



North Carolina Department of Commerce
2025 JDIG Grantee Annual Report
(As required by §143B-437.58)

GENERAL INFORMATION:

1(a). DOC Grant Number 1(b). Effective Date of CEDA: 2. Date of Report (mm/dd/yy)
Found on first page of CEDA Found on first page of CEDA

3. Legal Name of the Grantee 4(a). FEIN
As registered with N.C. Secretary of State Corporations Division: <https://www.sosnc.gov/search/> (Federal ID)

4(b). NCUI

5. Is there a Guarantor on the CEDA? **Grantee must complete the drop down box**

If Yes, Complete Guarantor Name and FEIN:

Guarantor Name:

FEIN:
(Federal ID)

6. Is there a Related Member and/or Affiliate on the CEDA? **Grantee must complete the drop down box**

If Yes, provide the number of Related Members and/or Affiliates in the CEDA: If "Yes" above - complete the yellow box to the left

	Related Member Name	FEIN	NCUI
i.	N/A	N/A	N/A
iii.	N/A	N/A	N/A
v.	N/A	N/A	N/A
vii.	N/A	N/A	N/A
ix.	N/A	N/A	N/A
xi.	N/A	N/A	N/A

	Related Member Name	FEIN	NCUI
ii.	N/A	N/A	N/A
iv.	N/A	N/A	N/A
vi.	N/A	N/A	N/A
viii.	N/A	N/A	N/A
x.	N/A	N/A	N/A
xii.	N/A	N/A	N/A

If there are more than 12 Related Members or Affiliates, please provide on a separate attachment

Project Location:

7. Provide the **number** of Physical Location(s) of the North Carolina project site(s) (section 1.19 of the CEDA)

NC Project Site 1:

<Street Address 1>
<Street Address 2>
<City, State, Zip + 4>

NC Project Site 2:

<Street Address 1>
<Street Address 2>
<City, State, Zip + 4>

NC Project Site 3:

<Street Address 1>
<Street Address 2>
<City, State, Zip + 4>

NC Project Site 4:

<Street Address 1>
<Street Address 2>
<City, State, Zip + 4>

If there are more than 4 NC project sites, please provide additional sites on a separate attachment

Contact Information: NOTIFY the JDIG Team if any contacts below change after submission

8. GAR Contact (Contact who can answer reporting questions including wage and tax data)

a. Name	b. Company		
c. Mailing Address	d. Title		
<Street Address 1> <Street Address 2> <City, State, Zip + 4>	e. Phone	Extension	f. Cell phone
g. Web Site	h. Email Address		

GARs submitted to the EIC shall include Soc. Sec. (SS) #s of indiv. employees identified in the reports. Payroll, tax and SS information submitted on this form is subject to N.C.G.S. 105-259 and will be maintained as confidential.

9. Disbursement Contact: **(Contact who will receive notification of GAR approval and the hard copy check, if applicable)**

Check the box if this person is the same as the Company Contact ☐

a. Name	b. Title		
c. Physical Address (for UPS delivery)	d. Phone	Extension	e. Cell phone
<Street Address 1>			
<Street Address 2>	f. Email Address		
<City, State, Zip>			
g. Select the type of disbursement preferred:			

10. Officer who will sign this report

Check the appropriate box if this person is the same as: ☐ Company Contact ☐ Disbursement Contact

a. Name	b. Title		
c. Email Address	d. Phone	Extension	e. Cell phone

11. Contact for the Department of Revenue's (DOR) verification of No Overdue Taxes and withholdings (NC-3)

(Contact who can answer questions regarding Overdue Taxes or NC-3 submission to DOR)

a. Name	b. Title		
c. Email Address	d. Phone	Extension	e. Cell phone

Job Retention at Non-project Location(s) (if required by CEDA):

Non-Project Locations are locations with NC jobs included in the retention requirement, but not included in the definition of the Project or the Facility as defined in Sections 1.19 and 1.33 of the CEDA.

12. Does the CEDA require the Grantee to retain jobs at **Non-project location(s)** in NC?

☐

The Grantee must complete a Non-project Employment Profile for each physical location required to retain positions as a condition of the CEDA.

Use a separate Non-Project Employment Profile for each of the Grantee's non-project location sites.

