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Form **990**

Department of the Treasury Internal Revenue Service

DLN: 93493134089729

OMB No 1545-0047

2017

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
 ▶ Information about Form 990 and its instructions is at www.irs.gov/form990

Open to Public Inspection

. For the 2017 c	alendar year, or tax year beginning 07-01-2017 ,and endi	ng 06-30-2018	
Check if applicable ☐ Address change	C Name of organization Billy Graham Center		D Employer identification number 36-2982217
□ Name change □ Initial return	Doing business as		30-290221/
☐ Final return/terminated☐ Amended return☐ Application pending	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephone number (630) 752-5126
_ //ppiication penamg	City or town, state or province, country, and ZIP or foreign postal code Wheaton, IL 60187		G Gross receipts \$ 2,130,156
	Pame and address of ornoral officer	. - ⊔/ഹ 3	**************************************
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Form	990 (2017)						Page 2
Par	t IIII Statemer	nt of Program Servic	e Accomplish	ments			
	Check If Sch	hedule O contains a respo	onse or note to a	ny line in this Part III			. 🗆
1	Briefly describe the	e organization's mission					
		LLY GRAHAM CENTER FOI UR VISION IS TO SEE A \			BILIZE JESUS-FOLLOWERS FOR TH	1E INDIVIDUAL A	AND
2	Did the organization	on undertake any significa	ant program serv	ices during the year wh	ıch were not listed on		
	the prior Form 990	or 990-EZ?				🗌 Yes 🗹	No
	•	hese new services on Sch					
3	Did the organization	cts, any program		_			
						☐Yes	⊻ No
4	Section 501(c)(3)		ons are required	to report the amount of	argest program services, as measu grants and allocations to others, t		;
4a	(Code) (Expenses \$	2,113,290	including grants of \$	489,050) (Revenue \$	292,822)	
	See Additional Data	, (
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)	
4d	Other program ser (Expenses \$	vices (Describe in Schedi incl	ule O) uding grants of s) (Revenue \$)	
	• •	ervice expenses >	2,113,29		, (φ		
<u> </u>			_,,				

instructions)

Part IV

Checklist of Required Schedules

Yes

Yes

Page 3

No

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete

				(optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	tegrat	ed Type III supporting organ	zation (see

b Permanent endowment ▶

Pai	rt IV	Checklist of Required Schedule	es (continued)							
									Yes	No
20a	Did the	e organization operate one or more hos	pital facilities? <i>If "Y</i>	es," complete Sche	dule H .			20a		No
b	If "Yes	" to line 20a, did the organization attac	th a copy of its audi	ted financial statem	nents to th	nis return'	•	20b		
21		e organization report more than \$5,000 iment on Part IX, column (A), line 1? <i>If</i>						21	Yes	
22		e organization report more than \$5,000 n (A), line 2? <i>If "Yes," complete Schedu</i>					ls on Part IX,	22	Yes	
23	curren	e organization answer "Yes" to Part VII, t and former officers, directors, trustee ete Schedule J	s, key employees, a	ind highest comper	isated em	ployees?		23	Yes	
24a	the las	e organization have a tax-exempt bond t day of the year, that was issued after ete Schedule K If "No," go to line 25a	December 31, 200	2? If "Yes," answer	lines 24b			24a		No
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	e organization act as an "on behalf of" i	ssuer for bonds out	standing at any tim	ne during t	the year?		24d		
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? If "Yes," complete Schedule L, Part I									No
b	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? If "Yes," complete Schedule L, Part I									No
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? If "Yes," complete Schedule L, Part II									No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III							27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)									
а		ent or former officer, director, trustee,						20-		N.
I.	۸،۰	· · · · · · · · · · · · · · · · · · ·			Talna B.	_ <u>_</u> _ ,		28a 		No
1 #										
b	TE "Voc	," explain the arrangement in Part XIII	and complete the f	allowing table			Amou	nt		_
c		ing balance	and complete the r	ollowing table		1c	Alliou			_
d	-	ons during the year				1d				_
е		utions during the year				1e				_
f		balance				1f				_
2a	_	e organization include an amount on Fo	rm 990 Part X line	21 for escrow or	custodial :		ability?			_
b		," explain the arrangement in Part XIII		•			· ⊔	Yes 	□ N	О
Pa	rt V	Endowment Funds. Complete if		*						
			(a)Current year	(b)Prior year	(c)Two y	ears back	(d)Three years bac	k (e)	Four yea	rs back
1a	Beginnir	ng of year balance								
b	Contribu	itions								
С	Net inve	stment earnings, gains, and losses								
d	Grants o	or scholarships								
		spenditures for facilities grams								
f	Adminis	trative expenses								
g	End of y	ear balance								
2	-	e the estimated percentage of the curre	ent year end balance	e (line 1g, column ((a)) held a	as				
– a		designated or quasi-endowment >	,	, 3 / - 2 (,,					

