

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



OMB No 1545-0052

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation
Do not enter social security numbers on this form as it may be made public.
Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf Department of the Treasury Internal Revenue Service For calendar year 2014 or tax year beginning , and ending

Nam	e of	foundation					-	A Employer identification	number
DENNIS AND MIREILLE GILLINGS FOUNDATION							56-2197561		
		d street (or P O box number if					Room/suite	B Telephone number	
4721 EMPEROR BLVD. 300							919-941-52	72	
City	or to	wn, state or province, cou	ntry, and ZII	P or foreign po	ostal code			C If exemption application is pe	ending, check here
DURHAM, NC 27703							D 1. Foreign organizations	chack hara	
						i. Foreign organizations	, circul fiere		
			Final return Address ch		X Name change			Foreign organizations me check here and attach co	eting the 85% test,
H C	neck	type of organization:			empt private foundation			E If private foundation sta	· —
<u> </u>		ction 4947(a)(1) nonexem			Other taxable private founda	tion		under section 507(b)(1)	
I Fai		rket value of all assets at e		J Accounti		Acc	rual	F If the foundation is in a	•
		Part II, col (c), line 16)	,		her (specify)			under section 507(b)(1)	
_	\$	10,610			mn (d) must be on cash b	asıs)			
Pa	rt I	Analysis of Revenue and (The total of amounts in colum	d Expenses	d (d) may not	(a) Revenue and		nvestment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amount	s in column (a)))	expenses per books	inc	ome	income	(cash basis only)
	1	Contributions, gifts, grant	s, etc., recei	ved				N/A	<u> </u>
1	2	Check X if the foundation interest on savings and tempor		o attach Sch B			200		CM2 MENTENIO 1
	3	cash investments			322.		322.		STATEMENT 1
	4	Dividends and interest fro	m securities	3					
ļ		Gross rents							
	_	Net rental income or (loss)							
읽		6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all b assets on line 6a		ine iu				RECE	IVED
Revenue	7	Capital gain net income (from f	Part IV, line 2)				0.		
쮼	8	Net short-term capital gai						MILIN 9	9 2015
	9	Income modifications						E 0011 2	ט צעוט ט
ļ	10a	Gross sales less returns and allowances						<u> </u>	<u> Ĕ</u>
1	b	Less Cost of goods sold						OGDE	N, UT
	C	Gross profit or (loss)							
	11	Other income			200		200		<u> </u>
\rightarrow	12	Total. Add lines 1 throug			322.		322. 0.		0.
Ì	13	Compensation of officers, dire		i, etc	0.		<u> </u>		
	14 15	Other employee salaries a Pension plans, employee	•						
Ş		Legal fees		тмт 2	19,905.		0.		0.
inse	h	Accounting fees	~						
Expenses	c	Other professional fees							
دو	17	Interest							
ätiv	18 19 20 21	Taxes	S'	тмт 3	<6,052.>		0.		0.
iist	19	Depreciation and depletion	n						
Ë	20	Occupancy							<u> </u>
A	21	Travel, conferences, and							
and	22	Printing and publications		maem 4	(72		0.	 	0.
Operating and	23	Other expenses		TMT 4	672.		0.		
rat	24	Total operating and adm			14,525.		0.		0.
O	25	expenses. Add lines 13 t Contributions, gifts, gran	-		787,535.				787,535.
	26	Total expenses and disb			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	-	Add lines 24 and 25			802,060.		0.		787,535.
	27	Subtract line 26 from line	: 12:		,				
		Excess of revenue over expen		rsements	<801,738.>				
	Ь	Net investment income	(if negative, en	ter -0-)			322.		
_		Adjusted net income (if n				<u> </u>		N/A	
42350 11-24)1 -14	LHA For Paperwork R	Reduction A	ct Notice, see	instructions.				Form 990-PF (2014)

1,756,809.

