Short Form 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) For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

SCANNED FEB 22 2000

Open to Public

Δ	For the 2003 calendar year, or tax year beginning , 2003, and ending		······································							
В		Employer identification number								
ř] Please	· ·								
-	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u>71-0946078</u>								
_	Initial return type HAVIARD CA 04544	Telephone number								
=	Final return See ITAT WARD, CA 94344 1	<u>-510</u>)-305-7243							
	Amended return	Group Exemption								
	tions	ımber	★							
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts G Accounting method	d X	Cash Accrual							
	must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify)									
	H Check ► X if t	the or	ganization is not							
1	Web site: ► N/A required to attach	Sche								
J	Organization type (check only one) — X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527 990-EZ, or 990-PF)									
ĸ	Check ► If the organization's gross receipts are normally not more than \$25,000. The organization need not fi	le a r	eturn with the IRS.							
	but if the organization received a Form 990 Package in the mail, it should file a return without financial data Som	e stat	es require a							
	complete return.									
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ	► Ś	52,077.							
Pa	art I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)		32,0.7.							
<u> </u>	1 Contributions, gifts, grants, and similar amounts received	1	23,442.							
	Program service revenue including government fees and contracts	2	28,635.							
	3 Membership dues and assessments	3	20,000.							
	4 Investment income	4								
	5a Gross amount from sale of assets other than inventory 5a									
	b Less cost or other basis and sales expenses 5b									
R	c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5 c								
REVENU	6 Special events and activities (attach schedule) If any amount is from gaming , check here	-								
E	a Gross revenue (not including \$ of contributions									
ΰ E		, 1								
_	b Less direct expenses of the thought was a expenses 6b	-								
	c Net income or (loss) from special events and activities (line 6a less line 6b)	6c								
	7a Gross sales of inventory, jess returns and allowances 7a 7a									
	b Less cost of godge solf EB 0 6 2006 76	.								
	c Gross profit or (loss) from sales of inventory (line/a less line 7b)	7c								
	8 Other revenue (describe - OODEN LIT	8								
	OGDEN. UT		52,077.							
	9 Total revenue (aid lines 1, 2, 3, 4, 5) 6c. 7c. and 8)	9								
	10 Grants and similar amounts paid (attach schedule) See Statement 1	10	650.							
Ε	11 Benefits paid to or for members	11	10.250							
P	12 Salaries, other compensation, and employee benefits	12	18,258.							
E N	13 Professional fees and other payments to independent contractors	13	1,114.							
A E N S E	14 Occupancy, rent, utilities, and maintenance	14	1,890.							
5	15 Printing, publications, postage, and shipping	15	1,289.							
	16 Other expenses (describe ► See Statement 2)	16	11,859.							
_	17 Total expenses (add lines 10 through 16)	17	35,060.							
,	18 Excess or (deficit) for the year (line 9 less line 17)	18	17,017.							
N S E T	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	19	-810.							
N S E E T E	figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation)	20	010.							
Ś		21	16,207.							
P	Part II Balance Sheets – If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ									
ع ق	(See Instructions) (A) Beginning of year		(B) End of year							
2		_ , _	16,207.							
2		23								
2		24								
2		\rightarrow	16,207.							
20		+-+	0.							
	7 Net assets or fund balances (line 27 of column (B) must agree with line 21) -810		16,207.							

employed

Phone no

TEEA0812L 12/23/03

FIN

N/A

247-4578

Form **990-EZ** (2003)

(408)

Pre-

Use

parer's

Firm's name (or yours if self employed) address and ZIP + 4

MOHAMMED BHUIYAN

1561 Warburton Ave Apt

Santa Clara, CA 95050

SCHEDULE A (Form 990 or 990-EZ)

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.)

2003

OMB No 1545 0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number NORTHSTAR SCHOOL 71-0946078 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See instructions List each one If there are none, enter 'None') (d) Contributions to employee benefit plans and deferred (a) Name and address of each (b) Title and average (c) Compensation (e) Expense hours per week devoted to position employee paid more than \$50,000 account and other allowances compensation None -;- -; Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See 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 None Total number of others receiving over \$50,000 for professional services

