

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047
2017
Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 07/14, 2017, and ending 12/31, 2017

B Check if applicable
C Name of organization ARAB GULF PROGRAMME FOR DEVELOPMENT
D Employer identification number 52-2340908
E Telephone number 966(11)441-8888
G Gross receipts \$ 142,412,103.
H(a) Is this a group return for subordinates? Yes X No
H(b) Are all subordinates included? Yes No
I Tax-exempt status 501(c)(3) X 501(c)(4) (insert no) 4947(a)(1) or 527
J Website AGFUND.ORG
K Form of organization X Corporation Trust Association Other
L Year of formation 1981
M State of legal domicile SA

Part I Summary

1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O
2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets
3 Number of voting members of the governing body (Part VI, line 1a) 3 7.
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 7.
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 41.
6 Total number of volunteers (estimate if necessary) 6 0.
7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -3,619.
7b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

Table with columns: Revenue, Expenses, Net Assets or Fund Balances, Prior Year, Current Year. Rows include Contributions and grants, Program service revenue, Investment income, Other revenue, Total revenue, Grants and similar amounts paid, Benefits paid, Salaries, other compensation, Professional fundraising fees, Total fundraising expenses, Other expenses, Total expenses, Revenue less expenses, Total assets, Total liabilities, Net assets or fund balances.

Part II Signature Block

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.

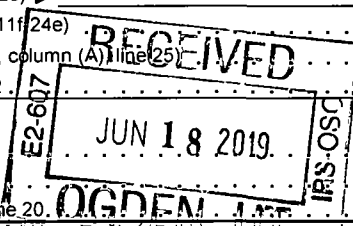
Sign Here
Signature of officer: NASSER AL KAHTANI
Date: June 17, 2019
Title: EXECUTIVE DIRECTOR

Paid Preparer Use Only
Print/Type preparer's name: TRAVIS L PATTON
Preparer's signature: [Signature]
Date: 04/02/2019
Check self-employed: []
PTIN: P00369623
Firm's name: PRICEWATERHOUSECOOPERS LLP
Firm's EIN: 13-4008324
Firm's address: 600 13TH STREET NW, SUITE 1000 WASHINGTON, DC 20005
Phone no: 202-414-1000

May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2017)

SCANNED JUN 20 2019



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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III X

1 Briefly describe the organization's mission

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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 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 \$ 3,631,206 including grants of \$ 0) (Revenue \$ 12,572,555)

SEE SCHEDULE O

4b (Code _____) (Expenses \$ 2,593,718 including grants of \$ 250,000) (Revenue \$ 8,680,263)

SEE SCHEDULE O

4c (Code _____) (Expenses \$ 4,149,950 including grants of \$ 2,260,000) (Revenue \$ 13,888,420)

SEE SCHEDULE O

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► 10,374,874 .

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows 1-19 with various questions about organizational activities and reporting requirements.

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
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? <i>If "Yes," complete Schedule J.</i>		X
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 "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		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? <i>If "Yes," complete Schedule L, Part III.</i>		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)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c 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? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		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>		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? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
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? <i>If "Yes," complete Schedule R, Part VI.</i>		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V [X]

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 720, and Form 709.

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 or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b Enter the number of voting members included in line 1a, above, who are independent; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 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?; 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
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) available for public inspection. Indicate how you made these available. Check all that apply. [] 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, and financial statements available to the public during the tax year
20 State the name, address, and telephone number of the person who possesses the organization's books and records

NASSER AL KAHTANI PRINCE SATTAM ST

RIYADH SA 11415 966(11)441-8888

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) PRINCE TALAL BIN ABDULAZIZ AL PRESIDENT/BOARD MEMBER	1.00 0.	X		X				0.	0.	0.
(2) ENG YOUSSEF IBRAHIM AL BASSAM VICE PRESIDENT/BOARD MEMBER	1.00 0.	X		X			20,000.	0.		0.
(3) NAWAF HASHIM ABDULLATIF AL SAD BOARD MEMBER	1.00 0.	X					26,000.	0.		0.
(4) AHMED ALI BOKASHISHA BOARD MEMBER	1.00 0.	X					26,000.	0.		0.
(5) HAMAD SULAIMAN AHMED M. AL OMA BOARD MEMBER	1.00 0.	X					26,000.	0.		0.
(6) MOHAMMED AHMED AL-MAHROQI BOARD MEMBER	1.00 0.	X					20,000.	0.		0.
(7) NASSER AL KAHTANI EXEC. DIRECTOR/BOARD MEMBER	1.00 1.00	X		X			20,000.	0.		0.
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII. X

