

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)

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

OMB No 1545-0047

2001

Open to Public Inspection

A For the 2001 calendar year, or tax year period beginning **JUL 1, 2001** and ending **JUN 30, 2002**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OHEL CHILDRENS HOME AND FAMILY SERVICES, INC.	D Employer identification number 11-6078704	
	Number and street (or P O box if mail is not delivered to street address) 4510 16TH AVENUE	Room/suite 	E Telephone number 718-851-6300
	City or town, state or country, and ZIP + 4 BROOKLYN, NY 11204	F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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)

Hand I are not applicable to section 527 organizations
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Enter 4-digit GEN ▶

G Web site ▶ **N/A**

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no) 4947(a)(1) or 527

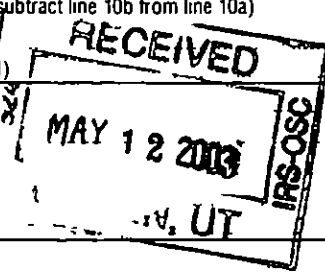
K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **15,491,533.**

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

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received			
	a Direct public support	1a	3,578,009.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c	1,343,993.	
	d Total (add lines 1a through 1c) (cash \$ 4,922,002. noncash \$ _____)	1d		4,922,002.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		9,861,860.
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		43,322.
	5 Dividends and interest from securities	5		
	6 a Gross rents SEE STATEMENT 1	6a	338,510.	
	b Less rental expenses SEE STATEMENT 2	6b	258,589.	
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		79,921.
7 Other investment income (describe _____)	7			
8 a Gross amount from sale of assets other than inventory	(A) Securities	8a		
	(B) Other	8b		
		8c		
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d		
9 Special events and activities (attach schedule)	a Gross revenue (not including \$ 1,096,089. of contributions reported on line 1a)	9a	278,804.	
	b Less direct expenses other than fundraising expenses	9b	278,804.	
	c Net income or (loss) from special events (subtract line 9b from line 9a)	9c		0.
	10 a Gross sales of inventory, less returns and allowances	10a		
b Less cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11		47,035.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		14,954,140.	
Expenses	13 Program services (from line 44, column (B))	13		12,981,345.
	14 Management and general (from line 44, column (C))	14		1,660,392.
	15 Fundraising (from line 44, column (D))	15		703,378.
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17		15,345,115.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		<390,975.>	
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,664,298.
	20 Other changes in net assets or fund balances (attach explanation)	20		0.
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,273,323.



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OHEL CHILDRENS HOME AND FAMILY SERVICES,

Form 990 (2001)

INC.

11-6078704

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others

Do not include amounts reported on line 6b, 8b, 9b, 10b or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule)				
	cash \$ _____ noncash \$ _____				
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc	0.	0.	0.	0.
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone				
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications				
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest	526,680.	417,338.	109,342.	
42	Depreciation, depletion, etc (attach schedule)	478,111.	379,947.	97,117.	1,047.
43	Other expenses not covered above (itemize)				
	a SEE STATEMENT 9	43a 14,333,446.	12,184,060.	1,447,055.	702,331.
	b ADDITIONAL PENSION	43b			
	c LIABILITY FOR UNFUNDED	43c			
	d ACCUMULATED BENEFIT	43d			
	e OBLIGATION	43e 6,878.		6,878.	
44	Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 15,345,115.	12,981,345.	1,660,392.	703,378.