Grantee must complete this box

13. Does the CEDA require a Related Member(s) or Affiliate(s) to retain jobs at **Non-project location(s)** in NC?

☐

The Related Member(s) or Affiliate(s) must complete a Non-project Employment Profile for each physical location required to retain positions as a condition of the CEDA.

Use a separate Non-project Employment Profile for each of the Related Member(s) or Affiliates non-project location sites.

Grantee must complete this box

New Remote Employee:

"New Employee" means a Full-Time Employee hired for the Project, and employed at the Facility and reporting there at least four days a month, who represents a net increase in the number of the Company's employees in North Carolina over the Retained Employment and who is not a worker with an H-1B visa or with H-1B status.

"New Remote Employee" means a Full-Time Employee hired for the Project, assigned to the Facility and working from a home-office within the State or a satellite location within the State, who represents a net increase in the number of the Company's employees in North Carolina [over the Retained Employment] and who is not a worker with an H-1B visa or with H-1B status.

14. Did the Grantee or Related Member(s), if applicable, employ New Remote Employees during the grant year (between January 1 and December 31, 2025).

☐

Grantee must complete this box

Base Period - Transfers from OUTSIDE North Carolina:

The General Assembly has requested a report on the number of eligible employees transferred from locations outside North Carolina and employed by the JDIG Grantee or Related Member Party(ies) during the base period (as defined in Section 1.6 of the CEDA).

15. Is 2025 in the JDIG Base Period as defined by Section 1.6 of the CEDA?

Grantee must complete this box

If Yes, provide the number of ELIGIBLE employees transferred from any CEDA entity (Grantee, Guarantor, or Related Member) from a facility located outside North Carolina between January 1 and December 31, 2025.

H-1 B Visa Holders

§ 143B-437.51. changed on **June 12, 2018** to define a full time employee as person who is employed for consideration for at least 35 hours a week, whose wages are subject to withholding under Article 4A of Chapter 105 of the General Statutes, who is **not** a worker with an H-1 B visa or with H-1 B status, and who is determined by the Committee to be employed in a permanent position according to criteria it develops in consultation with the Attorney General. The term does not include any person who works as an independent contractor or on a consulting basis for the business.

16. For Awards on or after 6.12.18:

a.) Provide the number of Eligible (E) H-1 B visa holders reported:

Grantee must complete this box

b.) Provide the number of Non-eligible (N) H-1 B visa holders reported:

Grantee must complete this box

Verification of Capital Expenditures

If capital investment is due or met, attach a company-generated fixed asset report, listing each fixed asset that was placed in service at the project location after the effective date of the JDIG award, and that continued to be in service as of 12/31/2025. The report should include an asset description, asset classification, cost (not depreciated value), and the in-service date for each asset.

The company-generated fixed asset report must be uploaded in an unlocked Excel spreadsheet.

Assets placed in service prior to the effective date of the JDIG CEDA or assets transferred to the facility from **within** North Carolina should **NOT** be included in the report, unless specifically permitted by the CEDA. When listing assets transferred to the facility from outside of North Carolina, provide the book value at the time of transfer rather than the original cost.

PLEASE NOTE: The Grantee is NOT required to file a fixed asset report if:

- 1) The Grantee has previously met its required capital investment (see Art. III Sec. 3.3 of CEDA); or**
- 2) Investment is NOT due and NOT yet met; or**
- 3) Investment is NOT required (CEDA Section 3.3 = Reserved)**

Note: Pursuant to §143B-437.58(c) and the terms of the CEDA, JDIG grants are subject to audit at the discretion of the Economic Investment Committee. In the event of an audit, the Grantee may be asked to submit detailed employment records pertaining . These records, including employee names, social security numbers, position numbers, and job titles, should be maintained by the company on an ongoing basis.

