Form 9 9	้์0-₹	E	1	OMB No 1545-0687								
1 40	٠,	_	(and proxy tax und	ler se					2018			
		For cal	lendar year 2018 or other tax year beginning Go to www irs gov/Form990T for in		, and er		nation	_	2010			
Department Internal Reve	of the Treasury nue Service	▶	Do not enter SSN numbers on this form as it may				Open to Public Inspection for 501(c)(3) Organizations Only					
	neck box if Idress changed		Name of organization (hanged	d and see instri	(Em	mptoyer identification number Emptoyees' trust, see istructions)					
	under section	Print	GREATCARE INC.					+	20-2310333			
	(c <u>(03</u>)	or Type	Number, street, and room or suite no. If a P.O. box	x, see II	nstructions.				Unrelated business activity code See instructions)			
	(e) 220(e)	,,,,	407 PARK AVE SOUTH 6F City or town, state or province, country, and ZIP o					-				
408 529			621	L610								
C Book valu	e of all assets		F Group exemption number (See instructions.)									
	<u>1,713,0</u>		G Check organization type ► X 501(c) corp		n 50	1(c) trust	401(a)					
		-	ition's unrelated trades or businesses.	1			the only (or first) un					
			ME HEALTH CARE SERVICES ice at the end of the previous sentence, complete Pa			-	complete Parts I-V.					
	, then complete			1115 1 41	no n, complete	a Scrieduit	e IVI IUI Eacii audiliui	iai tiat	1 6 01			
			poration a subsidiary in an affiliated group or a parei	nt-subs	sidiary controlle	ed group?	▶ [Y	es X No			
J .			tifying number of the parent corporation.						<u> </u>			
			BARBARA WANG				one number 🕨 6					
Part I			de or Business Income	т	(A) Inc	ome	(B) Expenses	8	(C) Net			
7	s receipts or sale		32,393,082.	4.	32,393	002						
~ -	returns and allow of goods sold (S		c Balance	1c 2	34,393	,002.	 					
L	s profit. Subtract			3	32,393	,082.			32,393,082.			
	al gaın net ıncon			4a		•						
b Net g	aın (loss) (Form	4797, P	art II, line 17) (attach Form 4797)	4b								
	al loss deduction			4c		REC	FIVED	+	<u> </u>			
			ship or an S corporation (attach statement)	5	m		0.0.000		 			
	income (Schedu lated debt-financ	-	ma (Sabadula E)	7	10 4	MAY	 '/ / 	<u> </u>				
			and rents from a controlled organization (Schedule F)	8	 							
			on 501(c)(7), (9), or (17) organization (Schedule G)			OGL	EN, UT	\top				
			me (Schedule I)	10	<u> </u>							
	rtising income (S		•	11								
			ns; attach schedule) STATEMENT 1	12	20 202	20.	· · · · · · · · · · · · · · · · · · ·		20.			
13 Tota Part II	I. Combine lines		gh 12 o t Taken Elsewhere (See instructions fo		32,393				32,393,102.			
raitii			utions, deductions must be directly connected									
14 Con	pensation of off	icers, dii	rectors, and trustees (Schedule K)					14	499,242.			
	ries and wages							15	20,575,361.			
	airs and mainten	ance						16	29,426.			
••	debts rest (attach sche	dula) (ed	ag instructions)					17				
	es and licenses	uuie) (Si	ee instructions;					19	1,987,796.			
		ons (See	e instructions for limitation rules)		SEE	STAT	EMENT 3	20	639.			
21 Dep	reciation (attach	Form 45	562)		[21	128,908.					
22 Less	s depreciation cla	aimed or	n Schedule A and elsewhere on return		l	22a		22b	128,908.			
•	letion							23				
			mpensation plans					24	E 416 762			
•	oloyee benefit pro ess exempt expe	-	· Chedule IX					25 26	5,416,762.			
	ess exempt expe ess readership co							27				
	er deductions (at		•		SEE	STAT	EMENT 2	28	3,680,339.			
	l deductions. A		•					29	32,318,473.			
			ncome before net operating loss deduction. Subtrac					30	74,629.			
			loss arising in tax years beginning on or after Janua	iry 1, 2	018 (see instru	ctions)		31	74 600			
			ncome. Subtract line 31 from line 30					32	74,629. Form 990-T (2018)			
823701 01-0	.9-19 LΠA 1 0	ıı raper	work Reduction Act Notice, see instructions.						FUITH 33031 (2018)			

