Form 5500-SF

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Department of Labor

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2018

This Form is Open to Public Inspection

Part I	Annual Report	Identification Information)								
For calend	ar plan year 2018 or fis	scal plan year beginning 01/01/2	2018		and ending 12	2/31/2	.018				
A This return/report is for: a single-employer plan a multiple-employer plan (not multiemployer) (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)											
		a one-participant plan	a f	oreign plan	,			,			
B This return/report is the first return/report the final return/report											
		an amended return/report a short plan year return/report (less than 12 months)									
C Check	box if filing under:	Form 5558	au	tomatic extension		DI	VC program				
		special extension (enter descr	ription)								
Part II	Basic Plan Info	rmation—enter all requested in	formatio	n							
1a Name BROWN & T	•	PREVAILING WAGE PLAN				1b	Three-digit plan number (PN)	001			
						1c	Effective date	of plan /01/2001			
Mailing	g address (include roor	yer, if for a single-employer plan) m, apt., suite no. and street, or P.C				2b		ntification Number -0961035			
-	town, state or provinc D TRIBBLE, INC.	e, country, and ZIP or foreign post	tal code	(if foreign, see instru	uctions)	2c	Sponsor's tel	ephone number 624-0014			
PO BOX 834	.					2d		e (see instructions) 8100			
RICHMOND,	, KY 40476						23	8100			
3a Plan a	dministrator's name ar	nd address 🏻 Same as Plan Spor	nsor.			3b	Administrator	s EIN			
						3c Administrator's telephone number					
							, turminotrator	o telephone namber			
		e plan sponsor or the plan name hansor's name, EIN, the plan name a				4b	EIN				
	or's name	noor o namo, ziri, ino piamiamo e	ana ino p		o laot rotali i roporti	4d	PN				
C Plan N	lame										
5a Total i	number of participants	at the beginning of the plan year				5	а	12			
		at the end of the plan year				5	b	11			
		account balances as of the end of			•	5	С	8			
d(1) Tota	al number of active pa	rticipants at the beginning of the pl	lan year			5d	(1)	9			
	d(2) Total number of active participants at the end of the plan year						9				
than	100% vested	terminated employment during the				l .	е	0			
		or incomplete filing of this return									
SB or Sche	alties of perjury and otle edule MB completed ar true, correct, and comp	her penalties set forth in the instructed and signed by an enrolled actuary, a plete.	as well a	declare that I have as the electronic vers	examined this return/re sion of this return/repor	port, i t, and	to the best of	my knowledge and			
SIGN	Filed with authorized	/valid electronic signature.		05/28/2019	BEN FRANK BROWN						
HERE	Signature of plan a	dministrator		Date	Enter name of individ	ual si	gning as plan a	administrator			
SIGN											
HERE	Signature of emplo	yer/plan sponsor		Date	Enter name of individ	vidual signing as employer or plan sponsor					

