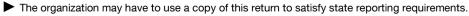
Form 990	
Department of the Trea Internal Revenue Servi	

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)





ΑF	or th	e 2012 calendar year, or tax year beginning and	ending	_	
B c	Check if pplicab	e: C Name of organization		D Employer identifie	cation number
	Addre	e SONLIGHT POWER, INC.			
			26-0	007636	
	Initial returr	, , , , , , , , , , , , , , , , , , , ,	Room/suite		
	Termi	7100 DIXIE HIGHWAI		513-	285-9960
		City, town, or post office, state, and ZIP code		G Gross receipts \$	307,026.
	Appli tion pendi	FAIRFIELD, ON 45014		H(a) Is this a group re	
	pend	F Name and address of principal officer: KEVIN SASSON		for affiliates?	Yes X No
		7100 DIXIE HIGHWAY, FAIRFIELD, OH 4503		H(b) Are all affiliates inc	luded? Yes No
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) 0	or 🛄 527	,	list. (see instructions)
		te: WWW.SONLIGHTPOWER.ORG	<u> </u>	H(c) Group exemptio	
		f organization: 🔟 Corporation 🔄 Trust 🔄 Association 🔛 Other 🕨	L Year	of formation: 2002	State of legal domicile: OH
Pa		Summary			
e	1	Briefly describe the organization's mission or most significant activities: TO II	MPROVE	CHORATNA DI E	R THE LIVES
Governance		OF CHILDREN, FAMILIES AND COMMUNITIES TH			
/err		Check this box if the organization discontinued its operations or disposed in the second sec			sets. 7
ĝ					7
ŏ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4
ties	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			60
Activities &	6	Total number of volunteers (estimate if necessary)			0.
A		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	a	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		182,928.	207,378.
nue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		38.	0.
ŭ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		45,410.	88,762.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		228,376.	296,140.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		101.	55,500.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		4,794.	0.
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		39,200.	64,707.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ę,		Total fundraising expenses (Part IX, column (D), line 25) 1,5!	51.		
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		130,102.	154,538.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		174,197.	274,745.
	19	Revenue less expenses. Subtract line 18 from line 12		54,179.	21,395.
Net Assets or Fund Balances			Be	eginning of Current Year	End of Year
ssets	20	Total assets (Part X, line 16)	L	78,971.	99,556.
t As	21	Total liabilities (Part X, line 26)		1,415.	605.
		Net assets or fund balances. Subtract line 21 from line 20		77,556.	98,951.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is
true.	. corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich prepare	r has anv knowledge.	

		,		-		
	Circulture of officer					
Sign	Signature of officer		D	ate		
Here		E DIRECTOR				
	Type or print name and title					
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN		
Paid	DANIEL H. OWENS			if self-employed P00096370		
Preparer	Firm's name 🕒 VONLEHMAN & COMP	ANY INC.	Fi	irm's EIN 31-0905417		
Use Only	Firm's address 🖌 4755 LAKE FOREST	DR. SUITE 100				
	CINCINNATI, OH 4	5242-3836	Р	hone no. (513)891–5911		
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)					
232001 12-1	3200112-10-12LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2012)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2012) SONLIGHT POWER, INC. 26-0007636 Page 2
	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
_	
1	Briefly describe the organization's mission: TO IMPROVE THE LIVES OF CHILDREN, FAMILIES AND COMMUNITIES THROUGH
	SUSTAINABLE SOLAR-POWERED SOLUTIONS. SLP ACTIVELY ENGAGES WITH THE
	COMMUNITIES IT SERVES, APPLYING CHRISTIAN PRINCIPLES AND SOLAR POWER
	TO IMPROVE ACCESS TO EDUCATIONAL OPPORTUNITIES, WELLNESS, ECONOMIC
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
•	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 47,000. including grants of \$ 47,000.) (Revenue \$)
	TRANSFORMING 30,000+ LIVES IN MEXICO: THANKS TO A \$47,000 GRANT FROM
	THE P&G FUND OF THE GREATER CINCINNATI FOUNDATION, THE COLLABORATIVE
	IMPACT FROM SONLIGHT POWER WILL TRANSFORM AN ESTIMATED 30,000 CHILDREN
	AND THEIR FAMILIES IN THE SOUTHERN MEXICAN STATE OF CHIAPAS. IN
	PARTNERSHIP WITH MEXICAN OUTREACH ORGANIZATIONS SUCH AS ENLACE AND SAVE
	THE CHILDREN, SONLIGHT POWER LED TEAMS IN AUGUST THAT INSTALLED SOLAR
	POWER AT FIVE SCHOOLS AND ONE COMMUNITY CENTER. WHAT IS MORE, ON
	SEPTEMBER 20TH, ENLACE PERSONNEL TRAINED BY SONLIGHT POWER EMPOWERED
	THE REMOTE JUNGLE COMMUNITY OF SANTA ROSA BY LEADING THE INSTALLATION
	OF A NEW SOLAR POWER SYSTEM AT A COMMUNITY SCHOOL. THE IMPORTANCE OF
	THIS PROJECT CANNOT BE OVERSTATED, AS IT DEMONSTRATES HOW SONLIGHT
	POWER IS BUILDING AN OUTREACH MODEL WHERE THE PEOPLE SERVED ARE
4b	(Code:) (Expenses \$4,000. including grants of \$4,000. (Revenue \$)
	SOLAR-POWERED WATER PUMPING IMPROVES LIVES FOR 60 FAMILIES IN
	NICARAGUA: SONLIGHT POWER COLLABORATED ON A TRANSFORMATIONAL PROJECT
	WITH A NICARAGUAN MISSION PARTNER IN MARCH. SONLIGHT POWER PARTNERED
	TO DEVELOP A SOLAR-POWERED SOLUTION TO IMPROVE THE LIVES OF 60 FAMILIES
	IN RINCON DE GARCIA - A REMOTE TOWN IN WESTERN NICARAGUA WHERE THE
	PUBLIC WATER IS DIRTY AND CONTAMINATED. RESIDENTS OF THE COMMUNITY,
	INCLUDING CHILDREN AND THE ELDERLY, USED TO TREK HUNDREDS OF METERS TO
	THE NEAREST WELL SEVERAL TIMES EACH DAY TO FETCH AND CARRY CLEAN WATER
	BACK TO THEIR HOMES IN HEAVY, MULTI-GALLON JUGS. THIS LIFE-CHANGING
	PROJECT USES SOLAR POWER INSTALLED BY SONLIGHT POWER TO DELIVER 6,000
	GALLONS OF CLEAN WATER PER DAY TO THE DOORSTEPS OF RINCON DE GARCIA
	HOUSEHOLDS - TRANSFORMING THE COMMUNITY OF RINCON DE GARCIA.
4c	(Code:) (Expenses \$ 52,000. including grants of \$ 4,500.) (Revenue \$)
	SUSTAINABLE DEVELOPMENT IN CENTRAL AMERICA: IN 2012, SONLIGHT POWER
	SENT TWO MORE MISSION TEAMS TO HONDURAS AS PART OF A SUSTAINABLE
	DEVELOPMENT STRATEGY IN THAT COUNTRY. THE FIRST TRIP IN JUNE WAS
	SUPPLEMENTED BY A \$4,500 GRANT FROM THE COLLEGE HILL PRESBYTERIAN
	CHURCH ENDOWMENT FUND. SONLIGHT POWER USED THE GRANT FUNDING AND FUNDS
	RAISED BY MISSION VOLUNTEERS TO TRANSFORM THE LIVES OF 360+ CHILDREN
	AND THEIR FAMILIES AT FOUR OFF-GRID SCHOOLS IN THE HONDURAN DEPARTMENT
	OF EL PARAISO. SONLIGHT POWER SENT A SECOND MISSION TEAM TO HONDURAS
	IN NOVEMBER. THIS TEAM FEATURED MEMBERS OF A NEW MISSION PARTNER -
	SUPPORT FROM COBBLESTONE, THREE OFF-GRID SCHOOLS IN THE HONDURAN
	DEPARTMENT OF VALLE NOW HAVE SUSTAINABLE ENERGY TO IMPROVE EDUCATION,
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 119,645. including grants of \$) (Revenue \$)
4e	Total program service expenses ► 222,645.