Form 990-PF (2014)

4 Add lines 1, 2, and 3

3 Other increases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Decreases not included in line 2 (itemize)

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					(b)	low ac - Purch - Dona	quired (c nase tion) Date a (mo., da	cquired y, yr.)	(d) Date sold (mo., day, yr.)
1a					ļ					
b NO	NE				┼					
<u>c</u>					╁		—— —			
<u>d</u>					 					
(e) Gross sales price	(f) D	epreciation allowed (or allowable)		t or other basis xpense of sale					in or (loss (f) minus	
a										
b			ļ							
<u>c</u>	 									
d	}		 							
Complete only for assets shown	00.000.00.0	olumn (h) and owned by	the foundation	on 12/31/60		-	//\ C	anc (Co	ol (b) gain	minus
Complete only for assets shown	T		T -:-	cess of col. (I)			còl. (k	(), but n	ol. (h) gain ot less tha	n -0-) or
(I) F.M.V. as of 12/31/69) Adjusted basis as of 12/31/69		col. (j), if any			`l	osses (from col.	(h))
a		··-	1							
<u>a</u> b	 		<u> </u>							
C										
d										
e										
		∫ If gain, also ente	r in Part I, line	7)					
Capital gain net income or (net c	apital loss)	If (loss), enter -(<u>ال</u> ا	2				
Net short-term capital gain or (lo	iss) as defin	ned in sections 1222(5) as	nd (6):							
If gain, also enter in Part I, line 8			` ,		١.					
If (loss), enter -0- in Part I, line &	}	ection 4940(e) for	D = -1	Tan an Na4		3_				
section 4940(d)(2) applies, leave to las the foundation liable for the sec "Yes," the foundation does not qua	ction 4942 t	ax on the distributable ar	omplete this pa	rt.						Yes X N
Enter the appropriate amount in	each colum	nn for each year; see the i	nstructions bef	ore making any e	entries.	<u>. </u>				-74/
(a) Base period years Calendar year (or tax year beginn	ing in)	(b) Adjusted qualifying di		Net value of n		ritable-		(d) Distribution ratio (col. (b) divided by col. (c))		
2013			97,212. 30,788.				<u>8,883.</u> 4,822.			.04910
2012			80,788.				4,822. 3,794.	-		.02402
2011			8,500.				$\frac{3,794.}{3,255.}$.02594
2010		7 3 2	88,994.				$\frac{3,233}{9,494}$.06835
2009			00,0040	L		, , , ,	<i>J</i> , 4 <i>J</i> 4 .		-	.00033
? Total of line 1, column (d)								2		.24504
Average distribution ratio for the	5-vear has	e neriod - divide the total	on line 2 by 5.	or by the numbe	r of ve	ars				
the foundation has been in exist	-		on mio 2 by o,	or by and nombo	,.	·ui o		3		.04900
are represented has been in exica	31100 11 1000	man o youro								,
Enter the net value of noncharita	ble-use ass	ets for 2014 from Part X,	line 5					4		9,729,047
5 Multiply line 4 by line 3								5		476,811
6 Enter 1% of net investment inco	me (1% of F	Part I, line 27b)						6		3
7 Add lines 5 and 6								7		476,814
B Enter qualifying distributions fro	m Part XII,	line 4						_8		787,535
If line 8 is equal to or greater that See the Part VI instructions.	an line 7, ch	eck the box in Part VI, lin	e 1b, and comp	olete that part usi	ng a 1	% tax ı	rate.			

	1990-PF (2014) DENNIS AND MIREILLE GILLINGS FOUNDATION 56-2197		4:	Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	Struc	tion	5)
۱ ia	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)			_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%			<u>3.</u>
	of Part I, line 27b			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			^
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
	Add lines 1 and 2			3.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			3.
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			<u> </u>
	Credits/Payments:			
	2014 estimated tax payments and 2013 overpayment credited to 2014			
	Exempt foreign organizations - tax withheld at source Tax paid with application for extension of time to file (Form 8868) 6c 3.			
	Backup withholding erroneously withheld 6d			2
_	Total credits and payments. Add lines 6a through 6d			<u>3.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<u> </u>
10	1		-	
	Enter the amount of line 10 to be: Credited to 2015 estimated tax IRefunded III			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	_	Yes	No
14	any political campaign?	1a		X
6	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	15		X
Ü		-''		
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or			
c	Did the foundation file Form 1120-POL for this year?	10		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	···		
۰	(1) On the foundation. \$\(\begin{align*} \text{0.} & \text{0.} \\ \t			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
·	managers. > \$ 0.	Ì	ļ	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
_	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or			
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			l
	By language in the governing instrument, or	ĺ		ł
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law		İ	
	remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	<u> </u>
		1		İ
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			j
	NC			1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	1		[
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			_
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	L	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	L	X