Joint Costs Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____, (ii) the amount allocated to Program services \$ _____,
 (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose?	Program Service Expenses (Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts but optional for others)
SERVICES TO PEOPLE WITH DISABILITIES AND FAMILIES IN CRISIS.	
a CHILDREN'S RESIDENCE: INCLUDING SOCIAL SERVICES, PSYCHOLOGICAL COUNSELING, AND RECREATIONAL ACTIVITIES IN A FAMILY TYPE ENVIRONMENT.	
(Grants and allocations \$ _____)	1,818,351.
b FOSTER CARE: IN APPROVED FOSTER HOMES PROVIDING SOCIAL SERVICES AND RELATED SERVICES TO CHILDREN IN CARE.	
(Grants and allocations \$ _____)	2,117,184.
c ADULT RESIDENCES: RESIDENTIAL FACILITIES FOR EMOTIONALLY DISABLED ADULTS, PROVIDES RESIDENTIAL AND COUNSELING SERVICES FOR PERSONS WHO NEED 24 HOUR SUPERVISION.	
(Grants and allocations \$ _____)	2,236,883.
d ADOLESCENT RESIDENCE: FOR TEENAGE BOYS; INCLUDING SOCIAL SERVICES AND COUNSELING, IN A HOME TYPE ENVIRONMENT.	
(Grants and allocations \$ _____)	608,897.
e Other program services (attach schedule) STATEMENT 4	(Grants and allocations \$ _____) 6,200,030.
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	12,981,345.

Part IV Balance Sheets

				(A)		(B)	
				Beginning of year		End of year	
<i>Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only</i>							
Assets	45	Cash - non-interest-bearing		295,354.	45	310,676.	
	46	Savings and temporary cash investments		44,839.	46	46,362.	
	47 a	47a	1,160,102.				
		b	47b		1,678,613.	47c	1,160,102.
	48 a	48a	797,920.				
		b	48b		864,231.	48c	797,920.
	49	Grants receivable			49		
	50	Receivables from officers, directors, trustees, and key employees			50		
	51 a	51a					
		b	51b			51c	
	52	Inventories for sale or use			52		
	53	Prepaid expenses and deferred charges		33,800.	53	64,325.	
	54	Investments - securities STMT 5 STMT 6 <input checked="" type="checkbox"/> Cost <input type="checkbox"/> FMV		4,588,112.	54	4,568,359.	
	55 a	55a	71,545.				
		b	55b		71,545.	55c	71,545.
56	Investments - other			56			
57 a	57a	14,158,868.					
	b	57b	4,357,136.	9,602,725.	57c	9,801,732.	
58	Other assets (describe ▶ SEE STATEMENT 7)		1,272,684.	58	1,469,630.		
59	Total assets (add lines 45 through 58) (must equal line 74)		18,451,903.	59	18,290,651.		
Liabilities	60	Accounts payable and accrued expenses		2,768,188.	60	2,215,748.	
	61	Grants payable			61		
	62	Deferred revenue		47,130.	62	503,268.	
	63	Loans from officers, directors, trustees, and key employees			63		
	64 a	Tax-exempt bond liabilities			64a		
		b	64b	12,651,139.	13,081,166.		
65	Other liabilities (describe ▶ STMT 12 SEE STATEMENT 8)		1,321,148.	65	1,217,146.		
66	Total liabilities (add lines 60 through 65)		16,787,605.	66	17,017,328.		
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		1,129,231.	67	598,414.	
	68	Temporarily restricted		414,871.	68	554,317.	
	69	Permanently restricted		120,196.	69	120,592.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74						
	70	Capital stock, trust principal, or current funds			70		
	71	Paid-in or capital surplus, or land, building, and equipment fund			71		
	72	Retained earnings, endowment, accumulated income, or other funds			72		
	73	Total net assets or fund balances (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19; column (B) must equal line 21)		1,664,298.	73	1,273,323.	
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)		18,451,903.	74	18,290,651.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