Form	990 (2012) SONLIGHT POWER, INC. 26-0007	636	F
Pa	t IV Checklist of Required Schedules		
			Yes
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	L _	
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7	
•	Schedule D, Part III	8	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		
	If "Yes," complete Schedule D, Part IV	9	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x
b		11b	
с	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i>	11d	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	X
IZa	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	<u>''</u>	
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	
	β and any angumentation report more than ψ report of group more normality during during out the orthogonal the root.		

complete Schedule G, Part III

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a Did the organization operate one or more hospital facilities? *If* "Yes," *complete Schedule H*

Page 3

No

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Form 990 (2012)

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20a

20b

Form 990 (
Part IV	Chec

 Form 990 (2012)
 SONLIGHT
 POWER,
 IN

 Part IV
 Checklist of Required Schedules (continued)
 SONLIGHT POWER, INC.

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If</i> "Yes," <i>complete Schedule I, Parts I and II</i>	21		х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If</i> " <i>Yes</i> ," <i>answer lines 24b through 24d and complete Schedule K. If</i> " <i>No</i> ", <i>go to line 25</i>	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	x	
		00		

Form 990 (2012)

Form	990 (2012) SONLIGHT POWER, INC. 26-0007	636	Р	age 5
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b)		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	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)?	4a		X
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
-	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
a L	Gross income from members or shareholders 11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
10-	amounts due or received from them.)	100		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		
d	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O.			
u	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue gualified health plans			
~		-		
		14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>

Form	990 ((2012)
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26-0007636

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		FAIRFIELD,	OH	4501

1a	Enter the number of voting members of the governing body at the end of the tax year 1a	7		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b		7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-		
-	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-		
5	of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization become aware during the year of a significant diversion of the organization of assess?	6		x
0 7a				
74	more members of the governing body?			
b		7a		X
	persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
5	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	v		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			_
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright ext{OH}$			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public during the tax year.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organize KEVIN SASSON - 513-285-9960	ation:	<u> </u>	
	7100 DIXIE HIGHWAY FAIRFIELD OH 45014			

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

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7

| 1a |

X

No

Yes

Form 990 (2012)

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated	
	Employees, and Independent Contractors	
	Check if Schedule O contains a response to any question in this Part VII	
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior more	1 than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot pr/trus	h an	compensation	compensation	amount of
	week					1/		from	from related	other
	(list any	irecto						the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or d	tee			sated		(W-2/1099-MISC)	(1099-10130)	organization
	organizations	truste	al trus		yee	mper		(112,1000 11100)		and related
	below	idual	In stitutional trustee	ы	Key employee	est co oyee	ler			organizations
	(list any hours for related organizations below line)	Indiv	Instit	Officer	Key (Highest compensated employee	Former			
(1) LEO RADER	1.00									
PRESIDENT		х		х				0.	0.	0.
(2) MARK FAY	1.00									
VICE PRESIDENT		X		Х				0.	0.	0.
(3) LANCE BROWN	1.00									
TREASURER		X		Х				0.	0.	0.
(4) SHARON CIVITELLO	5.00									_
SECRETARY		X		Х				0.	0.	0.
(5) ELLEN BOWMAN	1.00									_
BOARD MEMBER		X						0.	0.	0.
(6) STEVE LINDER	1.00									
BOARD MEMBER		X						0.	0.	0.
(7) BERNIE REAGAN	1.00									•
BOARD MEMBER		X						0.	0.	0.

