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Form 990-EZ

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)

OMB No 1545 1150

2007

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

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

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

I Website: ► **N/A****J Organization type (check only one) — 501(c) (3) (insert no) 4947(a)(1) or 527****K 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 ► \$****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)**

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	D
	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)	8	
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9	D
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members 10 15 2010	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► CINCINNATI SERVICE CENTER)	16	
	17 Total expenses (add lines 10 through 16)	17	D
ASSETS	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	D

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

(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 ► 24)		0. 24	0.
25 Total assets		25	
26 Total liabilities (describe ► 26)		0. 26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		27	

Party **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 ► _____	<table border="1" style="border-collapse: collapse; width: 60px; height: 60px;"> <tr><td style="width: 20px; height: 20px; background-color: #808080;">40b</td><td style="width: 20px; height: 20px; background-color: #808080;">Yes</td><td style="width: 20px; height: 20px; background-color: #808080;">No</td></tr> <tr><td style="width: 20px; height: 20px; background-color: #808080;">40e</td><td style="width: 20px; height: 20px; background-color: #808080;">Yes</td><td style="width: 20px; height: 20px; background-color: #808080;">No</td></tr> </table>	40b	Yes	No	40e	Yes	No
40b		Yes	No				
40e		Yes	No				
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 ► _____

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)?	<table border="1" style="border-collapse: collapse; width: 60px; height: 60px;"> <tr><td style="width: 20px; height: 20px; background-color: #808080;">42b</td><td style="width: 20px; height: 20px; background-color: #808080;">Yes</td><td style="width: 20px; height: 20px; background-color: #808080;">No</td></tr> <tr><td style="width: 20px; height: 20px; background-color: #808080;">42c</td><td style="width: 20px; height: 20px; background-color: #808080;">Yes</td><td style="width: 20px; height: 20px; background-color: #808080;">No</td></tr> </table>	42b	Yes	No	42c	Yes	No
42b		Yes	No				
42c		Yes	No				
If 'Yes,' enter the name of the foreign country: ► _____							
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**

<small>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.</small>					
Please Sign Here	<div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <p>► <u>Fr. Jose Saltarin</u> Signature of officer</p> <p>► <u>Fr. JOSE SALTARIN</u> Type or print name and title</p> </div> <div style="flex: 1; text-align: right;"> <p>10/15/10 Date</p> <p><u>ASSTOR</u> Preparer's Name</p> </div> </div>				
	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)
BAA	Firm's name (or yours if self-employed), address, and ZIP + 4 ► <u>Non-Paid Preparer</u>		EIN ►	Phone no ►	