Form **990-EZ**

Department of the Treasury internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150 2010

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

Open to Public Inspection

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

Α	For the	2010 calendar year, or tax year beginning , 2010, and ending		, 20					
В	Check if a	pplicable: C Name of organization D Er	nployer id	entification number					
	Address o	change Street Children International	11-2937726						
	Name cha		lephone n	umber					
\vdash	Initial retu	12 Louge hoad	51	6-773-4931					
H	Terminate Amended	City or town, state or country, and ZIP ÷ 4	roup Exe	mption					
Ճ			umber 🕨	•					
G	Accoun	ting Method: Cash	k ▶	f the organization is not					
I	Websil			ach Schedule B					
J T	Tax-exer	mpt status (check only one) — 501(c)(3)	1990, 990	0-EZ, or 990-PF).					
	Check •		lly not mo	ore than \$50,000. A					
		90-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if th	ne organization chooses					
		return, be sure to file a complete return.							
		s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part		24 = 74					
line	25, col	lumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	► §	24,576					
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instr	uctions	for Part I.)					
		Check if the organization used Schedule O to respond to any question in this Part I		🗸					
	1	Contributions, gifts, grants, and similar amounts received	1	7,540					
	2	Program service revenue including government fees and contracts	2						
	3	Membership dues and assessments	3	848					
	4	Investment income	4						
	5a	Gross amount from sale of assets other than inventory 5a	6306						
	b								
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 5c							
	6	Gaming and fundraising events							
	а	Gross income from gaming (attach Schedule G if greater than	-156						
ne		\$15,000)	www.						
Revenue	b	Gross income from fundraising events (not including \$ of contributions							
Re		from fundraising events reported on line 1) (attach Schedule G if the	SAR SECTION						
		sum of such gross income and contributions exceeds \$15,000) 6b 16,13	29						
	С	Less: direct expenses from gaming and fundraising events 6c 5,0							
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtraction							
		line 6c)	6d	11,082					
	7a	Gross sales of inventory, less returns and allowances	1617**** 7884** 1						
	b	Less: cost of goods sold							
	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c						
	8	Other revenue (describe in Schedule O)	8	59					
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	19,529					
	10	Grants and similar amounts paid (list in Schedule O)	10	18,507					
	11	Benefits paid to or for members	11	0					
es	12	Salaries, other compensation, and employee benefits	12	0					
Sus	13	Professional fees and other payments to independent contractors	13	160					
Expenses	14	Occupancy, rent, utilities, and maintenance	14	0					
Ω	15	Printing, publications, postage, and shipping	15	1,098					
	16	Other expenses (describe in Schedule O)	16	0					
	17	Total expenses. Add lines 10 through 16	17	19,765					
S.	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-236					
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with							
As		end-of-year figure reported on prior year's return)		61,549					
let	20	Other changes in net assets or fund balances (explain in Schedule O)	20	1,864					
Z	24	Not appete or fund balances at end of year. Combine lines 18 through 20	21	63 137					

