaged students your school uses for the LDS program by checking all box(s) that apply. | (Recruitme nt de tails ) |
| **\***1A-17a. Please indicate the retention and/or mentoring activities for disadvantaged students that your school uses for the LDS program by checking all boxes that apply. | (Retention details) |
| **\***1A-17b. Please indicate the type of retention and/or mentoring activities for disadvantaged students your school uses for the LDS program by checking all boxes that apply. |  (Type of Re tention Activitie s de tails) |
| **\***1A-18. Please share in the box below any success stories about LDS recipients. (Maximum 250 characters) |  |
| **\***1A-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, 2012). |  **Cumulative****(Includes current year)** |  **Current****(New LDS Recipients)** |
| HCOP:COE: Other:Other Program Titles: | HCOP:COE: Other:Other Program Titles: |
|  \* Please provide the name of at least one health clinic that provides services to a significant number of individuals who are from disadvantaged backgrounds including members of minority groups, that your school uses to provide students with experience in providing clinical services to such individuals.(Maximum 100 characters) | Clinic 1: Clinic 2: Clinic 3:  |

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| **FINANCIAL DATA** |
| **DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration****BUREAU OF HEALTH PROFESSIONS Annual Operating Report****Page 1b - Student Race/Ethnicity Data Section** | **FOR HRSA USE ONLY** |
| Institution | Program |
| **MIDWESTERN UNIVERSITY DOWNERS GROVE - CHICAGO COLLEGE OF OSTEOPATHIC** | **LDS - Osteopathic****Medicine** |
| Submission Tracking Number | OPSID | Grant Number | Reporting Period |
| **AORE3600012785/1** | **68822012(Active)** | **E36HP21719** | **07/01/2012 -****06/30/2013** |
| **1. Hispanic or Latino Students** |
| Did your BHPr funded program have students of "Hispanic or Latino ethnicity" betw een **7/1/2012 and 6/30/2013? Y es, I can provide some of the counts by race but not all.** |
| Hispanic or Latino Students by Race | Enrollment of Discipline (A) | New Student Recipients (B) | Recipients Other Than New W ho Did Not Graduate (C) | Recipients Other Than New W ho Graduated (D) | Total Recipients (B+C+D) |
| A. American Indian or Alaska Native |  |  |  |  |  |
| B. Asian - All (including underrepresented) |  |  |  |  |  |
| B1. Asian - underrepresented, if Know n |  |  |  |  |
| C. Black or African American |  |  |  |  |  |
| D. Native Haw aiian or Other Pacific Islander |  |  |  |  |  |
| E. W hite |  |  |  |  |  |
| F. More than one race(Race co mbinatio ns) |  |  |  |  |  |
| TOTAL (A + B + C + D + E + F) |  |  |  |  |  |
| Hispanic or Latino Students All Races | Enrollment of Discipline (A) | New Student Recipients (B) | Recipients Other Than New W ho Did Not Graduate (C) | Recipients Other Than New W ho Graduated (D) | Total Recipients (B+C+D) |
| G. All races |  |  |  |  |  |

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| **2. Non-Hispanic or Non-Latino Students** |
| Did your BHPr funded program have students of "Non-Hispanic or Non-Latino ethnicity" betw een **7/1/2012 and 6/30/2013? Y es, I can provide some of the counts by race but not all.** |
| Non-Hispanic or Non-Latino Students by Race | Enrollment of Discipline (A) | New Student Recipients (B) | Recipients Other Than New W ho Did Not Graduate (C) | Recipients Other Than New W ho Graduated (D) | Total Recipients (B+C+D) |
| A. American Indian or Alaska Native |  |  |  |  |  |
| B. Asian - All (including underrepresented) |  |  |  |  |  |
| B1. Asian - underrepresented, if know n |  |  |  |  |
| C. Black or African American |  |  |  |  |  |
| D. Native Haw aiian or Other Pacific Islander |  |  |  |  |  |
| E. W hite |  |  |  |  |  |
| F. More than one race(Race co mbinatio ns) |  |  |  |  |  |
| TOTAL (A + B + C + D + E + F) |  |  |  |  |  |
| Non-Hispanic or Non-Latino Students All Races | Enrollment of Discipline (A) | New Student Recipients (B) | Recipients Other Than New W ho Did Not Graduate (C) | Recipients Other Than New W ho Graduated (D) | Total Recipients (B+C+D) |
| G. All races |  |  |  |  |  |