Data should be sorted by Position Number (Column A)

[illegible]

2025 Project Location

Remote Worker Employment Profile

Enter the name of the CEDA Entity (Grantee or Related Member) here



Question #14 on the General Info tab MUST be completed

Please **DO NOT** type directly into spreadsheet - use Copy/Paste Special Values to input data (see GAR Instructions) -

Data should be sorted by Position Number (Column A)

A	B	C	D	E	F	G	H	I	J	K	L
Position Number	Eligible or Non-Eligible Position	Name <i>(Duplicates highlighted in Red - please explain)</i>	Social Security Number <i>(Duplicates - highlighted in Green) please explain</i>	Job Title <i>(Intern - highlighted in Tan)</i>	Hire Date at Entitty	Hire Date in Current Position	Termination Date in Current Position	Termination Date at Entitty <i>(if applicable)</i>	Gross Wages <i>(Medicare wages and tips)</i>	NC State Taxable Wages <i>(NC State wages, tips, etc.)</i>	NC Withholdings Paid <i>(NC State income tax)</i>
Unique Number	(E or N)	(Last Name, First Name)	9 digits (do not include dashes)	Interns should NOT be included on this report	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)	W-2 Box 5	W-2 Box 16	W-2 Box 17

**2025 NON-PROJECT Location
Employment Profile**

**Enter the name of the CEDA Entity
Grantee, Related Member, or Affiliate paying the NC Withholdings**

Enter the Address and County of the Non-Project Location



**A separate employment profile must be provided for each location and each entity.
All employees included on this profile must be in Non-Eligible Positions ("N")**

Profile must be sorted by Column A - Position number

Please **DO NOT** type directly into spreadsheet - use Copy/Paste Special Values to input data (see GAR Instructions)

A	B	C	D	E	F	G	H	I	J	K	L
Position Number	Non-Eligible Position	Name <i>(Duplicates highlighted in Red - please explain)</i>	Social Security Number <i>(Duplicates - highlighted in Green) please explain</i>	Job Title <i>(Intern - highlighted in Tan)</i>	Hire Date at Entity	Hire Date in Current Position	Termination Date in Current Position	Termination Date at Entity (if applicable)	Gross Wages <i>(Medicare wages and tips)</i>	NC State Taxable Wages <i>(NC State wages, tips, etc.)</i>	NC Withholdings Paid <i>(NC State income tax)</i>
	(N)	(Last Name, First Name)	9 digits (do not include dashes)	Interns should NOT be included on this report	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)	(mm/dd/yyyy)	W-2 Box 5	W-2 Box 16	W-2 Box 17

IMPORTANT REPORTING NOTICE TO ALL JDIG GRANTEES

Filing Deadlines

Any company that has been awarded a Job Development Investment Grant is required under North Carolina General Statutes § 143B 437.58 to submit a complete annual report by not later than March 1 of the year following the end of each grant year, reflecting withholdings and other performance activity, as of December 31 of each grant year “as a condition of its continuation in the grant program.” **THE MARCH 1, 2025 REPORTING DEADLINE IS A STATUTORY REQUIREMENT WITH WHICH GRANTEES MUST COMPLY.** Details of reporting requirements are provided here, and in the Community Economic Development Agreement governing each grant.

**Per 143B-437.58(a), the GAR fee MUST be made payable to:
NC Department of Revenue**

The March 1 reporting deadline is for submission of a full and complete report reflecting all required information and certifications. After reviewing an annual report, Department of Commerce (“DOC”) staff may determine that additional information is needed to establish compliance. In such case, the DOC may request additional information, or an amended report. The grantee must deliver the additional information or amended report by the later of the first of May next following the end of such Grant Year or fifteen (15) calendar days following the date of the DOC’s request. It is very important that grantees respond quickly in completing their reports.

The **FAILURE TO SATISFY THE MARCH 1, 2026 DEADLINE IS A DEFAULT** under the program, and will result in the **GRANTEE BEING INELIGIBLE FOR A GRANT PAYMENT** for the grant year for which it failed to submit a timely report. Any grantee that does not receive a payment for a particular grant year for failure to submit a timely report, is required to submit a report for that grant year by not later than December 31 of the next grant year, in order to remain eligible in the JDIG program.

Submit the GAR Fee via Express Courier (FED EX, UPS**) to:**

**JDIG TEAM
DPI (Education) Building
301 North Wilmington St
Raleigh, NC 27601**

NOTE:

JDIG and the JDIG Grant number must be included on the check

Example: JDIG 2019-55

UP Postal Service (standard and express mail)

requires an alternate address

Contact the JDIG Team if needed

Acknowledgement

Your understanding of the information provided in this notice, and, in particular, your understanding that your company will be ineligible for a grant payment in the event of its failure to submit a timely, complete annual report as required under the JDIG program, shall be certified by a duly authorized officer of the company in the certification section of the annual report.



