For	Form 5500-SF Short Form Annual Return/Report of Small Emp Benefit Plan					OMB Nos. 1210-0110 1210-0089			
	rtment of the Treasury nal Revenue Service	This form is required to be filed		4065 of the Employee R	etirement	2018			
	epartment of Labor enefits Security Administration	Income Security Act of 1974 (057(b) and 6058(a) of the		This Form is Open to			
Pension Be	enefit Guaranty Corporation	Complete all entries in activity	cordance with the ins	tructions to the Form 5	ns to the Form 5500-SF.				
Part I		dentification Information							
For calenda	ar plan year 2018 or fis	cal plan year beginning 10/01/20			9/30/2019				
A This ret	urn/report is for:	X a single-employer plan	list of participating e			king this box must attach a vith the form instructions.)			
D		a one-participant plan	a foreign plan						
B This retu	urn/report is	the first return/report	the final return/report	t					
		an amended return/report	a short plan year ret	urn/report (less than 12 m	onths)				
C Check b	box if filing under:	Form 5558	automatic extension		DFVC p	rogram			
		special extension (enter descrip	 otion)		_				
Part II	Basic Plan Infor	mation—enter all requested info	rmation						
1a Name	of plan	·			1b Thre				
ERNEST P.	VOTOLATO, D.M.D. &	FRANK A. PAZIENZA, D.D.S., INC	C. PROFIT SHARING P	LAN	plan (PN)	number 002			
					,	tive date of plan			
						09/25/1979			
		er, if for a single-employer plan)	Box)		2b Employer Identification Number				
City or	Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)			structions)	(EIN) 2c Spor	nsor's telephone number			
ERNEST P.	VOTOLATO, D.M.D. &	FRANK A. PAZIENZA, D.D.S., INC).		_0 Opor	401-751-8046			
					2d Busir	ness code (see instructions)			
266 WAYLAN PROVIDENC	ND AVENUE SE, RI 02906-4524					621111			
3a Plan a	dministrator's name and	d address 🗌 Same as Plan Spons	sor.		3b Admi	nistrator's EIN			
ERNEST P. V	VOTOLATO, D.M.		AND AVENUE ICE, RI 02906-4524		3c Admi	05-0357122 inistrator's telephone number			
		TROUBLE	ICE, IN 02500 4524			401-751-8046			
		plan sponsor or the plan name has			4b EIN				
•	an, enter the plan spon or's name	sor's name, EIN, the plan name an	d the plan number from	the last return/report.	4d PN				
C Plan N									
					ļ,				
5a Total r	number of participants a	at the beginning of the plan year			5a	12			
		at the end of the plan year			5b	12			
		ccount balances as of the end of th		•	5c	8			
d(1) Tota	al number of active part	ticipants at the beginning of the pla	n year		5d(1)	11			
d(2) Tota	al number of active part	ticipants at the end of the plan year			5d(2)	12			
		erminated employment during the			5e	0			
Caution: A	penalty for the late o	r incomplete filing of this return/	report will be assesse	d unless reasonable ca	use is estal	blished.			
		er penalties set forth in the instruct d signed by an enrolled actuary, as							
belief, it is t	true, correct, and comp	lete.		-		,			
SIGN HERE		valid electronic signature.	12/16/2019	FRANK A. PAZIENZA	., D.D.S.				
	Signature of plan ad	Iministrator	Date	Enter name of individ	ual signing	as plan administrator			
SIGN HERE									
HERE	Signature of employ	/er/plan sponsor	Date	Enter name of individ	vidual signing as employer or plan sponsor				

For Paperwork Reduction Act Notice, see the Instructions for Form 5500-SF.