	990 (2012) SONLIGHT	POWER,	II	NC .	•					26-00	07	636	Pa	ige 8
Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	/ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	box offi	not c , unle	Pos heck	more rson	than is bot pr/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	1	Est am	(F) imate ount o other	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS(C)	fro orga and	pensation the anization relate nization	e on ed
	Sub-total								0.		0.			0.
d	Fotal from continuation sheets to Part VI Fotal (add lines 1b and 1c) Fotal number of individuals (including but n								0. 0.		0.			0.
	compensation from the organization		1030	130			e) wi				,		Vee	0
	Did the organization list any former officer, ine 1a? If "Yes," complete Schedule J for s								highest compensated e		[3	Yes	No X
4 F	For any individual listed on line 1a, is the su and related organizations greater than \$150	um of reportab	le co	omp	ensa	atior	n and	d ot	her compensation from			4		x
5 [Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	าsat	ion 1	from	any	/ unr			idual for services		5		x
Secti	on B. Independent Contractors									* 100.000 f				
	Complete this table for your five highest co he organization. Report compensation for								n the organization's tax		bensa			
	(A) Name and business	address	N	ONI	Ε				(B) Description of s	services	C	(C) ompen		ו

2 Total number of independent contractors (including but not limited to those listed above) who received more than 0 \$100,000 of compensation from the organization

Form	990	(2012) SONLIGHT	POWER, I	NC.			26-0007	636 Page 9
	rt VI							
		Check if Schedule O contains a	response to any q	Jestion i	n this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts Its	1 a	Federated campaigns	1a 207,	378.				·
our a		Membership dues						
Å, G		Fundraising events						
ar ,		Related organizations						
ini, e	е	Government grants (contributions)	1e					
rior	f	All other contributions, gifts, grants, and						
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included above						
dut	g	Noncash contributions included in lines 1a-1f: \$	2,	500.				
an	h	Total. Add lines 1a-1f		🕨	207,378.			
			Busines	s Code				
e j	2 a							
le v	b							
n S ent	с							
Rev	d	l						
Program Service Revenue	е	·						
"		All other program service revenue						
_		Total. Add lines 2a-2f		🕨				
	3	Investment income (including divider						
	4	other similar amounts) Income from investment of tax-exem		🔪				
	4 5							
	5	Royalties	Real (ii) Per					
	6 2			SUIIAI				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
			ecurities (ii) O					
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	с	Gain or (loss)						
		Net gain or (loss)		🕨				
ø	8 a	Gross income from fundraising even	ts (not					
Other Revenue		including \$	of					
Šeč		contributions reported on line 1c). Se						
er		Part IV, line 18		355.				
f		Less: direct expenses		886.	1 4 6 0			1 4 6 0
-		Net income or (loss) from fundraising		🕨	1,469.			1,469.
	9 a	Gross income from gaming activities						
		Part IV, line 19						
		Less: direct expenses		_				
		Net income or (loss) from gaming ac		🚩				
	iu a	Gross sales of inventory, less returns and allowances		010.				
	h	Less: cost of goods sold		0.				
		Net income or (loss) from sales of inv			86,010.	86,010.		
		Miscellaneous Revenue	Busines					
	11 a	OTHER INCOME	900		1,283.	1,283.		
	b							
	с							
	d	All other revenue						
	е	Total. Add lines 11a-11d		🕨	1,283.			
	12	Total revenue. See instructions.		🕨	296,140.	87,293.	0.	1,469.

25

26

e All other expenses

Check here

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization

if following SOP 98-2 (ASC 958-720)

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Pa	rt IX Statement of Functional Expense	es		
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must co	mplete column (A).
	Check if Schedule O contains a respon		s Part IX	<u>()</u>
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and
<i>,</i>	8b, 9b, and 10b of Part VIII.		expenses	general expenses
1	Grants and other assistance to governments and			
_	organizations in the United States. See Part IV, line 21			
2	Grants and other assistance to individuals in			
~	the United States. See Part IV, line 22			
3	Grants and other assistance to governments,			
	organizations, and individuals outside the	55,500.	55,500.	
^	United States. See Part IV, lines 15 and 16 Benefits paid to or for members	55,500.	55,500.	
4 5	Compensation of current officers, directors,			
5	trustees, and key employees			
6	Compensation not included above, to disqualified			
-	persons (as defined under section 4958(f)(1)) and			
	persons described in section 4958(c)(3)(B)			
7	Other salaries and wages	64,707.	38,200.	26,507.
8	Pension plan accruals and contributions (include			-
	section 401(k) and 403(b) employer contributions)			
9	Other employee benefits			
)	Payroll taxes			
1	Fees for services (non-employees):			
а	Management			
b	Legal			
С	Accounting	8,950.		8,950.
d	Lobbying			
е	Professional fundraising services. See Part IV, line 17			
f	Investment management fees			
g		1 1 40		1 540
	column (A) amount, list line 11g expenses on Sch 0.)	1,748.		1,748.
2	Advertising and promotion	167. 5,176.		5,176.
3	Office expenses	5,1/0.		5,1/0.
4 -	Information technology			
5	Royalties	6,226.		6,226.
6 7		38,816.	37,435.	0,220.
7		50,010.	57,455.	
8	Payments of travel or entertainment expenses for any federal, state, or local public officials			
9	Conferences, conventions, and meetings			
9		194.		194.
1	Payments to affiliates			
2	Depreciation, depletion, and amortization	620.		620.
3	Insurance			
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			
а	PROGRAM EQUIPMENT	86,701.	86,701.	
b	DEVELOPMENT EXPENSE	4,360.	4,360.	
с	VEHICLE EXPENSE	1,039.		1,039.
d	IN-KIND EXPENSES	449.	449.	
е	All other expenses	92.		89.