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f	▶		0			
Program Service Revenue	2a MEMBER COUNTRY COMMITMENTS	Business Code 900099	34,370,000	34,370,000			
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f	▶		34,370,000			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 2		5,593,704	1,394,252	-3,619	4,203,071	
	4 Income from investment of tax-exempt bond proceeds		0				
	5 Royalties		0				
	6a Gross rents	(i) Real	(ii) Personal				
		(i) Real	(ii) Personal				
		(i) Real	(ii) Personal				
		(i) Real	(ii) Personal				
	b Less rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)	▶		0			
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		(i) Securities	(ii) Other				
		(i) Securities	(ii) Other				
		(i) Securities	(ii) Other				
	b Less cost or other basis and sales expenses			97,912,737			
c Gain or (loss)			1,293,830	-19,707			
d Net gain or (loss)	▶		1,274,123		1,274,123		
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
	b						
	c						
b Less direct expenses							
c Net income or (loss) from fundraising events	▶		0				
9a Gross income from gaming activities See Part IV, line 19	a						
	b						
	c						
b Less direct expenses							
c Net income or (loss) from gaming activities	▶		0				
10a Gross sales of inventory, less returns and allowances	a						
	b						
	c						
b Less cost of goods sold							
c Net income or (loss) from sales of inventory	▶		0				
Miscellaneous Revenue		Business Code					
11a SHARE IN AOU PROFITS		900099	2,727,670			2,727,670	
b OTHER REVENUE		900099	533,869	351,051		182,818	
c _____							
d All other revenue							
e Total. Add lines 11a-11d	▶		3,261,539				
12 Total revenue. See instructions	▶		44,499,366	36,115,303	-3,619	8,387,682	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0.			
2 Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	2,510,000.	2,510,000.		
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	138,000.	138,000.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	2,764,134.	2,764,134.		
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	529,211.	529,211.		
9 Other employee benefits	1,345,394.	1,345,394.		
10 Payroll taxes	0.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17.	0.			
f Investment management fees	2,027,963.		2,027,963.	
g Other (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	88,999.		88,999.	
12 Advertising and promotion	0.			
13 Office expenses	0.			
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	365,739.		365,739.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	137,427.		137,427.	
23 Insurance	0.			
24 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 O)				
a PROJECT DEVELOP. IMPAIRMENT	1,750,000.	1,750,000.		
b PROJECT EXPENSE	885,000.	885,000.		
c OTHER EXPENSES	643,418.		643,418.	
d AGFUND AWARD EXPENSES	453,135.	453,135.		
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	13,638,420.	10,374,874.	3,263,546.	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0.			

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X. X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	17,472,925.	1	2,020,541.
	2 Savings and temporary cash investments	36,415,901.	2	36,086,071.
	3 Pledges and grants receivable, net	0.	3	0.
	4 Accounts receivable, net	25,958,608.	4	23,657,189.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	4,500,000.	7	3,500,000.
	8 Inventories for sale or use	0.	8	0.
	9 Prepaid expenses and deferred charges	433,957.	9	564,887.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 3,293,900.		
	b Less accumulated depreciation	10b 1,636,549.	10c	1,657,351.
	11 Investments - publicly traded securities	0.	11	0.
	12 Investments - other securities See Part IV, line 11	282,702,280.	12	375,290,254.
	13 Investments - program-related See Part IV, line 11	57,046,350.	13	55,296,350.
	14 Intangible assets	0.	14	0.
	15 Other assets See Part IV, line 11	6,666,666.	15	4,444,444.
16 Total assets. Add lines 1 through 15 (must equal line 34)	432,723,025.	16	502,517,087.	
Liabilities	17 Accounts payable and accrued expenses	6,261,700.	17	6,980,382.
	18 Grants payable	7,371,069.	18	6,381,830.
	19 Deferred revenue	0.	19	0.
	20 Tax-exempt bond liabilities	0.	20	0.
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	4,500,000.	23	3,500,000.
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	53,296.	25	7,367.
	26 Total liabilities. Add lines 17 through 25	18,186,065.	26	16,869,579.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	0.	30	0.
	31 Paid-in or capital surplus, or land, building, or equipment fund	414,536,960.	31	485,647,508.
	32 Retained earnings, endowment, accumulated income, or other funds	0.	32	0.
33 Total net assets or fund balances	414,536,960.	33	485,647,508.	
34 Total liabilities and net assets/fund balances	432,723,025.	34	502,517,087.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	44,499,366.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,638,420.
3	Revenue less expenses Subtract line 2 from line 1	3	30,860,946.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	414,536,960.
5	Net unrealized gains (losses) on investments	5	40,249,602.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
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	485,647,508.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c		
3a		X
3b		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