Sche	dule	A (Form 990 or 990-EZ) 2003	NORTHSTAR SCHOOL	71-0946	078	F	Page 2
Par	t III	Statements About Act	vities (See instructions)			Yes	No
1	to 1	ifluence public opinion on a legisla	ative matter or referendum? If	al, state, or local legislation, including any attempt 'Yes,' enter the total expenses paid			
		ncurred in connection with the lobb	·	N/A			
		st equal amounts on line 38, Part	•		1	32.	X
	orga	anizations checking 'Yes,' must co bying activities	mplete Part VI-B AND attach a	Form 5768 must complete Part VI-A Other a statement giving a detailed description of the		T. E. SPAN	
2	sub taxa	stantial contributors, trustees, dire able organization with which any si	ctors, officers, creators, key e uch person is affiliated as an o	ngaged in any of the following acts with any mployees, or members of their families, or with any officer, director, trustee, majority owner, or principa d statement explaining the transactions)			
a	Sal	e, exchange, or leasing of property	17		2 <u>a</u>		X
t	Len	ding of money or other extension (of credit?		2b		Χ_
c	: Fur	nishing of goods, services, or facil	ities?		2c		X
c	I Pay	ment of compensation (or paymer	nt or reimbursement of expens	es if more than \$1,000)?	2 d		Х
e	Tra	nsfer of any part of its income or a	assets?		2e		Х
3 <i>a</i>	Do exp	you make grants for scholarships, lanation of how you determine tha	fellowships, student loans, etc t recipients qualify to receive p	c? (If 'Yes,' attach an payments)	3a		Х
Ł		you have a section 403(b) annuity			3b		Х
4	Did on	you maintain any separate accour the use or distribution of funds?	nt for participating donors whe	re donors have the right to provide advice	4_		X
Par	t IV	Reason for Non-Privat	e Foundation Status (Se	ee instructions)			
The	orga	nization is not a private foundation	because it is (Please check	only ONE applicable box)			-
5		A church, convention of churches	, or association of churches S	ection 170(b)(1)(A)(i)			
6	X	A school Section $170(b)(1)(A)(II)$	(Also complete Part V)				
7		A hospital or a cooperative hospit	al service organization. Section	n 170(b)(1)(A)(III)			
8		A Federal, state, or local government	nent or governmental unit. Sec	tion 170(b)(1)(A)(v)			
9	П	A medical research organization of	operated in conjunction with a	hospital Section 170(b)(1)(A)(III) Enter the hospit	al's name	city,	
		and state ►	•				
10			penefit of a college or universi dule in Part IV-A)	ty owned or operated by a governmental unit Secti	on 170(b)	(1)(A)	(IV)
11 a		An organization that normally reconscion 170(b)(1)(A)(vi) (Also co		support from a governmental unit or from the gener in Part IV-A)	al public		
11 b	· 🗌	A community trust Section 170(b)(1)(A)(vi) (Also complete the	Support Schedule in Part IV A)			
12		from activities related to its charit from gross investment income an	able, etc, functions – subject d unrelated business taxable i	of its support from contributions, membership fees, to certain exceptions, and (2) no more than 33-1/3 ncome (less section 511 tax) from businesses acquired the Support Schedule in Part IV-A.)	% of its su	pport	pts
13		An organization that is not contro described in (1) lines 5 through 1 section 509(a)(3))	lled by any disqualified person 2 above, or (2) section 501(c)	is (other than foundation managers) and supports of (4), (5), or (6), if they meet the test of section 509(a)	rganizatio a)(2) (See	ns e	
		Provide	the following information abo	ut the supported organizations (See instructions)			
			(a) Name(s) of supported	organization(s)		ne nu n abo	
							
_14		An organization organized and op	erated to test for public safety	Section 509(a)(4) (See instructions)			

Schedule A (Form 990 or 990-EZ) 2003 NORTHSTAR SCHOOL 71-0946078 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 (e) Total beginning in) Gifts, grants, and contributions received (Do not include unusual grants See line 28) 15 N/A 16 Membership fees received 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 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 Net income from unrelated business activities not included in line 18 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf 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 Other income Attach a schedule. Do not include gain or (loss) from sale of capital assets Total of lines 15 through 22 24 Line 23 minus line 17 Enter 1% of line 23 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26 a in 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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return Enter the total of all these excess amounts 26 b c Total support for section 509(a)(1) test Enter line 24, column (e) 26 c d Add Amounts from column (e) for lines 26 d e Public support (line 26c minus line 26d total) 26 e f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26 f Organizations described on line 12: N/A 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 (2002) ____ (2001) ___ (2000) ___ (1999) ___ (1999) bFor 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 (2002) ____ (2001) ___ (2000) ___ c Add Amounts from column (e) for lines 15 20 and line 27b total 27 d d Add Line 27a total e Public support (line 27c total minus line 27d total) f Total support for section 509(a)(2) test Enter amount from line 23 column (e)

Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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

N/A

g Public support percentage (line 27e (numerator) divided by line 27f (denominator))

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))

27 g

Schedule A (Form 990 or 990-EZ) 2003 NORTHSTAR SCHOOL

Part V : Private School Questionnaire (See Instructions)
(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?	29	Х	
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?	30	X	
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?	31	X	
	If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement)	त - : ही ,		1 4 13 1 40 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Does the organization maintain the following Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	X	,
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	Х	
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	Х	
(d Copies of all material used by the organization or on its behalf to solicit contributions?	32d	Χ	
	If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement)		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
33	Does the organization discriminate by race in any way with respect to			·
á	a Students' rights or privileges?	33a		Х
ŀ	Admissions policies?	33b		X
ď	Employment of faculty or administrative staff?	33 c		Х
C	Scholarships or other financial assistance?	33 d		X
•	Educational policies?	33 e		Х
f	Use of facilities?	33f		Х
Ģ	Athletic programs?	33g		_X_
ŀ	Other extracurricular activities?	33h		Х
	If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement)	-		
			-	•
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		Х
t	Has the organization's right to such aid ever been revoked or suspended?	34 b		Х
	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	35	X	•
BAA	TEEA0404L 08/28/03 Schedule A (Form 99)	0 or 9		2003

	edule A (Form 990 or 99		TAR SCHOOL		<u> </u>		71-0946	078 Page
ar		xpenditures by Ele ted ONLY by an eligible		t ies (See instr orm 5768)	uctions)		N/A
Chec	ck - a if the organ	ization belongs to an affi	liated group Check	▶ b If yo	u checke	ed ' a ' and 'l	ımıted contr	ol' provisions apply
		Limits on Lobbying m 'expenditures' means a	•)		Affiliate	a) ed group eals	(b) To be completed for ALL electing organizations
36	Total lobbying expendit	tures to influence public of	opinion (grassroots lobby	/ing)	36			
37	Total lobbying expendit	tures to influence a legisl	ative body (direct lobbyi	ng)	37			
38	Total lobbying expenditures (add lines 36 and 37)							
39	Other exempt purpose expenditures 39							
40		expenditures (add lines 3			40		_	
41		mount Enter the amount	from the following table	_				
	If the amount on line 4	0 is - The	lobbying nontaxable an	nount is—	- 12 - 12 - 13 - 13 - 13			
	Not over \$500,000		of the amount on line 4		12.3			
	Over \$500,000 but not over \$1		000 plus 15% of the excess over	er \$500,000	2 2		· ====================================	
	Over \$1,000,000 but not over		000 plus 10% of the excess over		41			
	Over \$1,500,000 but not over		000 plus 5% of the excess over	\$1,500,000	150° 20° - 150°			
	Over \$17,000,000	• •	00,000		1 1			
		amount (enter 25% of lin	•		42			
43		ne 36 Enter -0- if line 42			43	<u> </u>		
44		ne 38 Enter -0- if line 41			44			
	Caution: If there is an	amount on either line 43	or line 44, you must file	Form 4/20				
			Lobbying Expend	itures During 4	1 -Year <i>I</i>	Averaging F	Period ———-	
	Calendar year (or fiscal year beginning in) ►	(a) 2003	(b) 2002	(c) 2001		-	d) 000	(e) Total
45	Lobbying nontaxable amount	1						
46	Loboying ceiling amount (150% of line 45(e))				· ¥ 3			
47	Total lobbying expenditures							
48	Grassroots non- taxable amount							
49	Grassroots ceiling amount (150% of line 48(e))				- ; .			
	Grassroots lobbying expenditures	1						
	(For reporting of	ctivity by Nonelect only by organizations tha	t did not complete Part \	/I-A) (See inst		<u></u>		N/A
urir tten	ng the year, did the orgain opt to influence public of	nization attempt to influe pinion on a legislative ma	nce national, state or loo atter or referendum, thro	cal legislation, ugh the use of	ıncludını	g any	Yes No	Amount
	a Volunteers							ش. م
		ent (Include compensatio	n in expenses reported	on lines c throi	ugh h.)			•
	Media advertisements							<u></u>
	Mailings to members, le	= '						<u> </u>
		ed or broadcast statemer						
	-	ations for lobbying purpo:				}		
	-	lators, their staffs, gover		,				
h	Rallies demonstrations	seminars conventions.	speeches lectures or s	au athar maan	_			

i Total lobbying expenditures (add lines ${\bf c}$ through ${\bf h.}$)

