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Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

Form 990-EZ

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization ALBANY AREA CHAMBER OF COMMERCE Number and street (or P.O. box, if mail is not delivered to street address) P.O. BOX 548 City or town, state or country, and ZIP + 4 ALBANY, OR 97321	D Employer identification number 93-0110065
		E Telephone number (541) 926-1517
		F Group Exemption Number
		G Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: WWW.ALBANYCHAMBER.COM

J Tax-exempt status (check only one) — ☒ 501(c) (6) (insert no.) ☐ 4947(a)(1) or ☐ 527H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 499,464.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	152,347.
	3	Membership dues and assessments	3	223,413.
	4	Investment income	4	2,995.
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	92,263.
	6b	Less: direct expenses other than fundraising expenses	6b	39,453.
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	52,810.	
7a	Gross sales of inventory, less returns and allowances	7a		
7b	Less: cost of goods sold	7b		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe CHAMBER DOLLARS)	8	28,446.	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	460,011.	
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	247,453.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	39,878.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe)	16	136,270.
17	Total expenses. Add lines 10 through 16	17	423,601.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	36,410.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	351,757.
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	388,167.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	176,383.	279,034.
23 Land and buildings	84,330.	81,695.
24 Other assets (describe SEE STATEMENT 2)	137,842.	47,220.
25 Total assets	398,555.	407,949.
26 Total liabilities (describe SEE STATEMENT 3)	46,798.	19,782.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	351,757.	388,167.

Part V Other Information (Note the statement requirements in the instructions for Part V)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	X	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b N/A	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b N/A	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	N/A	
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. OR		
42a The organization's books are in care of ALBANY CHAMBER OF COMMERCE Telephone no. (541) 926-1517 Located at 435 FIRST AVE, WEST, ALBANY, OR ZIP + 4 97321		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes No	
If "Yes," enter the name of the foreign country:	42b	X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country:		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	N/A
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer: Janet Steele Date: 9-3-10

Type or print name and title: Janet Steele President

Paid Preparer's Use Only Preparer's signature: Orat. Rosquez Date: SEP 03 2010 Check if self-employed: ☐ Preparer's identifying number (See instr.): EIN

Firm's name (or yours if self-employed), address, and ZIP + 4: KOONTZ & PERDUE, P.C.
920 ELM STREET SW
ALBANY, OR 97321-2037 Phone no.: (541) 926-5543

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2009)

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

ALBANY AREA CHAMBER OF COMMERCE

Employer identification number
93-0110065

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a ☐ Mail solicitations
- b ☐ Internet and email solicitations
- c ☐ Phone solicitations
- d ☐ In-person solicitations
- e ☐ Solicitation of non-government grants
- f ☐ Solicitation of government grants
- g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entry (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

Total

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		DSA BANQUET	GOLF TOURNAMENT	2	(add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	30,520.	26,970.	34,773.	92,263.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	30,520.	26,970.	34,773.	92,263.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	13,704.	9,692.	16,057.	39,453.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(39,453)
	11 Net income summary. Combine line 3, column (d), and line 10				52,810.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)					()
8 Net gaming income summary. Combine line 1, column (d), and line 7					

9 Enter the state(s) in which the organization operates gaming activities. _____

a Is the organization licensed to operate gaming activities in each of these states? ..

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?**15a****b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.**c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?**17a****b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	BUILDING	07111666SL		40.00	16	18,500.			18,500.	18,500.		0.
2	CANOPY ON FRONT OF BUILDING	11102966SL		20.00	16	1,580.			1,580.	1,063.		79.
3	BUILDING IMPROVEMENTS	070101SL		40.00	16	105,411.			105,411.	21,081.		2,635.
4	AWNING FOR BUILDING	050900SL		15.00	16	1,325.			1,325.	714.		88.
5	AIR CONDITIONER	082602SL		10.00	16	5,695.			5,695.	3,894.		570.
6	2 FILING CABINETS	070166SL		10.00	16	50.			50.	50.		0.
7	2 FILING CABINETS	070177SL		10.00	16	100.			100.	100.		0.
8	REFRIGERATOR	070185SL		15.00	16	75.			75.	75.		0.
9	MICROWAVE	070188SL		10.00	16	75.			75.	75.		0.
10	VACUUM	070195SL		5.00	16	105.			105.	105.		0.
11	PRINTER	070196SL		5.00	16	325.			325.	325.		0.
12	PHONE SYSTEM	070197SL		10.00	16	1,125.			1,125.	1,125.		0.
13	45 CHAIRS	070198SL		10.00	16	4,500.			4,500.	4,500.		0.
14	VICTOR/PATRICK	070198SL		10.00	16	100.			100.	100.		0.
15	FILING CABINET HON	070198SL		10.00	16	600.			600.	450.		0.
16	OFFICE CHAIRS K&K	070198SL		10.00	16	900.			900.	690.		0.
17	SECRETARY CHAIRS	070198SL		10.00	16	1,500.			1,500.	1,110.		0.
18	OFFICE MASTER	070198SL		10.00	16	400.			400.	400.		0.
19	10 TABLES FORT	070198SL		10.00	16							
20	SMITH	070198SL		10.00	16							
21	TABLES	070198SL		10.00	16							