Form	990 (2017)					Page 6
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 to 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sched			o" respo	nse to l	nes
	Check if Schedule O contains a response or note to any line in this Part VI $$. $$.					✓
Se	ction A. Governing Body and Management					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8	в	Yes	No
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	-	,		
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?	ess rela		2	Yes	
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other			n 3		No
4	Did the organization make any significant changes to its governing documents since the			4		No
5	Did the organization become aware during the year of a significant diversion of the orga	nizatio	n's assets?	5		No
6	Did the organization have members or stockholders?			6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power members of the governing body?	to elec		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by persons other than the governing body?		pers, stockholders, or	7b		No
8	Did the organization contemporaneously document the meetings held or written actions the following	undert	aken during the year by			
а	The governing body?			8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?			8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who organization's mailing address? If "Yes," provide the names and addresses in Schedule C			9		No
Se	ction B. Policies (This Section B requests information about policies not requ	ured b	y the Internal Revenu	ie Code	∍.)	
Se	ction B. Policies (This Section B requests information about policies not requ	ured b	y the Internal Revenu	ie Code	e.) Yes	No
	ction B. Policies (This Section B requests information about policies not requ	ured b	y the Internal Revenu	ne Code		No
		ured b	y the Internal Revenu			
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Form 990 (20		Page 7
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	
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Part \												ge 9
		Check if Schedule	O contains	a respo	onse or note		this Part VII (A) Il revenue	(Rela	B) ted or empt	(C) Unrelated business	(D) Revenue excluded fro	
									ction enue	revenue	tax under sect 512-514	ions
10	1 a	Federated campaigns	5	1a		I	I					
nts	ı	b Membership dues .		1b								
Gra not	١,	c Fundraising events .		1c								
Š. (d Related organizations		1d								
활		e Government grants (con		1e								
S E		F All other contributions, g	·	 								
tio S. S	'	and similar amounts not above	included	1f	50	4,613						
Contributions, Gifts, Grants and Other Similar Amounts	١,	Noncash contribution	s included									
달												
ದಿ ಕ	h	Total.Add lines 1a-1f			•		504,613					
<u> </u>					В	ısıness Code						
۲.	2 a	Public Service Revenue				90009	9	3,389	3,38	9		
å	b	Conference Revenue				90009		50,470	150,47			
٦	С	Other Program Service re	venue			90009	9 1	38,963	138,96	3		
Se	d			_								
a	е			_				0		0	0	0
Program Service Revenue	f	All other program serv	revenue		<u> </u>	292,82	<u>'</u>	ı				
<u>\$</u>	g	Total.Add lines 2a-2f			<u> </u>	232,02	_					
	3	Investment income (income)	luding divid	ends, ı	nterest, and	other	1,332,72	1			1,332	2,721
		Income from investmer			ond proceeds	s •						<u> </u>
		Royalties				▶						
		Ī	(ı) Rea		(II) Perso	onal						
	6a	Gross rents										
	h	Less rental expenses										
	_	,										
	c	Rental income or (loss)		0		0						
	d	Net rental income or	(loss)									
		Γ	(ı) Securit		(II) Oth	ner						—
	7a	Gross amount										
		from sales of assets other										
		than inventory										
	ь	Less cost or other basis and										
		sales expenses Gain or (loss)		0		0						
		Net gain or (loss)				▶						
	8a	Gross income from fur	ndraising ev	ents								
ne		(not including \$ contributions reported		of								
Other Revenue		See Part IV, line 18										
Re	ь	Less direct expenses		b								
ē		: Net income or (loss) fr		_	ents	<u> </u>						
5	9a	Gross income from ga See Part IV, line 19		ies								
				а	}							
	b	Less direct expenses		b								
	C	: Net income or (loss) fi	rom gamıng	activit	ies	<u> </u>						
	10a	Gross sales of inventogreturns and allowance										
				а	1							
	b	Less cost of goods so	ld	b								
	c	Net income or (loss) fi	rom sales of	invent	ory	<u> </u>						
		Miscellaneous R	levenue		Business	Code						
	11	a										
	ь)										
	c	====										
								<u></u>			<u></u>	
	d	All other revenue .					-	0	0		0	0
	e	e Total. Add lines 11a-	11d			•		0				
	12	Total revenue. See I	nstructions			•	2,130,15	6	292,822		0 1,332	2,721
							_,,	1				