Form 5500-SF (2018) v.171027

6a	Were all of the plan's assets during the plan year invested in eligib	le assets?	? (See instructions.)	X Yes No
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	an indepe and condi	ndent qualified public accountant (IC tions.)	QPA) [Yes [No
	If you answered "No" to either line 6a or line 6b, the plan cann			
С	If the plan is a defined benefit plan, is it covered under the PBGC in			
	If "Yes" is checked, enter the My PAA confirmation number from th	e PBGC p	premium filing for this plan year	(See instructions.)
Pa	rt III Financial Information			
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year
а	Total plan assets	7a	2020977	2054175
b	Total plan liabilities	7b		
С	Net plan assets (subtract line 7b from line 7a)	7c	2020977	2054175
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total
а	Contributions received or receivable from: (1) Employers	8a(1)	19577	
	(2) Participants	8a(2)	29723	
	(3) Others (including rollovers)	8a(3)		
b	Other income (loss)	8b	59220	
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		108520
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	57660	
е	Certain deemed and/or corrective distributions (see instructions)	8e		
f	Administrative service providers (salaries, fees, commissions)	8f	17662	
g	Other expenses	8g		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h		75322
i	Net income (loss) (subtract line 8h from line 8c)	8i		33198
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 3D

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
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)	1	х	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.))	х	
С	Was the plan covered by a fidelity bond? 10	x		210000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	1	х	
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.)		x	
f	Has the plan failed to provide any benefit when due under the plan? 10		Х	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.) 109	1	Х	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	1	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			

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Part	VI	Pension Funding Compliance						
11		nis a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and rm 5500) and line 11a below)			B		Yes	No
11a	Ent	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40		11a				
12	ERI	his a defined contribution plan subject to the minimum funding requirements of section 412 of the C SA? "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)		n 302 o	f 	[Yes	X No
а		waiver of the minimum funding standard for a prior year is being amortized in this plan year, see institution the waiver.		l enter _ Da		e of the le		ing
lf	you d	completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		-			
b	Ente	r the minimum required contribution for this plan year		12b				
С	Ente	r the amount contributed by the employer to the plan for this plan year		12c				
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative 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 X	No	
	lf "Y	es," enter the amount of any plan assets that reverted to the employer this year		13a				
b		re all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou trol of the PBGC?	ght under the			Yes	× N	0
С		luring this plan year, any assets or liabilities were transferred from this plan to another plan(s), ident ch assets or liabilities were transferred. (See instructions.)	tify the plan(s)	to				
1	3c(1) Name of plan(s):	13c(2)	EIN(s)		130	:(3) PN	l(s)