ARAB GULF PROGRAMME FOR DEVELOPMENT

52-2340908

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6

Table with 3 columns: Line number, Description, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number, aggregate value, and compliance questions.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7

Table with 3 columns: Line number, Description, and Held at the End of the Tax Year. Includes rows for purpose of easements, total number, acreage, and compliance questions.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8

Table with 3 columns: Line number, Description, and Amount. Includes rows for reporting requirements and amounts for art and historical treasures.

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

Schedule D (Form 990) 2017

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶ _____ %
- b** Permanent endowment ▶ _____ %
- c** Temporarily restricted endowment ▶ _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
3a(i)		
3a(ii)		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		1,730,329.	1,315,275.	415,054.
e Other		1,563,571.	321,274.	1,242,297.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10c).				1,657,351.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) BOND FUNDS	76,952,103.	FMV
(B) HEDGE FUNDS	30,734,210.	FMV
(C) EQUITY FUNDS	231,670,201.	FMV
(D) LIQUIDATION FUND	35,933,740.	FMV
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶	375,290,254.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) INVESTMENT IN AOU	35,000,000.	COST
(2) DEVELOPMENT PROJECT CONTRIB.	20,296,350.	COST
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶	55,296,350.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OTHER LIABILITIES	7,367.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	7,367.

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports 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

Part XIII Supplemental Information (continued)

FORM 990, SCHEDULE D, PART XI, LINE 4B

OTHER AMOUNTS

MEMBER COUNTRY COMMITMENTS DURING 2017:

CONTRIBUTING COUNTRY	2017 CONTRIBUTION	TOTAL CONTRIBUTION
-----	-----	-----
KINGDOM OF SAUDI ARABIA	\$25,000,000	\$175,000,000
KUWAIT	\$5,000,000	\$35,000,000
QUATAR	\$2,000,000	\$14,000,000
OMAN	\$2,000,000	\$12,000,000
BAHRAIN	\$370,000	\$2,590,000
	-----	-----
	\$34,370,000	\$238,590,000

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2017

Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization

ARAB GULF PROGRAMME FOR DEVELOPMENT

Employer identification number

52-2340908

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) MIDDLE EAST AND NORTH AFRICA	1	41	PROGRAM SERVICES	AGFUND PROGRAM EXPENSE	11,128,420
(2) MIDDLE EAST AND NORTH AFRICA	0	0	GRANTMAKING		2,115,000
(3) SUB-SAHARAN AFRICA	0	0	GRANTMAKING		295,000
(4) EAST ASIA AND THE PACIFIC	0	0	GRANTMAKING		100,000
(5) MIDDLE EAST AND NORTH AFRICA	0	0	INVESTMENTS		315,714,277
(6) NORTH AMERICA	0	0	INVESTMENTS		47,097,930
(7) EUROPE	0	0	INVESTMENTS		18,517,701
(8) SOUTH ASIA	0	0	INVESTMENTS		14,683,634
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	1	41			409,651,962
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	1	41			409,651,962

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

Schedule F (Form 990) 2017

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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, FMV, appraisal, other)
(1)			MIDDLE EAST/NORTH AFRICA	PROG SUPPORT	600,000	WIRE, EFT			
(2)			MIDDLE EAST/NORTH AFRICA	PROG SUPPORT	435,000	WIRE, EFT			
(3)			MIDDLE EAST/NORTH AFRICA	PROG SUPPORT	280,000	WIRE, EFT			
(4)			MIDDLE EAST/NORTH AFRICA	PROG SUPPORT	50,000	WIRE, EFT			
(5)			MIDDLE EAST/NORTH AFRICA	PROG SUPPORT	150,000	WIRE, EFT			
(6)			SUB-SAHARAN AFRICA	PROG SUPPORT	150,000	WIRE, EFT			
(7)			MIDDLE EAST/NORTH AFRICA	PROG SUPPORT	150,000	WIRE, EFT			
(8)			EAST ASIA/PACIFIC	PROG SUPPORT	100,000	WIRE, EFT			
(9)			SUB-SAHARAN AFRICA	PROG SUPPORT	100,000	WIRE, EFT			
(10)			MIDDLE EAST/NORTH AFRICA	PROG SUPPORT	250,000	WIRE, EFT			
(11)			MIDDLE EAST/NORTH AFRICA	PROG SUPPORT	100,000	WIRE, EFT			
(12)			MIDDLE EAST/NORTH AFRICA	PROG SUPPORT	100,000	WIRE, EFT			
(13)			SUB-SAHARAN AFRICA	PROG SUPPORT	45,000	WIRE, EFT			
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 12.