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did to	the reporting organization of the Code (other than section	directly or in	directly engage in any of the folloging	ving with any other organization describ	ed in section	501(2)
			o a noncharitable exempt organiza	• ,	1	Yes	No
	Cash	ga	a nonghamasa anampi angama		51 a (i)		X
	Other assets				a (ii)		Х
b Othe	er transactions						
(i)	Sales or exchanges of ass	ets with a no	oncharitable exempt organization		b (i)		Х
(ii)	Purchases of assets from a	noncharita	ble exempt organization		b (ii)		X
	Rental of facilities, equipm				b (iii)		X
(iv)	Reimbursement arrangeme	ents			b (iv)		X
(v)	Loans or loan guarantees				b (v)		X
(vi)	Performance of services or	membershi	p or fundraising solicitations		b (vi)		X
			ts, other assets, or paid employee		С		X
d if the the cany	e answer to any of the abo goods, other assets, or ser transaction or sharing arra	ve is 'Yes,' (vices given l naement, st	complete the following schedule (by the reporting organization If the now in column (d) the value of the	column (b) should always show the fair in e organization received less than fair mingoods, other assets, or services received	narket value arket value ir ed	of 1	
(a) Line no	(b) Amount involved		(c) noncharitable exempt organizatio	(d)	_		
			Tioneria nable exempt organization	Bestration of transfers, transactions, a		gement	
N/.	<u>A</u>	ļ	·				
	 						
		ļ					
	 -						
							
	 						
	 	<u> </u>					
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	 	ļ					
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desc	e organization directly or in cribed in section 501(c) of the es,' complete the following	the Code (ot	liated with, or related to, one or m her than section 501(c)(3)) or in s	ore tax-exempt organizations ection 527?	► Ye	s X	No
	(a)		(b)	(c)			
	Name of organization		Type of organization	Description of relat	ionsnip		
N/A							
							
	 						
						·	
							

2003	Federal Statemer	nts			Page 1
	NORTHSTAR SCHOO	L_			71-0946078
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts Paid					
<u>Cash Grants and Allocations</u> Amount Given:				\$	650.
	Total Cash	Grants a	nd Al	locations \$	650.
	Total Grants ar	ıd Simila	r Amo	unts Paid <u>\$</u>	650.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses					
BOOKS COUPON BOOKS EID FIELD TRIP FUNDRAISING MISC. REIMBURSEMENT				\$	3,342. 470. 545. 232. 4,479. 821. 40.
Supplies Telephone				Total \$	1,482. 448. 11,859.
Statement 3 Form 990-EZ, Part IV List of Officers, Directors, Trustees, a	and Key Employees				
Name and Address	Title and Average Hours Per Week Devoted	Comp l satı	en- .on	Contri- bution to EBP & DC	Account/
MOHAMMAD ARSALA 1966 ROCKSPRINGS DR HAYWARD, CA 94545-2381	Director None	\$	0.	\$ 0.	\$ 0.
HEDAYAT HAMID 2619 VILLAGE COURT UNION CITY, CA 94587	Treasurer None		0.	0.	0.
YAMA OMAR 5387 EDMONTON COMMON FREMONT, CA 94555	None		0.	0.	0.
SHAHID ANSARI 1388 PRADA COURT MILPITAS, CA 95035	None		0.	0.	0.

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2003	Federal Statements	Page 2
	NORTHSTAR SCHOOL	71-0946078
Form 99	ent 3 (continued) 90-EZ, Part IV Officers, Directors, Trustees, and Key Employees	
	Title and Contri- Average Hours Compen- bution to Name and Address Per Week Devoted sation EBP & DC	
4001 N	SARGAND \$ 0.\$ 0.5 ICOLET AVE # 3 None T, CA 94536	0.
	Total <u>\$ 0.</u> <u>\$ 0.</u> <u>\$</u>	0.
Stateme Form 99 Regard	ent 4 90-EZ, Part V ing Transfers Associated with Personal Benefit Contracts	
ındire (b) D	id the organization, during the year, receive any funds, directly or ctly, to pay premiums on a personal benefit contract? Indicate the organization, during the year, pay premiums, directly or ctly, on a personal benefit contract?	No No

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