Dec.	16. 2019- 8:45	AM			—No. 342	25P. 3
	m 5500-5F	Short Form Annu	al Return/Report Benefit Plan	of Small Emplo	byee	12°0-0089
	rtment of the Treasury mal Revenue Service	This form is required to be file	d under sections 104 and 4	065 of the Employee Re	tirement	2018
Employee B	epartment of Labor enerits Security Administration	Income Security Act of 1974	(ERISA), and sections 605 Revenue Code (the Code		Internal	This Form is Open to Public Inspection
	enefit Guaranty Corporation	Complete all entries in a		uctions to the Form 55	00-SF.	
Part		Identification Information				<u> </u>
For calend	ar plan year 2016 or t	iscal plan year beginning		and ending		0/2019
A This re	turn/report is for:	X a single-employer plan				ing this box must attach a the form instructions.)
B This ret	um/report is	the first return/report	the final return/report			
		an amended return/report	<u> </u>	n/report (less than 12 mo	nthe)	
C Check box if filing under:				ineport (iess trial) is int	-	
C Check	box if filing under:	Form 5558	automatic extension		DFVC pr	ogram
		special extension (enter descr] special extension (enter description)			
Partill	Basic Plan Info	prmation—enter all requested ini	formation			
					1b Three	
		TO, D.M.D. & FRANK A.	PAZIENZA, D.D.S	., INC.	plan i (PN)	umber 002
PROI	TI SHARING PI			-		live date of plan
						25/1979
		oyer, if for a single-employer plan)	······································		2b Emplo	oyer Identification Number
		om, apt., suite no. and street, or P.C cell country, and ZIP or foreign post		nuctions)	(EIN)	05-0357122
	PROFIT SHARING 2a Plan sponsor's name (em Mailing address (include r City or town, state or prov ERNEST P. VOTOL 266 WAYLAND AVE PROVIDENCE	TO, D.M.D. & FRANK A.		-	•	sor's lelephone number - 751 - 8046
						ess code (see instructions)
266	WAYLAND AVEN	ЛЕ				
PROV	/IDENCE	RI 02905-	4524		621:	111
		ind address 🗌 Same ias Plan Spor	nsor.			nistrator's EIN 0357122
ERNI	EST P. VOTOLA	ΓΦ, D.M.				histrator's telephone number
266	WAYLAND AVEN	JE				
PRO	/IDENCE	RI 02906-452	24		401	-751-8046
		e plan sponsor or the plan name h			4b EIN	
•		onsor's name, EIN, the plan name a	and the plan number from t	he last return/report.	4d PN	
C Plan N	ior's name				40 PN	
φ i (an i	Vallita					
5a Total	number of participants	s at the beginning of the plan year,.			5a	12
		s at the end of the plan year		1	5b	12
c Numb	er of participants with	account balances as of the end of	the plan year (only defined	contribution plans	5c	8
	•	articipants at the beginning of the pl			5d(1)	11
		articipants at the end of the plan yes			5d(2)	12
		o terminated employment during the				
than	100% vested	*****	•••••••••••••••••••••••••••••••••••••••		5e	0
Under pen SB or Sch	alties of perjury and o	 or incomplete filing of this return ther penalties set forth in the instruct and signed by an enrolled actuary, a polete. 	ctions, I declare that I have	examined this return/rep	port, includir	ng, if applicable, a Schedule
SIGN	F. 7	12-7:1.1	12-16-19	FRANK A. PAZIE	NZA, D	.D.S.
HERE	Signature of plan					
	- orginature of pian :		Date	Enter name of Individu	aai signing a	is plan administrator
SIGN				L		
		oyer/plan sponsor ce, see the Instructions for Form 5500	Date Date	Enter name of individu	ual signing a	as employer or plan sponsor Form 5500-SF (2018)

Form 5500-SF (2018)

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6a	Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	X Yes No
b	Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)	X Yes 🗌 No
	If you answered "No" to either line 6a or line 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.	
С	If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? [] Yes [] No	Not determined
	If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year	(See instructions.)
Pa	rt III Financial Information	

