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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning 01-01-2013, and ending 12-31-2013

- 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: 808-C Lady Street. City or town: 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 Form of organization: [X] Corporation [] Trust [] Association [] Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$150,037

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 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 150,000 to -12,533.

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	127,833	22 118,551
23 Land and buildings		23
24 Other assets (describe in Schedule O)	5,535	24 4,152
25 Total assets	133,368	25 122,703
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	133,368	27 122,703

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

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

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

28 See Additional Data Table

(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a
29		
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a
30		
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)		
(Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32 97,191

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
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
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?
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?
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)?
42c At any time during the calendar year, did the organization maintain an office outside the U S ?
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?
44b Did the organization operate one or more hospital facilities during the year?
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?
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)?

Yes 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 46 No

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 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 47 No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 No

49a Did the organization make any transfers to an exempt non-charitable related organization? 49a No

b If "Yes," was the related organization a section 527 organization? 49b No

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 "

Table with 5 columns: (a) Name and title of each employee, (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. Row 1 contains '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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains '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 Date 2014-05-14

Paid Preparer Use Only Print/Type preparer's name Jeff Nates CPA Preparer's signature Date Check if self-employed PTIN P00457591 Firm's name The Hobbs Group PA Firm's EIN Firm's address 1704 Laurel Street Columbia, SC 29201 Phone no (803) 799-0555

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

Additional Data

Software ID: 13000170
Software Version: 2013v3.1
EIN: 27-1329191
Name: Grenadines Partnership Fund

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
<p>28 The Diamonds Chicken Project --St Vincent Island In 2013 the GPF contributed a total of \$33,086 to the Diamond Trust for its Diamonds Chicken Project The Diamond Trust is a non-profit entity that was established for the purpose of implementing programs to alleviate poverty in South Central Windward of St Vincent Island In 2012 the Diamonds Chicken Project was initiated and provided employment for approximately 100 resident farmers who had been negatively affected by Hurricane Thomas in October 30, 2010 and who were no longer able to grow bananas or other agricultural products, their primary source of income The Trust successfully established a cooperative, 85 small scale broiler units and viable markets for locally grown, high quality chicken meat with various industries including tourism hotels and resorts 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 On June 14, 2013 the GPF provided funds in the amount of \$5,000 to the Trust for the purpose of hiring Mr Garvyn Pierre a poultry expert from Grenada to travel to St Vincent Island for the purpose of advising the Trust on the Diamonds Chicken Project Phase II Mr Pierre assisted the Trust in the development of a best-practices manual for maintaining a uniform set of standards within the Project and the development of a training program for farmers He conducted site visits and interviews with potential new farmer participants (approximately 25) He assisted in finalizing design ad specifications for a new style of pens and helped develop the concept of vegetable gardens to be incorporated into the overall farm project On December 4, 2013 the GPF funded the Diamonds Chicken Project in the amount of \$28,086 to implement many of the recommendations that Mr Pierre established for the Project during the summer Funds were also used to hire a resident of St Vincent Island and former chicken farmer, Mr Lennon Shortte, who helped further refine the Best Practices Manual for the Project and who continues to oversee the construction of new chicken pens Funds were also used to cover the cost of materials for the construction of new chicken pens, chicken runs, fencing materials for free-range chickens, and vegetable garden development at each of the farms (Grants \$ 33,086) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>	28a	
<p>29 Port Elizabeth Drain and Harbor Beautification Project Phase I Basic Needs and Economic Development Bequia Island On March 8 and April 22, 2013 the GPF made two contributions to Action Bequia totaling \$13,313 for the purpose of supporting the Port Elizabeth Drain and Harbor Beautification Project Phase I The project was initiated by Action Bequia in January of 2013 and completed by early May this same year The estimated cost of the project was \$22,625 Private donors on behalf of the Community Foundation of SVG and Action Bequia also contributed financially to the project The Project improved drainage in the Port Elizabeth Harbor, the central business district of Bequia Island Current drainage consists of four feet wide and three feet deep open concrete ditches that run through the center of Port Elizabeth in several places The drains move storm water from inland to outlets into the harbor The former drains held stagnant water, trash, waste of all sorts and were an unsightly smelly, potentially health hazard to the Bequia community The Bequia population is approximately 5,000 citizens during non-tourist months, but increases to about 6,000 from December to May with tourists visiting the island Because Port Elizabeth is the arrival point on the Island, the drainage problem affects all citizens and visitors to Bequia The GPF believes this project helped make Bequia a more attractive place to live and visit, and the drainage improvements were crucial to the future of jobs and sustainable employment on Bequia This particular drainage improvement and beautification project is part of a larger master plan, The Port Elizabeth Waterfront Area Upgrade (Grants \$ 13,313) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>	29a	
<p>30 Port Elizabeth Public Wash Rooms and Craft Stalls Project Basic Needs and Economic Development Bequia Island On October 22, 2013 the GPF provided grant funds to the Northern Grenadines Community Development, Inc (NGCDI) in the amount of \$7,000 & then \$11,000 on November 21, 2013 for the purpose of constructing a public wash room in Port Elizabeth, Bequia Island The approximate total cost of the project was \$36,000 The GPF funded half of the project Prior to construction of the toilet facilities, there were no public restrooms for use by visitors or natives of Bequia Island and because Port Elizabeth is the central business district of Bequia Island and the arrival point for all tourists, workers, and residents returning to Bequia, the GPF believed access to clean public restrooms and safe, permanent craft stalls was important to the citizens of and visitors to Bequia The Public Wash Rooms and Craft Stalls Project are part of the overall Port Elizabeth Waterfront Area Upgrade (Grants \$ 18,000) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>	30a	
<p>St Mary's Anglican Church Restoration - See Attached Statement (Grants \$ 3,000) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>		
<p>Paget Farm Community Center Supplies - See Attached Statement (Grants \$ 892) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>		
<p>Bequia Traditional Sailing Academy's 2013 Boat Building Project - See Attached Statement (Grants \$ 7,650) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>		
<p>Film Screening Event and Paget Farm Community Clean-Up Day Event - See Attached Statement (Grants \$ 1,000) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>		
<p>Rose Place Public Bath Facility Refurbishment and KEEP (educational) Projects - See Attached Statement (Grants \$ 7,750) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>		
<p>Mobile Veterinary Clinic Project - See Attached Statement (Grants \$ 7,500) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>		
<p>Christmas Eve Disaster Relief Funding - See Attached Statement (Grants \$ 5,000) If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/></p>		

