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Short Form  
Return of Organization Exempt From Income Tax  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

OMB No. 1545-1150

2008

Open to Public  
Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

► 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 \$1,000,000 and total assets less than \$2,500,000 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 2008 calendar year, or tax year beginning JULY 01, 2008, and ending JUNE 30, 20 09

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Rotary Club of Arlington Sunrise		D Employer identification number 36-3981987
		No & street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number (817) 699-1645
		P O Box 387		F Group Exemption Number... ► 0573
		City or town, state or country, and ZIP + 4 Arlington TX 76004-0387		

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

G Accounting method. ☒ Cash ☐ Accrual  
Other (specify) ►

I Website: ► www.arlingtonsunriserotary.com

H Check ☒ if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one) -- ☒ 501(c)(4) (insert no.) 4947(a)(1) or 527

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 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. ► \$ 78,347

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	
	3	Membership dues and assessments	3	33,956
	4	Investment income	4	
	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) (attach schedule)	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	44,391
6b	Less: direct expenses other than fundraising expenses	6b	16,942	
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	27,449	
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 ►)	8		
9	Total revenue. All lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	61,405	
EXPENSES	10	Grants and similar amounts paid (attach schedule)	10	32,160
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	565
	16	Other expenses (describe ► See attachment #2)	16	30,759
	17	Total expenses. Add lines 10 through 16	17	63,484
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,079
	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	7,079
	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	5,000

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See instructions for Part II.)

(A) Beginning of year		(B) End of year	
22	7,079	22	5,000
23		23	
24		24	
25	7,079	25	5,000
26	0	26	0
27	7,079	27	5,000

22	Cash, savings, and investments
23	Land and buildings
24	Other assets (describe ►)
25	Total assets
26	Total liabilities (describe ►)
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Form 990-EZ (2008)



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

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?		X
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <b>37a</b> 0		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?		X
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations Enter		
<b>a</b> Initiation fees and capital contributions included on line 9 <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</b> Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I		X
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization ▶		
<b>e</b> 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
<b>41</b> List the states with which a copy of this return is filed ▶ <b>NONE</b>		
<b>42a</b> The books are in care of ▶ <b>See attachment #6</b> Telephone no ▶ Located at ▶ ZIP + 4 ▶		
<b>b</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: ▶		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> -- Check here ▶ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
<b>45</b> 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		X

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> 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	<b>46</b>	X
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	X
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>48</b>	X
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	X
<b>b</b> If "Yes," was the related organization(s) a section 527 organization?	<b>49b</b>	X

**50** Complete this table for the 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."

(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
NONE				
Total number of other employees paid over \$100,000 ▶				

**51** Complete this table for the 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
NONE		
Total number of other independent contractors each receiving over \$100,000 . . . . . ▶		

**Sign Here**

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.

Signature of officer: *Danny Steffar* Date: 2-12-2010

Type or print name and title: Danny Steffar, Pres

**Paid Preparer's Use Only**

Preparer's signature: NONPAID PREPARER Date: \_\_\_\_\_

Check if self-employed ☒

Preparer's Identifying No. (See instr) \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: Robert G. Burden, CPA  
2012 E RANDOL MILL RD STE 201  
Arlington, TX 76011-

EIN: 817-274-7724 Phone no.: 817-274-7724

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☒ Yes ☐ No

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2008

**Open to Public  
Inspection**

► **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

Name of the organization

Rotary Club of Arlington Sunrise

Employer identification number

36-3981987

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

- a** ☐ Mail solicitations
- b** ☐ Email solicitations
- c** ☐ Phone solicitations
- d** ☐ In-person solicitations
- e** ☐ Solicitation of non-government grants
- f** ☐ Solicitation of government grants
- g** ☒ Special fundraising events

**2a** 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 individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

**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.

 $\overline{\text{TX}}$

**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
		(event type)	(event type)	(total number)	(Add col. (a) through col. (c))
<b>R E V E N U E</b>	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Charitable contributions .....				
	<b>3</b> Gross revenue (line 1 minus line 2) .....				
<b>D I R E C T E X P E N S E S</b>	<b>4</b> Cash prizes .....				
	<b>5</b> Non-cash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Other direct expenses .....				
	<b>8</b> Direct expense summary. Add lines 4 through 7 in column (d) .....				( )
	<b>9</b> Net income summary. Combine lines 3 and 8 in column (d) .....				