Pai	Balance Sheets. (see the instructions		tion in this Da	art II			
	Check if the organization used Schedule	O to respond to any ques			ning of year		B) End of year
	Ocab cardings and introducents		"	y Degin	51,169	<u></u>	50,933
22 23	Cash, savings, and investments		· · · ⊢		71,10	23	50,555
24	Other assets (describe in Schedule O)				10,380		12,244
25	Total assets				61,549		63,177
26						26	
27	Net assets or fund balances (line 27 of column				61,549		63,177
Pari				rt III.)			Expenses
	Check if the organization used Schedule	O to respond to any ques	stion in this Pa	art III	🗸	,	uired for section
What	is the organization's primary exempt purpose?						c)(3) and 501(c)(4) nizations and section
	ibe what was achieved in carrying out the organization				, describe		(a)(1) trusts; optional
the se	rvices provided, the number of persons benefited, and					for ot	hers.)
28	Ramakrishna Vivekananda Mission: 12 disadvantaged stude	nts - Boarding, Education & Nutri	tion plus 210 disa	dvanta	ged		
	students in seven pavement schools - Education & Nutrition	:					
						ĺ	
		includes foreign grants, ch				28a	9,374
29	SWA Sambriddhi: One time grant of \$3,900 to cover shortag	e of available funds to run the pr	ogram plus Ntriti	on pro	gram for		
	140 disadvantaged children.						
	(O) (A) (C	f f l f l	t · b				
	· · · · · · · · · · · · · · · · · · ·	includes foreign grants, ch	еск nere		>	29a	4,500
30	Ramakrishna Sarada Mission: Nutrition program for 80 disad	vantaged children.				İ	
		· · · · · · · · · · · · · · · · · · ·					
	(Grants \$ 1,326) If this amount	includes foreign grants, ch	eck here		L	30a	1,326
	Other program services (describe in Schedule O)					ooa	1,320
		includes foreign grants, ch				31a	3,307
		hrough 31a)			<u> </u>	32	18,507
Part	Total program service expenses (add lines 28a t	• • • • • • • • • • • • • • • • • •	<i></i>				
	Total program service expenses (add lines 28a to List of Officers, Directors, Trustees, and Key						
		r Employees. List each one e O to respond to any ques	ven if not compo stion in this Pa	ensate art IV	d. (see the i	nstruc	
	List of Officers, Directors, Trustees, and Key	Employees. List each one e	ven if not composition in this Pa (c) Compensati	ensate art IV on	d. (see the i	nstruc	tions for Part IV.)
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Anit A Yorktu Dibye Flushi Shyan Farmi Bhara Stater Anil C Stater Mrina Houst Flamhu Susan Baysic Maya	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and address Maitra Down Heights, NY 10598 Indu Karmakar Ing, NY 11355 Inaprosad Mukerjee Ingdale, NY 11735 It Chandra It Island, NY 10312 Inandra It Island, NY 10312 Choudhuri Ion, TX Roy Irst, NY 11373 Sapra Ie, NY 11364 Sarkar	(Employees. List each one e' O to respond to any ques (b) Title and average hours per week devoted to position President, 5 hour Vice President, 4 hour Secretary, 5 hour Treasurer, 5 hour Trustee, 2 hour Trustee, as needed Trustee, as needed Trustee, as needed	ven if not composition in this Pa (c) Compensati (if not paid,	on er c	d. (see the in (d) Contribution aployee benefit	nstruc ns to plans & sation 0 0 0 0 0 0 0	tions for Part IV.) (e) Expense account and other allowances 0 0 0 0 0 0

Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a deta description of each activity in Schedule O Were any significant changes made to the organizing or governing documents? In "Yes," attach a conforr copy of the amended documents if they reflect a change to the organization name. Otherwise, explain change on Schedule O (see instructions) If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c) 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirement by "Yes," has it filed a tax return on Form 990-T for this year (see instructions)? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assiduring the year? If "Yes," complete applicable parts of Schedule N Tenter amount of political expenditures, direct or indirect, as described in the instructions. Better amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year? Bid the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or wary such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	. 33
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The organization's books are in care of ► Street Children International Located at ► 12 Lodge Road, Great Neck, NY Description of the calendar year, did the organization have an interest in or a signature or other author over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bares.	elter 40e 🗸
Located at ► 12 Lodge Road, Great Neck, NY ZIP + 4 ► b At any time during the calendar year, did the organization have an interest in or a signature or other authorover a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filling requirements for Form TD F 90-22.1, Report of Foreign Bar	
over a financial account in a foreign country (such as a bank account, securities account, or other finan account)?	516-773-4931 11021
account)?	
If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba	ncial Yes No
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Ba	420 7
	ank
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ►	. 42c ✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here .	<u> </u>
	43
	N/ 181
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must completed instead of Form 990-EZ	Yes No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must completed instead of Form 990-EZ	· [440] 1/
 c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide explanation in Schedule O	

