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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 01-01-2012, and ending 12-31-2012

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization: Grenadines Partnership Fund. Number and street (or P O box, if mail is not delivered to street address): 808-C Lady Street. City or town, state or country, and ZIP + 4: Columbia, SC 29201

D Employer identification number: 27-1329191. E Telephone number: (803) 771-7008. F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: http://www.grenadinespartnershipfund.org/

J Tax-exempt status (check only one): [X] 501(c)(3) [] 501(c)() (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 125,217

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

Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

Part II **Balance Sheets** (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

| | (A) Beginning of year | (B) End of year |
|---|-----------------------|-------------------|
| 22 Cash, savings, and investments | 153,514 | 22 127,833 |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe in Schedule O) | | 24 5,535 |
| 25 Total assets | 153,514 | 25 133,368 |
| 26 Total liabilities (describe in Schedule O) | 40 | 26 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 153,474 | 27 133,368 |

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?
 The Grenadines Partnership Fund Mission Statement The Grenadines Partnership Fund (GPF) supports community initiatives that benefit the people of St Vincent and the Grenadines in four primary areas Basic Needs clean water supplies, sustainable sanitation, and waste management systems, Education primary and secondary education, youth health development and sports programs, and adult education, Economic Development infrastructure and economic development initiatives that create self-sustaining economies, and Environmental Protection and Conservation land, marine and cultural preservation projects and renewable energy efforts With the assistance of community leaders in St Vincent and the Grenadines, the GPF identifies viable projects and then provides financial support through grants to locally based non-profit organizations

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 Education Projects The GPF approved an education grant (\$5,621 83) for Bequia Anglican Community High School and The Sunshine School on Bequia Island for the purchase of books Representatives of GPF met with local educators at each of the schools to determine a list of the most appropriate books for the high school students Approximately 400 books were purchased and delivered to the high schools in February and March of 2012 The GPF provided an education grant (\$3,000) to support the Kerosene Lamp Foundations (KLF) All-Star Student Athlete Summer Learning and Mentorship Program The KLF is a nonprofit organization founded by Vincentian and retired NBA player Adonal Foyle and registered in St Vincent & the Grenadines KLF's mission is to empower at-risk youths to grow into healthy, well-educated leaders The KLF works intensively with youths from St Vincent & the Grenadines on a year-round basis The 2012 program assisted 9 students from seven islands representing Bequia, Union, Canouan, and Barrouallie and two students from Orlando, Florida The program aimed to expand the students' worldview and equip them with the tools to become productive members of society and serve as positive role models for their peers Participants explored possible future careers and worked on improving their educational, athletic, leadership and goal-setting skills Participants travelled to California and participated in the following activities from July 20th to August 13th basketball training, leadership development, career exploration, cultural development, tutoring Student participants are monitored throughout the following school year and eventually become peer leaders The GPF provided an education grant (\$1,950) to the St Vincent Planned Parenthood Association to help support a Youth Health Conference from July 18-20, 2012 The Conference aimed to educate and empower 30 youth participants, 15 males and 15 females between the ages of 13-16 years, on their sexual and reproductive health, rights and well-being at the South Windward Learning Resource Centre, Biabou, St Vincent Students were chosen from three rural schools on the island of St Vincent--Adelphi Secondary, North Union Secondary, and St Clair Dacon Secondary Schools The Conference explored topics such as self-esteem, self-image, youth sexuality, conflict resolution skills, health services, H I V and A I D S, S T I s (transmission, prevention and behavior change communication) The primary objectives of the Conference were to increase participants understanding of their sexual reproductive health, rights and well-being and to educate participants on how to serve as peer counselors in their schools and communities The Conference hoped with the dissemination of information among the adolescent participants, a behavior change could be observed over time and that accurate information about H I V, A I D S, S T I s and sexual health as a whole could be dispersed among the adolescents Long-term evaluations were conducted based on information gathered from the coordinators of the event and school guidance counselors from each of the participating schools The GPF provided an education grant (\$2,370) to the Bequia Anglican Community High School for the purchase of white boards and supplies in July of 2012 White boards were purchased and installed in August before the new school year began the white boards were purchased and installed in classrooms to help enhance the learning environment for the students at the Bequia Anglican Community High School (Grants \$ 12,942) If this amount includes foreign grants, check here