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| **FINANCIAL DATA** |
| **DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration****BUREAU OF HEALTH PROFESSIONS Annual Operating Report****Page 2 - PROGRAMS ACCOUNT SECTION** | **FOR HRSA USE ONLY** |
| Institution | Program |
| **MIDWESTERN UNIVERSITY DOWNERS GROVE - CHICAGO COLLEGE OF OSTEOPATHIC** | **LDS - Osteopathic****Medicine** |
| Submission Tracking Number | OPSID | Grant Number | Reporting Period |
| **AORE3600012785/1** | **68822012(Active)** | **E36HP21719** | **07/01/2012 -****06/30/2013** |
| **Program Accounts** | **Cumulative (includes current year)** | **Current Y ear** |
| A. | FEDERAL FUNDS AWARDED |  |  |
| B. | C ASH BALANC E - START OF REPORT PERIOD |  |  |
| C. | CASH RECEIPTS |
|  | 1. | Federal Funds Received/Receivable |  |  |
|  | 2. | Institutional C ontributions Deposited |  |  |
|  | 3. | Transferred from Scholarship Fund |  |  |
|  | 4. | Loan Principal C ollected |  |  |
|  | 5. | Interest Income C ollected on Loans |  |  |
|  | 6. | Penalty C harges C ollected on Loans |  |  |
|  | 7. | Investment Income |  |  |
|  | 8. | Institutional Repayments of Bad Debts, Principal |  |  |
|  | 9. | Institutional Repayments of Bad Debts, Interest |  |  |
|  | 10. | Institutional Repayments of Bad Debts, Penalty C harges |  |  |
|  | 11. | Cash Receipts Total (sum of C.1 through C.10) |  |  |
| D. | C ASH DISBURSEMENTS |
|  | 1. | Loaned to Students |  |  |
|  | 2. | Transferred to Scholarship Fund |  |  |
|  | 3. | Repayments to Federal Government, Principal |  |  |
|  | 4. | Repayments to Federal Government, Interest |  |  |
|  | 5. | Repayments to Federal Government, Other Income |  |  |
|  | 6. | Repayments to Institution, Principal |  |  |
|  | 7. | Repayments to Institution, Interest |  |  |
|  | 8. | Repayments to Institution, Other Income |  |  |
|  | 9. | C ollection Agent C osts, Principal |  |  |
|  | 10. | C ollection Agent C osts, Interest |  |  |
|  | 11. | Litigation C osts, Principal |  |  |
|  | 12. | Litigation C osts, Interest |  |  |
|  | 13. | C redit Bureau Fees |  |  |
|  | 14. | Other C osts |  |  |
|  | 15. | C ash Disbursements Total (sum of D.1 through D.14) |  |  |
| E. | C ASH BALANC E - END OF REPORT PERIOD(C ASH BALANC E START OF REPORT PERIOD + C ASH REC EIPTS - C ASH DISBURSEMENTS) |  |  |

