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Original

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150
2009
Open to Public Inspection

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 January 1, 2009, and ending December 31, 20

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Terminated
 - Amended return
 - Application pending

C Name of organization
ARF Human Services Network

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
27484 Ann Arbor Trail

City or town, state or country, and ZIP + 4
Westland, MI 48185-5515

D Employer identification number
74-3215039

E Telephone number
(734) 425-1600

F Group Exemption Number N/A

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:

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Tax-exempt status (check only one) - 501(c) (3) (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 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 \$

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

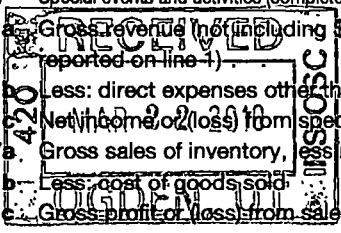
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	15,000--
	2	Program service revenue including government fees and contracts	2	---
	3	Membership dues and assessments	3	---
	4	Investment income	4	---
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	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"/>		
	a	Gross revenue (not including \$ reported on line 4)	6a	
b	Less: direct expenses other than fundraising expenses	6b		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	---	
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or loss from sales of inventory (Subtract line 7b from line 7a)	7c	---	
8	Other revenue (describe <u> </u>)	8	---	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	15,000--	
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	---
	13	Professional fees and other payments to independent contractors <u>Legal Services</u>	13	3,500--
	14	Occupancy, rent, utilities, and maintenance	14	---
	15	Printing, publications, postage, and shipping <u>Postage & Legalizing of Doc</u>	15	469--
	16	Other expenses (describe <u>Accountant fees</u>)	16	250--
17	Total expenses. Add lines 10 through 16	17	4,219--	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,781--
	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) <u>none. This is first return</u>	19	---
	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	10,781--

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		22 10,781--
23 Land and buildings		23 ---
24 Other assets (describe <u> </u>)		24 ---
25 Total assets		25 10,781--
26 Total liabilities (describe <u> </u>)		26 ---
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27 10,781--

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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?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
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		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
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		X
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 ▶ none		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ none		
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. ▶ Michigan		
42a	The organization's books are in care of ▶ Nadim S. Ajlouny Telephone no. ▶ 248-318-2301 Located at ▶ 5003 Hickory Pointe Dr. Orchard Lake, MI ZIP + 4 ▶ 48323		
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
42b			X
	If "Yes," enter the name of the foreign country: ▶		
	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.?	X	
	If "Yes," enter the name of the foreign country: ▶ Palestine		
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		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

Part IV 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.

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

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."

(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				

f Total number of other employees paid over \$100,000 **None**

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
None		

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: Nadim S. Ajlouny Date: 3/10/2010
 Type or print name and title: "Nadim S. Ajlouny, Treasurer"

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 3/3/10 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: K. Fred Ajluni Law Offices
1800 W. 14 Mile Rd. Royal Oak, MI Preparer's identifying number (See instructions): None
 EIN: 52-380-30-6716 Phone no: 248-288-3636

May the IRS discuss this return with the preparer shown above? See instructions . . . 48073 . . . Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

ARF Human Services Network (ARFHSN)

Employer identification number

7413215039

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vii)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		
 - (ii) A family member of a person described in (i) above?

	Yes	No
11g(iii)		
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
none									
Total									

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.) N/A

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2)
 (Complete only if you checked the box on line 9 of Part I.)

N/A

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

- 19a 33 1/3 % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3 % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

EXPLANATION OF WHY NO GRANTS WERE GIVEN IN 2009
By The Board of Trustees (BOT) Of ARF Human Services Network (ARFHSN)

The incorporators of ARFHSN were members of the Board of Directors (BOD) American Federation of Ramallah, Palestine (AFRP), founded in 1959 in Detroit, Michigan. They were empowered by the said BOD to incorporate (ARFHSN) in the state of Michigan in July of 2007. In March 29, 2008, the incorporators, acting as interim board of trustees (BOT), drafted the By-Laws of ARFHSN creating it as an independent NGO with AFRP as its supporting organization and empowering the Interim BOT to continue as such and to apply for tax exempt status from the U.S. Internal Revenue Service. The BOT did that and on March 29, 2009, ARFHSN was granted tax exempt organization status under section 501(C)(3) with the determination that it is a TYPE 1, a public charity status under section 509(a)(3). In July, 2009 the BOT was replaced by a new regular nine members BOT in accordance with the By-Laws of ARFHSN. It is to be noted here that the AFRP, the supporting organization, contributed in February 2009 to ARFHSN the sum of \$15,000.00.

