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Short Form

Return of Organization Exempt From Income Tax

2002

Department of the Treasury
Internal Revenue Service

► 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

A For the 2007 calendar year, or tax year beginning , 2007, and ending

<input checked="" type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Star Lite Inc. Number and street (or P O box, if mail is not delivered to street address) 3545 Kennedy Blvd. City or town, state or country, and ZIP + 4 Jersey City NJ 07307	D Employer identification number 22-3548248 E Telephone number (201) 656-2490 F Group Exemption Number
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• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► <u>N/A</u> J Organization type (check only one) — <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
K Check ► <input type="checkbox"/> 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 ► \$ <u> </u>	

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

REVENUE 1 2 3 4 5a b c 6 a b c 7a b c 8 9 10 11 12 13 14 15 16 17 18 19 20 21	1 2 3 4 5a 5b 5c 6a 6b 6c 7a 7b 7c 8 9 10 11 12 13 14 15 16 17 18 19 20 21	1 2 3 4 5a 5b 5c 6a 6b 6c 7a 7b 7c 8 9 10 11 12 13 14 15 16 17 18 19 20 21
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Balance Sheets – If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

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

Part II Statement of Program Service Accomplishments (See the instructions.)**Expenses**

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

What is the organization's primary exempt purpose?				
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title				
28				
(Grants \$) If this amount includes foreign grants, check here		► <input type="checkbox"/> 28a	
29				
(Grants \$) If this amount includes foreign grants, check here		► <input type="checkbox"/> 29a	
30				
(Grants \$) If this amount includes foreign grants, check here		► <input type="checkbox"/> 30a	
31 Other program services (attach schedule)	(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/> 31a
32 Total program service expenses. Add lines 28a through 31a			► <input type="checkbox"/> 32	

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
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Other Information (Note the statement requirement in the instructions.)		Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If 'Yes,' attach a detailed statement of each change	33		
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.	35a		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35b		
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	36		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	36		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0.	
b Did the organization file Form 1120-POL for this year?	37b		
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		
b If 'Yes,' attach the schedule specified in the line 38 instructions and enter the amount involved	38b		
39 501(c)(7) organizations Enter:	39a	N/A	
a Initiation fees and capital contributions included on line 9	39b	N/A	
b Gross receipts, included on line 9, for public use of club facilities			

PART **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
40b		
40e		

42 a 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
42b		
42c		

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**

Please Sign Here	<p>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.</p> <p><i>Fr. Victor P. Kennedy</i> 10-15-10 <input type="checkbox"/> Signature of officer Fr. VICTOR P. KENNEDY Date <input type="checkbox"/> Type or print name and title</p>		
Paid Preparer's Use Only	<p>Preparer's signature ►</p> <p><i>Non-Paid Preparer</i></p> <p>Firm's name (or yours if self-employed), address, and ZIP + 4 ►</p>	<p>Date</p> <p>EIN ►</p>	<p>Check if self-employed ► <input type="checkbox"/></p> <p>Preparer's SSN or PTIN (See General Instruction X)</p> <p>Phone no ►</p>
BAA	TEEA0812 12/27/07		