OHEL CHILDRENS HOME AND FAMILY SERVICES,
INC.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	
a Total revenue, gains, and other support per audited financial statements	14954140.
b Amounts included on line a but not on line 12, Form 990	
(1) Net unrealized gains on investments \$	
(2) Donated services and use of facilities \$	
(3) Recoveries of prior year grants \$	
(4) Other (specify) \$	
Add amounts on lines (1) through (4)	0.
c Line a minus line b	14954140.
d Amounts included on line 12, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify) \$	
Add amounts on lines (1) and (2)	0.
e Total revenue per line 12, Form 990 (line c plus line d)	14954140.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
a Total expenses and losses per audited financial statements	15345115.
b Amounts included on line a but not on line 17, Form 990	
(1) Donated services and use of facilities \$	
(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify) \$	
Add amounts on lines (1) through (4)	0.
c Line a minus line b	15345115.
d Amounts included on line 17, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify) \$	
Add amounts on lines (1) and (2)	0.
e Total expenses per line 17, Form 990 (line c plus line d)	15345115.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 13 BOARD MEMBERS DO NOT RECEIVE ANY REMUNERATION, CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS OR EXPENSE ACCOUNT ALLOWANCES FOR SERVICES PROVIDED TO OHEL.		0.	0.	0.

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**OHEL CHILDRENS HOME AND FAMILY SERVICES,
INC.**

Form 990 (2001)

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Part VI Other Information		Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b		
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
b If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt.			
81 a Enter direct or indirect political expenditures See line 81 instructions 81a 0.			
b Did the organization file Form 1120 POL for this year?	81b		X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III) 82b N/A			
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b		
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a		
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b		
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
c Dues, assessments, and similar amounts from members 85c N/A			
d Section 162(e) lobbying and political expenditures 85d N/A			
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A			
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A			
g Does the organization elect to pay the section 6033(e) tax on the amount in 85f? N/A	85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h		
86 501(c)(7) organizations Enter a Imitation fees and capital contributions included on line 12 86a N/A			
b Gross receipts, included on line 12, for public use of club facilities 86b N/A			
87 501(c)(12) organizations Enter a Gross income from members or shareholders 87a N/A			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A			
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88		X
89 a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 0. , section 4912 0. , section 4955 0.			
b 501(c)(3) and 501(c)(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," attach a statement explaining each transaction	89b		X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.			
d Enter Amount of tax on line 89c, above, reimbursed by the organization 0.			
90 a List the states with which a copy of this return is filed NEW YORK			
b Number of employees employed in the pay period that includes March 12, 2001 90b 214			
91 The books are in care of OHEL CHILDREN'S HOME AND FAMILY SER Telephone no 718-851-6300			
Located at 4510 16TH AVE. BROOKLYN, NY ZIP + 4 11204			
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here 92 N/A and enter the amount of tax-exempt interest received or accrued during the tax year			

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Form 990 (2001)

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Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					2,309,828.
g Fees and contracts from government agencies					7,552,032.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	43,322.	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			30	79,921.	
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			12		
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a SALES VOCATIONAL TRAINI			01	47,035.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		170,278.	9,861,860.
105 Total (add line 104, columns (B), (D), and (E))					10,032,138.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)

Line No Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

93 F&G FEES FUND FOR FOSTER CARE, RESIDENTIAL AND PREVENTIVE CARE PROGRAMS, WHICH FURTHER OUR PURPOSE OF PROVIDING FOSTER CARE, RESIDENTIAL CARE AND PREVENTIVE CARE FOR PERSONS IN NEED.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with

- (a) Did the organization, during the year, receive any funds, directly or indirectly, from a disqualified person?
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a contract with a disqualified person?

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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 furnished to him.

Please Sign Here: *Howard Lutz* 1/5/02
Signature of officer Date

Paid Preparer's Use Only: *[Signature]*
Preparer's signature
Firm's name (or yours if self-employed), address and ZIP + 4
WEISER LLP
135 WEST 50TH STREET
NEW YORK, NY 10020

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2001

Name of the organization **OHEL CHILDRENS HOME AND FAMILY SERVICES, INC.** Employer identification number **11 6078704**

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions List each one If there are none, enter "None")