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b Are you claiming a walver of the annual examination and report of an independent qualified public accountant (IOPA) If you answered "No" to olther line & a or line 6b, the plan cannot use Form \$500-\$F and must instead use Form \$500. If the plan is a defined benefit plan, is a covered under the PBGC premium filling for this plan year. Or If the plan is a defined benefit plan, is a covered under the PBGC premium filling for this plan year. Part III Financial Information Part III Financial Information 7 Plan Assets and Liabilities 8 Total plan assets. 7 a 1316277 1301112 D Total plan insisting assets (authorities the PBGC premium filling for this plan year. 8 Total plan assets. 7 a 1316277 1301112 D Total plan insisting assets (authorities the PBGC premium filling for this plan year. 8 Income. Expenses, and Transfers for this Plan Year. 9 C Net plan assets (authorities the PBGC premium filling for this plan year. 10 (b) End of Year. 10 (c) Participants. 10 (c) Participants. 10 (d) Amount. 10 (e) Amount. 10 (e) Amount. 10 (e) Total income. Expenses and Transfers for this Plan Year. 11 (e) Participants. 12 (e) Participants. 13 (d) Endoyers. 14 (e) Participants. 15 (e) Endoyers. 16 End of Year. 17 (e) Amount. 17 (e) Total income. 18 (e) Participants. 18 (e) Participants. 19 D Other income (loss). 20 D Other income (loss). 21 (e) Participants. 22 (e) Participants. 23 (e) Endoyers. 24 (e) Participants. 25 (e) C Total income. 26 (e) C Total income. 27 (e) Endoyers. 28 (e) Endoyers. 29 (e) End of Year. 20 (e) End of Year. 21 (e) End of Year. 22 (e) Participants. 24 (e) End of Year. 25 (e) End of Year. 26 (e) End of Year. 27 (e) End of Year. 28 (e) End of Year. 29 (e) End of Year. 20 (e) End of Year. 20 (e) End of Ye		Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)							. X Ye	S No
If you answered "No" to either line 6 aor line 80, the plan cannot use Form 5500-SF and must instead use Form 5500. If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)?	b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)							X Yes	s П No
## "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year										, П
Part III Financial Information 7 Plan Assets and Liabilities	С	If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance p	orogram (see ERISA se	ection 4	021)?		Yes No	Not det	ermined
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 1316277 1301112		If "Yes" is checked, enter the My PAA confirmation number from the	e PBGC p	remium filing for this p	lan yea	r			(See instr	uctions.)
7 Plan Assets and Liabilities (a) Beginning of Year (b) End of Year a Total plan assets 7a 1316277 1301112	Pa	rt III Financial Information								
a Total plan assets	7			(a) Beginning	of Year			(b) En	d of Year	
b Total plan liabilities	a		7a	` ' -				<u> </u>		
8 Income, Expenses, and Transfers for this Plan Year a Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) (3) Others (including rollovers) (4) Employers (5) Participants (6) Other income (loss) (8) Other income (lo	b		7b							
a Contributions received or receivable from: (i) Employers. (2) Participants. (3) Others (including rollovers). (3) Other sinchularing rollovers). (4) Participants. (5) Other income (loss). (6) Other income (loss). (7) Exployers. (8) Bb29173 (8) Exployers. (8) Bb29173 (9) Exployers. (9) Exployers. (10) Bb29173 (10) (10) Bb291	С	Net plan assets (subtract line 7b from line 7a)	7c	13	16277				1301112	
(2) Participants	8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun	ıt			(b)	Total	
(2) Participants	а		2 (1)		1004					
(3) Others (including rollovers)			` '			-				
b Other income (loss) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) C E Certain deemed and/or corrective distributions (see instructions). B d						-				
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>_</u>					-				
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)		` ,			29173				14050	
to provide benefits)			80						-14030	
f Administrative service providers (salaries, fees, commissions)			8d		1107					
g Other expenses	<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e		0					
h Total expenses (add lines 8d, 8e, 8f, and 8g) 8h 11107 i Net income (loss) (subtract line 8h from line 8c) 8i -15165 j Transfers to (from) the plan (see instructions) 8j Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2G 3D 2F b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: Yes No Amount a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) 10a X b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) 10b X C Was the plan covered by a fidelity bond? 10c X 150000 d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? 10d X e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions). 10g X f Has the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10g X I 10h Was answered "Yes," check the box if you either provided the required notice or one of the	f	Administrative service providers (salaries, fees, commissions)	8f							
i Net income (loss) (subtract line 8h from line 8c)	g	Other expenses	8g							
Transfers to (from) the plan (see instructions)	h	Total expenses (add lines 8d, 8e, 8f, and 8g)	nses (add lines 8d, 8e, 8f, and 8g)						1107	
Part IV Plan Characteristics 9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2G 3D 2F b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan'? (See instructions). 10	<u>i</u>		8i						-15165	
If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: Example Examp	<u>j</u>	Transfers to (from) the plan (see instructions)								
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) C Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 10	Pa	t IV Plan Characteristics								
Figure 1 Figure 2 Figure 3	9a		feature co	odes from the List of Plant	an Cha	racteri	stic Co	odes in the in	structions:	
Part V Compliance Questions 10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	b		eature cod	des from the List of Pla	n Chara	acteris	tic Cod	des in the ins	tructions:	
10 During the plan year: a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program). b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.). c Was the plan covered by a fidelity bond? d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.). f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)										
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	Par	t V Compliance Questions								
described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)						Yes	No		Amount	
Program)	а									
b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)					10a		X			
C Was the plan covered by a fidelity bond?	b	Were there any nonexempt transactions with any party-in-interest	t? (Do not	include transactions	10b		X			
d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.) f Has the plan failed to provide any benefit when due under the plan? g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	С				10c	X			150	000
Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused				X				
g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	ner person ne or all of	s by an insurance the benefits under			Х			
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) 10h X i If 10h was answered "Yes," check the box if you either provided the required notice or one of the	f	f Has the plan failed to provide any benefit when due under the plan? 10f					X			
2520.101-3.)		g Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)					X			
	h		•		10h		X			
	i				10i					

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Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete (Form 5500) and line 11a below)			Yes 🛚 No				
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a						
12								
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
а	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, granting the waiver	and enter Da		e of the letter ruling Year				
lf y	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
b	Enter the minimum required contribution for this plan year	12b						
С	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	□ No □ N/A				
Part '	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		Ye	s 🔀 No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under control of the PBGC?	the		Yes X No				
С	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan which assets or liabilities were transferred. (See instructions.)	n(s) to						
1	3c(1) Name of plan(s):	(2) EIN(s))	13c(3) PN(s)				

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee **Benefit Plan**

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

> Complete all entries in accordance with the instructions to the Form 5500-SF.

