**Financial Tracking Tables (FTT) USE INSTRUCTIONS: 1-1-23**

**Q 1 What methods can I use to complete the FTT?** Complete on a computer or on paper**.**

**These Tables are fillable Word Files, so to enter your data and fill them, you must access on a device like a computer. A tablet is not recommended. See the website** [**www.riderwoodlife.com**](http://www.riderwoodlife.com) **Search for Caring Connections, Key Documents** Financial Tracking Tables plus Instructions**. Download a fillable copy there. Get assistance from a Supporter if you need help for this step.**

**On a computer: Download FTT so you have a digital copy on your desktop if you plan to enter data online. Get assistance if you need help for this step.**  The Tables will add additional rows to accommodate your data.

**For MAC users**, place your cursor in the last cell, lower right-hand corner of the table. Hit TAB on your keyboard and another row will appear. Repeat as needed.

**For PC users**, click in cell where you want to add rows, then click the Layout Tab (the one next to Table Design on the top ribbon). Insert, Row Above or Below.

There are some generic items at the top as examples for you. You can delete them if you wish.

**OR**

**On paper: If you feel more comfortable completing a tracking table by hand**, copy the FTT from the binder for as many copies as you will need. Make sure you get the headings on each sheet. PRINT CLEARLY and add extra paper as needed.

**Q 2 Why do I need FTT? These tables will help you, your family members, Supporters know where you are with finances**. They duplicate the basic information in your Check Register and then **they back you up with REMINDERS**. **Helpful Reminders are everywhere to nudge aging minds for what they need to do, when.**

**These hints also help your Supporters to fill in for you.** The effort to complete both, as you receive income or pay expenses, will **simplify gathering data for TAXES and Budgeting later on**. Slow and steady works!

**TABLE 1 for CASH DEPOSITS See your own sample Table 1 below.**

**First, complete the Bank Account Name to ID the account you use to receive the Funds. If you use multiple Accounts, consider simplifying to one. If multiple accounts are necessary for your situation, create a separate FTT Table for each.**

**ADD the Year at the top.**

**If this record tracks the income/ cash deposits of two people, assign #1 and #2 with initials so you track the deposit tally of each person.**

**Add status / details / REMINDERS for each type of Cash Deposit by columns:**

1. **List all Sources of Cash Deposits:** Social Security, Interest, Cash Dividends from Stocks, payments from Annuities, Gifts, IRA -Required Minimum Distributions/withdrawals, etc. These amounts received must go into your check register, too.

If it is the same $ amount each month, enter that amount in column C as a reminder.

**Identify the owner of the deposit in column A as #1 or #2**

**REMINDER about Deposits from Required Minimum Distributions (RMD) from an IRA (Individual Retirement Account) or a Defined Contribution Plan like 401(k), 403(b) account. YOU MUST REMEMBER to WITHDRAW at least a set % RMD AMOUNT EVERY YEAR—NO Notice WILL COME. MARK your CALENDARS. AVOID the penalty of 25% as of 2023 for failure to withdraw. Ask your Tax Adviser.**

**B. Give due dates** for your Funds to arrive: beginning, middle, end of month, subject to change.

1. **Add when\* or how will the Fund arrive?** Does it arrive monthly, quarterly, semi-annually or annually? Or subject to change? Add the amounts in the month/s you receive the quarterly, or semi-annual, or annual funds. If it is a consistent amount each time, enter that amount in column C as a reminder.

**\*When or how will Deposit arrive?**  This varies. If you receive Social Security or a Defined Benefit Pension Plan, these funds usually come monthly for your lifetime. **If the deposit from a source is a consistent amount each time, enter that amount in column C as a reminder.** Note that Social Security and some Defined Benefit Pension Plan payments may increase once a year to cover higher costs of living. Be sure the amount entered in C is current.

Stock Cash Dividends are subject to change the amount. Some Cash Dividends arrive irregularly. You may choose to reinvest cash dividends directly into more stock of the same company, in which case you will not receive the cash payment**. Reinvested Dividends do not get entered here.**

**D. Add the duration of this Fund with full end date: Lifetime, 20 years, 10 years, etc. NOTE:**  An Annuity may be funded over different periods of time: lifetime, for 20 years, 5 years etc. An IRA (Individual Retirement Account) or 401k or 403b will last until the funds are depleted, regardless of your age. THIS IS A KEY REMINDER.