D	TV Statement of Functional Functions				Page I
Section	Statement of Functional Expenses 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other orga	ınızatıons must comp	elete column (A)	
	Check if Schedule O contains a response or note to any	line in this Part IX			🗆
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
	rants and other assistance to domestic organizations and omestic governments. See Part IV, line 21	391,226	391,226		
2 Gr	rants and other assistance to domestic individuals. See Part /, line 22	97,824	97,824		
go	rants and other assistance to foreign organizations, foreign overnments, and foreign individuals. See Part IV, line 15 and 16				
4 Be	enefits paid to or for members				
	ompensation of current officers, directors, trustees, and expenses				
de	ompensation not included above, to disqualified persons (as infined under section 4958(f)(1)) and persons described in ection 4958(c)(3)(B)				
	ther salaries and wages	1,017,097	931,340	85,757	
	ension plan accruals and contributions (include section 401) and 403(b) employer contributions)	62,993	56,998	5,995	
	ther employee benefits	224,497	203,131	21,366	
	ayroll taxes	72,285	65,405	6,880	
	es for services (non-employees)				
	anagement				
b Le	egal				
	counting				
d Lo	bbbying				
	ofessional fundraising services See Part IV, line 17				
	vestment management fees				
g Ot	ther (If line 11g amount exceeds 10% of line 25, column amount, list line 11g expenses on Schedule O)	0	0	0	ı
. 2 Ac	dvertising and promotion	32,462	32,462	0	
3 Of	fice expenses	25,531	25,501	30	
4 In	formation technology	2,325	2,325	0	
5 Ro	pyalties				
6 0	ccupancy	1,795	1,795	0	
	avel	55,802	54,629	1,173	
. 8 Pa	nyments of travel or entertainment expenses for any deral, state, or local public officials				
. 9 Co	onferences, conventions, and meetings	119,810	119,310	500	
20 In	terest				
1 Pa	ayments to affiliates				
2 De	epreciation, depletion, and amortization				
3 In	surance				
m ex	ther expenses Itemize expenses not covered above (List iscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a :	SPECIAL PROJECTS	113,683	113,683	0	
b	TRAINING	6,896	6,896	0	
c I	DUES AND MEMBERSHIPS	111	111	0	
d		10.054	10.651	•	
_	All other expenses	10,654	10,654	121 701	
_	otal functional expenses. Add lines 1 through 24e	2,234,991	2,113,290	121,701	•
re	pint costs. Complete this line only if the organization ported in column (B) joint costs from a combined ducational campaign and fundraising solicitation				
Cł	neck here ► ☐ If following SOP 98-2 (ASC 958-720)				

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

25

Liabilities 22

Fund Balances

Assets or 30

Net

31

32

33

34

End of year

Page **11**

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

Inventories for sale or use .

Less accumulated depreciation

Prepaid expenses and deferred charges . 10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Investments—other securities See Part IV, line 11 .

Investments—program-related See Part IV, line 11

Other assets See Part IV, line 11

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total assets.Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

key employees, highest compensated employees, and disqualified

Unsecured notes and loans payable to unrelated third parties .

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

basis Complete Part VI of Schedule D

Intangible assets

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Total net assets or fund balances

Total liabilities and net assets/fund balances

Accounts payable and accrued expenses

1	Cash-non-interest-bearing		1	
2	Savings and temporary cash investments	1,666,373	2	1,596,774
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	

(A)

Beginning of year

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 Notes and loans receivable, net .

10b

O

10a

10c 11 0 12 13 14 15 1,666,373 1.596,774 16 37,270 17 18 19 20 21

0 5

6

8 9

66,754 22 23

30

31 32

33

34

1,629,103

1.666.373

24 25

1,530,020

1.596.774

Form **990** (2017)

37,270 26 Total liabilities. Add lines 17 through 25 . 26 66,754 Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34. 27 -90.548 27 -92.453 Unrestricted net assets 28 1.719.651 28 1.622.473 Temporarily restricted net assets

29 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34.

☐ Cash ☑ Accrual ☐ Other

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

Yes

Yes

Yes

2a

2b

2c

3a

3b

No

Νo

No

Form 990 (2017)

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

If the organization changed its method of accounting from a prior year or checked "Other," explain in

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?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

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

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

Consolidated basis

1 Accounting method used to prepare the Form 990

separate basis, consolidated basis, or both

Schedule O

☐ Separate basis

consolidated basis, or both

Audit Act and OMB Circular A-133?

Separate basis

Additional Data

Software ID: 17005876

Software Version: 2017v2.2 **EIN:** 36-2982217

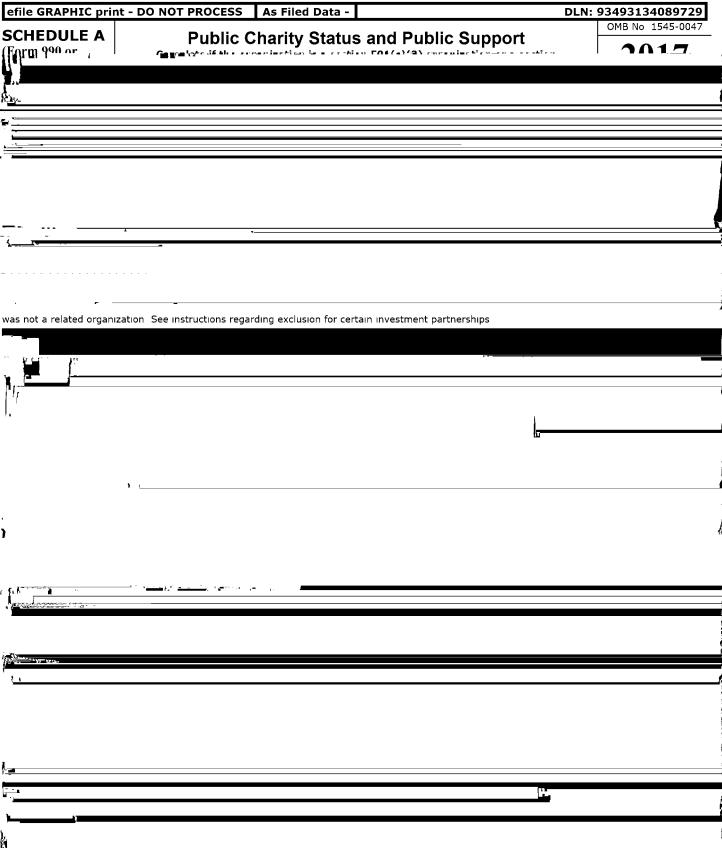
MISSIONS AMONG ITS MANY PROGRAMS ARE ACADEMIC PROGRAMS. THE RGC HAS PARTNERED WITH THE WHEATON COLLEGE GRADUATE SCHOOL TO PROVIDE