274,745.

222,645.

(D) Fundraising expenses

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50,549.

3.

1,551.

167.

1,381.

33

34

		(2012) SONLIGHT POWER	ι, I	NC.		26-	0007636 Page 11
Pa	rt X						
		Check if Schedule O contains a response to any	y ques	tion in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			77,851.	1	86,710.
	2	Savings and temporary cash investments			,	2	
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	12,346.
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compense	ated er			5	
	6	Loans and other receivables from other disquali	fied pe	ersons (as defined under			
		section 4958(f)(1)), persons described in section	า 4958	(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 50	01(c)(9) voluntary			
s		employees' beneficiary organizations (see instr).		6			
Assets	7	Notes and loans receivable, net		E Contraction of the second seco		7	
As	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other		4 750			
		basis. Complete Part VI of Schedule D	10a	4,750. 4,750.	C 2 0		0
		Less: accumulated depreciation	620.		0.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, line		F		12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets			500.	14	500.
	15 16	Other assets. See Part IV, line 11			78,971.	15 16	99,556.
	17	Total assets. Add lines 1 through 15 (must equ Accounts payable and accrued expenses			1,415.	17	605.
	18	Grants payable			1,1130	18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Ś	21	Escrow or custodial account liability. Complete				21	
abilities	22	Loans and other payables to current and former					
		key employees, highest compensated employee					
Ξ		Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelate	d third	parties		24	
	25	Other liabilities (including federal income tax, pa	yables	s to related third			
		parties, and other liabilities not included on lines	s 17-24	I). Complete Part X of			
		Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			1,415.	26	605.
		Organizations that follow SFAS 117 (ASC 958		ck here ▶ 🖾 and			
ces	6-	complete lines 27 through 29, and lines 33 ar			13,577.		25 006
lan	27	Unrestricted net assets		63,979.	27	<u>25,896.</u> 73,055.	
Net Assets or Fund Balances	28	Temporarily restricted net assets		05,919.	28	15,055.	
pun	29					29	
Ē		Organizations that do not follow SFAS 117 (A and complete lines 30 through 34.	30 93				
ts c	30	Capital stock or trust principal, or current funds				30	
sse	31	Paid-in or capital surplus, or land, building, or ec				31	
ĭ A	32	Retained earnings, endowment, accumulated in				32	
ž	22	Total not assots or fund balances	,	······ F	77.556.	33	98.951.

Total net assets or fund balances

Total liabilities and net assets/fund balances

98,951. 99,556. Form **990** (2012)

33

34

77,556. 78,971.

6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	9	8,9	<u>51.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			Yes	No
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
20	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed		20		
b	separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
c	consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	·			
•	review, or compilation of its financial statements and selection of an independent accountant?	,	2c		х
0.	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.			
за	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngie Audit			x
	Act and OMB Circular A-133?		3a		
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

		1 1	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	296,140.
2	Total expenses (must equal Part IX, column (A), line 25)	2	274,745.
3	Revenue less expenses. Subtract line 2 from line 1	3	21,395.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	77,556.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		
		40	98 951

Check if Schedule O contains a response to any question in this Part XI

296,140.

Form 990 (2012)