(a) Name and address of each employee paid more than \$50,000	(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
MANDEL, DAVID 4510 16TH AVENUE, BROOKLYN, NY 11204	CEO 40	184,189.	0.	0.
BIELER, RICHARD 4510 16TH AVENUE, BROOKLYN, NY 11204	DR DEVELOPMEN 40	169,276.	0.	0.
SIEGFRIED, SHALOM 4510 16TH AVENUE, BROOKLYN, NY 11204	DR MAJOR GIFT 40	146,927.	0.	0.
WERTMAN, MANNY 4510 16TH AVENUE, BROOKLYN, NY 11204	PROGRAM DR 40	126,798.	0.	0.
MAYER, PHYLLIS 4510 16TH AVENUE, BROOKLYN, NY 11204	DR CHILD CARE 40	99,914.	0.	0.
Total number of other employees paid over \$50,000 ▶	22			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
HARVEY JACOBS 26 COURT ST. BROOKLYN, NY 11242	LEGAL SERVICE	72,000.
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \blacktriangleright \$ _____ \$ _____ (Must equal amounts on line 38, Part VI A, or line 1 of Part VI-B) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes " attach a detailed statement explaining the transactions)		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments		

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

- The organization is not a private foundation because it is (Please check only ONE applicable box.)
- 5 A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
 - 6 A school Section 170(b)(1)(A)(ii) (Also complete Part V)
 - 7 A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
 - 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
 - 9 A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state \blacktriangleright _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
 - 11b A community trust. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
 - 12 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 charitable, etc., 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) (Also complete the **Support Schedule** in Part IV-A.)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 of the instructions)

OHEL CHILDRENS HOME AND FAMILY SERVICES,

Schedule A (Form 990 or 990-EZ) 2001 INC.

11-6078704 Page 3

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting
 Note You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	4,937,240.	4,495,273.	3,315,159.	3,078,126.	15,825,798.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	8,323,543.	8,056,539.	7,015,756.	5,777,600.	29,173,438.
18 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) from businesses acquired by the organization after June 30, 1975	2,654.	181,158.	161,687.	121,611.	467,110.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.					
23 Total of lines 15 through 22	13,263,437.	12,732,970.	10,492,602.	8,977,337.	45,466,346.
24 Line 23 minus line 17	4,939,894.	4,676,431.	3,476,846.	3,199,737.	16,292,908.
25 Enter 1% of line 23	132,634.	127,330.	104,926.	89,773.	
26 Organizations described on lines 10 or 11 a Enter 2% of amount in column (e), line 24					26a 325,858.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 16,292,908.
d Add: Amounts from column (e) for lines 18 467,110. 19 _____ 22 _____ 26b _____					26d 467,110.
e Public support (line 26c minus line 26d total)					26e 15,825,798.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 97.1330%
27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2000) (1999) (1998) (1997)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2000) (1999) (1998) (1997)					
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

OHEL CHILDRENS HOME AND FAMILY SERVICES,

Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		
<hr/> <hr/> <hr/>			
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation		

OHEL CHILDRENS HOME AND FAMILY SERVICES,

Schedule A (Form 990 or 990-EZ) 2001 INC.

11-6078704 Page 5

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)
 (To be completed ONLY by an eligible organization that filed Form 5768)

N/A

Check a if the organization belongs to an affiliated group Check b if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount. Enter the amount from the following table	41	
If the amount on line 40 is - The lobbying nontaxable amount is -			
Not over \$500 000 20% of the amount on line 40			
Over \$500 000 but not over \$1 000 000 \$100 000 plus 15% of the excess over \$500 000			
Over \$1 000 000 but not over \$1 500 000 \$175 000 plus 10% of the excess over \$1 000 000			
Over \$1 500 000 but not over \$17 000 000 \$225 000 plus 5% of the excess over \$1 500 000			
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below See the instructions for lines 45 through 50 on page 11 of the instructions)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
45	Lobbying nontaxable amount				0.
46	Lobbying ceiling amount (150% of line 45(e))				0.
47	Total lobbying expenditures				0.
48	Grassroots nontaxable amount				0.
49	Grassroots ceiling amount (150% of line 48(e))				0.
50	Grassroots lobbying expenditures				0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
	1	338,510.
TOTAL TO FORM 990, PART I, LINE 6A		338,510.