28a

29 Infrastructure Project Belmont Walkway - Bequia Island The GPF provided funds to Action Bequia a nonprofit group on Bequia Island for the purpose of completing the construction of the Belmont Walkway (Phase I), a seaside pedestrian thoroughfare that now connects all of Port Elizabeths businesses on Bequia Island The original walkway had fallen into disrepair which negatively affected commerce and tourism in Port Elizabeth Action Bequia solicited contributions for half of the construction costs and the GPF provided matching funds Phase I of the project is now complete, and the dozen waterfront businesses on Bequia's Port Elizabeth can now be easily accessed (Grants \$ 38,000) If this amount includes foreign grants, check here

29a

30 The Diamonds Chicken Project --St Vincent Island The GPF provided grant funds from June 2012 to August 2012 to The Diamond Trust, a non-profit entity established for the purpose of developing and executing programs for poverty alleviation by providing rural employment opportunities in South Central Windward, St Vincent, for the purpose of initiating the Diamonds Chicken Project The Project provided employment for approximately 100 resident farmers who had been negatively affected by Hurricane Tomas in October 30, 2010 and who were no longer able to grow bananas or other agricultural products, their primary sources of income The Trust successfully established a cooperative, 85 small scale broiler units, and a viable market for the processed chickens Through partnerships with the Ministry of Agriculture, the Ministry of Health, and the East Caribbean Group of Companies the Project provided a steady source of income for the farmer participants from June of last year through December In addition, the Project successfully established markets for the locally grown, high quality chicken meet with various industries including tourism hotels and resorts The GPF intends to continue to support the Diamonds Trust in its efforts to expand upon the Diamonds Chicken Project in 2013 (Grants \$ 51,106) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here

31a

32 **Total program service expenses** (add lines 28a through 31a) **32** 102,048

Part IV **List of Officers, Directors, Trustees, and Key Employees** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------|--|--|---|--|
| See Additional Data Table | | | | |
| | | | | |
| | | | | |
| | | | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I
40c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T
41 List the states with which a copy of this return is filed
42a The organization's books are in care of Richard W Molten Telephone no (803) 771-7008 Located at 808-C Lady Street Columbia, SC ZIP + 4 29201
42b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country
42c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

| | | |
|----|-----|----|
| | Yes | No |
| 46 | | No |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

| | | |
|-----|-----|----|
| | Yes | No |
| 47 | | No |
| 48 | | No |
| 49a | | No |
| 49b | | No |

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's 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 title of each employee paid more than \$100,000 | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|--|--|---|---|--|
| NONE | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's 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 | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here *****
 Signature of officer
 Richard W Molten Director
 Type or print name and title
 2013-05-03
 Date

Paid Preparer Use Only
 Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
 Firm's name The Hobbs Group PA Firm's EIN
 Firm's address 1704 Laurel Street Phone no (803) 799-0555
 Columbia, SC 29201

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Grenadines Partnership Fund

Employer identification number
27-1329191

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 (For lines 1 through 11, check only one box)

- 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)**.
- 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)**.
- 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 - Non-functionally integrated
- 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?
 (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?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

| | Yes | No |
|-----------------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

| (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 monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | | | | | | |

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 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.)

Section A. Public Support

| Calendar 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.") | | | | | | |
| 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 through 3 | | | | | | |
| 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 | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|-----------|-----------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 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) | | | | | | |
| 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 501(c)(3) organization, check this box and stop here ▶ | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|---|-----------|--|
| 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) | 14 | |
| 15 Public support percentage for 2011 Schedule A, Part II, line 14 | 15 | |
| 16a 33 1/3% support test—2012. 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—2011. 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—2012. 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—2011. 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 ▶ | | |

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.)