							Yes No
45	Is any related organization a controlled entity of	the organization within the	e meanin	g of sectio	n 512(b)(13)?	45	1
а	Did the organization receive any payment from	or engage in any transaction	on with a	controlled	entity within the	***	90 SE 10 SE 1
	meaning of section 512(b)(13)? If "Yes," Form	990 and Schedule R may	y need to	be comp	leted instead of		
	Form 990-EZ (see instructions)					45a	
46	Did the organization engage, directly or indirect	ly, in political campaign ac	ctivities o	n behalf of	or in apposition	700	Y Y
	to candidates for public office? If "Yes," compl	ete Schedule C. Part I		. Durian or	or in opposition	120100	
Part	VI Section 501/c)/3) organizations and	postion 4047(s)(d)		-1	· · · · · · · · · · · · · · · · · · ·	46	<u> </u>
CREAT	Section 501(c)(3) organizations and 501(c)(3) organizations and section 49	47(a)(1) noneyempt che	exempt	charitab.	le trusts only. A	All sec	tion
	and 52, and complete the tables for lir	res 50 and 51	masie ii	นรเร เกนร	t answer question	ons 4	-49b
	Check if the organization used Schedule		antian ia	المناهة المناطة	n		
	Onder it the organization adde deficition	o to respond to any que	SSHOIT III	ins Part v	<u> </u>	• •	<u>· · · □</u>
4-7	Did the annulation and to be to the						Yes No
47	Did the organization engage in lobbying activities	s? It "Yes," complete Sch	edule C	Part II .		47	
48	Is the organization a school as described in section	on 170(b)(1)(A)(ii)? If "Yes,"	complete	Schedule	E	48	
49a	Did the organization make any transfers to an ex	xempt non-charitable relate	ed organi	ization? .		49a	_ ✓
b	If "Yes," was the related organization a section	527 organization?				49b	
50	Complete this table for the organization's five h	ignest compensated empli	oyees (ot	her than o	fficers, directors,	truste	es and key
	employees) who each received more than \$100,					iter "N	one."
	(a) Name and address of each employee paid more	(b) Title and average hours per week	(c) Cor	npensation	(d) Contributions to employee benefit plans &	(e)	Expense count and
	than \$100,000	devoted to position			deferred compensation		allowances
NONE	+ + + + + + + + + + + + + +	.]					
·			<u> </u>				
******	**************************************					1	
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			1				
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			+		***************************************	<del> </del>	
		1	i	ļ			
f	Total number of other employees paid over \$100	0.000	<u> </u>	<u>-</u>		<u> </u>	<del></del>
51	Complete this table for the organization's five						
•	\$100,000 of compensation from the organization	n If there is none enter "N	done »	contracto	rs who each rec	eived :	more than
	(a) Name and address of each independent contractor	paid more than \$100 000	NOITE.	fish Trees	e of service		
NONE		Part more man o recipos		(D) Typ	a or service	(c) Con	pensation
							<del></del>
-							
					}		
	***************************************				-		
α	Total number of other independent contractors e	ach receiving over \$100,0	00	<b>&gt;</b>			<del></del>
52	Did the organization complete Schedule A? Note	: All section 501(c)(3) orga	nizations	and 4947	(a)(1)		
	nonexempt charitable trusts must attach a comp	leted Schedule A				Yes	□ No
Under pe		F . 1			ne hest of my knowled	3 . 00	<u></u>
	nalties of perjury, I declare that I have examined this return, inc	illuding accompanying schedules :					Deller, it is
true, corre	nalties of perjury, I declare that I have examined this return, inc ect, and complete. Declaration of preparer (other than officer) i	s based on all information of which	and statem th preparer i	has any know	ledge.	30 4	
true, corre	nalties of perjury, 1 declare that I have examined this return, inc ect, and complete. Declaration of preparer (other than officer) i	s based on all information of whic	and statem	has any know	/ 6	50 4	
	nalties of perjury, I declare that I have examined this return, incect, and complete. Declaration of preparer (other than officer) i	s based on all information of whic	and statem th preparer	has any know	11/2f11		
Sign	nalties of perjury, I declare that I have examined this return, incect, and complete. Declaration of preparer (other than officer) i	s based on all information of whic	and statem th preparer		11/2/11		
	wit how	s based on all information of whic	and statem		/ 6		
Sign	Signature of officer	s based on all information of whic	and statem		11/2/11	30 2	
Sign Here	Signature of officer  Anit Maitra, President Type or print name and tille			D	i1/2/11 ate		
Sign Here Paid	Signature of officer  Anit Maitra, President  Type or print name and title  Print/Type preparer's name  Prepar	er's signature	n Da	D.	// 2 // ate	PTIN	
Sign Here Paid Prepa	Signature of officer  Anit Maitra, President Type or print name and title  Print/Type preparer's name  Prepar	er's signature Waipom Bandyöp N	n Da	D	Check if self-employed	ΡΠΝ	
Sign Here Paid	Signature of officer  Anit Maitra, President  Type or print name and title  Print/Type preparer's name  Print/Type preparer's name  Firm's name  Swapan K Badyopadhyay, C	er's signature Watom Bandyopa PA	Jugen Da	 	Check if self-employed rm's EIN > 27-	PTIN	7035
Sign Here Paid Prepa Use O	Signature of officer  Anit Maitra, President Type or print name and title  Print/Type preparer's name  Prepar	er's signature Watom Bandyopa PA Rochelic NY 108	Jugen Da	ote  0 23 j)	Check if self-employed rm's EIN > 27-hone no. 91	ΡΠΝ	70355