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Richard W Molten President	15 00	42,830		
Hobart Trotter Vice President	1 00	0		
Genia Dial Secretary	1 00	0		
Robert F Key Member	1 00	0		
Bonnie Adams Kapp Advisory Board	1 00	0		
Michael Kapp Advisory Board	1 00	0		

SCHEDULE A
(Form 990 or 990EZ)

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.

- ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
- ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2013. 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 <input type="checkbox"/>		
b 33 1/3% support test—2012. 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 <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2013. 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 <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2012. 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 <input type="checkbox"/>		
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 <input type="checkbox"/>		

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")		276,000	100,000	125,000	150,000	651,000
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	150,000	651,000
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)						651,000

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6		276,000	100,000	125,000	150,000	651,000
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,883	1,187	217	37	3,324
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	37	3,324
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	150,037	654,324
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 2013 (line 8, column (f) divided by line 13, column (f))	15	0 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** 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—2012.** 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.** 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

Return Reference

Explanation

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Grenadines Partnership Fund

Employer identification number

27-1329191

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization
Grenadines Partnership Fund

Employer identification number

27-1329191

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 \$16313
Grants and Similar Amounts Paid In Excess of \$5,000 2	Donee's Name St Vincent & the Grenadines Nat'l Trust Donee's Address PO Box 1538 Heritage Hall Kingstown , SVG St Vincent and the Grenadines Cash Amount Given \$7750
Grants and Similar Amounts Paid In Excess of \$5,000 3	Donee's Name Bequia Traditional Sailing Academy Donee's Address Port Elizabeth Bequia, SVG St Vincent and the Grenadines Cash Amount Given \$7650
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 \$38086
Grants and Similar Amounts Paid In Excess of \$5,000 5	Donee's Name VSPCA Donee's Address PO Box 197Q Bequia, SVG St Vincent and the Grenadines Cash Amount Given \$7500
Grants and Similar Amounts Paid In Excess of \$5,000 6	Donee's Name Northern Grenadines Comm Dev Inc Donee's Address Belmont Rd Bequia, SVG St Vincent and the Grenadines Cash Amount Given \$19000
Other Expenses 1007	Conferences, Conventions, and Meetings \$5225
Other Expenses 1012	Insurance \$1443
Other Expenses 1	Organizational Expenses \$1398
Other Expenses 2	Bank Fees \$571
Other Expenses 3	Computer & Software \$405
Other Expenses 4	Miscellaneous \$351
Other Assets 1005	Accounts Receivable - Beginning \$5535 Accounts Receivable - Ending \$185
Other Assets 1007	Receivables-Officers, Directors, Etc - Beginning \$0 Receivables-Officers, Directors, Etc - Ending \$3967
Supplemental	All board members sign a non conflict of interest statement, which are kept on file