Upon taking office on July, 2009, the new BOT started its work of organizing the new NGO and planning for projects. In September, 2009, it appointed its representative and the head of branch in Palestine. Her first job was to apply for registering the branch of ARFHSN with the Palestinian National Authority. The board also applied for registration with the USAID unit of the Department of State. On 1/17/2010, it secured the certification registration from the Palestinian National Authority, and the representative submitted to the Authority goals and purposes of the NGO and proposed projects that the NGO will undertake in Palestine. Enclosed are copies in Arabic and translated into English of the documents involved in the process of registration and the time consuming job it took,

Furthermore, the BOT on December 12, passed a resolution allocating \$7,000 of its treasury to grants to be given in year 2010 after the representative in Palestine submits her report and recommendations as to which university and training trade school and how much any scholarship or grant shall be.

Because of the limited time between the time the BOT took office in July, 2009 and December 31, 2009, and the many preparations and organizing the BOT could not give grants and do business in Palestine before it completed its registration with Palestine National Authority and make intelligent decision on any grant based on research.

Lastly it is to be noted that the AFRP, the supporting organization for ARFHSN has had for 50 years a good track record of support and donations to the educational and charitable institutions in the West Bank of Palestine through its American Ramallah Federation Education and Charitable Fund, established in 1963 which carries the Identification No.

2009 - ARF Human Services Network (ARFHSN)

Board of Trustees

[Click to Edit Board Members in Excel](#)

First Name: Issa
Last Name: Baba
Title: Chairman
Company:
Address 1: 1479 Sugar Creek Blvd
Address 2:
City: Sugar Land
State: Texas
Zipcode: 77478
Country: United States
Phone: 713-530-1011

Employee, Officer, or Staff Member of PVO

First Name: Nadim
Last Name: Ajlouny
Title: Treasurer
Company:
Address 1: 5003 Hickory Pointe Dr.
Address 2:
City: Orchard Lake
State: Michigan
Zipcode: 48323
Country: United States
Phone: 248-318-2301

Employee, Officer, or Staff Member of PVO

First Name: Lami
Last Name: Taweei
Title: Secretary
Company:
Address 1: 23943 Industrial Park Dr.
Address 2:
City: Farmington Hills

√ →

State: Michigan
Zipcode: 48335
Country: United States
Phone: 248-249-4288

Employee, Officer, or Staff Member of PVO

First Name: Anis
Last Name: Shamiyeh
Title:
Company:
Address 1: 1145 Upper Happy Valley Rd.
Address 2:
City: Lafayette
State: California
Zipcode: 94549
Country: United States
Phone: 925-935-9404

Employee, Officer, or Staff Member of PVO

First Name: John
Last Name: Rukab
Title:
Company:
Address 1: 5938 University Blvd. W
Address 2:
City: Jacksonville
State: Florida
Zipcode: 32216
Country: United States
Phone: 904-631-7446

Employee, Officer, or Staff Member of PVO

First Name: Rudolph
Last Name: Shatara
Title:
Company:
Address 1: 6500 Jericho Turnpike Ste. 1
Address 2:
City: Syosset
State: New York
Zipcode: 11791
Country: United States
Phone: 516-731-4687

Employee, Officer, or Staff Member of PVO

First Name: Bassam
Last Name: Eways

Title:
Company:
Address 1: 14218 Rock Canyon Dr.
Address 2:
City: Centreville
State: Virginia
Zipcode: 22020
Country: United States
Phone: 703-901-5669

Employee, Officer, or Staff Member of PVO

First Name: George
Last Name: Zalbaq
Title: Doctor
Company:
Address 1: 31 Cheshire Blvd.
Address 2:
City: Sugar Land
State: Texas
Zipcode: 77479
Country: United States
Phone: 713-724-4982

Employee, Officer, or Staff Member of PVO

First Name: Walid
Last Name: Kandah
Title: Doctor
Company:
Address 1: 1524 Willow Creek Ln.
Address 2:
City: Darien
State: Illinois
Zipcode: 60561
Country: United States
Phone: 630-817-1918

Employee, Officer, or Staff Member of PVO

First Name:
Last Name:
Title:
Company:
Address 1:
Address 2:
City:
State: -- Select One --
Zipcode:
Country: -- Select One --