Form 990-EZ (2010)

Page 4

#### **SCHEDULE A** (Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

OMB No. 1545-0047 2010

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

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Name	of the organization						-	mpioyer ia	enuncation	
Street	Children Internation								11-293	
Par	t I Reason f	or Public Char	rit <b>y Status</b> (All orga	nizations	s must c	omplete	this par	t.) See ir	nstructio	ns.
The c			ition because it is: (Fo							
1	A church, con	vention of church	hes, or association of	churches	describe	ed in sec	tion 170(	b)(1)(A)(i)	).	
2			170(b)(1)(A)(ii). (Attac							
3	☐ A hospital or a	a cooperative hos	spital service organiza	tion desc	cribed in a	section 1	70(b)(1)(	A)(iii).		
4	A medical res	earch organizatio	on operated in conjun	ction with	a hospit	al describ	oed in <b>se</b>	ction 170	)(b)(1)(A)(	iii). Enter the
		ne, city, and state								
5	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.)							al unit described in		
6	A federal, stat	e, or local gover	nment or government	al unit de	scribed in	n section	170(b)(1	)(A)(v).		
7			receives a substantia (A)(vi). (Complete Par		its suppo	ort from a	governr	nental un	it or from	the general public
8	☐ A community	trust described i	n section 170(b)(1)(A	)( <b>vi).</b> (Cor	nplete Pa	art II.)				
9	receipts from support from acquired by the	activities related gross investme ne organization a	receives: (1) more that to its exempt funct ent income and unrel fter June 30, 1975. Se	ions—sul lated bus ee <b>sectio</b>	bject to o siness ta n 509(a)(	certain ex xable inc <b>2).</b> (Comp	ceptions ome (les olete Part	s, and (2) ss section t III.)	no more n 511 ta:	than 331/3% of its
10			l operated exclusively							
11	☐ An organizati	on organized ar	nd operated exclusive	ely for th	ie benefi	t of, to p	perform t	the funct	ions of, o	or to carry out the
			olicly supported organ							
	<b>509(a)(3).</b> Che	ck the box that	describes the type of						ie throug	th 11h.
	a 🗌 Type			☐ Typ		_	_			Type III-Other
е		indation manage	that the organization ers and other than one							
f			a written determination	on from t	the IRS t	that it is	a Type	I. Type I	I. or Tvp	e III supportina
•	organization,	check this box .								
g	Since August following pers		he organization accep	oted any	gift or co	ontributio	n from a	ny of the	<b>:</b>	
	(i) A person (iii) below,	who directly or i the governing bo	ndirectly controls, eit ody of the supported	her alone organizat	or toget ion?	her with	persons	described	d in (ii) ar	Yes No
	(ii) A family m	ember of a perso	on described in (i) abo	ve?						11g(ii)
	(iii) A 35% co	ntrolled entity of	a person described in	ı (i) or (ii) a	above? .					11g(iii)
h	Provide the fo	llowing informati	on about the support	ed organi	ization(s).					
(i)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col. (i) lis	organization sted in your document?	the organ	ou notify nization in of your port?	organizat (i) organi	s the ion in col. zed in the S.?	(vii) Amount of support
			, , , , , ,	Yes	No	Yes	No	Yes	No	
(A)	***************************************									
	**************************************	<u></u>								
(B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~									
(C)										
(D)										
(E)										
	···		alagora y mangan, n	9.60	17.77.1974	NEW Y		17/44/16/19	distributions	<del> </del>
Total	1		(10.31.75) (20.00) (4.31) (3.11)	Miles Region (September 1987)	2019-1-7		Carriera.	and the publication		