Fo

Form 990 (TGH.L	
Part XI	Reco	onciliation	of	Net	Asset	5

S	CI	H	E	D	U	L	E	Α

Department of the Treasury

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

L **Open to Public**

OMB No. 1545-0047

Internal Reve	► Attach to Form 990 or Form 990-EZ. ► See separate instructions.									Inspe	ection		
Name of	the organizati	on						E	mployer	iden	ntificati	on nu	mber
			T POWER, INC						2	6-0	0007	636	
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	ist complet	te this part	t.) See inst	ructions.					
The organ	nization is not a	a private foundation	because it is: (For lines [.]	1 through	11, check	only one b	ox.)						
1 🗌	A church, co	nvention of churche	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)	-					
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
з 🛄	A hospital or	a cooperative hospi	tal service organization	described	in section	170(b)(1)	(A)(iii).						
4	A medical res	earch organization	operated in conjunction	with a hos	spital desci	ribed in se	ction 170	(b)(1)(A)(i	ii). Enter	the h	nospital	's nam	ıe,
	city, and stat												
5 📖	An organizati	on operated for the	benefit of a college or u	niversity o	wned or op	perated by	a governi	mental un	it describ	oed ir	ו		
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6	A federal, sta	te, or local governm	ent or governmental uni	t describe	d in sectio	n 170(b)(1	1)(A)(v).						
7 X	-	•	eives a substantial part	of its supp	port from a	governme	ental unit c	or from the	e general	publ	ic desc	ribed i	in
	section 170(b)(1)(A)(vi). (Comple	te Part II.)										
8 🖳	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	e Part II.)								
9 📖	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	s support f	rom contri	butions, m	nembersh	ip fees, a	ind gi	ross reo	ceipts	from
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ions, and (2	2) no more	than 33 1	/3% of its	s support	t from	n gross	invest	ment
	income and u	inrelated business t	axable income (less sec	tion 511 ta	ax) from bu	sinesses a	acquired b	y the orga	anization	after	June 3	0, 197	′5.
	See section	509(a)(2). (Complete	e Part III.)										
10 🔛	An organizati	on organized and op	perated exclusively to te	st for publ	lic safety. S	See sectio	on 509(a)(4	I).					
11 📖	An organizati	on organized and op	perated exclusively for the	ne benefit	of, to perfo	orm the fu	nctions of,	or to car	ry out the) purp	poses c	of one of	or
	more publicly	supported organiza	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See sec	tion 509	(a)(3). Ch	eck t	he box	that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	n 11h.							
	a 🛄 Type I	-	•		inctionally i	•			be III - No				•
e 📖	By checking	this box, I certify tha	at the organization is not	controlled	d directly o	r indirectly	y by one o	r more dis	qualified	pers	ons oth	er tha	เท
			han one or more publicly						9(a)(1) or	sect	ion 509	(a)(2).	
f	-		ten determination from		-								
			nis box										. 📖
g			organization accepted ar									<u> </u>	
		•	irectly controls, either al	-		-				· -		Yes	No
			upported organization?								11g(i)		
			n described in (i) above?								11g(ii)		<u> </u>
	(iii) A 35% (controlled entity of a	person described in (i)	or (ii) abov	e?					Ľ	11g(iii)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).								
				<u>.</u>		() 51 (()())	o tho	<u> </u>			
• •	of supported	(ii) EIN	(iii) Type of organization		organization sted in your		u notify the	organizáti	s the ion in col.	(vii)	Amount		netary
org	anization		(described on lines 1-9 above or IRC section		document?		r support?	(i) organiz U.S	zed in the		sup	port	
			(see instructions))		-	., .				1			
				Yes	No	Yes	No	Yes	No	1			

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 SONLIGHT POWER, INC. 26-0007636 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
fails to qualify under the tests listed below, please complete Part III.)

<u>Sec</u>	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
1	Gifts, grants, contributions, and										
	membership fees received. (Do not										
	include any "unusual grants.")	130,707.	151,160.	129,037.	191,973.	221,016.	823,893.				
2	Tax revenues levied for the organ-										
	ization'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 through 3	130,707.	151,160.	129,037.	191,973.	221,016.	823,893.				
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)						71,547.				
6	Public support. Subtract line 5 from line 4.						752,346.				
	tion B. Total Support						-				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total				
7	Amounts from line 4	130,707.	151,160.	129,037.	191,973.	221,016.	823,893.				
	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties										
	and income from similar sources	216.	144.	40.	38.		438.				
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.)		38,963.	47,015.	43,052.	86,010.	215,040.				
11	Total support. Add lines 7 through 10		·	•		-	1039371.				
	Gross receipts from related activities,	etc. (see instruction	ons)			12					
	First five years. If the Form 990 is for	•	,	d. fourth. or fifth ta	ax vear as a sectio	n 501(c)(3)					
	organization, check this box and stop	here	· · · ·	· · ·							
Sec	tion C. Computation of Publ	ic Support Pe	rcentage								
14	Public support percentage for 2012 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	72.38 %				
15	Public support percentage from 2011	Schedule A, Part	II, line 14			15	76.74 %				
	33 1/3% support test - 2012. If the c					nore, check this bo	x and				
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			► X				
b	33 1/3% support test - 2011. If the c	organization did no	t check a box on I	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box				
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			▶□				
17a	10% -facts-and-circumstances tes										
b	10% -facts-and-circumstances tes	t - 2011. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or ⁻	17a, and line 15 is	10% or				
18											
	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										

Schedule A (Form 990 or 990-EZ) 2012

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Sec</u>	ction A. Public Support		-	-				-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e	e) 2012	(f) Total	
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")								
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose								
3	Gross receipts from activities that								
	are not an unrelated trade or bus- iness under section 513								
4	Tax revenues levied for the organ- ization's benefit and either paid to								
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the organization without charge								
6	Total. Add lines 1 through 5								
	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
	Add lines 7a and 7b								
	Public support (Subtract line 7c from line 6.)								
	ction B. Total Support							L	
	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	6	e) 2012	(f) Total	
	Amounts from line 6	(u) 2000	(8) 2000	(0) 2010	(4) 2011	, (i	J 2012	() ()	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
b	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975								
	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income. Do not include gain or loss from the sale of capital								
12	assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.)								
	First five years. If the Form 990 is for	the organization'	l s first second thi	l rd fourth or fifth t	I	1 = 501(l	
14	-	-			•				
500	check this box and stop here	c Support Pe	rcontago						
	Public support percentage for 2012 (li			aaluma (f)		15		0/	
								<u>%</u>	
	Public support percentage from 2011					16		%	
	ction D. Computation of Inves								
	Investment income percentage for 20					17		%	
	Investment income percentage from 2						(%	
19a	33 1/3% support tests - 2012. If the								
F	more than 33 1/3%, check this box ar								
C	b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization								
00									
20	Private foundation. If the organization	i ula not check a	box on line 14, 19	a, or 190, check t	his box and see in	structio	DIIS	▶∟	

Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

2012

Employer identification number

N	lame	of	the	orga	nization
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26-0007636

Organization	type (check one):	
Ji yamzauon	type (check one).	

SONLIGHT POWER,

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

INC.

