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# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

200

Department of the Treasury  
Internal Revenue Service

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

► Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form  
► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public  
Filing and Inspection**A For the 2007 calendar year, or tax year beginning**, 2007, and ending

|   |   |   |
|---|---|---|
| <b>B</b><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Termination<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>Star Lite Inc.</b><br>Number and street (or P O box, if mail is not delivered to street address)<br><b>3545 Kennedy Blvd.</b><br>City or town, state or country, and ZIP + 4<br><b>Jersey City NJ 07307</b> | <b>D</b> Employer identification number<br><b>22-3548248</b><br><b>E</b> Telephone number<br><b>(201) 656-2490</b><br><b>F</b> Group Exemption Number |
|---|---|---|

► **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts  
must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method  Cash  Accrual  
Other (specify) ►

**K** Website: ► **N/A**

**H** Check ►  if the organization is not  
required to attach Schedule B (Form 990,  
990-EZ, or 990-PF).

**L** Check ►  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file 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 ► \$

## Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

|   |  |
|---|--|
| 1 Contributions, gifts, grants, and similar amounts received<br>2 Program service revenue including government fees and contracts<br>3 Membership dues and assessments<br>4 Investment income<br>5a Gross amount from sale of assets other than inventory<br>b Less: cost or other basis and sales expenses<br>c Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schd)<br>6 Special events and activities (attach schedule). If any amount is from gaming, check here ► <input type="checkbox"/><br>a Gross revenue (not including \$ _____ of contributions<br>reported on line 1)<br>b Less: direct expenses other than fundraising expenses<br>c Net income or (loss) from special events and activities. Subtract line 6b from line 6a<br>7a Gross sales of inventory, less returns and allowances<br>b Less: cost of goods sold<br>c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a<br>8 Other revenue (describe ► )<br>9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | 1<br>2<br>3<br>4<br>5a<br>5b<br>5c<br>6a<br>6b<br>6c<br>7a<br>7b<br>7c<br>8<br>9 |
| 10 Grants and similar amounts paid (attach schedule)<br>11 Benefits paid to or for members<br>12 Salaries, other compensation, and employee benefits<br>13 Professional fees and other payments to independent contractors<br>14 Occupancy, rent, utilities, and maintenance<br>15 Printing, publications, postage, and shipping<br>16 Other expenses (describe ► )<br>17 Total expenses (add lines 10 through 16)<br>18 Excess or (deficit) for the year. Subtract line 17 from line 9<br>19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year<br>figure reported on prior year's return)<br>20 Other changes in net assets or fund balances (attach explanation)<br>21 Net assets or fund balances at end of year. Combine lines 18 through 20   | 10<br>11<br>12<br>13<br>14<br>15<br>16<br>17<br>18<br>19<br>20<br>21             |

**Balance Sheets** — If total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Instructions)

|  | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments .....  | 0. 22                 | 0.              |
| 23 Land and buildings .....  | 0. 23                 | 0.              |
| 24 Other assets (describe ► ) .....  | 0. 24                 | 0.              |
| 25 Total assets .....  | 25                    |                 |
| 26 Total liabilities (describe ► ) .....                                       | 0. 26                 | 0.              |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 27                    |                 |

REVENUE

SCANNED NOV 2010

EXPENSES

ACCOUNTS E-MAIL

RECEIVED  
POSTMARK  
CINCINNATI  
SERVICE CENTER

7 P



**P** **Other Information (Note the statement requirement in the instructions.) (Continued)**

**40a** **501(c)(3) organizations** Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_

**b** **501(c)(3) and (4) organizations** Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach an explanation

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► \_\_\_\_\_

**d** Enter amount of tax on line 40c reimbursed by the organization ► \_\_\_\_\_

**e** **All organizations** At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? \_\_\_\_\_

**41** List the states with which a copy of this return is filed ► \_\_\_\_\_

|            | Yes | No |
|------------|-----|----|
| <b>40b</b> |     |    |
| <b>40e</b> |     |    |

**42a** The books are in care of ► \_\_\_\_\_ Telephone no. ► \_\_\_\_\_  
Located at ► \_\_\_\_\_ ZIP + 4 ► \_\_\_\_\_

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority 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: ► \_\_\_\_\_

|            | Yes | No |
|------------|-----|----|
| <b>42b</b> |     |    |
| <b>42c</b> |     |    |

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

**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 ► \_\_\_\_\_

**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** **N/A**

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

**Please Sign Here**

► *Victor Kennedy* Date **10-15-10**  
Signature of officer  
► *FR. VICTOR P. KENNEDY PASTOR* Type or print name and title

**Paid Preparer's Use Only**

|  |       |   |  |
|--|-------|---|--|
| Preparer's Signature ►   | Date  | Check if self employed ► <input type="checkbox"/> | Preparer's SSN or PTIN (See General Instruction X) |
| Firm's name (or yours if self employed), address, and ZIP + 4 ► <b>Non-Paid Preparer</b> | EIN ► | Phone no ►  |  |

**BAA**