FORM 990 RENTAL EXPENSES STATEMENT 2

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
- SUBTOTAL -	1	258,589.	258,589.
TOTAL TO FORM 990, PART I, LINE 6B			258,589.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 3

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
SPECIAL FUNDRAISING EVENT	1374893.	1096089.	278,804.	278804.	0.
TO FM 990, PART I, LINE 9	1374893.	1096089.	278,804.	278804.	0.

FORM 990 OTHER PROGRAM SERVICES STATEMENT 4

DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
SEE STATEMENT 11		6,200,030.
TOTAL TO FORM 990, PART III, LINE E		6,200,030.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 5

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MARKETABLE SECURITIES				9,300.	9,300.
TO 990, LN 54 COL B				9,300.	9,300.

FORM 990 GOVERNMENT SECURITIES STATEMENT 6

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
US TREASURY CERTIFICATES	4,559,059.		4,559,059.
TOTAL TO FORM 990, LINE 54, COL B	4,559,059.		4,559,059.

FORM 990 OTHER ASSETS STATEMENT 7

DESCRIPTION	AMOUNT
OTHER RECEIVABLES	1,243,239.
DEPOSITS	88,391.
BENEFICIAL INTEREST IN REMAINDER TRUSTS	138,000.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,469,630.

FORM 990 OTHER LIABILITIES STATEMENT 8

DESCRIPTION	AMOUNT
CAPITAL LEASE OBLIGATION PAYABLE	268,441.
DUE TO OMH	368,893.
OTHER THIRD PARTY PAYABLES	579,812.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	1,217,146.

OHEL CHILDREN'S HOME AND FAMILY SERVICES INC.
FORM 990 PART II
STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED JUNE 30, 2002
EIN 11-6078704

	(A) Total	(B) Program Services	(C) Management and General	(D) Fund Raising
Expenses				
1 Salaries	\$ 7,387,769	\$ 6,446,053	\$ 504,879	\$ 436,836
2 Fringe Benefits	1,689,794	1,340,412	255,749	93,633
3 Grants	65,903	65,903	0	0
4 Transportation	347,700	329,013	17,066	1,621
5 School Expenses	261,374	261,374	0	0
6 Camp	105,100	105,100	0	0
7 Purchase of Service	749,149	492,840	173,257	83,052
8 Medical Expenses	444,176	443,106	1,048	22
9 Food	329,446	297,363	28,952	3,131
10 Client Allowances	175,297	174,916	381	0
11 Household Expenses	105,113	99,909	4,648	557
12 Property Expenses	644,264	640,185	4,079	0
13 Utilities	225,989	156,852	69,137	0
14 Repair	181,423	131,328	48,275	1,820
15 Telephone	227,635	158,246	67,501	1,887
16 Postage	83,707	32,032	10,716	40,959
17 Dues & Subs	29,285	1,866	27,072	348
18 Office Expenses	378,467	204,138	142,962	31,367
19 Advertising & Public Relations	153,890	88,855	62,274	2,760
20 Insurance	50,146	38,244	11,902	0
21 Leases	46,861	25,366	17,157	4,338
22 Foster Board Fees	650,958	650,958	0	0
	<u>14,333,446</u>	<u>12,184,060</u>	<u>1,447,055</u>	<u>702,331</u>
23 Unfunded pension liability	6,878		6,878	
24 Depreciation	478,111	379,947	97,117	1,047
25 Interest	526,680	417,338	109,342	0
TOTAL EXPENSES	<u><u>\$ 15,345,115</u></u>	<u><u>\$ 12,981,345</u></u>	<u><u>\$ 1,660,392</u></u>	<u><u>\$ 703,378</u></u>

