



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2006

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

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

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

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

<b>I Website:</b> ► N/A	<b>G Accounting method:</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►
<b>J Organization type (check only one)</b> — <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>H Check</b> ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
<b>K Check</b> ► <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"/>	6a	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	
b Less: direct expenses other than fundraising expenses	6c		
c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	7a		
7a Gross sales of inventory, less returns and allowances	7b		
b Less: cost of goods sold	7c		
c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	8		
8 Other revenue (describe) <i>INTERSTATE REVENUE SERVICE</i>	RECEIVED		
9 Total revenue (add lines 5c, 6c, 7c, and 8)	9	0	
10 Grants and similar amounts paid (attach schedule)	10	15 2010	
11 Benefits paid to or for members	11	10 19 2010	
12 Salaries, other compensation, and employee benefits	12		
13 Professional fees and other payments to independent contractors	13	CINCINNATI	
14 Occupancy, rent, utilities, and maintenance	14	SERVICE CENTER	
15 Printing/publications/postage and shipping	15		
16 Other expenses (describe) <i>MGMT. CTR</i>	16		
17 Total expenses (add lines 10 through 16)	17	0	
18 Excess or (deficit) for the year. Subtract line 17 from line 9	18		
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)	19		
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	0	

## 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)		<b>(A) Beginning of year</b>	<b>(B) End of year</b>
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 25 of column (B) must agree with line 21)		27	

12



**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

► *Fr. Jose Saltarin*

Signature of officer

10/15/10

Date

► *Fr. JOSE SALTARIN*

Type or print name and title

Preparer

Paid Pre-parer's Use Only  
BAA

Preparer's signature

Date

Check if self-employed

Preparer's SSN or PTIN (See General Instruction X)

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

► *Non-Paid Preparer*

EIN

Phone no