	990-PF (2014) DENNIS AND MIREILLE GILLINGS FOUNDATION 56-2197	<u> 561</u>		Page 5
Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► TIFFANY HOWARD Telephone no. ► 919-94		<u> 272</u>	
	Located at ►GF MANAGEMENT COMPANY, LLC; 4721 EMPEROR BLVD. ZIP+4 ►27	7703		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		<u>,</u> ▶	·LL
	and enter the amount of tax-exempt interest received or accrued during the year .	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	1 .	Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
Da	rt VII-B │ Statements Regarding Activities for Which Form 4720 May Be Required	J		Ь
Pa		Т	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	\vdash	105	NO
1 a	During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	1		
		i		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? Yes X No			
	a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? X Yes No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			:
	(5) Transfer any income or assets to a disqualified person (or make any of either available	İ	ŀ	
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
_	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		_X_
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		l	
	before the first day of the tax year beginning in 2014?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014?			
	If "Yes," list the years -,,,,,,,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	١.,	1	
	statement - see instructions.) N/A	2b	├	
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
38	during the year? Yes X No			
	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			1
١	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2014) N/A	36	1	
4:	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
_	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	L	х
	Fo	orm 99	0-PF	(2014)

Form 990-PF (2014) DENNIS AND MIREILLE GILL: Part VII-B Statements Regarding Activities for Which F		i al	56-21975	61 Page 6	
5a During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? (b) If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here c) If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A Yes No If "Yes," attach the statement required by Regulations section 53.4945-5(d)					
 6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a p 	,	☐ Ye	es X No	6b X	
If "Yes" to 6b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax s b If "Yes," did the foundation receive any proceeds or have any net income attribution.	table to the transaction?		es X No N/A	7b	
Part VIII Information About Officers, Directors, Truste Paid Employees, and Contractors		agers, Highly			
1 List all officers, directors, trustees, foundation managers and their of	compensation.	1			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances	
DENNIS GILLINGS 2877 PARADISE ROAD, UNIT 3801	DIRECTOR				
LAS VEGAS, NV 89109 MIREILLE GILLINGS	0.00 DIRECTOR	0.	0.	0.	
2877 PARADISE ROAD, UNIT 3801 LAS VEGAS, NV 89109	0.00	0.	0.	0.	
CARL HELLMAN 4721 EMPEROR BLVD., SUITE 300	SECRETARY/TRE	ASURER			
DURHAM, NC 27703	0.00	0.	0.	0.	
	luded on line d) If none				
2 Compensation of five highest-paid employees (other than those inc		THE NUME."	(d) Contributions to	(a) Evnance	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances	
NONE					
Total number of other employees paid over \$50,000			▶	0	

••

	21975	61 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
		·
		· · · · · · · · · · · · · · · · · · ·
Total number of others receiving over \$50,000 for professional services	>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	E	Expenses
UNIVERSITY OF EXETER CONTRIBUTION TO SUPPORT THE UNIVERSITY		
OF EXETER MEDICAL SCHOOL		400 150
PASTEUR FOUNDATION TO SUPPORT SCHOLARSHIP GALA		428,150.
PASIEUR FOUNDATION TO SUPPORT SCHOULARSHIP GALLA		
		185,385.
UNIVERSITY OF CAMBRIDGE TO SUPPORT HEALTHCARE RESEARCH		
THE PARTY LOVE TO THE PROJECT TO THE PROJECT OF THE		164,000.
HUALALAI 'OHANA FOUNDATION TO PROVIDE EDUCATIONAL SUPPORT		
		10,000.
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
All other program-related investments. See instructions.		
3		
		0.
Total Add lines 1 through 3		U .