OHEL CHILDRENS HOME AND FAMILY SERVICES, INC
EIN. 11-6078704
FORM 990
FOR YEAR ENDED JUNE 30, 2002

PART IV - LINE 57a & 57b

LAND	761,000
BUILDINGS & IMPROVEMENTS	11,539,867
FURNITURE & FIXTURES	1,657,013
CONSTRUCTION IN PROGRESS	<u>200,988</u>
	14,158,868
ACCUMULATED DEPRECIATION	<u>(4,357,136)</u>
	9,801,732 LINE 57c

OHEL CHILDRENS HOME AND FAMILY SERVICES, INC
EIN· 11-6078704
FORM 990, PART III - OTHER PROGRAM SERVICES
FOR YEAR ENDED JUNE 30, 2002

<u>DESCRIPTION</u>	<u>EXPENSES</u>
OUTPATIENT SERVICES PROVIDES OUTPATIENT SERVICES TO CHILDREN, ADOLESCENTS, ADULTS AND FAMILIES WITH A VARIETY OF HEALTH ISSUES	3,772,634
MEDICAL SERVICES PROVIDES WIDE RANGE OF MEDICAL SERVICES TO DEVELOPMENTALLY DISABLED INDIVIDUALS	610,369
INDEPENDENT LIVING RESIDENTIAL SERVICES TO GUIDE AND DIRECT INDIVIDUALS IN HELPING THEM ACHIEVE GREATER INDEPENDENCE	120,261
SUPPORTIVE APARTMENTS AN APARTMENT PROGRAM THAT PROVIDES PERMANENT HOUSING FOR MENTALLY ILL ADULTS CAPABLE OF MANAGING MOST ASPECTS OF THEIR LIVES	967,810
VOCATIONAL TRAINING PARTICIPANTS WORK ON A VARIETY OF SKILLS TO ASSIST THEM IN DEVELOPING MEANINGFUL RELATIONSHIPS, INCREASING THEIR SELF-ESTEEM, AND DEVELOPING VOCATIONAL SKILLS	151,223
CAMP AISHEL - CAMPING SERVICE, SERVING CHILDREN WITH EMOTIONAL DISABILITIES OR MODERATE DEVELOPMENTAL DELAYS BY PROVIDING THEM WITH THE OPPORTUNITY TO ENJOY A FUN SUPPORTIVE SIX WEEK SUMMER EXPERIENCE	97,969
ADOLESCENT GIRL FOR TEENAGE GIRLS, INCLUDING SOCIAL SERVICES AND COUNSELING, IN A HOME TYPE ENVIRONMENT	83,096
PROJECT LIBERTY PROVIDES EDUCATION, OUTREACH, SUPPORTIVE COUNSELING AND REFERRALS TO INDIVIDUALS AND GROUPS IN THE COMMUNITY AFFECTED BY SEPTEMBER 11, RELATED TRAUMA AND ITS AFTERMATH	396,668
	<u>6,200,030</u>

**OHEL CHILDRENS HOME AND FAMILY SERVICES,
INC
EIN 11-6078704
FORM 990
FISCAL YEAR ENDED JUNE 30, 2002**

MORTGAGES AND BONDS PAYABLE

Unless otherwise specified mortgages and bonds payable are secured by property and security interests in all fixtures, furnishings and equipment. Mortgages and bonds payable consists of the following at June 30.

	<u>JUNE 30</u>
	<u>2002</u>
IDA Bond Payable - Series 1999A consists of annual installments including interest at 6.25% through 2022	\$ 4,990,000
IDA Bond Payable - Series 1999B consists of annual installments including interest at 7.0% through 2003	55,000
IDA Bond Payable - Series 1993 consists of annual installments including interest at 7.125% through 2003	3,535,000
Mortgage payable - Facilities Development Corporation ("FDC") consists of semi-annual installments of \$63,700 including interest at 8.9% through 2017	1,048,057
Payable - Dormitory Authority of the State of New York ("DASNY") consists of semi-annual installments of \$74,032 including interest at 5.23% through 2022	1,848,774
Mortgage payable - Bank consists of monthly installments of \$5,135 including interest at 8.5% through 2015	493,850
	① <u>11,970,681</u>

NOTES PAYABLE.

