

STATEMENT OF REVENUE AND EXPENSES		SCHEDULE I
Home Office:	Period From:	To:
1. 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)		\$ _____