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| **FINANCIAL DATA** |
| **DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration****BUREAU OF HEALTH PROFESSIONS Annual Operating Report****Page 3 - PROGRAMS ACCOUNT SECTION (Continued)** | **FOR HRSA USE ONLY** |
| Institution | Program |
| **MIDWESTERN UNIVERSITY DOWNERS GROVE - CHICAGO COLLEGE OF OSTEOPATHIC** | **LDS - Osteopathic****Medicine** |
| Submission Tracking Number | OPSID | Grant Number | Reporting Period |
| **AORE3600012785/1** | **68822012(Active)** | **E36HP21719** | **07/01/2012 -****06/30/2013** |
| **Program Accounts (Continued)** | **Cumulative****(includes current year)** | **Current Y ear** |
| F. | LOAN CANCELLATIONS TO BORROW ERS | Number ofBorrow ers | Principal | Interest | Number ofBorrow ers | Principal | Interest |
|  | 1. | Professional Practice |
|  |  | a. HP Practice-Shortage (10%) |  |  |  |  |  |  |
|  |  | b. HP Practice-Rural Shortage (15%) |  |  |  |  |  |  |
|  |  | c. Total (Sum of 1.a and 1.b) |  |  |  |  |  |  |
|  | 2. | Nursing Employment |
|  |  | a. Nursing Employment (10%) |  |  |  |  |  |  |
|  |  | b. Nursing Employment (15%) |  |  |  |  |  |  |
|  |  | c. Nursing Employment (20%) |  |  |  |  |  |  |
|  |  | d. Nursing Employment (15%) on or after 03/23/2011 |  |  |  |  |  |  |
|  |  | e. Nursing Employment (20%) on or after 03/23/2011 |  |  |  |  |  |  |
|  |  | f. Nursing Employment (Other) on or after 03/23/2011 |  |  |  |  |  |  |
|  |  | g. Total (sum of 2.a through 2.f) |  |  |  |  |  |  |
|  | 3. | Death |
|  |  | a. On PC L Loans made on or after 10/22/85 |  |  |  |  |  |  |
|  |  | b. On Loans except those reported in F.3.a |  |  |  |  |  |  |
|  |  | c. Total (Sum of 3.a and 3.b) |  |  |  |  |  |  |
|  | 4. | Permanent & Total Disability Approved by HHS |
|  |  | a. On PC L Loans made on or after 10/22/85 |  |  |  |  |  |  |
|  |  | b. On Loans except those reported in F.4.a |  |  |  |  |  |  |
|  |  | c. Total (Sum of 4.a and 4.b) |  |  |  |  |  |  |

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| **PROGRAM ACCOUNTS (Continued)** | **Cumulative****(includes current year)** | **Current Y ear** |
| G. | BAD DEBTS APPROVED FOR W RITE-OFF BY HHS | Number ofBorrow ers | Principal | Interest | PenaltyCharges | Number ofBorrow ers | Principal | Interest | PenaltyCharges |
|  | Total Approved |  |  |  |  |  |  |  |  |

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| **FINANCIAL DATA** |
| **DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration****BUREAU OF HEALTH PROFESSIONS Annual Operating Report****Page 4 - EXCESS CASH WORKSHEET** | **FOR HRSA USE ONLY** |
| Institution | Program |
| **MIDWESTERN UNIVERSITY DOWNERS GROVE - CHICAGO COLLEGE OF OSTEOPATHIC** | **LDS - Osteopathic****Medicine** |
| Submission Tracking Number | OPSID | Grant Number | Reporting Period |
| **AORE3600012785/1** | **68822012(Active)** | **E36HP21719** | **07/01/2012 -****06/30/2013** |
| A. | General Ledger Cash Balance as of 6/30/2012 |  |
| B. | Actual Collections for 7/1/2012 - 6/30/2013 |
|  | 1. | Principal |  |
|  | 2. | Interest |  |
|  | 3. | Investment Income and Penalty Charges |  |
|  | 4. | Institutional Repayments of Bad Debts (Principal, Interest & Penalty Charges) |  |
| C. | Federal Funds Received/Receivable 7/1/2012 - 6/30/2013 |  |
| D. | Institutional Contribution for 7/1/2012 - 6/30/2013 |  |
| E. | Projected Collections for 7/1/2013 - 6/30/2013 |
|  | 1. | Principal |  |
|  | 2. | Interest |  |
|  | 3. | Investment Income and Penalty Charges |  |
| F. | Projected Funds Available as of 6/30/2013 (A + B + C + D + E) |  |
| G. | Actual Expenditures for 7/1/2012 - 6/30/2013 |
|  | 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 7/1/2013 - 6/30/2013 |
|  | 1. | Loans to Students |  |
|  | 2. | Costs(Collection, Litigation and Credit Bureau) |  |
| I. | Projected Expenditures as of 6/30/2013 (G + H) |  |
| J. | Projected Cash Balance as of 6/30/2013 (F - I) |  |
| K. | Less Projected Expenditures for 7/1/2013 - 6/30/2015 |  |
| L. | Excess Cash (J - K) |  |
| M. | General Ledger Ending Cash Balance as of 6/30/2013 |  |