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 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 No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately 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, don't file with Form 990)*, Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes 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? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," 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)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V Supplemental Information

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 (see instructions).

FORM 990, SCHEDULE F, PART I, LINE 2

PROCEDURES FOR MONITORING GRANTS

AGFUND AWARDS ANNUAL GRANTS TO INTERNATIONAL AND REGIONAL ORGANIZATIONS,

NATIONAL NON-GOVERNMENTAL ORGANIZATIONS, MINISTRIES AND PUBLIC

INSTITUTIONS, SOCIAL BUSINESS ENTERPRISES, AND INDIVIDUALS FOR PROJECTS

THAT ADVANCE ITS MISSION. APPLICANTS FOR GRANTS MUST APPLY OR BE

NOMINATED AND ARE SUBJECT TO EVALUATION DURING THE LIFESPAN OF THE

PROJECT FOR EFFICIENCY AND EFFECTIVE USE OF GRANT FUNDS, SUSTAINABILITY

OF BENEFITS AND SERVICES, AND FOR DESIRED ENVIRONMENTAL AND SOCIAL

IMPACT.

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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

2017

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

Employer identification number

ARAB GULF PROGRAMME FOR DEVELOPMENT

52-2340908

FORM 990, HEADER, SECTION A

ORGANIZATION'S TAX YEAR

THE INTERNAL REVENUE SERVICE (IRS) APPROVED ARAB GULF PROGRAMME FOR DEVELOPMENT'S FORM 1024, APPLICATION FOR RECOGNITION OF EXEMPTION UNDER SECTION 501(A) ON MARCH 01, 2018. THE ORGANIZATION'S EFFECTIVE DATE OF EXEMPTION BEGAN ON JULY 14, 2017. THE ORGANIZATION HAS BEEN IN EXISTENCE SINCE 2001 AND A RECOGNIZED TAX EXEMPT ENTITY SINCE JULY 14, 2017. THEREFORE, THE ORGANIZATION IS REPORTING ITS FINANCIAL INFORMATION FOR THE FULL 2017 CALENDAR YEAR IN ACCORDANCE WITH ITS 2017 AUDITED FINANCIAL STATEMENTS.

FORM 990, PART I, LINE 1 & PART III, LINE 1

ORGANIZATION'S MISSION

THE ARAB GULF PROGRAMME FOR DEVELOPMENT'S (AGFUND) MISSION ESTABLISHES THAT, THROUGH THE IMPLEMENTATION OF ITS PROGRAMS, IT WILL PROVIDE SUPPORT TO NEEDY GROUPS TO HELP FACILITATE THEIR FULL ACCESS TO BASIC AND FUNDAMENTAL SOCIAL REQUIREMENTS, SUCH AS EDUCATION AND HEALTH CARE, UNDER THE UMBRELLA OF FAIR NATIONAL AND INTERNATIONAL LAWS THAT ESTABLISH AND PRESERVE SECURITY AND PEACE.

FORM 990, PART III, LINE 4A

MICROFINANCE BANKS - A VISION OF COMBATING POVERTY.

PROVIDE SUPPORT FOR MICROFINANCE BANKS ASSISTING THE POOR IN DEVELOPING COUNTRIES. BY PROVIDING BANKING SERVICES TO MARGINALIZED SEGMENTS OF ARAB

