

**Short Form**  
**Return of Organization Exempt From Income Tax**  
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
 (except private foundations)

Department of the Treasury  
 Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
 ▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
 Inspection

**A** For the 2013 calendar year, or tax year beginning 2013, and ending 2013

<p><b>B</b> Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p><b>C</b> Name of organization  <u>Street Children International Inc.</u></p> <p>Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  <u>12 Lodge Road</u></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <u>Great Neck NY 11021</u></p>	<p><b>D</b> Employer identification number  <u>11-2937726</u></p> <p><b>E</b> Telephone number  <u>(516) 773-4931</u></p> <p><b>F</b> Group Exemption Number . . . . . ▶</p>
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**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**I** Website: ▶ Streetchildreninternational.net

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) \*(insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. . . . . ▶ \$ 21,146.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)  
 Check if the organization used Schedule O to respond to any question in this Part I . . . . .

	Description	Code	Amount
REVENUE	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	<u>11,163.</u>
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	<u>2,420.</u>
	<b>4</b> Investment income . . . . .	<b>4</b>	
	<b>5 a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5 a</b>	
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5 b</b>	
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5 c</b>	
	<b>6</b> Gaming and fundraising events		
	<b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>6 a</b>	
	<b>b</b> Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . . .	<b>6 b</b>	<u>7,543.</u>
<b>c</b> Less: direct expenses from gaming and fundraising events . . . . .	<b>6 c</b>	<u>3,650.</u>	
<b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>6 d</b>	<u>3,893.</u>	
<b>7 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7 a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7 b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7 c</b>		
<b>8</b> Other revenue (describe in Schedule O) . . . . .	<b>8</b>	<u>20.</u>	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ▶	<b>9</b>	<u>17,496.</u>	
EXPENSES	<b>10</b> Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	<u>20,728.</u>
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	<u>0.</u>
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	<u>0.</u>
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	<u>610.</u>
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	<u>0.</u>
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	<u>470.</u>
	<b>16</b> Other expenses (describe in Schedule O) . . . . .	<b>16</b>	<u>195.</u>
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . . ▶	<b>17</b>	<u>22,003.</u>
<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	<u>-4,507.</u>	
ASSETS	<b>19</b> 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) . . . . .	<b>19</b>	<u>51,273.</u>
	<b>20</b> Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	<u>3,130.</u>
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ▶	<b>21</b>	<u>49,896.</u>

**Part II Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II  X

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	36,566.	32,059.
23 Land and buildings	0.	0.
24 Other assets (describe in Schedule O) See L-24 Stmt.	14,707.	17,837.
25 Total assets	51,273.	49,896.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	51,273.	49,896.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III  X

What is the organization's primary exempt purpose? See Statement Attached

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 Ramakrishna Vivekananda Mission See attached supplemental statement for details (Grants \$ 9,374.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	9,374.
29 UDBHAS See attached supplemental statement for details (Grants \$ 1,600.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	1,600.
30 Ramakrishna Sarada Mission See attached supplemental statement for details (Grants \$ 1,725.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	1,725.
31 Other program services (describe in Schedule O) See attached statement. (Grants \$ 8,029.) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	8,029.
32 Total program service expenses (add lines 28a through 31a)	32	20,728.

**Part IV List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
R. S. Rajan President	10.00	0.	0.	0.
Jonaki Singh Secretary	5.00	0.	0.	0.
Meghmala Tarafdar Vice President	1.00	0.	0.	0.
Anit Maitra Treasurer	10.00	0.	0.	0.
Maya Sarkar Trustee	10.00	0.	0.	0.
Anil B Chandra Trustee	1.00	0.	0.	0.
Prabir Roy Trustee	0.00	0.	0.	0.
Mrinal Choudhury Trustee	0.00	0.	0.	0.
Ila Das Trustee	1.00	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with 3 columns: Question number, Description, and Yes/No columns. Rows include questions 33 through 41 regarding significant activities, changes, income, and tax matters.

42a The organization's books are in care of Street Children International Telephone no. (516) 773-4931 Located at 12 Lodge Road Great Neck NY ZIP+4 11021

Table with 3 columns: Question number, Description, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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

Table with 3 columns: Question number, Description, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. . . . . 46 Yes No X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI . . . . .

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II. . . . . 47 Yes No 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.'

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1 contains 'NONE'.

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

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

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

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

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. . . . . X Yes No

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 (Anit Maitra), Date (05/09/14), Type or print name and title (Anit Maitra, Treasurer)

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name (Non-Paid Preparer), Firm's address, Firm's EIN, Phone no.

May the IRS discuss this return with the preparer shown above? See instructions. . . . . X 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.  
 Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization

Street Children International Inc.

Employer identification number

11-2937726

**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)(vi)**. (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 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 — Non-functionally integrated
- 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 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?
  - (ii) A family member of a person described in (i) above?
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

(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 column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2013

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.) . . . . .	17,210.	19,470.	21,010.	25,294.	21,126.	104,110.
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 <b>Total.</b> Add lines 1 through 3 . . . . .	17,210.	19,470.	21,010.	25,294.	21,126.	104,110.
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 <b>Public support.</b> Subtract line 5 from line 4 . . . . .						104,110.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 . . . . .	17,210.	19,470.	21,010.	25,294.	21,126.	104,110.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	120.	59.	34.	22.	20.	255.
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 <b>Total support.</b> Add lines 7 through 10 . . . . .						104,365.
12 Gross receipts from related activities, etc (see instructions) . . . . .					12	
13 <b>First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	99.76 %
15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .	15	99.65 %
16a <b>33-1/3% support test — 2013.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
b <b>33-1/3% support test — 2012.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
17a <b>10%-facts-and-circumstances test — 2013.</b> 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 <b>stop here.</b> 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 <b>10%-facts-and-circumstances test — 2012.</b> 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 <b>stop here.</b> 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 <b>Private foundation.</b> 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support.</b> (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**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	Ⓢ
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	Ⓢ

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	Ⓢ
<b>18</b> Investment income percentage from 2012 Schedule A, Part III, line 17	<b>18</b>	Ⓢ

**19a 33-1/3% support tests - 2013.** 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 - 2012.** 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.