Section A. Public Support

| Calendar 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.") | | | 276,000 | 100,000 | 125,000 | 501,000 |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | 0 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 6 Total. Add lines 1 through 5 | | | 276,000 | 100,000 | 125,000 | 501,000 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| 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 | | | | | | 0 |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | 501,000 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | 276,000 | 100,000 | 125,000 | 501,000 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | 1,883 | 1,187 | 217 | 3,287 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| c Add lines 10a and 10b | | | 1,883 | 1,187 | 217 | 3,287 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0 |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | 0 |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | 277,883 | 101,187 | 125,217 | 504,287 |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/> | | | | | | |

Section C. Computation of Public Support Percentage

| | | |
|--|-----------|-----|
| 15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) | 15 | 0 % |
| 16 Public support percentage from 2011 Schedule A, Part III, line 15 | 16 | |

Section D. Computation of Investment Income Percentage

| | | |
|--|-----------|-----|
| 17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0 % |
| 18 Investment income percentage from 2011 Schedule A, Part III, line 17 | 18 | |

- 19a 33 1/3% support tests—2012.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 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
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| |
|-------------------------------------|
| Facts And Circumstances Test |
|-------------------------------------|

| |
|--------------------|
| Explanation |
|--------------------|

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
Grenadines Partnership Fund

Employer identification number

27-1329191

| Identifier | Return Reference | Explanation |
|------------------------------------|--|---|
| Form 990-EZ, General Explanation 1 | Supplemental | All board members sign a non conflict of interest statement, these are kept on file |
| Form 990-EZ, Part II, Line 26 1001 | Total Liabilities 1001 | Accounts Payable and Accrued Expenses - Beginning \$40 Accounts Payable and Accrued Expenses - Ending \$0 |
| Form 990-EZ, Part II, Line 24 1005 | Other Assets 1005 | Accounts Receivable - Beginning \$0 Accounts Receivable - Ending \$5535 |
| Form 990-EZ, Part I, Line 16 8 | Other Expenses 8 | Telephone and Internet \$16 |
| Form 990-EZ, Part I, Line 16 6 | Other Expenses 6 | Organizational Expenses \$85 |
| Form 990-EZ, Part I, Line 16 5 | Other Expenses 5 | Donations \$100 |
| Form 990-EZ, Part I, Line 16 4 | Other Expenses 4 | Public Relations \$156 |
| Form 990-EZ, Part I, Line 16 3 | Other Expenses 3 | Bank Fees \$400 |
| Form 990-EZ, Part I, Line 16 2 | Other Expenses 2 | Supplies \$561 |
| Form 990-EZ, Part I, Line 16 1 | Other Expenses 1 | Computer & Software \$634 |
| Form 990-EZ, Part I, Line 16 1012 | Other Expenses 1012 | Insurance \$1311 |
| Form 990-EZ, Part I, Line 16 1007 | Other Expenses 1007 | Conferences, Conventions, and Meetings \$787 |
| Form 990-EZ, Part I, Line 16 1005 | Other Expenses 1005 | Travel \$18727 |
| Form 990-EZ, Part I, Line 10 4 | Grants and Similar Amounts Paid In Excess of \$5,000 4 | Donee's Name The Diamond Trust Donee's Address 225 Kingstown Park Rd Kingstown, SVG St Vincent and the Grenadines Cash Amount Given \$51106 |
| Form 990-EZ, Part I, Line 10 1 | Grants and Similar Amounts Paid In Excess of \$5,000 1 | Donee's Name Action Bequia Donee's Address PO Box 268Q Bequia, SVG St Vincent and the Grenadines Cash Amount Given \$38000 |

Additional Data

Software ID: 12000229

Software Version: 2012v2.0

EIN: 27-1329191

Name: Grenadines Partnership Fund

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

| (a) Name and title | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|---|--|--|---|
| Michael Kapp Advisory Board | 1 00 | 0 | | |
| Bonnie Adams Kapp Advisory Board | 1 00 | 0 | | |
| Genia Dial Secretary | 1 00 | 0 | | |
| Hobart Trotter Vice President | 1 00 | 0 | | |
| Richard W Molten Director | 15 00 | 0 | | |