Name: Billy Graham Center

Form 990 (2017)

Form 990, Part III, Line 4a:

THE BILLY GRAHAM CENTER SERVES TO PROMOTE THE CAUSE OF WORLD EVANGELIZATION BY CONDUCTING RESEARCH AND TRAINING PROGRAMS IN EVANGELISM AND



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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total		
Gifts, grants, contributions, and membership fees received (Do not								

1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")						
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						
S	ection B. Total Support						
	Calendar year (or fiscal year beginning in) ▶	(a)2013	(b) 2014	(c)2015	(d)2016	(e) 2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and						
9	income from similar sources Net income from unrelated business						
9	activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or						
			l	1			1

loss from the sale of capital assets (Explain in Part VI) **Total support.** Add lines 7 through 11 12 Gross receipts from related activities, etc. (see instructions) Section C. Computation of Public Support Percentage

Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)) 14 15 ightharpoonupand stop here. The organization qualifies as a publicly supported organization

13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, 15 Public support percentage for 2016 Schedule A, Part II, line 14 16a 33 1/3% support test-2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box b 33 1/3% support test-2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this

box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2017. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported

▶□ organization b 10%-facts-and-circumstances test—2016. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly ▶□ supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Р	Support Schedule for						
	(Complete only if you cl the organization fails to						er Part II. If
Se	ection A. Public Support	quality under t	ine tests listed i	below, please co	ompiete Part II.,)	
	Calendar year	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	(or fiscal year beginning in) ▶	(a) 2013	(0) 2014	(6) 2015	(4) 2016	(e) 2017	(I) Iotai
1	Gifts, grants, contributions, and membership fees received (Do not						
	include any "unusual grants ")						
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						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
-	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c						
S	from line 6) ection B. Total Support						
	Calendar year						
	(or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9							
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c,						
14	11, and 12) First five years. If the Form 990 is for	l r the organization	l 's first, second, th	L urd, fourth, or fift	l lax vear as a sec	ction 501(c)(3) o	l rganization.
	check this box and stop here			,,	,		▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2017 (lin			column (f))		15	
16	Public support percentage from 2016 S	chedule A, Part II	II, line 15			16	
Se	ction D. Computation of Investr	nent Income	Percentage				
17	Investment income percentage for 201	7 (line 10c, colur	nn (f) divided by	lıne 13, column (f	·))	17	
18	Investment income percentage from 20	016 Schedule A, I	Part III, line 17			18	
	331/3% support tests—2017. If the	organization did n	ot check the box	on line 14, and lir	ne 15 is more than		e 17 is not
	more than 33 1/3%, check this box and s						ightharpoons
	33 1/3% support tests—2016. If the						. —
_	not more than 33 1/3%, check this box	-			· ·		ightharpoons
20	Private foundation. If the organization	-	-				ightharpoons

10	Supporting Organizations			
	(Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If y Part I, complete Sections A, D, and E If you checked 12d of Sections A and D, and complete Part V)			
Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	2-	1	No.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the

determination

За

3b

No

	edule A (Form 990 of 990-EZ) 2017			age 3
25	Supporting Organizations (continued)			
			Yes	No
	- · · · · · · · · · · · · · · · · · · ·			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	44-		N
	· · · · · · · · · · · · · · · · · · ·	11a		No
	· · · · · · · · · · · · · · · · · · ·	11b 11c		No
	The state of the s	110		No
	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization	2		No
_	action C. Tuna II Supporting Organizations			
	ection c. Type II supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of			
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI ection B. Type I Supporting Organizations Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization was vested in the same persons that controlled or managed the supported organization(s) ection D. All Type III Supporting Organizations Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the form 990 that was most recently field as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i)	1		
_	, , , , , , , , , , , , , , , , , , , ,			
	ection D. All Type III Supporting Organizations		Yes	No
1	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing			
		1		
2	(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization			
3	By reason of the relationship described in (2), did the erganization's supported erganizations have a significant veice in the	2		
3	organization's investment policies and in directing the use of the organization's income or assets at all times during the tax	3		
_	astica F. Tona III Forestica allo Internated Companying Operations			
1		one)		
_	The organization satisfied the Activities Test Complete line 2 below	ons,		
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Schedule A	A (Form 990 or 990-EZ) 2017	Page 6
Part V	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations	
1. 🖵	Chack because the examination esticized the Integral Bart Test as a qualifying trust on New 20, 1070 (evaluation Part VI) See	
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3	Administrative expenses paid to accomplish exempt purposes of supported organizations	<u> </u>
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI) See instructions	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9	Distributable amount for 2017 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

8	Distributions to attentive supported organizations to wh details in Part VI) See instructions	ıch the organization is respons	sive (provide	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			

ich the organization is respons	sive (provide	
(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
	(i)	(1) Underdistributions