928102
06-24-09

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2009 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	COMPUTER IMPRESSION 5	070199SL		10.00	16	1,300.			1,300.	1,170.		0.
203	DESKS	070198SL		10.00	16	1,500.			1,500.	1,250.		0.
213	DESK/COMPUTER SET	070100SL		10.00	16	2,400.			2,400.	2,080.		240.
22	PRINTER HP 1220C	070100SL		5.00	16	400.			400.	400.		0.
232	COMPUTER AIWA	060101SL		5.00	16	2,000.			2,000.	1,967.		0.
242	HP COMPUTER	061502SL		5.00	16	2,000.			2,000.	1,967.		0.
25	PANAFAX FAX MACHINE	020202SL		5.00	16	1,296.			1,296.	1,295.		0.
266	PC'S & MONITORS	012304SL		5.00	16	8,916.			8,916.	8,916.		0.
27R	REFRIGERATOR/FREEZE	060107SL		5.00	16	950.			950.	396.		190.
28	DELL LAPTOP	120107SL		5.00	16	657.			657.	208.		131.
29	PROJECTOR	040208SL		5.00	16	947.			947.	236.		189.
30	DELL LAPTOP	081808SL		5.00	16	990.			990.	165.		198.
31	CAMERA	071808SL		5.00	16	270.			270.	50.		54.
32	FILE CABINET	080408SL		10.00	16	130.			130.	12.		13.
33	DELL COMPUTERS (4)	092509SL		5.00	16	4,628.			4,628.			694.
	* TOTAL 990-EZ PG 1 DEPR					170,750.		0.	170,750.	74,469.	0.	5,081.

FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
DESCRIPTION		AMOUNT	
COMMITTEES		8,402.	
SCHOLARSHIPS		6,000.	
OFFICE EXPENSE		26,968.	
ACCOUNTING		4,423.	
MEMBER SERVICES		74,508.	
GOOD GOVERNMENT COUNCIL		15,969.	
TOTAL TO FORM 990-EZ, LINE 16		136,270.	

FORM 990-EZ	OTHER ASSETS	STATEMENT	2
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
INVESTMENTS	110,178.	0.	
ACCOUNTS RECEIVABLE	19,372.	36,746.	
PREPAID EXPENSES	969.	969.	
OTHER DEPRECIABLE ASSETS	7,323.	9,505.	
TOTAL TO FORM 990-EZ, LINE 24	137,842.	47,220.	

FORM 990-EZ	OTHER LIABILITIES	STATEMENT	3
DESCRIPTION	BEG. OF YEAR	END OF YEAR	
ACCRUED LIABILITIES	5,933.	5,047.	
UNREDEEMED CHAMBER DOLLARS	40,865.	14,735.	
TOTAL TO FORM 990-EZ, LINE 26	46,798.	19,782.	

FORM 990-EZ	OCCUPANCY, RENT, UTILITIES AND MAINTENANCE	STATEMENT	4
DESCRIPTION		AMOUNT	
DEPRECIATION		5,081.	
OTHER EXPENSES		34,797.	
TOTAL TO FORM 990-EZ, LINE 14		39,878.	

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 5

- A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO
- B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

FORM 990-EZ PART IV - LIST OF OFFICERS, DIRECTORS, STATEMENT 6
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN	EXPENSE CONTRIB ACCOUNT
MIKE MARTIN	CHAIR 5.00	0.	0.	0.
GEORGENE MCALHANY	CHAIR ELECT 1.00	0.	0.	0.
TOM KRUPICKA	SR. VICE CHAIR 1.00	0.	0.	0.
SKIP GRAY	VICE CHAIR 1.00	0.	0.	0.
KIP MUCH	VICE CHAIR 1.00	0.	0.	0.
JIM DENHAM	IMMEDIATE PAST CHAIR 1.00	0.	0.	0.
JENNIFER STANAWAY	TREASURER 1.00	0.	0.	0.
TIM FITZPATRICK	DIRECTOR 1.00	0.	0.	0.
SCOTT FREEBURN	DIRECTOR 1.00	0.	0.	0.
PATRICK HAGERTY	DIRECTOR 1.00	0.	0.	0.
GREG HAHN	DIRECTOR 1.00	0.	0.	0.
DIANNA HOWELL	DIRECTOR 1.00	0.	0.	0.
MIKE HOWELL	DIRECTOR 1.00	0.	0.	0.
RICK JOHNSON	DIRECTOR 1.00	0.	0.	0.

ALBANY AREA CHAMBER OF COMMERCE

93-0110065

BRAD JORDAN	DIRECTOR			
	1.00	0.	0.	0.
RICK KENYON	DIRECTOR			
	1.00	0.	0.	0.
CAROLINE MOUILLE	DIRECTOR			
	1.00	0.	0.	0.
RICK PETERSON	DIRECTOR			
	1.00	0.	0.	0.
CORDELL POST	DIRECTOR			
	1.00	0.	0.	0.
DAVID REECE	DIRECTOR			
	1.00	0.	0.	0.
GREG ROE	DIRECTOR			
	1.00	0.	0.	0.
REBECCA SPENCER	DIRECTOR			
	1.00	0.	0.	0.
DAVID TRIEBES	DIRECTOR			
	1.00	0.	0.	0.
MARTHA WELLS	DIRECTOR			
	1.00	0.	0.	0.
JANET STEELE	PRESIDENT			
	40.00	86,712.	0.	0.
TOTALS INCLUDED ON FORM 990-EZ, PART IV		86,712.	0.	0.