

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

2008

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

Open to Public Inspection

The organization may have to use a copy of this return to satisfy state reporting requirements

A For 2008 calendar year, or tax year beginning 2008, and ending 20

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: SOLAR LIGHT FOR AFRICA, LTD. D Employer identification number: 54-2021367. E Telephone number: (678) 534-5833. F Group Exemption Number.

G Accounting method: Cash [] Accrual [X] Other (specify) H Check [] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

I Website: N/A. J Organization type (check only one) -- [X] 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ . . . \$ 152,509

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

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total revenue: 152,509). Rows 10-17: Expenses (Total expenses: 135,939). Rows 18-21: Assets (Net assets at end of year: 7,035). Includes a 'RECEIVED' stamp dated MAY 19 2009.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

Table with 7 rows and 3 columns. Rows 22-27: Balance Sheet items (Total assets: 7,938; Total liabilities: 903; Net assets: 7,035).

For Privacy Act and Paperwork Reduction Act Notice, see the instruction for Form 990.

Form 990-EZ (2008)

SCANNED JUN 15 2009

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Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses	
What is the organization's primary exempt purpose? See attachment #4		(Required for 501(c)(3) & (4) organizations and 4947(a)(1) trusts; optional for others.)	
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	See attachment #5		
	(Grants \$) If this amount includes foreign grants, check here	28a	110,375
29			
	(Grants \$) If this amount includes foreign grants, check here	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	110,375

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

(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 & deferred compensation	(e) Expense account and other allowances
See attachment #6				

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 40e regarding organizational activities, tax reporting, and financial matters.

41 List the states with which a copy of this return is filed
42a The books are in care of See attachment #7 Telephone no. Located at ZIP + 4

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts.

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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44 and 45 regarding donor advised funds and controlled entities.

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization(s) a section 527 organization?	49b	X

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors each receiving over \$100,000 ▶		

Under penalties of perjury, I declare that I have examined the best of my knowledge and belief, it is true, correct, and information of which preparer has any knowledge.

Sign Here
 ▶ Carol Smith Hathaway
 Signature of officer
 ▶ Carol Smith Hathaway,
 Type or print name and title.

Paid Preparer's Use Only
 Preparer's signature ▶ [Signature]
 Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DAVID C CREWS CPA
534 BLACKBURN DRI

May the IRS discuss this return with the preparer shown above? See instructions.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization: **SOLAR LIGHT FOR AFRICA, LTD** Employer identification number: **54-2021367**

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H.)
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).** (see instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III--Functionally integrated
 - d Type III--Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii) A family member of a person described in (i) above?		X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		X
- h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule A (Form 990 or 990-EZ) 2008

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		351,952	431,790	272,008	141,068	1,196,818
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1-3		351,952	431,790	272,008	141,068	1,196,818
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						1,196,818

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4		351,952	431,790	272,008	141,068	1,196,818
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				10		10
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						1,196,828
12 Gross receipts from related activities, etc (see instructions)					12	

13 **First five years:** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	100.0000	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15		%

16a **33 1/3 % support test -- 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b **33 1/3 % support test -- 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a **10%-facts-and-circumstances test -- 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b **10%-facts-and-circumstances test -- 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

SCHEDULE OF OTHER ASSETS

Attachment 2: page 1 - 990-EZ Page 1, Part I, Line 24

Open to Public Inspection	For calendar year 2008 or tax period beginning _____, and ending _____
Name of Organization SOLAR LIGHT FOR AFRICA, LTD	Employer Identification Number 54-2021367

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
OFFICE FURNITURE AND EQUIPMENT	642	458	
Totals	642	458	

SCHEDULE OF OTHER LIABILITIES

Attachment 3: page 1 - 990-EZ Page 1, Part II, Line 26

Open to Public Inspection	For calendar year 2008 or tax period beginning _____, and ending _____
Name of Organization SOLAR LIGHT FOR AFRICA, LTD	Employer Identification Number 54-2021367

Description of Liability	Beginning of Year	End of Year
ACCOUNTS PAYABLE	12,053	903
Totals	12,053	903

SCHEDULE OF OTHER EXPENSES

Attachment 1: page 1 - 990-EZ Page 1, Part I, Line 16

Open to Public Inspection	For calendar year 2008 or tax period beginning	, and ending
Name of Organization SOLAR LIGHT FOR AFRICA, LTD		Employer Identification Number 54-2021367

Description of Other Expenses	Amount
SOLAR SYSTEMS	83,914
TRAVEL	3,098
FUNDRAISING FEES	243
DEPRECIATION	184
BANK CHARGES	17
SUPPLIES	816
OTHER COSTS	134
Total	88,406

PRIMARY EXEMPT PURPOSE

Attachment 4: page 1 - 990-EZ Page 2, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning	, and ending
Name of Organization SOLAR LIGHT FOR AFRICA, LTD		Employer Identification Number 54-2021367