7	Plan Assets and Liabilities		(a) Beginning (of Voor			(b) F	nd of Ye	ar	
	Total plan assets	7a	1	020,			(0) 2			4,175
	Total plan liabilities	7a 7b		0207						
	Net plan assets (subtract line 7b from line 7a)	7c	2,	020,	977				2,05	4,175
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoun					b) Total		·····
a	Contributions received or receivable from: (1) Employers	8a(1)		19,	577					
	(2) Participants	8a(2)		29,	723					
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b		59,	220					
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c							10	8,520
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		57,	660					
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salaries, fees, commissions)	8f		17,	662					
g	Other expenses	8g								
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h							7	5,322
i	Net income (loss) (subtract line 8h from line 8c)	8i							3	3,198
:	Transfers to (from) the plan (see instructions)	8i			1					
J Pa 9a	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension		Decision of Plance	an Cha	racteri	stic Co	des in the	instructio	ins:	
9a b	rt IV Plan Characteristics	feature co								
9a b	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f rt V Compliance Questions	feature co							IS:	
9a b Pa 10	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f	feature co eature coo utions with /oluntary f	des from the List of Plan in the time period Fiduciary Correction		acteris	ic Coc		nstructior	IS:	
9a b Pa 10	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V	feature co reature coo utions with /oluntary f	des from the List of Plan in the time period Fiduciary Correction include transactions	n Chara	acteris	ic Coc		nstructior	IS:	
9a b Pa 10	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f During the plan year: Was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) Were there any nonexempt transactions with any party-in-interest	feature co eature co utions with /oluntary f	des from the List of Plan in the time period Fiduciary Correction include transactions	n Chara	acteris	ic Coc		nstructior	ıs: ınt	.0,000
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9a b Pa 10 2 4	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan year: If Was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) If Were there any nonexempt transactions with any party-in-interes reported on line 10a.) If Was the plan covered by a fidelity bond? If the plan have a loss, whether or not reimbursed by the plan's	feature co reature coordinations with /oluntary f f? (Do not fidelity bc her person ne or all of	des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused ns by an insurance f the benefits under	n Chara 10a 10b 10c	Yes	ic Coc No X X		nstructior	ıs: ınt	.0,000
9a b Pa 10 2 4	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If was there a failure to transmit to the plan any participant contributes described in 29 CFR 2510.3-102? (See instructions and DOL's Vergram) If was the plan covered by a fidelity bond? If was the plan covered by a fidelity bond? If bid the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? If were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son	feature co eature co ations with /oluntary f ? (Do not fidelity bo her persor ne or all of	des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused ns by an insurance f the benefits under	n Chara 10a 10b 10c 10d	Yes	No No X X X		nstructior	ıs: ınt	.0,000
9a b Pa 10 2 4	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If was there a failure to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) If was the plan covered by a fidelity bond? If bid the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? If were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan	feature co reature coordinations with /oluntary l f? (Do not fidelity bc her person ne or all of	des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused ns by an insurance f the benefits under	n Chara 10a 10b 10c 10d 10e	Yes	No X X X X X		nstructior	ıs: ınt	.0,000
9a b Pa 10 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	rt IV Plan Characteristics If the plan provides pension benefits, enter the applicable pension 2E 2J 2K 3D If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If the plan provides welfare benefits, enter the applicable welfare f If welfare to transmit to the plan any participant contribut described in 29 CFR 2510.3-102? (See instructions and DOL's V Program) If were there any nonexempt transactions with any party-in-interes reported on line 10a.) If were the plan covered by a fidelity bond? If bid the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty? If were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides son the plan? (See instructions.) Has the plan failed to provide any benefit when due under the plan <td>feature co eature coo utions with /oluntary f ? (Do not fidelity bo her persor ne or all of an? </td> <td>des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused ons by an insurance f the benefits under end.)</td> <td>n Chara 10a 10b 10c 10d 10e 10f</td> <td>Yes</td> <td>No X X X X X X</td> <td></td> <td>nstructior</td> <td>ıs: ınt</td> <td>.0,000</td>	feature co eature coo utions with /oluntary f ? (Do not fidelity bo her persor ne or all of an? 	des from the List of Plan in the time period Fiduciary Correction include transactions ond, that was caused ons by an insurance f the benefits under end.)	n Chara 10a 10b 10c 10d 10e 10f	Yes	No X X X X X X		nstructior	ıs: ınt	.0,000

Form 5500-SF (2018)

Page **3**-

Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions (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 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of ERISA?			of 		Yes X	Nc
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, s granting the waiver.		d enter Da		te of the le Yea	-	}
If you 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				
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 negative amount)	o the left of a	12d				
e Will the minimum funding amount reported on line 12d be met by the funding deadline?] Yes	No No	N/A	4
Part VII Plan Terminations and Transfers of Assets						
13a Has a resolution to terminate the plan been adopted in any plan year?			<u> </u>	es X	No	
If "Yes," enter the amount of any plan assets that reverted to the employer this year		13a	Ι			
b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or 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), which assets or liabilities were transferred.	identify the plan(s) to				
13c(1) Name of plan(s):	13c(2)	13c(2) EIN(s)			: (3) PN(s)
				+		
						-