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Short Form Return of Organization Exempt From Income Tax

2005

Department of the Treasury
Internal Revenue ServiceUnder 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

A For the 2007 calendar year, or tax year beginning , 2007, and ending		
B 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 ►
• 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
I Website: ► N/A		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
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		
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		► \$
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)		
REVENUE		
1 Contributions, gifts, grants, and similar amounts received	1	0
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	
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	
c Gain or (loss) from sale of assets other than inventory Subtract line 5b from line 5a (attach schd)	5c	
6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	6	
a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b	
c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c	
7a Gross sales of inventory, less returns and allowances	7a	
b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c	
8 Other revenue (describe ► POSTMARK)	RECEIVED	
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	0
EXPENSES		
10 Grants and similar amounts paid (attach schedule)	10	
11 Benefits paid to or for members	10 15 2010	10 19 2010
12 Salaries, other compensation, and employee benefits	11	
13 Professional fees and other payments to independent contractors	12	
14 Occupancy, rent, utilities, and maintenance	13	
15 Printing, publications, postage, and shipping	14	
16 Other expenses (describe ►)	15	
17 Total expenses (add lines 10 through 16)	16	
NET ASSETS		
18 Excess or (deficit) for the year. Subtract line 17 from line 9	17	0
19 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)	18	
20 Other changes in net assets or fund balances (attach explanation)	19	
21 Net assets or fund balances at end of year. Combine lines 18 through 20	20	
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 for details.)		
TERM 100: STATUTE		
ASSETS		
22 Cash, savings, and investments	(A) Beginning of year	(B) End of year
23 Land and buildings	0. 22	0.
24 Other assets (describe ►)	0. 23	0.
25 Total assets	0. 24	0.
26 Total liabilities (describe ►)	25	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0. 26	0.
28 Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	

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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		

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
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		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.		
Preparer's Signature <input type="checkbox"/> Fr. Jose Saltarin Signature of officer		Date	<input type="checkbox"/> Check if self-employed	Preparer's SSN or PTIN (See General Instruction X)
Type or print name and title <input type="checkbox"/> Fr. JOSE SALTARIN Type or print name and title		10/15/10		
Paid Preparer's Use Only <input type="checkbox"/> Non-Paid Preparer Firm's name (or yours if self-employed), address, and ZIP + 4		Date	<input type="checkbox"/> EIN	Preparer's SSN or PTIN (See General Instruction X)
			<input type="checkbox"/> Phone no.	
BAA				