Note payable - bank, payable in monthly installments of \$2,395, including interest at 1.25% above prime (prime was 4.75% at June 30, 2002) through January 1, 2017	\$ 270,422
Note payable - finance company, interest only payable in monthly installments at 3% above prime with no stated repayment terms	<u>500,000</u>
	① 770,422
Bank Line of Credit - 4.75% Interest - Expires February 2003	① <u>340,063</u>
	Σ① = <u>13,081,166</u>

**OHEL CHILDREN'S HOME AND FAMILY
 SERVICES, INC
 FORM 990 PART V
 LIST OF OFFICERS & DIRECTORS
 EIN 11-6078704**

YEAR ENDED JUNE 30, 2002

**Board members do not receive any
 remuneration, contributions to employee
 benefit plans or expense account
 allowances for services provided to OHEL**

OHEL Board of Directors	
Name	Address
BALIN Douglas	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
BERGER, Sedy	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
BERTRAM Moshe	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
BIBERFELD Dr. Marcel	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
BLISKO Eli	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
BORENSTEIN Sid	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204

**OHEL CHILDREN'S HOME AND FAMILY
 SERVICES, INC
 FORM 990 PART V
 LIST OF OFFICERS & DIRECTORS
 EIN 11-6078704**

YEAR ENDED JUNE 30, 2002

**Board members do not receive any
 remuneration, contributions to employee
 benefit plans or expense account
 allowances for services provided to OHEL**

BUNIM Mark, Esq	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
FISCHMAN Rabbi Joseph Vice President	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
FLEISCHER Rabbi Yitzchok Secretary	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
FRIEDMAN Jerald S.	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
FRIEDMAN Saul N. Vice President	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
GOLDBERG Rabbi Philip	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204

OHEL CHILDREN'S HOME AND FAMILY
SERVICES, INC
FORM 990 PART V
LIST OF OFFICERS & DIRECTORS
EIN 11-6078704

YEAR ENDED JUNE 30, 2002

Board members do not receive any
remuneration, contributions to employee
benefit plans or expense account
allowances for services provided to OHEL

HELLMAN Moishe President	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
HERSH, Ronny	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
HERTZ Moshe	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
JACOBSON David Treasurer	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
JUNGREIS Ari	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
KAMINETZKY Chaim Vice President	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204

**OHEL CHILDREN'S HOME AND FAMILY
SERVICES, INC
FORM 990 PART V
LIST OF OFFICERS & DIRECTORS
EIN 11-6078704**

YEAR ENDED JUNE 30, 2002

**Board members do not receive any
remuneration, contributions to employee
benefit plans or expense account
allowances for services provided to OHEL**

KESTENBAUM, Jay	/C/o Ohel Children's Home and Family Services, Inc 4510 16 th Avenue Brooklyn, NY 11204
LANGER, Irving	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
LANGNER Herschel I.	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
LIBIN Louis (Elly)	C/o Ohel Children's Home and Family Services, Inc 4510 16 th Avenue Brooklyn, NY 11204
MARK Gerald	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
MERMELSTEIN Sol <u>Vice President</u>	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204

OHEL CHILDREN'S HOME AND FAMILY
SERVICES, INC
FORM 990 PART V
LIST OF OFFICERS & DIRECTORS
EIN 11-6078704

YEAR ENDED JUNE 30, 2002

Board members do not receive any
remuneration, contributions to employee
benefit plans or expense account
allowances for services provided to OHEL

NEWMAN Moshe, Esq. (Marc)	C/o Ohel Children's Home and Family Services, Inc 4510 16 th Avenue Brooklyn, NY 11204
NUSSBAUM Dr. David	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
PORT Dr. Yale	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
RAND, Pinny	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
RIEDER Rabbi Harry <u>Vice President</u>	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
SCHLACHTER Harry	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204