**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) thru col. (c))
<b>R E V E N U E</b>	<b>1</b> Gross revenue .....				
<b>D I R E C T E X P E N S E S</b>	<b>2</b> Cash prizes .....				
	<b>3</b> Non-cash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	<input checked="" type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No _____ %	
	<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( )
	<b>8</b> Net gaming income summary. Combine lines 1 and 7 in column (d) .....				

	Yes	No
<b>9</b> Enter the state(s) in which the organization operates gaming activities _____		
<b>a</b> Is the organization licensed to operate gaming activities in each of these states? .....	<b>9a</b>	X
<b>b</b> If "No," Explain: _____		
<b>10a</b> Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? .....	<b>10a</b>	X
<b>b</b> If "Yes," Explain: _____		
<b>11</b> Does the organization operate gaming activities with nonmembers? .....	<b>11</b>	X
<b>12</b> 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? .....	<b>12</b>	X

		Yes	No
<b>13</b>	Indicate the percentage of gaming activity operated in.		
<b>a</b>	The organization's facility ..... <b>13a</b> %		
<b>b</b>	An outside facility ..... <b>13b</b> %		
<b>14</b>	Provide the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ► .....		
	Address ► .....		
<b>15a</b>	Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	X
<b>b</b>	If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....		
<b>c</b>	If "Yes," enter name and address.		
	Name ► .....		
	Address ► .....		
<b>16</b>	Gaming manager information:		
	Name ► .....		
	Gaming manager compensation ► \$ .....		
	Description of services provided ► .....		
	<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
<b>17</b>	Mandatory distributions:		
<b>a</b>	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	X
<b>b</b>	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ .....		



# **SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar year 2008, or tax year period beginning 07-01-2008 and ending 06-30-2009.	
Name of Organization		Employer Identification Number	
Rotary Club of Arlington Sunrise		36-3981987	
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
Charitable	Rotary Club of Leon Mexico		
Charitable	Leon, , MX, Rotary Club of India		
Charitable	, , IN, Thornton Elementary		
Educational	, , , Rotary District 5790		

  

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
None	2 used ambulances		Cost	Cost	
None	Purchase of 2 dialysis machines	4,000	Cost	Cost	
None	Playground improvements	4,000	Cost	Cost	
None	Youth leadership course	1,273	Cost	Cost	
Total		9,273			

# **SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

Attachment 1: page 2 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection	For Calendar year 2008, or tax year period beginning 07-01-2008	and ending 06-30-2009.
Name of Organization	Employer Identification Number	
Rotary Club of Arlington Sunrise	36-3981987	

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
Charitable	' ' ' Various		
Educational	' ' ' Youth college scholarships		
Charitable	' ' ' RITE		
Educational	' ' ' Butler Elementary School 2121 Margaret Drive		

Relationship	Description of Property	Book Value	How Book Value is Determined	How FMV is Determined	Date of Gift
None	Holiday families	2,200	Cost	Cost	
None	Scholarships paid directly to schools	2,831	Cost	Cost	
None	RITE sponsorship	9,000	Cost	Cost	
None	Dictionary program	1,000	Cost	Cost	
Total		15,031			

# **SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

Attachment 1: page 3 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public Inspection		For Calendar year 2008, or tax year period beginning 07-01-2008 and ending 06-30-2009.	
Name of Organization		Employer Identification Number	
Rotary Club of Arlington Sunrise		36-3981987	
Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
Educational	Arlington TX 76012		
Various	Various		
Charitable	Rotary International Foundation		
Charitable	Arlington Creative Playground Foundation		
Relationship	Description of Property	Book Value	How Book Value is Determined
None	Cash awards for 4-Way Speech Contest	204	Cost
None	Various other	500	Cost
None	Paul Harris Fellowships contributions	852	Cost
None	To support operations	5,300	Cost
Total		6,856	