Form 990-1	T (20 ¹ 8)' GREATCARE INC. 20-	2310333	Page
Part I			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	74,629.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	74,629.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	73,629.
Part I			
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)	39	15,462.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See Instructions	43	15 460
Part \	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies / Tax and Payments	44	15,462.
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
	Other credits (see instructions) General business credit. Attach Form 3800 45b 45c		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	 	
	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	15,462.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schi	 	13,402
	Total tax. Add lines 46 and 47 (see instructions)	48	15,462.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
		25.	
	2018 estimated tax payments 50b		
	Tax deposited with Form 8868 50c		
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		
	Backup withholding (see instructions) 50e		
	Credit for small employer health insurance premiums (attach Form 8941) 50f		
	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total > 50g		
51	Total payments. Add lines 50a through 50g	51	625.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53	14,837.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54	
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax Refunded	▶ 55	
Part \	Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		1 1
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here >		_ <u> X</u>
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trus	t?	X
	If "Yes," see instructions for other forms the organization may have to file.		
58	Enter the amount of tax-exempt interest received or accrued during the tax year ▶\$		
Sign	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	my knowledge and belie	ii, it is true,
Here	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	May the IRS discu	
• •	Signature of officer Date VICE PRESIDENT Title	the preparer shows instructions)?	- `
-			, ica NU
	Print/Type preparer's name Preparer's signature David A. JOHNSON, Self-emp		
Paid	100 VA 400 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	· 1	75393
Prepa	S DEGULATING PROTECTION OF TAXABLE PROTECTIO		73393 577718
Use C	4 AVIS DRIVE	,m = 14-1	<u> </u>
		no. 518 7 85	-1211
323711 01			~ 990-T (2018

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► N/A 1 Inventory at beginning of year 2 Purchases 2 7 Cost of goods sold. Subtract line 6 3 Cost of labor 3 from line 5. Enter here and in Part I, 4 Additional section 263A costs (attach schedule) 4 B Do the rules of section 263A (with respect to	'es No
3 Cost of labor 3 from line 5. Enter here and in Part I, 4a Additional section 263A costs line 2	'es No
3 Cost of labor 4 Additional section 263A costs Tom line 5. Enter here and in Part I,	'es No
4a Additional section 263A costs line 2	'es No
(attach schedule) 4a 8 Do the rules of section 263A (with respect to	'es No
b Other costs (attach schedule) 4b property produced or acquired for resale) apply to	
5 Total. Add lines 1 through 4b 5 the organization?	- 1
Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)	•
(see instructions)	
1. Description of property	
(1)	
(2)	
(3)	
(4)	
2. Rent received or accrued	
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) (b) From real and personal property (if the percentage columns 2(a) and 2(b) (attach schedule)	ome in
(1)	
(2)	
(3)	
(4)	•
Total 0. Total 0.	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter	
here and on page 1, Part I, line 6, column (A) Schedule E - Unrelated Debt-Financed Income (see instructions)	0.
3. Deductions directly connected with or allocable 2. Gross income from to debt-financed property	
1. Description of debt-financed property or allocable to debt-financed property (attach schedule) (b) Other deduction (attach schedule) (b) Other deduction (attach schedule)	
(1)	
(2)	
(3)	
(4)	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) 6. Column 4 divided by column 5 7 Gross income reportable (column 6 x total 2 x column 8) 2 x column 8)	of columns
(1) %	
(2) %	
(3) %	
(4) %	
Enter here and on page 1, Enter here and or Part I, line 7, column (A) Part I, line 7, column (A)	
Totals D.	0.
Total dividends-received deductions included in column 8	0.

Form 990-T (2018)

Schedule F - Interest, A	Annuitie	s, Royalt	ies, ar	nd Rents	s From Co	ontrolle	ed Organiz	atior	1S (see ins	truction	18)
	·		-	Exempt (Controlled O	rganızatı	ons				
Name of controlled organization	ion	2. Empl identifica numb	ation		elated income instructions)		al of specified nents made	5. Part of column 4 included in the con organization's gross		rolling	Deductions directly connected with income in column 5
(1)								_	-		·
(2)								<u> </u>			
(3)											
(4)											
Nonexempt Controlled Organia	zations							<u></u>			
7. Taxable Income	8. Net u	nrelated income ee instructions)		9. Total	of specified paya made	nents	10. Part of column the controllingross		ization's		eductions directly connected h income in column 10
(1)											
(2)		 			<u> </u>						
							-				
(3)											
_(4)											
							Add colun Enter here and line 8, c		1, Part I,		dd columns 6 and 11 nere and on page 1, Part I, Ine 8, column (B)
Totals						- ▶			0.		0.
Schedule G - Investme	nt Incor	ne of a S	ection	501(c)(7), (9), or	(17) Or	ganization		<u> </u>		
(see instr					- // (-//	(,	J	-			
1. Description of income					2. Amount of	ıncome	Deductions directly connected (attach schedule)		4. Set-asides (attach schedule)		5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
					Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals				•		0.					0.
Schedule I - Exploited (see instru	-	Activity	Incom	e, Othe	r Than Ad	vertisi	ng Income	•			
Description of exploited activity	2. Gross I. Description of exploited activity exploited activity exploited activity explores exploited extinction of unit exploit explores explored explored explores explored		directly of with pro of unr	penses connected oduction elated s income	4. Net incomfrom unrelated business (cominus colum gain, compute through	trade or lumn 2 n 3) If a e cols 5	ide or 5 Gross income from activity that is not unrelated		6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)					_						
(2)											
(3)											
(4)											
	Enter her page 1, line 10,	, Part I, col (A)		re and on , Part I, col (B)				-			Enter here and on page 1, Part II, line 26
Totals ► Schedule J - Advertisin	na Incor	0.	etruction						·		0.
Part I Income From F					solidated	Basis					
Name of periodical		2 Gross advertising income		3. Direct ertising costs	4 Advert or (loss) (co col 3) If a ga cols 5 th	ain, comput	5. Circulat income		6 Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)]
(3)							·				
(4)								1			
					<u> </u>		1				
Totals (carry to Part II, line (5))	•	0	•	0			1				0. Form 990-T (2018)