North Carolina Department of Commerce
2025 JDIG Grantee Annual Report
(As required by §143B-437.58)

Guarantor Certifications of Grantee Certifications

Grantee Name _____
Grantee FEIN Number: _____

DOC Grant Number _____

Guarantor Name: _____

FEIN: _____
(Federal ID)

Do not complete this Form

CERTIFICATIONS:

*Acknowledge that you have read and understand the certifications, and that the certifications apply by checking the corresponding box. Attach a **detailed explanation** for each certification that is **not** checked. Defined terms have the meaning set forth in the Community Economic Development Agreement governing the JDIG award (the "CEDA").*

- | | | |
|-----|---|--------------------------|
| 1. | All statements and representations made by the Grantee, or on its behalf to the EIC, DOC, or DOR in connection with its 2025 JDIG annual report, and any reports, data, and other materials furnished by the Grantee, or on its behalf, to the EIC, DOR, or DOC, are true, accurate, and complete in all material respects, and do not contain any material misstatement of fact or omit to state a material fact or any fact necessary to make the statements contained herein or therein not materially misleading, to its best knowledge and belief. The information contained in this annual report has been assembled following diligent inquiry." | <input type="checkbox"/> |
| 2. | The Grantee and the Guarantor have met the applicable requirements, terms, and conditions of the CEDA applicable to the preceding Grant Year. | <input type="checkbox"/> |
| 3. | No legal action is pending or, to the Guarantor's best knowledge, threatened that relates to the activity contemplated by the CEDA or that could materially adversely affect its performance under the CEDA. | <input type="checkbox"/> |
| 4. | All representations and warranties made by the Guarantor under Article II of the CEDA are true, accurate and complete in all material respects. | <input type="checkbox"/> |
| 5. | No covenant made by the Guarantor under Article III of the CEDA has been materially breached. | <input type="checkbox"/> |
| 6. | The Guarantor has committed no Disqualifying OSHA Violations. | <input type="checkbox"/> |
| 7. | No Default or event or condition has occurred, the occurrence or existence of which would, with the lapse of time or the giving of notice of both, become a Default. | <input type="checkbox"/> |
| 8. | The Guarantor is not liable for any Outstanding Tax Debts (a tax debt that remains unpaid 90 days or more after final assessment notice is sent). | <input type="checkbox"/> |
| 9. | Neither the Grantee nor the Guarantor have manipulated or attempted to manipulate Withholdings for the purpose of increasing the amount of the Grant. | <input type="checkbox"/> |
| 10. | No material change has occurred in the Guarantor's financial condition or prospects from that set forth in the financial statements delivered to the DOC as part of the Application. | <input type="checkbox"/> |
| 11. | The Guarantor is financially solvent. | <input type="checkbox"/> |
| 12. | The Guarantor has not voluntarily filed a petition for bankruptcy, nor has any petition been filed against the Guarantor under applicable bankruptcy laws. | <input type="checkbox"/> |
| 13. | The Guarantor understands that if any of the certifications provided herein prove to be false or misleading in any respect, it may be required to reimburse the State in the amount of this disbursement and the DOC may pursue such other legal actions as it deems appropriate. | <input type="checkbox"/> |

A DETAILED EXPLANATION MUST BE ATTACHED TO THIS REPORT FOR ALL CERTIFICATIONS NOT CHECKED. PLEASE CONTACT THE JDIG TEAM AT CFC@NCCOMMERCE.COM TO DISCUSS WHAT MUST BE INCLUDED IN THE EXPLANATION. If certification #2 is not checked, the grant is in default for the reporting year. In such cases, the attachment must include an explanation of the cause of default, if and how the grantee plans to remedy the default, and the timing associated with the remedy.

SIGNATURES:

The information contained in this report has been assembled following diligent inquiry and is true and accurate to the best of my knowledge and that of the company.

OFFICER OF THE GUARANTOR

(Signature of Officer)

(Date)

NOTARY PUBLIC

I, _____, a notary public of the County of _____ in the State of _____

do certify that _____ personally appeared before me this day, and first being duly sworn, acknowledged that he/she is _____ of _____ and that he/she is authorized to execute the foregoing instrument on behalf of _____, and executed the foregoing instrument in my presence.