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

X For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

□ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number

26-0007636

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GARY & JANE BOOTH 347 ASHLEY LANE CINCINNATI, OH 45215	\$ <u> </u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	GATES SMITH 4875 DRAKE RD CINCINNATI, OH 45243	\$7,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TIM & JAN JOHNSON 5807 MCCRAY CT. CINCINNATI, OH 45224	\$ <u>6,500.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	COBBLESTONE COMMUNITY CHURCH 4192 KEHR ROAD OXFORD, OH 45056-9293	\$ <u>18,635</u> .	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	JESUS IN HAITI MINISTRIES 6067 E STATE BLVD. FORT WAYNE, IN 46816	\$15,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	LIFE CONNECTION MISSION 24 GREY PEBBLE CT GERMANTOWN, MD 20874	\$22,732.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Name of organization

Employer identification number

SONLIGHT POWER, INC.

26-0007636

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	RI CONFERENCE OF UNITED CHURCH OF CHRIST 9 SUMMER ST., STE 100 PAWTUCKET, RI 28611	\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Employer identification number

26-0007636

SONLIGHT POWER, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

	Noncash Property (see instructions). Use duplicate copies of Part	. If it additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		—	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Part I			
		_	
<u> </u>			
(a) No.	(b)	(c) FMV (or estimate)	(d)
rom Part I	Description of noncash property given	(see instructions)	Date received
		—	
		\$	
(a)		(c)	
No. rom	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(see instructions)	
(a) No.	(b)	(c)	(d)
rom Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
—		—	
		\$	
(a)		(2)	
No. rom	(b) Description of noncash property given	(c) FMV (or estimate)	(d) Date received
art I		(see instructions)	Date received
		—	
—			
		\$	90, 990-EZ, or 990-PF) (20

ONLIGH	T POWER, INC.		26-0007636
Part III	Exclusively religious, charitable, etc., individ year. Complete columns (a) through (e) and the the total of exclusively religious, charitable, etc., Use duplicate copies of Part III if additional	ual contributions to section 501(c following line entry. For organizatio contributions of \$1,000 or less for space is needed.	C)(7), (8), or (10) organizations that total more than \$1,000 for ons completing Part III, enter r the year. (Enter this information once.) \$
a) No. from Part I —	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of giff ZIP + 4	It Relationship of transferor to transferee
	(b) Purpose of gift		(d) Description of how gift is held
	(b) i dipose oi giit		
-	Transferee's name, address, and	(e) Transfer of giff ZIP + 4	Relationship of transferor to transferee
) No. rom Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee
a) No. From Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	
-	Transferee's name, address, and	ZIP + 4	Relationship of transferor to transferee

SCHEDULE D)
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(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

Nam	e of the organization SONLIGHT POWER, IN	ïC .		Employer identification number 26-0007636
Pa			s or A	
	organization answered "Yes" to Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			,
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed fund	19
Ŭ	are the organization's property, subject to the organization's	-		
6	Did the organization inform all grantees, donors, and donor a			
Ŭ	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?			
Pa				
1	Purpose(s) of conservation easements held by the organizat	-	,	
•	Preservation of land for public use (e.g., recreation or e		storically	v important land area
	Protection of natural habitat	Preservation of a cert		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a cor	nservation easement on the last
	day of the tax year.			
				Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
с	Number of conservation easements on a certified historic str		F	2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re			ization during the tax
	year 🕨			
4	Number of states where property subject to conservation ea	sement is located		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements	it holds?		Yes 🗌 No
6	Staff and volunteer hours devoted to monitoring, inspecting,			
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements during	the yea	ar 🕨 \$
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170	(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?			Yes 🛛 No
9	In Part XIII, describe how the organization reports conservat	ion easements in its revenue and expense	e statem	nent, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the org	anization's accounting for
_	conservation easements.			
Pa	t III Organizations Maintaining Collections of		ther S	Similar Assets.
	Complete if the organization answered "Yes" to Form			
1a	If the organization elected, as permitted under SFAS 116 (As			
	historical treasures, or other similar assets held for public ex		ince of p	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descr			
b	If the organization elected, as permitted under SFAS 116 (As			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	blic ser	vice, provide the following amount
	relating to these items:			
	(i) Revenues included in Form 990, Part VIII, line 1			
2	If the organization received or held works of art, historical tre		al gain, p	provide
	the following amounts required to be reported under SFAS 1			
a	Revenues included in Form 990, Part VIII, line 1			
b	Assets included in Form 990, Part X			▶ \$

OMB No. 1545-0047

Open to Public

Inspection

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Sche		T POWER, I								Page	2
Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	or Othe	r Similar	Asse	ts(contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following that	t are a si	gnificant use	e of its	collectior	n items	
	(check all that apply):										
а	Public exhibition	c	a []	Loan or excl	hange progra	ims					
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and expla	in how tł	hey further th	he organizatio	on's exer	npt purpose	in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or othe	er similar	assets		_		
	to be sold to raise funds rather than to be m							. L	Yes		0
Pa	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered "	Yes" to I	Form 990, P	art IV, I	line 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.									
1a	Is the organization an agent, trustee, custod								-		
	on Form 990, Part X?							L	Yes	XN	0
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing	table:							
									Amount		
С	Beginning balance						. 1c				
d	Additions during the year						. 1d				
е	Distributions during the year						. 1e				
f	Ending balance										
	Did the organization include an amount on F							L	Yes		0
	If "Yes," explain the arrangement in Part XIII										
Pa	t V Endowment Funds. Complete								-	<u> </u>	
		(a) Current year	(b) F	Prior year	(c) Two years	s back	d) Three year	's back	(e) ⊦our	years back	ĸ
1a	Beginning of year balance										
b	Contributions										
С	Net investment earnings, gains, and losses										_
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur	•	ce (line 1	g, column (a	a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Temporarily restricted endowment	%									
	The percentages in lines 2a, 2b, and 2c sho										
3a	Are there endowment funds not in the posse	ession of the organiz	ation that	at are held a	nd administer	red for th	ne organizati	on	г		
	by:									Yes No	<u>)</u>
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organization								3b		
4	Describe in Part XIII the intended uses of the										
Pa	t VI Land, Buildings, and Equipn			í				-			
	Description of property	(a) Cost or o basis (invest		(b) Cost basis	or other (other)		cumulated		(d) Book	value	
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				4,750.		4,750).		0	•
	Other										_
	Add lines 1a through 1e. (Column (d) must		t X, colur	mn (B), line 1	0(c).)					0	•
-								م ابنام م	D /F	0001 20-	10