9 Distributable amount for 2017 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			_
d From 2015			

e From 2016. f Total of lines 3a through e

d Excess from 2016. . . . e Excess from 2017.

instructions)

g Applied to underdistributions of prior years h Applied to 2017 distributable amount i Carryover from 2012 not applied (see

j Remainder Subtract lines 3g, 3h, and 3i from 3f 4 Distributions for 2017 from Section D, line 7

a Applied to underdistributions of prior years **b** Applied to 2017 distributable amount

c Remainder Subtract lines 4a and 4b from 4		
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions		
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		

lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions		
7 Excess distributions carryover to 2018. Add lines 3 ₁ and 4c		
8 Breakdown of line 7		
a Excess from 2013		
b Excess from 2014		
c Excess from 2015		

Schedule A (Form 990 or 990-EZ) (2017)

Additional Data

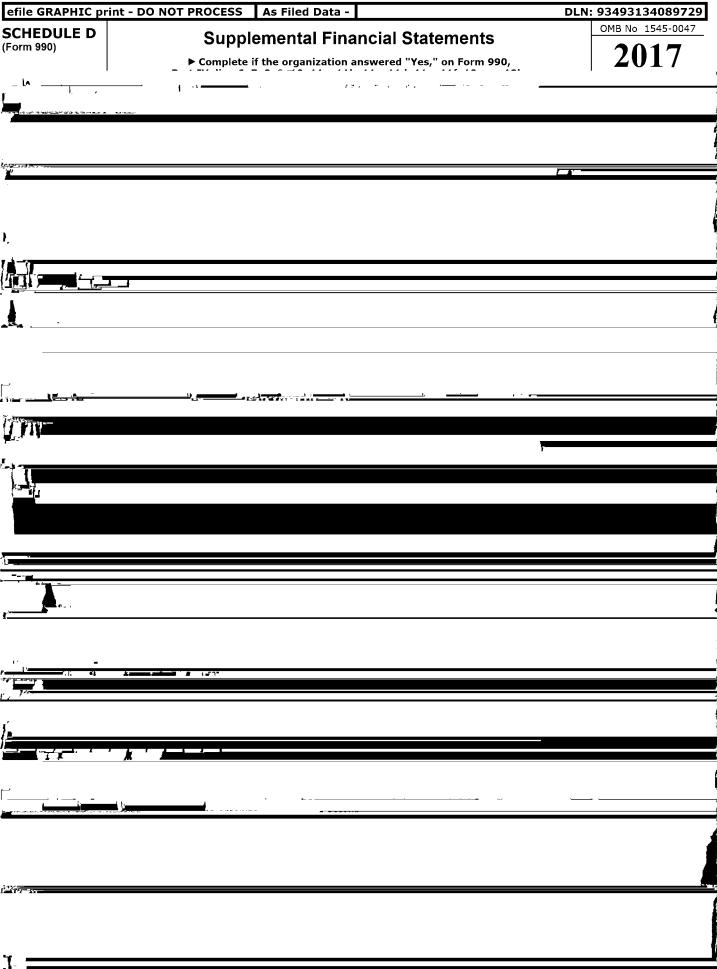
Software ID: 17005876 **Software Version:** 2017v2.2

EIN: 36-2982217

Name: Billy Graham Center

Schedule A (Form 990 or 990-EZ) 2017 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test