**E. Enter the method you use for deposit of fund**: check, automatic payment (electronic), cash.

**Columns #1 to 12 Indicate the months of the year** where you enter deposits with the **amount and the date** as received. **REMINDER:** **Make sure you enter all transactions, especially automated ones, in the selected paper Account Register, too.**

**Column #13 is the total for all Deposits received by Individuals #1 or #2 for the entire year. A tally of all Deposits for the year will apply to tax forms and give you a baseline for annual income when forecasting a budget for the next year.**

**Table 1 Cash Deposits Bank Account Used to Receive Funds \_\_\_\_\_\_Year 20\_ \_ Person #1 is \_\_\_ #2 is \_\_\_\_**

| **A**  **Table 1 Cash Deposits**  **Source &**  **#1 or #2?** | **B**  **Date**  **Due** | **C**  **When Funded**  **& amount** | **D**  **Fund**  **Duration** | **E Deposit Method** | **1**  **Jan**  **Date**  **Amt** | **2**  **Feb**  **Date**  **amt** | **3**  **Mar**  **Date**  **amt** | **4**  **Apr**  **Date**  **amt** | **5 May**  **Date**  **amt** | **6 Jun**  **Date**  **amt** | **7**  **Jul**  **Date**  **amt** | **8 Aug**  **Date**  **amt** | **9 Sep**  **Date**  **amt** | **10 Oct**  **Date**  **amt** | **11 Nov**  **Date**  **amt** | **12 Dec**  **Date**  **amt** | **13 Totals**  **For year**  **#1 or #2** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| #1 Social Security | Mid Month | Monthly  $------ | Lifetime | Direct Deposit | Recd  1-15  $---- | Recd  2-14  $---- | Recd  3-15  $---- | Recd  4-16  $---- |  |  |  |  |  |  |  |  |  |
| #2 IRA  Vanguard RMD | Jan 15 | Annual | Until funds are gone | Direct deposit | 1-15  $---- |  |  |  |  |  |  |  |  |  |  |  |  |
| #1 IRA Fidelity RMD | Mid Month | Monthly $500.00 | Until funds are gone | Direct Deposit | Recd  1-20  $500 |  |  |  |  |  |  |  |  |  |  |  |  |
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**TABLE 2 for EXPENSES: See sample for your own personal, expandable tables below.**

**There are two sections for the Expenses Table 2:**

**Table 2A is for recurring bills that arrive monthly, quarterly, semi-annually or annually.** Examples: RWV Rent, Cell Phones, Credit Cards used regularly, car insurance premiums, Renter’s Insurance Premiums, Estimated Tax Payments, etc. If an expense occurs every year, enter it here even if is only an annual payment.

**Table 2B is for Occasional Bills that come irregularly**: Gifts, Materials Fees for classes, travel, credit cards seldom used

**ALERT: Medical expenses are occasional BUT ARE NOT entered here. They go on Table 3. See below.**

**What kinds of expenses count as Medical?** Premiums for Health Insurance, Medicare Premiums, deductibles, copays for medically needed equipment and supplies, prescription drugs, for Drs, therapists, lab and Xray fees, etc. Your total of out-of-pocket Medical Expenses is important for Taxes.

**First, complete the Bank Account Name assigned to pay the expense. Remember to enter all expenses as withdrawals in that Bank Checking Account Register, too.**

**NOTE: If you use multiple Bank Accounts, consider simplifying to one. If multiple accounts are necessary for your situation, create a separate FTT Table for each.**

**ADD the Year at the top.**

**If this table represents the expenses of two people, give each a P#1 or P#2 with initials to identify whose expense it is.**

**Add status for each expense by columns:**

**A List all Expenses by vendor or source, in either 2A** or **2B. Assign #1 or #2 to each person, if a couple.**

**B Give due dates** for payments: Mid-month, beginning or end of month, subject to change, upon receipt

**C. Add when/how often the bill arrives**. For Table **2A,** Does Recurring Bill arrive monthly, quarterly, semi-annually or annually? For Table **2B,** all arrive Occasionally.

**D. Enter how or the method you use for payment**: check to be mailed, automatic payment (electronic), Bill-pay with electronic payment specifically authorized by you each month, cash.

**Columns #1 to 12 Indicate the months of the year** where you can mark a bill as paid (pd) with **date, amount**.

**REMINDER: Also enter every payment of a bill in your paper Check Register for the Bank Account from which it was paid.** Especially automatic payments must go in the Register; they occur automatically, and you don’t write a check but the money still comes out of the Bank Account. Every time you use a Debit Card, the payment automatically and instantly goes out to the vendor. BOTH the FTT and the Checking Account Register must reflect every Debit Card purchase and every Automatic Withdrawal.