0011000	110 A (1 O(1) 000 O( 000-LZ) 20 (0						. ugv =
Par	II Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	)
	(Complete only if you checked the	ne box on line	5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, p	ease comple	te Part III.)	·····
	ion A. Public Support						10.75 1.1
Caler	ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						*****
2	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_							
3	The value of services or facilities furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3						
	*						
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly	5 6 GO 6 - 5 4			DVKS VERES (FEE)	e residenti	
	supported organization) included on	Second to	i de la companya de la companya de la companya de la companya de la companya de la companya de la companya de				
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.					F69.5. / F16	
	on B. Total Support	(+\ 000C	(-) 0007	(-) 0000	(-1) 00000	(-) 0010	(A Total
	dar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
3	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)						
11	Total support. Add lines 7 through 10	alar alamenteris establi	and the second		Section Community	E. P. M. T. Property Co.	
12	Gross receipts from related activities, etc					12	
13	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
A 1.	organization, check this box and stop he	re	· · · · ·				▶ 🗀
	on C. Computation of Public Suppor						
14	Public support percentage for 2010 (line 6					14	<u>%</u>
15 16a	Public support percentage from 2009 Sch 331/3% support test—2010. If the organization					15	%
IVa	box and stop here. The organization qua						
b	331/3% support test—2009. If the organ	•	•	•			
	check this box and <b>stop here</b> . The organi						
17a	10%-facts-and-circumstances test—20	· ·				a or 16b and	
	10% or more, and if the organization me						
	Part IV how the organization meets the "f						
	organization						
b	10%-facts-and-circumstances test-20						_
	15 is 10% or more, and if the organizat	ion meets the	"facts-and-ci	rcumstances"	test, check th	is box and st	op here.
	Explain in Part IV how the organization m						
	supported organization						. ▶ 🗆
18	Private foundation. If the organization di						
	instructions						. ▶ 🔲

#### 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.)

***************************************	tion A. Public Support ndar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and membership fees	(.,,	(3) 2221	(-,	(0, 2000	(0) -0.0	(,) . στα,
	received. (Do not include any "unusual grants.")	25,569	23,301	29,219	17,210	19,470	114,769
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						W-1/4.
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	25,569	23,301	29.219	17,210	19,470	114,769
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						
8 8	Add lines 7a and 7b	Section (Section 2)	Santasan Jan	all research	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	Table 1 September 1	
	ion B. Total Support						
Calen	ndar year (or fiscal year beginning in) 🕨	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6	25,569	23,301	29,219	17,210	19,470	114,769
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	61	85	154	120	59	479
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	61	85	154	120	59	479
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)			,	The base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the base of the ba		
13	Total support. (Add lines 9, 10c, 11, and 12.)						115,248
14	First five years. If the Form 990 is for the organization, check this box and stop her			, third, fourth,			
Section	on C. Computation of Public Support					· · · · · ·	
15	Public support percentage for 2010 (line 8		ded by line 13	column (fl)		15	99.58 %
16	Public support percentage from 2009 Sch	edule A. Part III	line 15	, coluitit (i)		16	99.57 %
	on D. Computation of Investment Inc	ome Percent	tage			10	99.37 %
17	Investment income percentage for 2010 (li			line 13. colum	n (fl)	17	0.42 %
18	Investment income percentage from 2009	Schedule A, Pa	art III, line 17			18	0.43 %
19a	331/3% support tests-2010. If the organize	zation did not d	heck the box	on line 14, and	l line 15 is mo	re than 331/3%	. and line
	17 is not more than 331/3%, check this box a	and <b>stop here.</b> T	he organization	n qualifies as a	publicly suppor	ted organizatio	n . ▶ 🔽
b	331/3% support tests—2009. If the organization 18 is not more than 331/3%, check this b	ation did not che	eck a box on lir	ne 14 or line 19	a, and line 16 i	s more than 33	1/3%, and
00	Private foundation If the organization did						

chedule A (F	orm 990 or 990-EZ) 2010	Page 4
Part IV	<b>Supplemental Information.</b> Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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FIN# 11-2937726

Form 990 EZ

12 Lodge Road Great Neck, NY 11021 Tel: 516-773-4931 Email:scinewyork@yahoo.com

President: Anit Maitra Vice President:

Dibyendu Karmakar Secretary:

Shyamaprosad Mukerjee

Treasurer: Bharati Chandra Auditor:

Swapan Bandyopadhaya, CPA

Trustee:
Anil Chandra
Mrinal Choudhuri
Prabir Roy
Susan Sapra
Maya Sarkar
Members:

Kanchana Roy Choudhury

Ratna Sircar

Ashoka Bhattacharjee

Fund Raising:
Dipak Nandi
Vaswati Mallick
Sipra Maitra
Publicity:
Rina Nandi
Sunetra Mitra
M.R. Chadha
Chicago:
Manju Chatterji

Manju Chatterji (814) 455-5405

Houston:

Anindita Mazumdar (281) 894-6514

New Orleans:

Jayasree Sarkar

(504) 246-4017

Western N.Y.

Dilip Sinha

(716) 634-9729

Kolkata:

Swadesh Basu

334-24517

Past Presidents:

Tapan Sarkar

Anil Chandra

Maya Sarkar

R.S Rajan

October 11, 2011

Tax Period: December 31, 2010

This is to certify that based on General Rule explained in the instruction for Schedule B, Street Children International did not meet the requirements of Schedule B for the Year Ending December 31, 2010 since it did not receive any donation from any contributor in the amount of \$5,000 or more.