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| **FINANCIAL DATA** |
| **DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration****BUREAU OF HEALTH PROFESSIONS Annual Operating Report****Page 5 - PROGRAMS ACCOUNT SECTION (Continued)** | **FOR HRSA USE ONLY** |
| Institution | Program |
| **MIDWESTERN UNIVERSITY DOWNERS GROVE - CHICAGO COLLEGE OF OSTEOPATHIC** | **LDS - Osteopathic****Medicine** |
| Submission Tracking Number | OPSID | Grant Number | Reporting Period |
| **AORE3600012785/1** | **68822012(Active)** | **E36HP21719** | **07/01/2012 -****06/30/2013** |
| **Program Accounts (Continued)** |
| H. | FROM WORKSHEET C ALC ULATIONS |
|  | 1. | Default Rate |  |
|  | FOR AC TIVE SC HOOLS |
|  | 2. | Excess C ash from report page 4 that was or will be returned to PMS |  |
|  | 3. | Excess C ash from report page 4 that was or will be returned to the Division of Financial Operations |  |
|  | FOR C LOSING SC HOOLS |
|  | 4. | Amount of cash determined to be due the Federal Government and remitted separately to the Division of Financial Operations |  |
| I. | CHEC K LIST/QUESTIONS |
|  | 1. | W hat is the total amount of interest that is past due? |  |
|  | AUDITS |
|  | 2. | Does your institution provide for a biennial audit of the loan and/or scholarship funds by a qualified independent auditor? |  |
|  |  | a. Period of last audit | Fro m : / To : / |
|  |  | b. Date audit submitted to Regional Audit Agency | / |

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| **FINANCIAL DATA** |
| **DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration****BUREAU OF HEALTH PROFESSIONS Annual Operating Report****Page 6a - BORROWER ACCOUNTS WORKSHEET** | **FOR HRSA USE ONLY** |
| Institution | Program |
| **MIDWESTERN UNIVERSITY DOWNERS GROVE - CHICAGO COLLEGE OF OSTEOPATHIC** | **LDS - Osteopathic****Medicine** |
| Submission Tracking Number | OPSID | Grant Number | Reporting Period |
| **AORE3600012785/1** | **68822012(Active)** | **E36HP21719** | **07/01/2012 -****06/30/2013** |
| **Borrower Accounts** | **Number of Borrowers****(1)** | **Principal Loaned****(2)** | **Principal Repaid****(3)** |
| 1. | FULLY RETIRED |
|  | A. | Repayment/Prof Pract/C ancel |  |  |  |
|  | B. | C ancellation/Death |  |  |  |
|  | C. | C ancellation/Disability |  |  |  |
|  | D. | Discharged in Bankruptcy |  |  |  |
|  | E. | HHS Approved Write-off |  |  |  |
|  | F. | Uncollectible per P.L. 100-607 |  |  |  |
|  | G. | Total (sum of 1.A through 1.F) |  |  |  |
| 2. | CURRENT |
|  | A. | Student Status |  |  |  |
|  | B. | Grace Period |  |  |  |
|  | C. | Deferment Status |  |  |  |
|  | D. | Postponement/C ancellation |  |  |  |
|  | E. | Repayment - Not Past Due |  |  |  |
|  | F. | Past Due 1-119 Days |  |  |  |
|  | G. | Total (sum of 2.A through 2.F) |  |  |  |
| 3. | IN BANKRUPTCY |
|  | A. | Pending Discharge/Wage Earners Agreement |  |  |  |
| 4. | IN DEFAULT |
|  | A. | 120 Days and Over |  |  |  |
| 5. | FORBEARANCE |
|  | A. | Forbearance |  |  |  |
|  | TOTAL |  |  |  |