**REMINDER: Highlight any large bills that are paid 1-2x a year (i.e. Car Insurance Premiums). Remind yourself that you will need more money in your Bank Account that month. MARK your calendar! Planning Cash Flow is critical here.**

**Column #13 is the total of that expense for the entire year identified also by person. This figure will help you with taxes / budget forecasts.**

**Table 2A Recurring Expenses. Bank Account Used to Pay \_\_\_\_\_\_ YEAR 20\_\_\_\_ #1 is \_\_\_; #2 is \_\_\_\_**

| A Table 2A Recurring Expenses    Source?  #1,#2 ? | B  Due Date | C  When Billed | D  Method of Payment | 1  Jan  PD  Date  amt | 2  Feb  PD  Date  amt | 3  Mar  PD  Date  amt | 4  Apr PD Date  amt | 5  May PD Date  amt | 6  Jun PD Date  amt | 7  Jul PD Date  amt | 8  Aug PD  Date  amt | 9  Sep  PD  Date amt | 10 Oct PD  Date amt | 11 Nov PD  Date amt | 12 Dec PD  Date amt | 13 Totals  For  Year  #1,or  #2 |
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| RWV rent | Upon receipt | Monthly | Automatic Bill-pay | Pd  1-16  $---- | Pd 2-15  $---- | Pd  3-15  $---- |  |  |  |  |  |  |  |  |  |  |
| Chubb  Car Insur #1 & 2 | **Mid month** | **2x a year**  **Jan15, Jul15** | **check** |  |  |  |  |  |  |  |  |  |  |  |  |  |
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**Table 2B Occasional Expenses Bank Account Used to Pay \_\_\_\_YEAR 20\_\_ Person #1 is \_\_; #2 is \_\_\_**

| A  Table 2B  Occasional Expenses  Source?  #1, #2? | B  Due  Date | C  When Billed | D  Method of Payment | 1  Jan PD Date  AMT | 2  Feb PD Date AMT | 3  Mar PD Date AMT | 4  Apr PD Date AMT | 5 MayPD Date AMT | 6  Jun PD Date AMT | 7  Jul PD Date AMT | 8 Aug PD  Date AMT | 9 Sep PD  Date AMT | 10 Oct PD  Date  AMT | 11 Nov PD  Date  AMT | 12 Dec PD  Date AMT | 13 Totals for year  #1,#2 |
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| Gift to Mary | occasional | Occasional | check |  | 2-16-  134.00 |  |  |  |  |  |  |  |  |  |  |  |
| Donation Staff Appreciation Fnd | Annual | Fall Cam paign | check |  |  |  |  |  |  |  |  |  |  | Nov 15 $500 |  |  |
| #1 SAGE class fee |  |  | **Credit card** | 1-26 $80 |  |  |  |  |  |  |  |  |  |  |  |  |
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**TABLE 3 tracks OUT OF POCKET MEDICAL EXPENSES ONLY. See Sample below.**

**Separating the Out-of-Pocket Medical Expenses on a different Table will help you with Tax Prep later if you decide to itemize rather than take the Standard Deduction on Federal Income Tax. Expenses which qualify for a Tax Deduction are complex. Ask your Tax Adviser.**

**Q 3 What kinds of Out-of-Pocket expenses count as Medical?** Premiums for Health Insurance\*\*, the deductibles and co-pays for: medically needed equipment and supplies, prescription drugs, Dr/ Dentist/ Hospital, Therapists; Labs, Xray’s, etc.

**\*\*REMINDER Note**: Medicare Health Insurance premiums are usually linked to your Social Security payment as a deduction before you even get the deposit. You don’t see it until the end of the year when you get a notice. You can enter the premiums then in Table 3. **If you are not on Social Security,** **but you are on Medicare,** your Medicare Premium is a separate payment. That premium is an expense for you to pay and should be entered in Table 3.

**USE Table 3 for Out-of-Pocket Medical Expenses that meet these criteria:**

1. **Your provider accepts your health insurance/s or does not.** If Provider does not accept your insurance, all fees are out-of-pocket for you and are paid in full per service or perhaps on a retainer arrangement. Enter here in Table 3.
2. **Your provider files all claims with Health Insurance for you.** The insurance payments then go directly to the provider. You pay the remaining cost (what is not covered), in a co-pay which you enter in Table 3. The RWV Medical Center files claims for you.

**How does Provider Filing work?** Providers will send a bill for what you owe once the Insurance claims are processed. Enter any amount you pay here, whether partial like a co-pay or in fullif Provider does not accept your insurance.

**What records document my medical charges? What is the co-pay?** For all services submitted, you will get an EOMB (Estimate of Medicare Benefits) or EOB (Estimates of Benefits) notices from Insurers. These detail the services, the coverage and the costs. Save them for your records. The co-pay is the out-of-pocket expense you pay, as your portion of the fees which are not covered by Insurance**.** Many providers and insurers pre-calculate what is covered for a common service and just ask for a co-pay at point of service. Providers then bill the Insurance Companies for the rest. More complex services require more steps in filing and payments.