**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization

Street Children International, Inc.

Employer identification number

11-2937726

Form 990EZ: Part I, Line 8: Other Revenue:

Interest Income \$20

Form 990EZ: Part I, Line 20: Other Changes in net assets or fund balances:

Dividend & Capital Gain (Realized) \$1,124

Increase in Market Value (Unrealized) 126

Dr. D. Chakrabarty Fund (New Addition) 1,880

Total Gain \$3,130

Form 990EZ: Part II, Line 24: Other assets:

	Beginning of the Year	End of the Year
A. G. Roy Fund	\$ 5,483	\$ 5,949
Khitis Chandra Fund	1,697	1,841
Dr. Tapan Sarkar Fund	7,527	8,167
Dr. D. Chakrabarty Fund	-0-	1,880
<b>Total</b>	<b>\$14,707</b>	<b>\$17,837</b>

Form 990EZ: Part III: Statement of Program Service Accomplishments: Organization's primary exempt purpose:

STREET CHILDREN INTERNATIONAL, INC. AIMS TO PROVIDE EDUCATION, NUTRITION, LODGING AND MARKETABLE SKILLS, AS NECESSARY, TO DISADVANTAGED CHILDREN WITHIN AND OUTSIDE OF THE USA, IRRESPECTIVE OF RACE, RELIGION, NATINALITY, SEX, COLOR AND CREED, IN PARTNERSHIP WITH OTHER RECOGNIZED NOT-FOR-PROFIT ORGANIZATIONS, TO FACILITATE THE TRANSITION OF SUCH CHILDREN FROM DEBILITATING POVERTY TO ECONOMIC GROWTH AND UPWARD MOBILITY.

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

Street Children International, Inc.

Employer identification number

11-2937726

Form 990EZ: Part III, Line 28

Ramakrishna Vivekananda Mission (Grant Recipient)

7 Riverside Road

Barrackpore 743 101, 24 Parganas North

West Bengal, India

Business: Regular and Pavement Schools

Boarding and education for 12 underprivileged children in regular school and nutrition program for

180 underprivileged children in pavement schools.

\$9,374

Total

\$9,374

Form 990EZ, Part III, Line 29

UDBHAS (Grant Recipient)

95 Nandibagan (Sen Garden)

Kolkata 700 078, India

Business: Pavement School

Benefiting 96 underprivileged children for nutritional and supplemental educational help.

\$1,600

Total

\$1,600

Form 990EZ, Part III, Line 30

Ramakrishna Sarada Mission (Grant Recipient)

C-8A Haus Khas

New Delhi 110 016, India

Business: School

Benefiting 55 underprivileged children for nutritional and supplemental educational help.

\$1,725

Total

\$1,725

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization Street Children International, Inc.	Employer identification number 11-2937726
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Form 990EZ, Part III, Line 31: Other Program Services

Purbosree Mahila Samity (Grant Recipient), Business: Pavement School

K - 2019 Chittaranjan Park, New Delhi 110 019, India

Benefiting 45 to 50 underprivileged children for nutritional and educational help \$1,150

Hijaldiha Vivekananda Samity (Grant Recipient), Business: School

PO Hijaldiha, Dist. Bankura 722 138, West Bengal, India

Benefiting five disabled disadvantaged children for boarding, nutritional and educational help 2,200

Sarada Kalyan Bhandar (Grant Recipient), Business: School

Sector F/1, Saratpally, Midnapore 721 101, Dist. Paschim Midnapur, West Bengal, India

Benefiting ten orphan children for healthcare and educational help 1,016

SWA Sambriddhi (Grant Recipient), Business: Pavement School

IB-426, Sector III, Salt Lake, Kolkata 700 106, India

Benefiting 152 underprivileged children for nutritional help 1,400

SARJAN Foundation (Grant Recipient), Business: Pavement School

4 Arya Apts., B/h L D Engineering Hostel, Ahmedabad 380 015, India

Benefiting 80 to 90 underprivileged children for nutritional program 1,000

MANTRA (Grant Recipient), Business: Pavement School

19/2B Sellimpur Road, Kolkata 700 031, India

Benefiting 51 underprivileged children for nutritional program 1,000

Sub Total carried forward to next page \$ 7,766

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

Sreet Children International, Inc.

Employer identification number

11-2937726

Form 990EZ, Part III, Line 31 : Other Program Services (Contg.)

Sub Total brought forward from previous page	\$7,766
R Thakur (Grant Recipient), Business: Individual - father of the grant recipients)	
Shop 1, BD Market, Salt Lake, Sector 1, Kolkata 700 064, India	
Benefiting twin girls for cleft surgery	263
Total Other Program Services	\$8,029

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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 8 Other Revenue**

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## Other revenue (describe in Schedule O)

Interest Income	20.
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Total	20.
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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

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## Other expenses (describe in Schedule O)

Bank Charges	81.
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Miscellaneous	114.
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Total	195.
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