Name of the organization

ARAB GULF PROGRAMME FOR DEVELOPMENT

Employer identification number

52-2340908

COUNTRIES, SPECIFICALLY WOMEN, YOUTH, RURAL COMMUNITIES, AND SMALL TO MEDIUM SIZED ENTERPRISES, AGFUND HAS BECOME THE FIRST ORGANIZATION IN THE ARAB WORLD TO ESTABLISH MICROFINANCE INSTITUTIONS FOR THOSE WITHOUT SUCH FINANCIAL RESOURCES. AGFUND'S MICROFINANCE SERVICE OFFERINGS INCLUDE LOANS, SAVINGS, DEPOSITS, CURRENT ACCOUNTS, HEALTH AND COOPERATIVE INSURANCE, REMITTANCES, AND CURRENCY EXCHANGE. OVER TIME, AGFUND'S MICROFINANCE OPERATIONS HAVE EXPANDED TO INCLUDE A TECHNICAL SUPPORT UNIT, WHICH PROVIDES A MEANS FOR SHARING EXPERIENCES BETWEEN MICROFINANCING INSTITUTIONS TO IMPROVE, MAKE KNOWN, AND IMPROVE UPON BEST PRACTICES.

FORM 990, PART III, LINE 4B

ARAB OPEN UNIVERSITY.

IN STRATEGIC PARTNERSHIP WITH THE BRITISH OPEN UNIVERSITY, CREATION AND SUPPORT FOR THE ARAB OPEN UNIVERSITY, A NON-PROFIT INSTITUTION OF HIGHER EDUCATION, TO PROVIDE SOPHISTICATED HIGHER EDUCATION TO THE LARGEST POSSIBLE NUMBER OF ARAB STUDENTS WHILE CONTRIBUTING TO THE DEVELOPMENT OF PRACTICAL SOLUTIONS TO ISSUES OF CONCERN TO THE ARAB COMMUNITIES. SUCH ISSUES INVOLVE UNEMPLOYMENT, INCREASING DEMAND FOR HIGHER EDUCATION, HELPING THE POOR TO GET THEIR RIGHTS, AND INCREASING THE ROLE OF ARAB WOMEN IN DEVELOPMENT MOBILITY.

FORM 990, PART III, LINE 4C

OTHER INITIATIVES: LEAD INITIATIVES FOCUSED ON EARLY CHILDHOOD DEVELOPMENT, WOMEN'S EMPOWERMENT, YOUTH EMPOWERMENT, AND THE PROMOTION OF

Name of the organization ARAB GULF PROGRAMME FOR DEVELOPMENT	Employer identification number 52-2340908
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A CIVIL SOCIETY.

FORM 990, PART VI, SECTION A, LINES 7A & 7B

POWERS OF THE BOARD

THE MEMBERS OF THE BOARD HOLD CERTAIN POWERS OF ELECTION AND APPROVAL IN CONNECTION WITH THE GOVERNANCE AND DECISION MAKING OF THE ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 11B

BOARD REVIEW OF FORM 990

A COMPLETE COPY OF THIS FORM 990 WAS NOT PROVIDED TO ALL MEMBERS OF THE ORGANIZATION'S GOVERNING BODY BEFORE FILING THE FORM. REPRESENTATIVES OF THE ORGANIZATION COORDINATED THE PREPARATION OF THIS FORM 990 WITH THE ASSISTANCE OF THE ORGANIZATION'S U.S. LEGAL COUNSEL AND ACCOUNTING FIRM.

FORM 990, PART VI, SECTION C, LINE 19

PUBLIC INSPECTION

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

ATTACHMENT 1

FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

BAHRAIN

SAUDI ARABIA

UNITED KINGDOM

Name of the organization ARAB GULF PROGRAMME FOR DEVELOPMENT	Employer identification number 52-2340908
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ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST & DIVIDENDS	4,199,452.		-3,619.	4,203,071.
INTEREST FROM BANKS	983,902.	983,902.		
INTEREST FROM LOANS	410,350.	410,350.		
TOTALS	<u>5,593,704.</u>	<u>1,394,252.</u>	<u>-3,619.</u>	<u>4,203,071.</u>

ATTACHMENT 3

FORM 990, PART X - NOTES AND LOANS RECEIVABLE

BORROWER:	IBDA'A MFB - LEBANON	
ORIGINAL AMOUNT:	2,500,000.	
INTEREST RATE:	3.0000 %	
BEGINNING BALANCE DUE	2,250,000.
ENDING BALANCE DUE	<u>1,750,000.</u>
BORROWER:	NATIONAL MFB - JORDAN	
ORIGINAL AMOUNT:	2,500,000.	
INTEREST RATE:	3.0000 %	
BEGINNING BALANCE DUE	2,250,000.
ENDING BALANCE DUE	<u>1,750,000.</u>
TOTAL BEGINNING NOTES AND LOANS RECEIVABLE		<u>4,500,000.</u>
TOTAL ENDING NOTES AND LOANS RECEIVABLES		<u>3,500,000.</u>