Schedule D (Form 990) 2012

Schedule D	(Form 990)	2012

Part VII Investments - Other Securities. See Form 990, Part X, line 12.						
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation: Cost or end	l-of-year market value		
(1) Financial derivatives						
(2) Closely-held equity interests						
(3) Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
<u>(G)</u>						
(H)						
(I) Total . (Col. (b) must equal Form 990, Part X, col. (B) line 12.)						
Part VIII Investments - Program Related. Se	a Form 000 Dart V	ino 12				
(a) Description of investment type	(b) Book value		aluation: Cost or end	l-of-year market value		
(1)	(1) 20011 10100	(0)				
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)						
Part IX Other Assets. See Form 990, Part X, line	15.					
(a) [Description			(b) Book value		
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line			►			
Part XOther Liabilities. See Form 990, Part X, Ii1.(a) Description of liability	ine 25.	(b) Book value				
		(b) BOOK value	-			
(1) Federal income taxes			-			
(2)			-			
(3)			-			
(4) (5)			-			
(5) (6)			-			
(0) (7)						
(8)						
(9)						
(10)						
(11)						
Total. (Column (b) must equal Form 990, Part X, col. (B) line	≥ 25.) ►					
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the tex		he organization's financia	al statements that rep	orts the organization's		

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Sche	edule D (Form 990) 2012 SONLIGHT POWER, INC.	26-0	007636 Page 4
	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F		
1	Total revenue, gains, and other support per audited financial statements	1	307,026.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a		
b	Donated services and use of facilities 2b		
с	Recoveries of prior year grants 2c		
d			
е	Add lines 2a through 2d	2e	10,886.
3	Subtract line 2e from line 1	3	296,140.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)	5	296,140.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	
1	Total expenses and losses per audited financial statements	1	285,631.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
с	Other losses 2c		
d	Other (Describe in Part XIII.) 2d 10,886.		
е	Add lines 2a through 2d	2e	10,886.
3	Subtract line 2e from line 1	3	274,745.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.) 4b		
с	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	274,745.
	rt XIII Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1		b; Part V, line 4; Part?
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
PAI	RT X, LINE 2: SONLIGHT POWER IS A NOT-FOR-PROFIT ENTITY EX	(EMP)	r from
	COME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE	i COI	DE. THE
CEI	NTER DOES NOT PRESENTLY HAVE, NOR DOES IT ANTICIPATE, FUTU	JRE 2	ACTIVITIES
TH	AT ARE SUBJECT TO TAXATION AS UNRELATED BUSINESS INCOME.	THEF	REFORE, NO
PRO	OVISION FOR INCOME TAXES HAS BEEN MADE IN THE ACCOMPANYING	; FII	NANCIAL
ST	ATEMENTS.		

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2012

DIRECT EXPENSES RELATED TO FUNDRAISING ACTIVITIES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES RELATED TO FUNDRAISING ACTIVITIES

SCHEDULE D, PART XII LINE 4(B) AND PART XIII, LINE 2(D) - \$10,886 EXPENSES

RELATED TO FUNDRAISING EVENT NETTED AGAINST REVENUE ON 990, STATEMENT OF

REVENUE PART VIII LINE 8(B) BUT REPORTED AS AN EXPENSE ON THE FINANCIAL

STATEMENTS.

SCHEDULE F	Statomo	nt of Act	ivitiae Auteida tha Ur	itad Ste	atas L	OMB No. 1545-0047
(Form 990)	Complete if the organization answered "Yes" to Form 990,					
Department of the Treasury Internal Revenue Service		-	Part IV, line 14b, 15, or 16. orm 990. ▶ See separate instructio			Open to Public Inspection
Name of the organization					Employer ide	entification number
SONLIGHT POWER	, INC.				26-0007	636
		Activities Ou	tside the United States. Comple	ete if the orgar		
to Form 990, Pa	,					
-	-		ds to substantiate the amount of its gra the selection criteria used to award the			Yes X No
2 For grantmakers. Des United States.	cribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance	outside the
3 Activities per Region. (The following Par	t I, line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
3 a Sub-total	0	0				0.
b Total from continuation sheets to Part I		0				0.
c Totals (add lines 3a and 3b)	0	0				0.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2012

26-0007636

Page 2

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FM\ appraisal, other)
			TO TRANSFORM THE				TRANSFORM AN	
			LIVES OF AN ESTIMATED				ESTIMATED 30,000	
			30,000 CHILDREN AND				CHILDREN AND	
			THEIR FAMILIES BY	٥.		0.	THEIR FAMILIES IN	
			TO PROVIDE 6,000				SONLIGHT POWER	
			GALLONS OF CLEAN				PARNTERED TO	
		RINCON DE GARCIA,	WATER PER DAY TO THE				DEVELOP A	
		NICARAGUA	DOORSTEPS OF MORE	٥.		0.	SOLAR-POWERED	
			TO IMPROVE ACCESS TO				SONLIGHT POWER	
			EDUCATION				USED THE GRANT	
		EL PARAISO,	OPPORTUNITIES FOR				FUNDING TO	
			APPROXIMATELY 360	0.		0.	TRANSFORM THE	
2 Enter total number of		no listed shave that are	recognized as charities by the					

the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Schedule F (Form 990) 2012

		5	assistance	
•				

Schedule F (Form 990) 2012 SONLIGHT POWER, INC.

