3990 (Cont.)	FORM CMS 287-05		08-05
STATEMENT OF REVENUE AND EXPENSES			SCHEDULE I
	I		1
Home Office:	Period From:	To:	
l. Total operating revenue		\$	
2. Less: Operating expenses (Schedule B, column 1, line 37)		\$	
3. Operating profit (loss)		\$	
4. Other income:			
 a. contributions, donations b. income from investments c. interest income d. purchase discounts e. rebates and refunds of expenses f. parking lot receipts g. rental income h. other (specify) 	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
5. Total other income (sum of item 4 above)		\$	
6. Other expenses (specify)	\$ \$ \$ \$ \$		
7. Total other expenses (sum of item 6 above)		\$	
8. Net income (loss) for the period (line 3 plus line 5 minus line 7)		\$	

FORM CMS-287-05 (8/2005) (INSTRUCTIONS FOR THIS WORKSHEET ARE PUBLISHED IN CMS PUB.15-II, SECTION 3918) 39-130

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