Witness my hand and official seal, this the _____ day of _____, 20____.

(Official Seal)

(Signature of Notary Public)

My commission expires on _____, 20____



North Carolina Department of Commerce
2025 JDIG Grantee Annual Report
(As required by §143B-437.58)

Guarantor Certifications of Grantee and Related Member Party Certifications

Grantee Name _____
Grantee FEIN Number: _____

DOC Grant Number _____

Guarantor Name: _____

FEIN: _____
(Federal ID)

Do Not Complete this Form

CERTIFICATIONS:

*Acknowledge that you have read and understand the certifications, and that the certifications apply by checking the corresponding box. Attach a **detailed explanation** for each certification that is **not** checked. Defined terms have the meaning set forth in the Community Economic Development Agreement governing the JDIG award (the "CEDA").*

- | | | |
|-----|--|--------------------------|
| 1. | All statements and representations made by the Grantee and Related Member Party(s), or on their behalf to the EIC, DOC, or DOR in connection with its 2025 JDIG annual report, and any reports, data, and other materials furnished by the Grantee and Related Member Party(s), or on their behalf, to the EIC, DOR, or DOC, are true, accurate, and complete in all material respects, and do not contain any material misstatement of fact or omit to state a material fact or any fact necessary to make the statements contained herein or therein not materially misleading, to its best knowledge and belief. The information contained in this annual report has been assembled following diligent inquiry. | <input type="checkbox"/> |
| 2. | The Grantee, Related Member Party(s) and the Guarantor have met the applicable requirements, terms, and conditions of the CEDA applicable to the preceding Grant Year. | <input type="checkbox"/> |
| 3. | No legal action is pending or, to the Guarantor's best knowledge, threatened that relates to the activity contemplated by the CEDA or that could materially adversely affect its performance under the CEDA. | <input type="checkbox"/> |
| 4. | All representations and warranties made by the Guarantor under Article II of the CEDA are true, accurate and complete in all material respects. | <input type="checkbox"/> |
| 5. | No covenant made by the Guarantor under Article III of the CEDA has been materially breached. | <input type="checkbox"/> |
| 6. | The Guarantor has committed no Disqualifying OSHA Violations. | <input type="checkbox"/> |
| 7. | No Default or event or condition has occurred, the occurrence or existence of which would, with the lapse of time or the giving of notice of both, become a Default. | <input type="checkbox"/> |
| 8. | The Guarantor is not liable for any Outstanding Tax Debts (a tax debt that remains unpaid 90 days or more after final assessment notice is sent). | <input type="checkbox"/> |
| 9. | The Guarantor has not manipulated or attempted to manipulate Withholdings for the purpose of increasing the amount of the Grant. | <input type="checkbox"/> |
| 10. | No material change has occurred in the Guarantor's financial condition or prospects from that set forth in the financial statements delivered to the DOC as part of the Application. | <input type="checkbox"/> |
| 11. | The Guarantor is financially solvent. | <input type="checkbox"/> |
| 12. | The Guarantor has not voluntarily filed a petition for bankruptcy, nor has any petition been filed against the Guarantor under applicable bankruptcy laws. | <input type="checkbox"/> |
| 13. | The Guarantor understands that if any of the certifications provided herein prove to be false or misleading in any respect, it may be required to reimburse the State in the amount of this disbursement and the DOC may pursue such other legal actions as it deems appropriate. | <input type="checkbox"/> |

A DETAILED EXPLANATION MUST BE ATTACHED TO THIS REPORT FOR ALL CERTIFICATIONS NOT CHECKED. PLEASE CONTACT THE JDIG TEAM AT CFC@NCCOMMERCE.COM TO DISCUSS WHAT MUST BE INCLUDED IN THE EXPLANATION. If certification #2 is not checked, the grant is in default for the reporting year. In such cases, the attachment must include an explanation of the cause of default, if and how the grantee plans to remedy the default, and the timing associated with the remedy.

SIGNATURES:

The information contained in this report has been assembled following diligent inquiry and is true and accurate to the best of my knowledge and that of the company.