2018

OMB Nos, 1210-0110 1210-0089

This Form is Open to Public Inspection

Part I		t Identification Informatio						
For calend	ar plan year 2018 or	fiscal plan year beginning 01/01/2	018	and ending 12/31	1/2018			
A This re	tum/report is for:	X a single-employer plan	a multiple-employer pla list of participating em	ın (not multiemployer) (F ployer information in acc	_			
D This rate	um/ranari ia	a one-participant plan	a foreign plan					
23 1015 160	um/report is	the first return/report	the final return/report					
		an amended return/report	a short plan year return	/report (less than 12 mo	onths)			
C Check	box if filing under:	Form 5558	automatic extension		DFVC program	n		
B 4 11	D	special extension (enter des						
Part II		ormation—enter all requested i	nformation			<u> </u>		
1a Name BROWN & 1	·) PREVAILING WAGE PLAN			1b Three-digit plan numb (PN) ▶	l l		
					1c Effective d 01/01/200	•		
Mailing	address (include ro	oyer, if for a single-employer plan om, apt., suite no. and street, or P	.O. Box)		2b Employer t (EIN) 61-0	dentification Number 961035		
Brown and T	•	ce, country, and ZIP or foreign po	stal code (if foreign, see instru	Ictions)	•	telephone number 859) 624-0014		
PO BOX 834					<u>`</u>	ode (see instructions)		
PU BUX 634	•				200100			
RICHMOND	·		·					
3a Plan administrator's name and address X Same as Plan Sponsor.					3b Administrator's EIN			
					3c Administrat	tor's telephone number		
		ne plan sponsor or the plan name			4b EIN			
	or's name	onsor's name, EIN, the plan name	and the plan number from th	e last return/leport.	4d PN			
C Flanty	ame							
5a Total r	number of participant	s at the beginning of the plan year			5a	12		
		s at the end of the plan year			5b	11		
		account balances as of the end o			5c	8		
d(1) Tota	al number of active p	articipants at the beginning of the	plan year		5d(1)	9		
		articipants at the end of the plan y		H-	5d(2)	9		
than	100% vested	o terminated employment during t	***************************************		5e	0		
Under nens	t penalty for the late	or incomplete filing of this retu ther penalties set forth in the instr	uniteport will be assessed to	uniess reasonable caus	se is establishe	ennlicable a Schodula		
SB or Sche	dule MB completed rue, correct, and con	and signed by an enrolled actuary.	, as well as the electronic vers	sion of this return/report,	, and to the best	of my knowledge and		
SIGN HERE	15011 /1	V Bun	/_/	Ben Frank Brown				
	Signature of plan	administrator	Date 5 23 / /	Enter name of individu	al signing as pla	n administrator		
SIGN HERE	Cianatura at acces	avadalan anana -	Date	Faker and St. C.				
Signature of employer/plan sponsor Date Enter name of individual signing as employer or plan sponsor								

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6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)									
If "Yes" is checked, enter the My PAA confirmation number from the									
Part III Financial Information									
7 Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
a Total plan assets	7a	1316277	1301112						
b Total plan liabilities	7b								
© Net plan assets (subtract line 7b from line 7a)	7c	1316277	1301112						
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
Contributions received or receivable from: (1) Employers	8a(1)	1394							
(2) Participants.	8a(2)	11958							
(3) Others (including rollovers)	8a(3)	1763							
b Other income (loss)	8b	-29173							
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		-14058						
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	1107							
e Certain deemed and/or corrective distributions (see instructions)	8e	0	.						
f Administrative service providers (salaries, fees, commissions)	8f								
g Other expenses	8g								
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		1107						
i Net income (loss) (subtract line 8h from line 8c)	8i		-15165						
j Transfers to (from) the plan (see instructions)	8j								
Part IV Plan Characteristics									
9a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2J 2K 2G 3D 2F									
b If the plan provides welfare benefits, enter the applicable welfare f	b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:								
Part V Compliance Questions									

Part	V Compliance Questions				
10	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		х	
c	Was the plan covered by a fidelity bond?	10c	Х		150000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		х	
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		х	
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		х	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i			

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Part	VI Pension Funding Compliance							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sch (Form 5500) and line 11a below)	edule S	В	Yes X No				
11a	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40	11a						
12								
	If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and granting the waiverMonth	i enter Da		of the letter ruling Year				
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.							
d	Enter the minimum required contribution for this plan year	12b						
C	Enter the amount contributed by the employer to the plan for this plan year	12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d						
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	☐ No ☐ N/A				
Part	VII Plan Terminations and Transfers of Assets							
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	s 🛛 No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a						
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			Yes X No				
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s which assets or liabilities were transferred. (See instructions.)) to						
	3c(1) Name of plan(s): 13c(2)	EIN(s)		13c(3) PN(s)				