Primary Purpose

SOLAR LIGHT FOR AFRICA LTD IS A NOT FOR PROFIT COLLABORATION BETWEEN U.S. AND AFRICAN CHURCHES, NON-GOVERNMENTAL ORGANIZATIONS, AND GOVERNMENTS TO PROVIDE LIGHT, POWER AND WATER SOURCES FOR RURAL AFRICA USING THE NATURAL POWER OF THE SUN. THEIR PURPOSE ALSO INCLUDES EDUCATING THE PUBLIC ON THE ADVANTAGES OF RENEWABLE ENERGY FOR THE BENEFIT OF IMPOVERISHED COMMUNITIES THROUGHOUT THE WORLD.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 1 - 990-EZ Page 3, Part III

Open to Public Inspection	For calendar year 2008 or tax period beginning	, and ending
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Name of Organization SOLAR LIGHT FOR AFRICA, LTD	Employer Identification Number 54-2021367
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Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses	110,375
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Exempt Purpose Achievements

PROVIDING ASSISTANCE IN OBTAINING AND INSTALLING SOLAR PANEL SYSTEMS IN RURAL AFRICAN COUNTRIES USING STUDENTS FROM THE UNITED STATES FOR EDUCATION ABOUT SOLAR ENERGY.

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 1 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning	, and ending
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Name of Organization SOLAR LIGHT FOR AFRICA, LTD	Employer Identification Number 54-2021367
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(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (if not paid, enter 0)	(D) Cont to Employee Ben. Plans & Def. Comp.	(E) Expense Account & Other Allowances
CAROL S HATHAWAY 3295 RIVER EXCHANGE PARKWAY #300 Norcross, GA 30092	DIRECTOR OPERATIONS 15.00	26,574	0	0
THE RT REV. ALDEN HATHAWAY 107 LAURENS STREET Beaufort, SC 29902	CHAIRMAN 1.00	0	0	0
TAYLOR PEARSON 517 SUSAN CONSTANT DRIVE Virginia Beach, VA 23451-2149	PRESIDENT 1.00	0	0	0
PAUL MAYCOCK 3256 READES WAY Williamsburg, VA 23185	SECRETARY 1.00	0	0	0
ALDEN HATAHWAY JR 3935 VILLAGE ESTATES COURT CUMMING, GA 30040	DIRECTOR 1.00	0	0	0
THE REV ERIC TURNER 4581 BELLALUNA DRIVE Melbourne, FL 32904	DIRECTOR 1.00	0	0	0
DR LINDSAY MARCELLIN 14545 SHADOWBOOK LANE Purcellville, VA 20132	DIRECTOR 1.00	0	0	0
THE RT REV WILLIAM RUKIRNDE	DIRECTOR 0.00	0	0	0
JOHN H FORSGREN 600 SOUTH OCEAN BOULEVARD #1100 Boca Raton, FL 33432	TREASURER 1.00	0	0	0
W PRICE DUNAWAY 968 SHADWELL DRIVE Evans, GA 30809	DIRECTOR 1.00	0	0	0
BRYAN JACOB 3430 WATERS COVE WAY Alpharetta, GA 30022	DIRECTOR 0.00	0	0	0
THERRELL MURPHY C/O STERLING PLANET INC 3295 RIVER EXCHANGE DR STE 300 Norcross, GA 30092	DIRECTOR 0.00	0	0	0
KINGSLEY OBAJI 109 CHARANDY DRIVE Leesburg, VA 20175	DIRECTOR 0.00	0	0	0
B.G. STEPHENSON ESQ INNS OF COURT 4157 CHAIN BRIDGE ROAD	DIRECTOR 0.00	0	0	0

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 6: page 2 - 990-EZ Page 2, Part IV

Open to Public Inspection	For calendar year 2008 or tax period beginning _____, and ending _____			
Name of Organization SOLAR LIGHT FOR AFRICA, LTD			Employer Identification Number 54-2021367	
(A) Name and Address	(B) Title and Average Hrs. per Week	(C) Compensation (If not paid, enter 0)	(D) Cont to Employee Ben Plans & Def. Comp.	(E) Expense Account & Other Allowances
Fairfax, VA 22030		0	0	0

BOOKS ARE IN CARE OF

Attachment 7 - 990-EZ Page 3, Part V, Line 42a

Open to Public Inspection For calendar year 2008 or tax period beginning , and ending

Name of Organization SOLAR LIGHT FOR AFRICA, LTD Employer Identification Number 54-2021367

Part V - Line 42a

Individual Name or Business Name CAROL HATHAWAY

Street Address 3295 RIVER EXCHANGE DRIVE #300

U.S. Address

Zip code 30092 City Norcross State GA

Foreign Address

City

Province or State

Country

Postal code

Phone Number (678) 534-5833

Fax Number

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box.
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension -- check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization SOLAR LIGHT FOR AFRICA, LTD	Employer Identification number 54-2021367
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions. 3295 RIVER EXCHANGE PARKWAY #300	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions Norcross GA 30092	

Check type of return to be filed (file a separate application for each return):

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ See attachment #7

Telephone No. ▶ _____ FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 20 09, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year 20 08 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.