OFFICER OF THE GUARANTOR

(Signature of Officer) (Date)

NOTARY PUBLIC

I, _____, a notary public of the County of _____ in the State of _____

do certify that _____ personally appeared before me this day, and first being duly sworn, acknowledged that he/she is _____ of _____ and that he/she is authorized to execute the foregoing instrument on behalf of _____, and executed the foregoing instrument in my presence.

Witness my hand and official seal, this the _____ day of _____, 20_____.

(Official Seal)

(Signature of Notary Public) My commission expires on _____, 20_____



North Carolina Department of Commerce
2025 JDIG Grantee Annual Report
(As required by §143B-437.58)
Related Member Certification

*(If multiple Related Members: **each entity** must complete a separate Certification)*

Grantee Name _____ DOC Grant Number _____
Grantee FEIN Number: _____
Related Member Name: _____ FEIN: _____
(Federal ID)
NCUI _____

Do Not Complete this Form

CERTIFICATIONS:

*Acknowledge that you have read and understand the certifications, and that the certifications apply by checking the corresponding box. Attach a **detailed explanation** for each certification that is **not** checked. Defined terms have the meaning set forth in the Community Economic Development Agreement governing the JDIG award (the "CEDA").*

1. All statements and representations made by the Related Member Party, or on their behalf to the EIC, DOC, or DOR in connection with its 2025 JDIG annual report, and any reports, data, and other materials furnished by the Grantee and Related Member Party(s), or on their behalf, to the EIC, DOR, or DOC, are true, accurate, and complete in all material respects, and do not contain any material misstatement of fact or omit to state a material fact or any fact necessary to make the statements contained herein or therein not materially misleading, to its best knowledge and belief. The information contained in this annual report has been assembled following diligent inquiry. ☐
2. The Related Member Party has met the applicable requirements, terms, and conditions of the CEDA applicable to the preceding Grant Year. ☐
3. No Default or event or condition has occurred, the occurrence or existence of which would, with the lapse of time or the giving of notice of both, become a Default. ☐
4. The Related Member Party's Eligible Positions have not been created by transferring or shifting ineligible positions that existed in North Carolina prior to the effective date of the CEDA, at other projects or locations of the Grantee, the Related Member Party, or any of their affiliates. ☐
5. No legal action is pending or, to the Related Member Party's best knowledge, threatened that relates to the activity contemplated by the CEDA or that could materially adversely affects its performance under the CEDA. ☐
6. All representations and warranties made by the Related Member Party under Article II of the CEDA are true, accurate and complete in all material respects. ☐
7. No covenant made by the Related Member Party under Article III of the CEDA has been materially breached. ☐
8. The Related Member Party has committed no Disqualifying OSHA Violations. ☐
9. No Default or event or condition has occurred, the occurrence or existence of which would, with the lapse of time or the giving of notice of both, become a Default. ☐
10. The Related Member Party has no Outstanding Tax Debts. ☐
11. The Related Member Party has not manipulated or attempted to manipulate Withholdings for the purpose of increasing the amount of the Grant. ☐
12. The Related Member Party is financially solvent. ☐
13. The Related Member Party has not voluntarily filed a petition for bankruptcy, nor has any petition been filed against the Related Member Party under applicable bankruptcy laws. ☐

A DETAILED EXPLANATION MUST BE ATTACHED TO THIS REPORT FOR ALL CERTIFICATIONS NOT CHECKED. PLEASE CONTACT THE JDIG TEAM AT CFC@NCCOMMERCE.COM TO DISCUSS WHAT MUST BE INCLUDED IN THE EXPLANATION. If certification #2 is not checked, the grant is in default for the reporting year. In such cases, the attachment must include an explanation of the cause of default, if and how the grantee plans to remedy the default, and the timing associated with the remedy.

SIGNATURES:

The information contained in this report has been assembled following diligent inquiry and is true and accurate to the best of my knowledge and that of the company.

OFFICER OF THE RELATED MEMBER PARTY

(Signature of Officer)

(Date)

NOTARY PUBLIC

I, _____, a notary public of the County of _____ in the State of _____

do certify that _____ personally appeared before me this day, and first being duly sworn, acknowledged that he/she is _____ of _____ and that he/she is authorized to execute the foregoing instrument on behalf of _____, and executed the foregoing instrument in my presence.

Witness my hand and official seal, this the _____ day of _____, 20____.

(Official Seal)

(Signature of Notary Public)

My commission expires on _____, 20____