Part VII Investments—Other Securities See Form 990, Part X, line 12.	s. Complete if the organiza	JOH alisw	crea res on	TOTHI 990, FAIC IV, IIIIe IID.
(a) Description of security or (including name of secur		(b) Book value	Cost	(c) Method of valuation or end-of-year market value
1) Financial derivatives 2) Closely-held equity interests				
3)Other				
()				
3)				
<u>C)</u>				
))				
Ξ)				
;)				
G)				
⊣)				
otal. (Column (b) must equal Form 990, Part X, col (B) lir				
Investments—Program Relate Complete if the organization ans		art IV, lır	ne 11c. See Foi	rm 990, Part X, line 13.
(a) Description of investmen		ook value	(c) Method of valuation or end-of-year market value
.)				
2)				
3)				
4)				
5)				
5)				
7)				
3)				
9)				
otal. (Column (b) must equal Form 990, Part X, col (B) lin	e 13)			
	nization answered 'Yes' on For	m 990, Par	t IV, line 11d S	
Part IX Other Assets. Complete if the orga		m 990, Pai	t IV, line 11d Si	ee Form 990, Part X, line 15 (b) Book value
Other Assets. Complete if the orga	nization answered 'Yes' on For	m 990, Par	t IV, line 11d S	
Other Assets. Complete if the organia	nization answered 'Yes' on For	m 990, Pai	t IV, line 11d S	
Other Assets. Complete if the organization of	nization answered 'Yes' on For	m 990, Par	t IV, line 11d S	
Other Assets. Complete if the organization of	nization answered 'Yes' on For	m 990, Par	t IV, line 11d S	
Other Assets. Complete if the organization of	nization answered 'Yes' on For	m 990, Par	t IV, line 11d S	
Other Assets. Complete if the organical complete in the organical comp	nization answered 'Yes' on For	m 990, Par	t IV, line 11d S	
Other Assets. Complete if the organical complete in the organical comp	nization answered 'Yes' on For	m 990, Par	t IV, line 11d S	
Other Assets. Complete if the organical complete in the organical comp	nization answered 'Yes' on For	m 990, Par	t IV, line 11d S	
Other Assets. Complete if the organization of	anization answered 'Yes' on For	m 990, Par	t IV, line 11d S	
Other Assets. Complete if the organization of	anization answered 'Yes' on For (a) Description ol (B) line 15)			(b) Book value
Other Assets. Complete if the organization of the organization of liable and the organization of the organization of liable and the organization of the organization o	ol (B) line 15) e organization answered 'Yes' on For	es' on Fo		(b) Book value
Other Assets. Complete if the organization of the organization of liable and the organization of the organization of liable and the organization of the organization o	ol (B) line 15) e organization answered 'Yes' on For	es' on Fo		(b) Book value
Other Assets. Complete if the organization of lial production of lial production of lial production. Complete if the organization of lial production of lial production.	ol (B) line 15) e organization answered 'Yes' on For	es' on Fo		(b) Book value
Other Assets. Complete if the organization of	ol (B) line 15) e organization answered 'Yes' on For	es' on Fo		(b) Book value
Other Assets. Complete if the organization of	ol (B) line 15) e organization answered 'Yes' on For	es' on Fo		(b) Book value
Other Assets. Complete if the organization of	ol (B) line 15) e organization answered 'Yes' on For	es' on Fo		(b) Book value
Other Assets. Complete if the organical comp	ol (B) line 15) e organization answered 'Yes' on For	es' on Fo		(b) Book value
Other Assets. Complete if the organia. Other Assets. Complete if the organia. Other Liabilities. Complete if the See Form 990, Part X, Inne 25. (a) Description of liability Federal income taxes.	ol (B) line 15) e organization answered 'Yes' on For	es' on Fo		(b) Book value
Other Assets. Complete if the organia. Other Assets. Complete if the organia. Other Liabilities. Complete if the See Form 990, Part X, Inne 25. (a) Description of liability Federal income taxes.	ol (B) line 15) e organization answered 'Yes' on For	es' on Fo		(b) Book value
Other Assets. Complete if the organia. Other Assets. Complete if the organia. Other Liabilities. Complete if the See Form 990, Part X, Inne 25. (a) Description of Ital. Federal income taxes Other Liabilities. Complete if the See Form 990, Part X, Inne 25. (a) Description of Ital. (b) Federal income taxes	ol (B) line 15) e organization answered 'Yes' on For	es' on Fo		(b) Book value
Other Assets. Complete if the organia. 1) 2) 3) 4) 5) 6) 7) 8) Fotal. (Column (b) must equal Form 990, Part X, complete if the organia. Other Liabilities. Complete if the organia. See Form 990, Part X, line 25.	ol (B) line 15) e organization answered 'Yes' on For	es' on Fo		(b) Book value

	dule D (Form 990) 2017		Page 4
Pal	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	turn	
1	Total revenue, gains, and other support per audited financial statements	1	2,032,332
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d	2e	C
3	Subtract line 2e from line 1	3	2,032,332
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIII)		
c	Add lines 4a and 4b	4c	97,824
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,130,156
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses per F Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	leturn.	
1	Total expenses and losses per audited financial statements	1	2,137,167
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	_	2,237,237
- а	Donated services and use of facilities		
b	Prior year adjustments		
	Other losses		
c	Other (Describe in Part XIII) 2c Other (Describe in Part XIII) 2d		
c d	Other (Describe in Part XIII)	2e	(
c d e	Other (Describe in Part XIII)	2e 3	
c d e 3	Other (Describe in Part XIII)		2,137,16
c d e 3	Other (Describe in Part XIII)		
c d e 3	Other (Describe in Part XIII)		

Page 5		Schedule D (Form 990) 2017
	ormation <i>(continued)</i>	Part XIII Supplemental Info
	Explanation	Return Reference

Schedule D (Form 990) 2017

Additional Data

Software ID: 17005876 **Software Version:** 2017v2.2

EIN: 36-2982217

Name: Billy Graham Center

Supplemental Information

Return Reference	Explanation
Schedule D, Part X, Line 2 FIN 48 (ASC 740) footnote	THE BILLY GRAHAM CENTER IS INCLUDED IN THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF WH EATON COLLEGE, A RELATED ORGANIZATION WHEATON COLLEGE'S FIN 48 (ASC 740) FOOTNOTE FOR THE YEAR ENDED JUNE 30, 2018 READS AS FOLLOWS THE COLLEGE AND THE BILLY GRAHAM CENTER HAVE R ECEIVED DETERMINATION LETTERS FROM THE INTERNAL REVENUE SERVICE INDICATING THEY ARE TAX EX EMPT ORGANIZATIONS DESCRIBED IN SECTION 501 (c)(3) OF THE INTERNAL REVENUE CODE (THE CODE) ACCORDINGLY, THEY ARE GENERALLY EXEMPT FROM INCOME TAXES PURSUANT TO SECTION 501(a) OF THE CODE, EXCEPT FOR TAXES PERTAINING TO UNRELATED BUSINESS INCOME ON DECEMBER 22, 2017 THE PRESIDENT SIGNED INTO LAW HR 1, ORIGINALLY KNOWN AS THE TAX CUTS AND JOBS ACT THE NEW LAW INCLUDES SEVERAL PROVISIONS THAT RESULT IN SUBSTANTIAL CHANGES TO THE TAX TREATMENT OF TAXE EXEMPT ORGANIZATIONS AND THEIR DONORS THE COLLEGE HAS REVIEWED THESE PROVISIONS AND THE POTENTIAL IMPACT AND CONCLUDED THE ENACTMENT OF HR 1 WILL NOT HAVE A MATERIAL EFFEC T ON THE OPERATIONS OF THE ORGANIZATION THE COLLEGE BELIEVES IT HAS TAKEN NO UNCERTAIN TAX POSITION AS OF JUNE 30, 2018 OR 2017