823731 01-09-19

Form 990-T (2018) GREATCARE INC.

Part, II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3 Direct advertising costs	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)							
(2)					•		
(3)				'			
(4)		•					
Totals from Part I	▶	0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶	0.	0.				0

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1) JIAN PENG	PRESIDENT	100.00%	251,035.
(2) BARBARA WANG	VICE PRESIDENT	100.00%	248,207.
(3)		%	
(4)		%	1
Total Enter here and on page 1, Part II, line 14		•	499,242.

Form 990-T (2018)

FORM 990-T	OTHER	INCOME	STATEMENT
DESCRIPTION			AMOUNT
INTEREST INCOME			20
TOTAL TO FORM 990-T, PAGE	1, LINE 12		20
FORM 990-T	OTHER	DEDUCTIONS	STATEMENT
DESCRIPTION			AMOUNT
MARKETING AND ADVERTISING INSURANCE OFFICE SUPPLIES TELEPHONE PROFESSIONAL FEES RENT TRAVEL UTILITIES PAYROLL PROCESSING FEES TRAINING RECRUITMENT CAR EXPENSE MEALS AND ENTERTAINMENT 50	0%		489,219 1,620,620 54,749 34,814 368,659 369,363 88,600 4,790 85,313 22,209 459,583 47,818 15,550

FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT	3
QUALIFIED	CONTRIBUTIONS SUBJECT TO 100% LIMIT		•	
FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2013 YEAR 2014			
FOR TAX	YEAR 2015 639 YEAR 2016 YEAR 2017			
TOTAL CARE	RYOVER RENT YEAR 10% CONTRIBUTIONS	639		
	RIBUTIONS AVAILABLE ICOME LIMITATION AS ADJUSTED	639 7,427		
EXCESS 100	CONTRIBUTIONS CONTRIBUTIONS CSS CONTRIBUTIONS	0 0 0		
ALLOWABLE	CONTRIBUTIONS DEDUCTION		6	539
TOTAL CONT	RIBUTION DEDUCTION		· · · · · · · · · · · · · · · · · · ·	539

4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property) 990-T

➤ Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

OMB No 1545-0172 2018

ZUT8
Attachment
Sequence No 179

Name(s) shown on return Identifying number GREATCARE INC. FORM 990-T PAGE 20-2310333 Part I Election To Expense Certain Property Under Section 179 Note; If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions) 1,000,000. 2 Total cost of section 179 property placed in service (see instructions) 2 3 2,500,000. 3 Threshold cost of section 179 property before reduction in limitation 4 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction, Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 222 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions) Section A 93,181 17 MACRS deductions for assets placed in service in tax years beginning before 2018 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and (d) Recovery period (a) Classification of property year placed in service (e) Convention (f) Method (a) Depreciation deduction only - see instructions) 19a 3-year property 5-year property b 150,302 7 YRS. 200DB 7-year property HY 21.471 C 10-year property d 15 YRS 420,986 HY \mathtt{SL} 14,034. 15-year property е f 20-year property 25-year property 25 yrs. S/L g 27 5 yrs MM S/L h Residential rental property MM 27 5 yrs S/L

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 30-year C 30 yrs MM S/L d 40-year 40 yrs ММ S/L Part IV | Summary (See instructions) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 128,908. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Nonresidential real property