(b) Region

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

(c) Number of

recipients

(d) Amount of

cash grant

(e) Manner of

cash disbursement

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

26-0007636

(g) Description of

non-cash assistance

(f) Amount of

non-cash

Page 3

(h) Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2012

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5471, <i>Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form</i> 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund.</i> (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form</i> 5713, <i>International Boycott Report. (see Instructions for Form</i> 5713)	Yes	X No

Schedule F (Form 990) 2012

 Part V
 Supplemental Information

 Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

 PART II, COLUMNS (D) AND (H):

 REGION: CHIAPAS, MEXICO

(D) PURPOSE OF GRANT: TO TRANSFORM THE LIVES OF AN ESTIMATED 30,000

CHILDREN AND THEIR FAMILIES BY INSTALLING SOLAR POWER AT FIVE SCHOOLS AND

ONE COMMUNITY CENTER.

(H) DESCRIPTION OF NON-CASH ASSISTANCE: TRANSFORM AN ESTIMATED 30,000

CHILDREN AND THEIR FAMILIES IN THE SOUTHERN MEXICAN STATE OF CHIAPAS. IN

PARTNERSHIP WITH MEXICAN OUTREACH ORGANIZTIONS, SONLIGHT POWER LEAD TEAMS

THAT INSTALLED SOLAR POWER AT FIVE SCHOOLS AND ONE COMMUNITY CENTER.

PERSONNEL TRAINED BY SONLIGHT POWER EMPOWERED THE REMOTE JUNGLE COMMUNITY

OF SANTA ROSA BY LEADING THE INSTALLATION OF A NEW SOLAR POWER SYSTEM AT

A COMMUNITY SCHOOL.

REGION: RINCON DE GARCIA, NICARAGUA

(D) PURPOSE OF GRANT: TO PROVIDE 6,000 GALLONS OF CLEAN WATER PER DAY TO
THE DOORSTEPS OF MORE THAN 60 FAMILIES BY INSTALLING WATER PUMPS
(H) DESCRIPTION OF NON-CASH ASSISTANCE: SONLIGHT POWER PARNTERED TO
DEVELOP A SOLAR-POWERED SOLUTION TO IMPROVE THE LIVES OF 60 FAMILIES IN A
REMOTE TOWN IN WESTERN NICARAGUA WHERE THE PUBLIC WATER IS DIRTY AND
CONTAMINATED. RESIDENTS OF THE COMMUNITY, INCLUDING CHILDREN AND THE
ELDERLY, USED TO TREK HUNDREDS OF METERS TO THE NEAREST WELL SEVERAL
TIMES EACH DAY TO FETCH AND CARRY CLEAN WATER BACK TO THEIR HOMES IN
HEAVY, MULTI-GALLON JUGS. SONLIGHT POWER INSTALLED SOLAR POWER TO
DELIVER 6,000 GALLONS OF CLEAN WATER PER DAY TO THE DOORSETPS OF
HOUSEHOLDS.

Supplemental Information

Part V

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

(D) PURPOSE OF GRANT: TO IMPROVE ACCESS TO EDUCATION OPPORTUNITIES FOR

APPROXIMATELY 360 CHILREN AND THEIR FAMILIES AT FOUR OFF-GRID SCHOOLS.

(H) DESCRIPTION OF NON-CASH ASSISTANCE: SONLIGHT POWER USED THE GRANT

FUNDING TO TRANSFORM THE LIVES OF 360+ CHILDREN AND THEIR FAMILIES AT

FOUR OFF-GRID SCHOOLS IN HONDURAS. WITH THE HELP OF SONLIGHT POWER,

THREE OFF-GRID SCHOOLS IN THE HONDURAS AREA NOW HAVE SUSTAINABLE ENERGY

TO IMPROVE EDUCATION, HEALTHCARE, AND ECONOMIC DEVELOPMENT FOR CHILDREN

AND THEIR GENERATIONS OF FAMILIES LIVING NEARBY.

SCHEDULE O (Form 990 or 990-EZ)

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Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. 2012 Open to Public Inspection

Employer identification number 26-0007636

OMB No. 1545-0047

SONLIGHT POWER, INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SOLAR-POWERED SOLUTIONS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

DEVELOPMENT, SKILLS TRAINING AND EMERGENCY PREPAREDNESS - ULTIMATELY

EMPOWERING OTHERS WITH LOVE AND HOPE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DEPENDENT NOT ON SONLIGHT POWER, BUT ON EACH OTHER.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTHCARE, ECONOMIC DEVELOPMENT FOR CHILDREN AND THEIR GENERATIONS OF

FAMILIES LIVING NEARBY.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER VARIOUS PROJECTS THROUGHOUT THE YEAR.

EXPENSES \$ 119,645. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 8B: NO SEPERATE COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11: COPIES OF 990 WILL BE DISTRIBUTED TO ALL BOARD MEMBERS FOR APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: ALL DOCUMENTS ARE AVAILABLE UPON REQUESTS TO THE EXECUTIVE DIRECTOR. IN ADDITION, THE FORM 990 IS POSTED ON

THE WEBSITE AT HTTP://WWW.SONLIGHTPOWER.ORG/STEWERDSHIP.PHP