Supplemental Information	
Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Scholarships - 97824

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Supplemental Information	
Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Scholarships - 97824

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efile GRAPHIC print - DO	NOT PROCESS	As Filed Data -					LN: 93493134089729
Schedule I (Form 990) Department of the Treasury Internal Revenue Service	Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Attach to Form 990. Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 .				OMB No 1545-0047 2017 Open to Public Inspection		
Name of the organization						Employer ident	fication number
Billy Graham Center						36-2982217	
Part I General Inform	ation on Grants	and Assistance					
Does the organization main the selection criteria used tDescribe in Part IV the organization	o award the grants	or assistance?				e, and	☑ Yes ☐ No
			and Domestic Government ditional space is needed	ents. Complete If the o	rganızatıon answered "Yes"	on Form 990, Part IV, l	ne 21, for any recipient
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
144 OY 1							/
Marie Marie							

Schedule I, Part IV PROCEDURES GRANTS AND SCHOLARSHIPS ARE AWARDED TO STUDENTS WHO APPLY FOR FINANCIAL ASSISTANCE AT WHEATON COLLEGE FOR BILLY GRAHAM CENTER

FOR MONITORING USE OF GRANT PROGRAMS GRANT RECIPIENTS ARE BASED ON FINANCIAL NEED ALL FUNDS ARE USED FOR TUITION AND BOOKS AND LIVING EXPENSES AT WHEATON COLLEGE **FUNDS** THE PROCESS IS ADMINISTERED AND MONITORED BY THE FINANCIAL AID OFFICE AT THE COLLEGE. GRANTS ARE ALSO PROVIDED TO WHEATON COLLEGE. A RELATED TAX-EXEMPT ORGANIZATION, IN SUPPORT OF THE COLLEGE'S OPERATIONS THE CLOSE OPERATIONAL RELATIONSHIP THE FILING ORGANIZATION MAINTAINS WITH THE COLLEGE ALLOWS THE BILLY GRAHAM CENTER TO MONITOR AND ENSURE GRANT FUNDS ARE USED FOR THEIR INTENDED PURPOSES Schedule I (Form 990) 2017

efile GRAPHIC pr	int - DO NOT PROCESS As Filed Data -		DLN: 93493134089729
Schedule J	Compensation	Information	OMB No 1545-0047
(Form 990)	For certain Officers, Directors, Trust Compensated ▶ Complete if the organization answered ▶ Attach to F	Employees I "Yes" on Form 990, Part IV, line 2	2017
Department of the Treasury Internal Revenue Service	► Information about Schedule J (Fo www.irs.gov,	rm 990) and its instructions is at	Open to Public Inspection
Name of the organiza Billy Graham Center		Emplo	yer identification number
Part I Question	ons Regarding Compensation	36-298	32217
1a Check the appro	opiate box(es) if the organization provided any of the ection A. line 1a Complete Part III to provide any rel	following to or for a person listed on Fo e <u>vantunformation redarding these item</u> s	Yes No
r [.]			
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The Management			
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ALC NO.	ــــــــــــــــــــــــــــــــــــــ		
ALICA IC.			

Schedule J (Form 990) 2017					Page 2
Part II Officers, Directors, Trustees, Key Employees, and Highest	Compensate	d Employees. Use dup	licate copies if additi	onal space is needed.	
For each individual whose compensation must be reported on Schedule J, report compe instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amo	t VII		_		at individual
(A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC comp		(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation in
P					
, <u>A</u>					
(
Sertion, 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 Form 1023 (or 1024 if applicable)	ble), 990, and 99	90-T (501(c)(3)s only)			
available for public inspection. Indicate how you made these available. Check all t					
Own website Another's website Upon request Other (expla					
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Schedule J (Form 990) 2017 Page 3 Part III Supplemental Information Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information Return Reference Explanation The Organization relied on Wheaton College, a related tax-exempt organization, to establish the top management official's compensation. Wheaton College used a Schedule J. Part I. Line 3 Arrangements used to establish the top/compensation committee, an independent compensation consultant, comparability data from the forms 990 of other organizations, compensation survey's and management official's compensation approval by the board or compensation committee Schedule J. Part I. Line 4b Wheaton College, a related tax exempt organization, has a nongualified 457 (F) retirement plan in place that allows for certain officers to participate in the plan Cumplemental Nan qualified Detromant The following interested narron constructively recovered deferred to the 457(4) plan in 2017 from Whatter Called Dale Komm #50.000

efile GRAPHIC p	orint - DO NOT PROCESS	- DLN: 93493134089729		
SCHEDULE C	Supplemental Information to Form 990 or 990	omb No 1545-00		
Form 990 or 990 EZ)		for responses to specific questions on covide any additional information.		
Department of the Treasur		ons is at Open to Public Inspection		
ternal Revenue Service lame of the organiza	ation En	nployer identification number		
190 Schedule O,	Supplemental Information 36	-2982217		
<u> </u>		i-2982217		
90 Schedule O,	Supplemental Information	IIZATION ALL OFFICERS AR COMPENSATION COMMITTEE O TION THE REVIEW INCLUDES O ND AN INDEPENDENT COMPENS		