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| **FINANCIAL DATA** |
| **DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration****BUREAU OF HEALTH PROFESSIONS Annual Operating Report****Page 6b - BORROWER ACCOUNTS WORKSHEET** | **FOR HRSA USE ONLY** |
| Institution | Program |
| **MIDWESTERN UNIVERSITY DOWNERS GROVE - CHICAGO COLLEGE OF OSTEOPATHIC** | **LDS - Osteopathic****Medicine** |
| Submission Tracking Number | OPSID | Grant Number | Reporting Period |
| **AORE3600012785/1** | **68822012(Active)** | **E36HP21719** | **07/01/2012 -****06/30/2013** |
| **Borrower Accounts** | **PRINCIPAL CANCELED** |  |
| **Employment/ Prof Pract (4)** | **Death/ Disability (5)** | **Principal Delinquent****(6)** |
| 1. | FULLY RETIRED |
|  | A. | Repayment/Prof Pract/C ancel |  |  |  |
|  | B. | C ancellation/Death |  |  |  |
|  | C. | C ancellation/Disability |  |  |  |
|  | D. | Discharged in Bankruptcy |  |  |  |
|  | E. | HHS Approved Write-off |  |  |  |
|  | F. | Uncollectible per P.L. 100-607 |  |  |  |
|  | G. | Total (sum of 1.A through 1.F) |  |  |  |
| 2. | CURRENT |
|  | A. | Student Status |  |  |  |
|  | B. | Grace Period |  |  |  |
|  | C. | Deferment Status |  |  |  |
|  | D. | Postponement/C ancellation |  |  |  |
|  | E. | Repayment - Not Past Due |  |  |  |
|  | F. | Past Due 1-119 Days |  |  |  |
|  | G. | Total (sum of 2.A through 2.F) |  |  |  |
| 3. | IN BANKRUPTCY |
|  | A. | Pending Discharge/Wage Earners Agreement |  |  |  |
| 4. | IN DEFAULT |
|  | A. | 120 Days and Over |  |  |  |
| 5. | FORBEARANCE |
|  | A. | Forbearance |  |  |  |
|  | TOTAL |  |  |  |

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| **FINANCIAL DATA** |
| **DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration****BUREAU OF HEALTH PROFESSIONS Annual Operating Report****Page 6c - BORROWER ACCOUNTS WORKSHEET** | **FOR HRSA USE ONLY** |
| Institution | Program |
| **MIDWESTERN UNIVERSITY DOWNERS GROVE - CHICAGO COLLEGE OF OSTEOPATHIC** | **LDS - Osteopathic****Medicine** |
| Submission Tracking Number | OPSID | Grant Number | Reporting Period |
| **AORE3600012785/1** | **68822012(Active)** | **E36HP21719** | **07/01/2012 -****06/30/2013** |
| **Borrower Accounts** | **Principal Uncollectible****Not Past Due****(7)** | **Principal Outstanding but Not Due****(8)** | **Principal Written Off****(9)** | **Capitalized Interest (10)** |
| 1. | FULLY RETIRED |
|  | A. | Repayment/Prof Pract/C ancel |  |  |  |  |
|  | B. | C ancellation/Death |  |  |  |  |
|  | C. | C ancellation/Disability |  |  |  |  |
|  | D. | Discharged in Bankruptcy |  |  |  |  |
|  | E. | HHS Approved Write-off |  |  |  |  |
|  | F. | Uncollectible per P.L. 100-607 |  |  |  |  |
|  | G. | Total (sum of 1.A through 1.F) |  |  |  |  |
| 2. | CURRENT |
|  | A. | Student Status |  |  |  |  |
|  | B. | Grace Period |  |  |  |  |
|  | C. | Deferment Status |  |  |  |  |
|  | D. | Postponement/C ancellation |  |  |  |  |
|  | E. | Repayment - Not Past Due |  |  |  |  |
|  | F. | Past Due 1-119 Days |  |  |  |  |
|  | G. | Total (sum of 2.A through 2.F) |  |  |  |  |
| 3. | IN BANKRUPTCY |
|  | A. | Pending Discharge/Wage Earners Agreement |  |  |  |  |
| 4. | IN DEFAULT |
|  | A. | 120 Days and Over |  |  |  |  |
| 5. | Forbearance |
|  | A. | Forbearance |  |  |  |  |
|  | TOTAL |  |  |  |  |

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