**ALERT: If you as patient are responsible for filing claims, Table 3 does not cover that circumstance.** Ask your insurance companies how to file. You pay the provider in full, then file claims with your insurers promptly. Do not delay. Then you await reimbursements from the Insurers.

**BE AWARE: You will need a separate system to track the filing of health insurance claims and receipt of reimbursements.**

**Once you are finished with the process, tally all your out-of-pocket expenses for tax purposes to see if you should itemize. Do NOT use Table 3. ASK Your Adviser if this expense applies for itemizing on tax returns.**

**If you meet the criteria listed above, follow these steps to use TABLE 3:**

**Complete the Bank Account Name, the Year at the top. Add the initials for person 1,2, if this tracks a couple’s expenses. NOTE:** If you use multiple Bank Accounts, consider simplifying to one. If multiples are necessary, complete a Separate FTT for each.

**Add status for each Medical Provider by columns: Do this carefully as these are YOUR REMINDERS!**

1. **Who is the patient served? Assign #1 or #2 to each. List each Medical Provider by name and the Invoice #:**

**B Provider accepts my Insurance/s YES/NO NOTE**: if the provider does NOT accept your insurance, you are fully responsible for payments. Any qualified Medical Expense still applies for consideration for itemizing on your Income Taxes. Ask your adviser.

**C. Provider files claims w Insurance/s YES /NO** YES is usually the case, but ask if you are not sure. Insert NA for Not Applicable for Providers who do not accept your Insurance/s.

**Columns**  **#1-12 represent the calendar**. For each month when you have seen the Provider, add the date of service and the amount paid; co-pay if your provider accepts your insurance or full amount if provider does NOT accept your insurance.

**IMPORTANT REMINDER to Riderwood Residents: your monthly bill from RWV lists all resident-charged expenses as out-of-pocket fees you pay. Some may be related to medical fees.** Look on the RWV statement for any Expenses for Medical Care Prescribed by your Dr. such as Aides (LPN, RN) coming to your apartment. **This is complex**. Have your Tax Preparer review these costs for possible itemizing as deductible on your Income Taxes. To get the figure from the RWV bill for TABLE 3, subtract those medical fee amounts from the RWV total. Then enter the rest like rent, parking space, etc. on Table 2A.

**Column #13 is Yearly TOTALS for Out -Of-Pocket amount paid. Identify patient #1or 2.**

**REMINDER:** The totals of all Out-of-Pocket expenses you paid throughout the year are important for filing Federal Income Taxes. There is a Standard Deduction for which you are eligible. If your medical expenses are very high, you may choose to itemize, instead. Medical Expenses which qualify for a tax deduction are complex. Table 3 saves you time because the expenses are all there for you to add up. **Ask your tax adviser if you qualify for itemizing**. More about this in class on taxes.

**TABLE 3 Medical Out -of -Pocket Expenses BANK ACCOUNT USED: \_\_\_\_\_ YEAR: 20 \_ \_ Patient #1 is \_\_\_; #2 is\_\_\_\_**

**Provider files all Claims with Insurers. If patient files, do not use Table 3.**

| **A**  **Table 3**  **Patient 1,2?**  **Medical Provider Invoice #** | **B**  **Provider accepts**  **my**  **Insurance/s** | **C Provider**  **Files Claims**  **w**  **Insurers** | **1**  **Jan**  **Date**  **Amt pd-**  **Full or**  **copay** | **2**  **Feb**  **Date**  **Amt pd-**  **full or**  **copay** | **3**  **Mar**  **Date**  **Amt pd-**  **full or**  **copay** | **4**  **Apr**  **Date**  **Amt pd-**  **full or**  **copay** | **5**  **May**  **Date**  **Amt pd-**  **full or**  **copay** | **6**  **Jun**  **Date**  **Amt pd-**  **full or**  **copay** | **7**  **Jul**  **Date**  **Amt pd-**  **full or**  **copay** | **8**  **Aug**  **Date**  **Amt pd-**  **full or**  **copay** | **9**  **Sep Date**  **Amt pd-**  **full or**  **copay** | **10**  **Oct Date**  **Amt pd-**  **full or**  **copay?** | **11**  **Nov Date**  **Amt pd-**  **full or**  **copay?** | **12**  **Dec Date**  **Amt pd-**  **full or**  **copay?** | **13**  **TOTALS per**  **Year**  **pd .**  **see tax?**  **#1or 2?** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| #2 Dr Jones  35785 | YES | YES | $84.00  copay |  |  |  |  |  |  |  |  |  |  |  |  |
| #1 Dr.Smith 35444 | NO | N.A | $793.00 Full |  |  |  |  |  |  |  |  |  |  |  |  |
| #1 PT Adams  97754 | Yes | YES | $42.00  copay |  |  |  |  |  |  |  |  |  |  |  |  |
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