**OHEL CHILDREN'S HOME AND FAMILY
SERVICES, INC
FORM 990 PART V
LIST OF OFFICERS & DIRECTORS
EIN 11-6078704**

YEAR ENDED JUNE 30, 2002

**Board members do not receive any
remuneration, contributions to employee
benefit plans or expense account
allowances for services provided to OHEL**

SCHREIBER, A. J.	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
SCHREIBER Barry	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
SCHULMAN Fred	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
STEIFMAN Michael	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
STERN Barry	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
TENDLER Eli, Esq.	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204

OHEL CHILDREN'S HOME AND FAMILY
SERVICES, INC
FORM 990 PART V
LIST OF OFFICERS & DIRECTORS
EIN 11-6078704

YEAR ENDED JUNE 30, 2002
Board members do not receive any
remuneration, contributions to employee
benefit plans or expense account
allowances for services provided to OHEL

WASSER, Max Honorary President	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
WASSER, Shaul	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
WEIDER, Moshe H.	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
ZACHTER, Mel Executive Board Chairman/Treasur er	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204
ZAKHEIM, Moshe Chairman of the Board	C/o Ohel Children's Home and Family Services, Inc. 4510 16 th Avenue Brooklyn, NY 11204

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

Part II Additional (not automatic) 3-Month Extension of Time - Must file Original and One Copy.		
Type or print. File by the extended due date for filing the return. See instructions.	Name of Exempt Organization OHEL CHILDRENS HOME AND FAMILY SERVICES, INC.	Employer identification number 11-6078704
	Number, street, and room or suite no. If a P.O. box, see instructions 4510 16TH AVENUE	For IRS use only
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions BROOKLYN, NY 11204	

Check type of return to be filed (File a separate application for each return)

- Form 990
- Form 990-EZ
- Form 990-T (sec. 401(a) or 408(a) trust)
- Form 1041 A
- Form 5227
- Form 8870
- Form 990-BL
- Form 990-PF
- Form 990-T (trust other than above)
- Form 4720
- Form 6069

STOP Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for _____

4 I request an additional 3 month extension of time until MAY 15, 2003

5 For calendar year _____, or other tax year beginning JUL 1, 2001 and ending JUN 30, 2002

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension
THE INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE. THEREFORE ADDITIONAL TIME IS REQUESTED.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ _____

c Balance Due. Subtract line 8b from line 8a. Include your payment with this form or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature [Handwritten Signature] Title [Handwritten Title] Date 1/17/03

Notice to Applicant - To Be Completed by the IRS

- We have approved this application. Please attach this form to the organization's return.
- We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting the 10-day grace period.
- We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- Other _____

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3 month extension returned to an address different than the one entered above.

Type or print	Name WEISER LLP
	Number and street (include suite, room, or apt. no.) Or a P.O. box number 135 WEST 50TH STREET
	City or town, province or state, and country (including postal or ZIP code) NEW YORK, NY 10020

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Note Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization OHEL CHILDRENS HOME AND FAMILY SERVICES, INC.	Employer identification number 11-6078704
File by the due date for filing your return See instructions	Number, street and room or suite no. If a P O box see instructions 4510 16TH AVENUE	
	City, town or post office, state, and ZIP code For a foreign address, see instructions BROOKLYN, NY 11204	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990 BL | <input type="checkbox"/> Form 990 T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990 PF | <input type="checkbox"/> Form 1041 A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3 month (6 month, for 990-T corporation) extension of time until **FEBRUARY 18, 2003** to file the exempt organization return for the organization named above. The extension is for the organization's return for
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2001**, and ending **JUN 30, 2002**

2 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

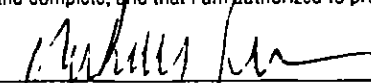
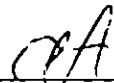
3a If this application is for Form 990 BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ **N/A**

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ▶  Title ▶  Date ▶ 