Name of the organization ARAB GULF PROGRAMME FOR DEVELOPMENT	Employer identification number 52-2340908
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ATTACHMENT 4

FORM 990, PART X - PREPAID EXPENSES AND DEFERRED CHARGES

<u>DESCRIPTION</u>	<u>ENDING BOOK VALUE</u>
ADVANCES TO SUPPLIERS	466,846.
PREPAID EXPENSES	98,041.
TOTALS	<u>564,887.</u>

ATTACHMENT 5

FORM 990, PART X - SECURED MORTGAGES AND NOTES PAYABLE

LENDER: ARAB FUND FOR ECONOMIC & SOCIAL DEVELOP.
ORIGINAL AMOUNT: 5,000,000.

·BEGINNING BALANCE DUE	4,500,000.
·ENDING BALANCE DUE	<u>3,500,000.</u>
TOTAL BEGINNING MORTGAGES AND OTHER NOTES PAYABLE	<u>4,500,000.</u>
TOTAL ENDING MORTGAGES AND OTHER NOTES PAYABLE	<u>3,500,000.</u>

**SCHEDULER
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Name of the organization

ARAB GULF PROGRAMME FOR DEVELOPMENT

Employer identification number

52-2340908

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	ARAB OPEN UNIVERSITY PO BOX 84901 RIYADH, SA	EDUCATION	SA	501(C)(3)	2	AGFUND		X
(2)	AL-AMAL MICROFINANCE BANK YEMEN BAGHDAD ST SANA'A, YM	MICRO FINANCE	YM			AGFUND		X
(3)	NATIONAL MICROFINANCE BANK JORDAN BUILDING #20, SECOND FLOOR YAJUZ, AMMAN, JO	MICRO FINANCE	JO			N/A		X
(4)	IBDA'A MICROFINANCE COMPANY LEBANON FAWAZ BLDG, MAIN ROAD KASKAS, BEIRUT LE	MICRO FINANCE	LE			N/A		X
(5)	EBDAA MICROFINANCE BANK BAHRAIN UNITSONO TOWER, 1011 AVE 28 SANABIS, BA	MICRO FINANCE	BA			AGFUND		X
(6)	EBDAA MICROFINANCE BANK SUDAN EBID KHATIM ST AL KHURTUM, SU	MICRO FINANCE	SU			AGFUND		X
(7)	IBDA'A MICROFINANCE BANK SYRIA DAMASCUSE-JARAWANA-ALBASEL ST DAMASCUS, SY	MICRO FINANCE	SY			N/A		X

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

Schedule R (Form 990) 2017

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public
Inspection

Name of the organization

ARAB GULF PROGRAMME FOR DEVELOPMENT

Employer identification number
52-2340908

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(1)	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
							Yes	No
(1)	AL-IBDAA MICROFINANCE BANK MAURITANIA BANQUE AL-IBDAA NOUAKCHOTT, MR	MICRO FINANCE	MR			AGFUND	X	
(2)	THE BANK FOR INNOVATION & PARTNERSHIP 1 COLLEGIATE ROAD FREETOWN, SL	MICRO FINANCE	SL			AGFUND	X	
(3)	IBDAA MICROFINANCE COMPANY PALESTINE 8176 ABDUL AZIZ IBN RAYS RIYADH, SA	MICRO FINANCE	TB			AGFUND	X	
(4)								
(5)								
(6)								
(7)								

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

Schedule R (Form 990) 2017

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
								Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(1)	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
									Yes	No
(1)	AGBAR NO 2 LIMITED STATE ST BANK & TRUST CO 20 CHURCHILL PLACE, CANARY WHA	INVESTMENTS	UK	AGFUND	C CORP	164,441	2,097,504	100	0000	X
(2)	AGBAR LIMITED 13 CASTLE STREET ST HELIER, JE JEA 5UT	INVESTMENTS	JE	AGFUND	C CORP	404,943	9,377,480	100	0000	X
(3)										
(4)										
(5)										
(6)										
(7)										

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(1) Name, address, and EIN of entity	(2) Primary activity	(3) Legal domicile (state or foreign country)	(4) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(5) Are all partners section 501(c)(3) organizations?		(6) Share of total income	(7) Share of end-of-year assets	(8) Disproportionate allocations?		(9) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(10) General or managing partner?		(11) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.