Anit Maitra President

#### SCHEDULE G (Form 990 or 990-EZ)

**Supplemental Information Regarding Fundraising or Gaming Activities** 

2010

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

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

Open to Public

Name of the organization Employer identification number Street Children International 11-2937726 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 e Solicitation of non-government grants ☐ Internet and email solicitations ☐ Solicitation of government grants Phone solicitations ☐ Special fundraising events In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (or retained by) organization (i) Name and address of individual (iv) Gross receipts (or retained by) fundraiser listed in (ii) Activity custody or control of contributions? or entity (fundraiser) from activity col. (i) Yes No 1 2 3 5 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from 3 registration or licensing.

Pai	t II	Fundraising Events. Com than \$15,000 of fundraisin gross receipts greater tha	g event contributions a	n answered "Yes" to Fond and gross income on Fo	orm 990, Part IV, line orm 990-EZ, lines 1 a	nd 6b. List events with
	··· -	gross receipts greater tha	(a) Event #1 Dinner & Entertainmt. (event type)	(b) Event #2 Information Booth (event type)	(c) Other events	(d) Total events (add col. (a) through col. (c))
Revenue	1 2	Gross receipts Less: Charitable	10,161	5,968		16,129
	3	contributions	10,161	5,968		16,129
	4	Cash prizes				
	5	Noncash prizes				
sesus	6	Rent/facility costs			<u>, , , , , , , , , , , , , , , , , , , </u>	
Direct Expenses	7	Food and beverages	3,750			3,750
Direc	8	Entertainment	1,100			1,100
	9	Other direct expenses .	75	122		197
Pa	10 11	Direct expense summary. A Net income summary. Com Gaming. Complete if the	bine line 3, column (d), a le organization answe	nd line 1D		( 5,047 ) 11,082 reported more
Revenue		than \$15,000 on Form 9	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Rev	1_	Gross revenue				
ses	2	Cash prizes				
irect Expenses	3	Noncash prizes				
irect [	4	Rent/facility costs				
	5	Other direct expenses .	☐ Yes %	☐ Yes %	Yes %	6
	6	Volunteer labor	☐ No	□ No	☐ No	
	7	Direct expense summary. A				( )
_	8	Net gaming income summa	ary. Combine line 1, colu	ımn d, and line 7	<u> ▶</u>	
	a k		organization operates ga operate gaming activitie	s in each of these state	s?	☐ Yes ☐ NO
1		Were any of the organization's		ed, suspended or termin	aled during the tax yo	ar? . □Yes □No

Schedu	ule G (Form 990 or 990-EZ) 2010		Page 3
11 12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	Yes	□ No
13	Indicate the percentage of gaming activity operated in:		
a	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ►		
	Address►		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	∐ Yes	□No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		
C	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ▶		
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ▶ \$		
	Description of services provided ▶		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	∃Yes	□ No
þ	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year > \$		
Part	Supplemental Information. Complete this part to provide the explanations required by Part I, lin columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also compart to provide any additional information (see instructions).	e 2b, olete tł	าis
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#### SCHEDULE O (Form 990 or 990-EZ)

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

OMB No. 1545-0047

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

90-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Inspection

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 11-2937726 Street Children International \$59 Part I, Line 8: Other Revenue: Interest & Dividend Part I, Line 20: OtherChanges in Net Assets or Fund Balances Statement: \$868 Dividend & Capital Gain (Realized) increase in Market Value (Unrealized) \$1,864 Total Part II, Line 24 - Other Assets: Begining of Year End of Year \$4,564 \$3,869 A. G. Roy Fund 1,198 Khitis Chandra Fund 1,413 5,313 6,267 Dr. Tapan Sarkar Fund \$ 10,380 Total \$ 12,244 Part III, Line 31 - Other Program Services: Purbosree Mahila Samity \$1,045 Nutrition Program for 40 disadvantaged children Boarding, Education and Nutrition for five disadvantaged children 1,000 Hizaldiha Vivekananda Seva Samity Education and Nutrition Program for 10 disadvantaged children Sarada Kalyan Bhandar 924 Medical Help to Ramesh Thakur 338 Cleft Surgery for two disadvantaged children Total \$ 3,307

Schedule O (Form 990 or 990-EZ) (2010)	Page 2
Name of the organization	Employer identification number
	***************************************
	**************************************
·	
~~~~~	