**SCHEDULE OF GRANTS AND SIMILAR AMOUNTS PAID**

Attachment 1: page 4 - 990-EZ Page 1, Part I, Line 10 - Grants and Similar Amounts Paid

Open to Public  
Inspection

For Calendar year 2008, or tax year period beginning 07-01-2008

and ending 06-30-2009

Name of Organization

Employer Identification Number

Rotary Club of Arlington Sunrise

36-3981987

Class of Activity	Recipient's Name and Address	Amount (FMV)	Purpose of Payment to Affiliate
	' ' ,		
	</		

**SCHEDULE OF OTHER EXPENSES**

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2008 or tax period beginning	07-01-2008, and ending	06-30-2009.
Name of Organization			Employer Identification Number
Rotary Club of Arlington Sunrise			36-3981987

Description of Other Expenses	Amount
Bank charges	27
District dues	1,368
Rotary International dues	2,871
Rotarian magazine	690
RI special assessments	57
Rotary liability insurance	172
Club supplies	1,810
Executive secretary	3,600
Office supplies	333
PETS training	406
Meeting costs	15,060
District assembly costs	1,437
Telephone	354
Postage	110
Speaker gifts	600
Internet expenses	678
Membership development	67
Public awareness	468
Other club costs	651
Total	30,759

## PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01, and ending 06-30-2009.
Name of Organization Rotary Club of Arlington Sunrise	Employer Identification Number 36-3981987

### Primary Purpose

To encourage and foster the ideal of service as a basis of worthy experience.

## PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.
Name of Organization Rotary Club of Arlington Sunrise	Employer Identification Number 36-3981987
Part III - Statement of Program Service Accomplishments	
Grants and allocations	Amount includes foreign grants   Program service expenses 32,160
Exempt Purpose Achievements	

To encourage and foster the ideal of service as a basis of worthy experience

# CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 5: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01-2008, and ending 06-30-2009.			
Name of Organization <b>Rotary Club of Arlington Sunrise</b>			Employer Identification Number <b>36-3981987</b>	
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def. Comp.	(E) Expense Account & Other Allowances
Bill Miller P O Box 387 Arlington, TX 76004-0387	President 5.00	0	0	0
Danny Steffer P O Box 387 Arlington, TX 76004-0387	President elect 5.00	0	0	0
Henry Armstrong P O Box 387 Arlington, TX 76004-0387	Secretary 5.00	0	0	0
Jake Hardin P O Box 387 Arlington, TX 76004-0387	Treasurer 5.00	0	0	0
James Watson P O Box 387 Arlington, TX 76004-0387	Sgt at Arms 5.00	0	0	0
Stan Moore P O Box 387 Arlington, TX 76004-0387	Director 5.00	0	0	0
Neal Griffin P O Box 387 Arlington, TX 76004-0387	Director 5.00	0	0	0
Jack Rogers P O Box 387 Arlington, TX 76004-0387	Director 5.00	0	0	0
Chris McLucas P O Box 387 Arlington, TX 76004-0387	Director 5.00	0	0	0
Don Ferrell P O Box 387 Arlington, TX 76004-0387	Director 5.00	0	0	0
Bill Harnagel P O Box 387 Arlington, TX 76004-0387	Director 5.00	0	0	0
Jack Thornton P O Box 387 Arlington, TX 76004-0387	Director 5.00	0	0	0



# BOOKS ARE IN CARE OF

Attachment 6 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection	For calendar year 2008 or tax period beginning 07-01, and ending 06-30-2009.
Name of Organization Rotary Club of Arlington Sunrise	Employer Identification Number 36-3981987
Part V - Line 42a	

Individual Name ..... Doug Stewart  
or  
Business Name:

Street Address ..... 2505 Wild Rose Court

U.S. Address:

Zip code 76006 City Arlington State TX  
or  
Foreign Address

City .....

Province or State .....

Country .....

Postal code .....

Phone Number ..... (817) 640-8860

Fax Number ..... (817) 277-6473