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Form 8734
(Revised January 2002)

Department of the Treasury - Internal Revenue Service
Support Schedule For Advance Ruling Period

Name of Organization
Council on American Islamic Relations - Ohio

Employer Identification Number
3 1 1 6 0 2 2 8 7

For information on completing this support schedule, refer to the instructions for Form 990 (Schedule A, Part IV), or call TE/GE Customer Account Services at 877-829-5500 between the hours of 8:00 a.m. and 6:30 p.m. Eastern Time, Monday through Friday.

NOTE: If you receive any support for the year, please be sure to show financial data for that year by indicating -0- or -none-. Year 1 should reflect support received as of the date legally organized, unless otherwise specified in the determination letter.

MAR 27 '03 MAR 31 '03

CINCINNATI SERVICE CENTER	1998	Year 2 1999	Year 3 2000	Year 4 2001	Year 5 2002	TOTAL
	1. Gifts, grants and contributions (including unusual grants. See line 14)	12,292	16,963	49,580	70,309	190,580
2. Membership fees received	1,475	250	4,538	11,511	14,708	32,572
3. Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a business unrelated to the organization's charitable, etc. purpose		105		919	11,826	12,990
4. Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes)						
5. Net income from unrelated business activities not included in line 4.						
6. Tax revenues levied for your benefit and either paid to you or expended on your behalf						
7. The value of services or facilities furnished to you by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
8. Other income. Attach schedule. Do not include gain (or loss) from sale of capital assets						
9. Total of lines 1 through 8	13,767	17,408	54,138	82,919	217,114	285,346
10. Line 9 minus line 3	13,767	17,213	54,138	81,950	205,288	372,356
11. Enter 1% of line 9	138	174	541	829	2,171	3,853

12. Organizations described in section 170(b)(1)(A)(vi):

a. Enter 2% of amount shown in TOTAL column, line 10 ** 7,447

b. For all years, did total contributions from any person other than a governmental unit or publicly supported organization exceed the amount shown on line 12a? If yes, attach a list showing the name of and amount contributed by each person whose total gifts exceeded the 2% amount. If available, please list the contributing organization's Employer Identification Number (EIN).

Yes
No

1000-929

13. Organizations described in section 509(p)(2):

a. Attach a list, from amounts shown on lines 1, 2, and 3 showing the name of, and total amounts received in each year from each "disqualified person," and enter the sum of such amounts for each year:

Year 1 5,986 Year 2 1,970 Year 3 4,670 Year 4 1,499 Year 5 9,509

b. Attach a list showing, for each year, the name and amount included in line 3 for each person (other than "disqualified persons") from whom the organization received more, during that year, than the larger of the amount on line 1 for the year or \$5,000. Include organizations as well as individuals. Enter the sum of these expense amounts for each year:

Year 1 -0- Year 2 -0- Year 3 7,000 Year 4 14,000 Year 5 30,600

14. If you received any unusual grants during your advance-ruling period, attach a list for each year showing the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these in line 1, page 1.

15. Please list the name and telephone number of an officer, director, or trustee who can be contacted during business hours if we need more information. If someone other than an officer, director or trustee will represent the organization or sign this document, attach Form 2848, Power of Attorney.

Name: Ahmad A -Akhtras Phone: (614) 451-3232 Fax Number (if available): (614) 451-3222

16. In order that the organization's current address is properly recorded, please provide the following:

Mailing Address: CAIR-Ohio Location Address (if different from mailing address):
4700 Reed Road, Suite B
Columbus, OH 43220

Under penalties of perjury, I declare that I am authorized to sign this schedule on behalf of this organization and that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief it is true, correct, and complete.

Ahmad Al-Akhtras

Type or Print Name



Signature

President

(Title or authority of signer)

3/27/03

(Date)

(614) 451-3232

(Telephone No.)

This completed support schedule should be returned to:

Internal Revenue Service
P.O. Box 192
Covington, Kentucky 41012

Form 8734**Supporting Schedules****Council on American Islamic Relations - Ohio****EIN: 31-1602287****Line 12b: Total Gifts Exceeding 2%**

Ziad Shouman	8,000
Islamic Council of Ohio	9,050
Muna Al-Aseer	9,255
Azzam Ahmed	10,000
Jaseem Pusha	13,000
Pager World, Inc	30,000

Line 13a: Amounts received from "disqualified persons"

	1998	1999	2000	2001	2002	Total
Abdinur Mohamoud	0	250	500	100	0	850
Abdul Hammuda	0	0	0	180	300	480
Ahmad Al-Akhras	1,061	365	960	212	3,542	6,140
Asma Mobin-Uddin	1,450	250	0	305	650	2,655
Hanan Farhan	0	0	0	0	29	29
Isam Zaiem	0	450	100	300	2,800	3,650
John Kashubeck	0	0	2,500	0	250	2,750
Mohammed Alo	0	0	0	102	238	340
Nabih Tarazi	1,050	375	610	300	1,700	4,035
Omar Tarazi	1,525	280	0	0	0	1,805
Totals	5,086	1,970	4,670	1,499	9,509	22,734

Line 13b: Amount received in excess of line 11 or \$5,000

	1998	1999	2000	2001	2002	Total
Hassan Ayoub	0	0	7,000	0	0	7,000
Islamic Council of Ohio	0	0	0	0	8,600	8,600
Azzam Ahmed	0	0	0	0	10,000	10,000
Pager World, Inc	0	0	0	14,000	12,000	26,000
Totals	0	0	7,000	14,000	30,600	51,600