MM

MM

39 yrs

S/L

S/L

Form 4562 (2018)		ATCARE										<u>-2310</u>	1333	Page 2
Part V Listed Proper entertainment				her vehic	cies, cer	taın aırc	raft, an	nd propert	y used [.]	for				
Note: For any				e standa:	rd milea	ge rate d	or dedu	ucting leas	e expe	nse. com	nolete or	ılv 24a.		
24b, columns														
Section A	- Depreciation	on and Other	Informa	ation (Ca	aution: S	See the	nstruc	tions for li	mits for	passen	ger autor	mobiles))	<u> </u>
24a Do you have evidence to	support the bu	ısıness/investm	nent use c	laimed?	<u> </u>	es 🗌	□ No	24b If "Y	es," is t	he evide	nce writ	ten?	Yes [No
(a)	(b)	(c)		(d)		(e)		(f)		(g)	T -	(h)		(I)
Type of property	Date placed in	Business investmen		Cost or		sis for depr isiness/inve		Recovery		ethod/	Depre	eciation		ected
(list vehicles first)	service	use percenta		ther basis	. (50	use onl		period	Con	vention	ded	uction		on 179 ost
25 Special depreciation all	owance for o	ualified listed	l propert	v placed	ın servi	ce durin	the ta	ax vear an	d	T	 			
used more than 50% in		-		, p			,	,	_	25				
26 Property used more that			ness use								.1			
20	1		%	•				Γ			Т			
	+		%								 			
	 		%			-					\vdash		 	
O7 Proporty used 50% or									1				<u>. </u>	
27 Property used 50% or l	less in a quai								I a #		Τ		T	
		-	%						S/L -		┼──		1	
			%						S/L·		├──		-	
			<u>% </u>					<u></u>	S/L -	1			1	
28 Add amounts in column	• • •	•				, page 1				28	<u> </u>		┞	
29 Add amounts in column	n (i), line 26. E											29		
		;	Section	B - Infor	mation	on Use	of Veh	nicles						
Complete this section for ve	ehicles used	by a sole pro	prietor, p	oartner, c	r other	"more th	an 5%	owner," o	or relate	d persor	ı If you	provided	1 vehicle	:S
to your employees, first ans	swer the ques	stions in Sect	ion C to	see if yo	u meet a	an excep	otion to	complete	ng this	section f	or those	vehicles	\$	
			((a)	(b)		(c)	((d)	0	e)	((f)
30 Total business/investment	miles driven d	uring the	Ve	hicle	Ve	hicle	V	'ehicle	Ve	hicle	Vet	hicle	Vel	hicle
year (don't include commi	iting miles)													
31 Total commuting miles	driven during	the year												
32 Total other personal (no	oncommuting) miles												
driven	-										ł			
33 Total miles driven durin	a the vear													
Add lines 30 through 32	• ,													
34 Was the vehicle availab		al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours?			100	1.10		1	1.00	110		1	1.00	1		
35 Was the vehicle used p	rimarily by a	more												
than 5% owner or relat			İ									1		
36 Is another vehicle availa	•	nal										 	_	<u> </u>
use?	able for perso	A I GI				1		[
use.	Sootion C	Ougations	for Erro	Jawana M	lha Dea	i vida Mal		for I loo by	. The air		L			
Anguar those superiors to		- Questions	_	_				-						
Answer these questions to			exception	n to com	pieting	Section	S IOI V	enicies us	ed by e	mpioyee	s wno ar	rent		
more than 5% owners or re				-11		- f b l								Τ
37 Do you maintain a writte	en policy stat	tement that p	ronibits	an persor	iai use d	or venici	es, inci	luaing con	nmuting	, by you	r		Yes	No_
employees?					_				_		•			+
38 Do you maintain a writti										your				1
employees? See the ins					ficers, d	lirectors,	or 1%	or more	owners				<u> </u>	+
39 Do you treat all use of v	•												-	
40 Do you provide more th					informat	tion from	your e	employees	about					
the use of the vehicles,	and retain th	e information	receive	d?									<u> </u>	
41 Do you meet the require	ements conc	erning qualifie	ed autom	nobile de	monstra	ition use	?						<u> </u>	
Note: If your answer to	37, 38, 39, 4	0, or 41 is "Y	es," don	t comple	te Sect	ion B for	the co	overed veh	ncles					
Part VI Amortization														
(a)	4		(b)		(c)			(d)		(e)			(f)	
Description of	T COSTS	Date	e amortization begins		Amortizat amount			Code section		Amortiza period or per		Ал fo	nortization ir this year	
42 Amortization of costs th	at begins du	ring your 201	8 tax yea	ar										•
		<u>.</u>	<u>-</u>											
		·		İ							-+			
43 Amortization of costs th	at began het	fore your 201	8 tax ves	ar	-						43			
14 Total. Add amounts in			-		renort						44			
816252 12-28-18	- 3.G (I) OC	and monde		·*·ioie it	JOPOIL							С.	orm 456	2 /20191
10402 12-20-10												Tr.	JIIII 4500	🗷 (ZU 10)