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line	Please see the narrative for Part VI, Line 15a There are no officers or key employees of the Billy Graham Center paid by the filing organization. As such, Form 990, Part VI, Line
15b Compensation	15b is not applicable and has been answered no in accordance with the instructions
of Other	
Officers and	

990 Schedule O, Supplemental Information

Return
Reference

Explanation

	Franklin Graham and Will Graham - Family relationship
VI, Line 2	
Family/business	
relationships	
amongst	
ınterested	
persons	

990 Schedule O, Supplemental Information Return Explanation

Return Reference

Form 990, Part VI, Line
6 Classes of members or stockholders

THE MEMBERS OF THIS CORPORATION SHALL BE THE DULY ELECTED TRUSTEES OF THE TRUSTEES OF WHEA TON COLLEGE EACH MEMBER SHALL BE ENTITLED TO (1) VOTE ON EACH MATTER SUBMITTED TO VOTE OF THE MEMBERS RESIGNATION OR REMOVAL AS A TRUSTEE OF WHEATON COLLEGE SHALL RESULT IN AUTOM ATIC RESIGNATION OR REMOVAL AS A MEMBER OF THIS CORPORATION

990 Schedule	e O, Supplemental Information
Return Reference	Explanation
Eura ood –	VILIZIBLECTUBS OF VITE ELECTED BY THE WENDEDS OF THE CODDODATION, WEWDEDS HAVE THE DOMED T
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r <u> </u>	

990 Schedule O, Supplemental Information

Return Reference	Explanation
VI, Line 8b	The Organization has no committees with authority to act on behalf of its governing body, as such, this question is not applicable and has been answered "No" in accordance with the instructions to the Form 990

Return
Reference

Explanation

Form 900
After finalizing the Form 900 with the poid tay property, the Controller and the VR for Fi

990 Schedule O, Supplemental Information

Form 990,
Part VI, Line
11b Review
of form 990
by governing
body

After finalizing the Form 990 with the paid tax preparer, the Controller and the VP for Fi
nance forward a copy of the 990 to all board members with sufficient time for their review
prior to filing the return with the IRS

by governing
body

990 Schedule O, Supplemental Information Return Explanation Reference Form 990. all officers. Directors and key employees are annually asked to reveal any potential confi icts of interest. Each interested person is provided a questionnaire electronically to be Part VI. Line 126 Conflict ___ reviewed The Controller reviews the questionnaire to determine if any potential conflict

Return
Reference
Form 990. Financial Statements, governing documents, and conflict of interest policies are not requi

990 Schedule O, Supplemental Information

Part VI, Line
19 Required
documents
available to
the public

Return Explanation
Reference

990 Schedule O, Supplemental Information

	Change in Annuity Value - 4701, EMQ on Wheaton College 990 - 1051,
Part XI, Line	
9 Other	
changes in	
net assets or	
fund	
balances	

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493134089729 OMB No 1545-0047 **SCHEDULE R Related Organizations and Unrelated Partnerships** (Form 990) ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ► Attach to Form 990. ▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Open to Public Department of the Treasury Inspection Internal Revenue Service Name of the organization **Employer identification number** Billy Graham Center 36-2982217 Identification of Disregarded Entities Complete of the organization answered "Yes" on Form 990, Part IV, line 33. Part I (f) (a) (b) Drimorii antiiiitii Lonal dominion/state . Diront_nentrelline 1b Sub-Total .

Part III Identification one or more re	n of Related Organizations Taxable as a elated organizations treated as a partnership	Partnership Complete during the tax year.	e if the organization a	nswered "Yes" on Form 99	0, Part IV, line 34 because it had
	(a) Name, address, and EIN of related organization	(b) Primary activity (c) Legal domicile (state or foreign	(d) Direct controlling entity entity (e) Predominar income(relati unrelated, excluded fro tax under sections 513	ed, total income end-of-year all assets	(h) (1) (j) (k) roprtionate ocations? Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)
<u> </u>					
k .					
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- .					
	(A)		(B)	(c)	
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Schedule R (Form 990) 2017					
P	Transactions With Related Organizations Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.				
	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No	
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?					
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No	
ь	Gift, grant, or capital contribution to related organization(s)	1b	Yes		
c	Gift, grant, or capital contribution from related organization(s)	1c		No	
d	Loans or loan quarantees to or for related org <u>anization(ṣ)</u>	1d		No	
<u>, e</u>				-	
JU					

Schedule R (Form 990) 2017 Part VII Supplemental Information Provide additional information for responses to questions on Schedule R (see instructions) Schedule R (Form 990) 2017