Form 990-PF (2014)

DENNIS AND MIREILLE GILLINGS FOUNDATION

	Minimum Investment Return (All domestic foundations must complete this part. Foreign four	dations,	see instructions.)
-	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·a	Average monthly fair market value of securities	1a	8,689,512.
b	Average of monthly cash balances	1b	1,187,693.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	9,877,205.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	9,877,205.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	148,158.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	9,729,047.
6	Minimum Investment return. Enter 5% of line 5	6	486,452.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations check here and do not complete this part.)		100 100
1	Minimum investment return from Part X, line 6	1	486,452.
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014. (This does not include the tax from Part VI.)		_
C	Add lines 2a and 2b	2c	3.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	486,449.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	486,449.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	486,449.
LP	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	787,535.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	787,535.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	3.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	787,532.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	ualifies fo	r the section
	4040(a) reduction of tay in those years		

. Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,	00.000	Tours prior to 20 to		
line 7				486,449.
2 Undistributed income, if any, as of the end of 2014			_	
a Enter amount for 2013 only			0.	
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012 41,649.				
e From 2013	41 640			
f Total of lines 3a through e	41,649.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$ 787,535.			0	
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		<u> </u>		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	U • I		- ··	486,449.
d Applied to 2014 distributable amount	301,086.			400,443.
e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2014	301,000.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	342,735.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		·
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2015				0.
7 Amounts treated as distributions out of		1		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009	<u>,</u>			
not applied on line 5 or line 7	0.		.	
9 Excess distributions carryover to 2015.	240 525			
Subtract lines 7 and 8 from line 6a	342,735.			
10 Analysis of line 9:				
a Excess from 2010		1		
b Excess from 2011 c Excess from 2012 41,649.				
	1			
d Excess from 2013 e Excess from 2014 301,086.				
e Excess from 2014 301,086.				Form 990-PF (2014)
1 17477 19				

. .

Part XV Supplementary Information 3 Grants and Contributions Paid During the Y		Payment		
Recipient	If recipient is an individual, show any relationship to		Durnoss of secret or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Of Substantial Contributor	Toopsit		
NIVERSITY OF CAMBRIDGE		PUBLIC	UNIVERSITY OF	
92 MADISON AVENUE, 8TH FLOOR			CAMBRIDGE HEALTHCARE	
YEW YORK, NY 10017	-		RESEARCH	164,000
HUALALAI 'OHANA FOUNDATION		PUBLIC	EDUCATIONAL SUPPORT	
PO BOX 5227]			
KAILUA KONA, HI 96745				10,000
PASTEUR FOUNDATION 420 LEXINGTON AVENUE, SUITE 1654		PUBLIC	SCHOLARSHIP GALA	
NEW YORK, NY 10170				185,385
UNIVERSITY OF EXETER		PUBLIC	UNIVERSITY OF EXETER	
NORTHCOTE HOUSE, THE QUEEN'S DRIVE			MEDICAL SCHOOL	
EXETER, UNITED KINGDOM EX4 4QJ				428,150
				787,535
Total		1	<u>▶ 3a</u>	707,33.
b Approved for future payment				
NONE				
				· · · · · · · · · · · · · · · · · · ·
Total			▶ 3b	rm 990-PF (20

423621 11-24-14

Dart YVI-A	Analysis of Income-Producing Activity	ies
Part XVI-A	Analysis of income-rioducing Activity	.103

Enter gross amounts unless otherwise indicated.	Unrelated business income			ded by section 512, 513, or 514	(e)
Effici gross amounts unless otherwise mulcated.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business code	Amount	sion code	Amount	function income
· · · · · ·					
<u> </u>					
b					
<u> </u>	-			····	
d					
E	 		-		
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					<u> </u>
3 Interest on savings and temporary cash			۱.,		
investments			14	322.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					<u> </u>
a Debt-financed property			ļ		
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other	i		1		
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a			ŀ		
b			i T		
С			<u> </u>		
d					
•			<u> </u>		
12 Subtotal. Add columns (b), (d), and (e)		0.	1	322.	0.
13 Total. Add line 12, columns (b), (d), and (e)					322.
(See worksheet in line 13 instructions to verify calculations.)		•			
				D	
Part XVI-B Relationship of Activities to	tne Acco	mplishment of Exe	empt	Purposes	
Line No. Explain below how each activity for which incor	ne is reported	in column (e) of Part XVI-A	contri	buted importantly to the accor	nolishment of
the foundation's exempt purposes (other than t				,	
					
					· · · · · · · · · · · · · · · · · · ·
· · · · · · · · · · · · · · · · · · ·					

Form 990-PF (2014) DENNIS AND MIREILLE GILLINGS FOUNDATION 56-2197561 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of									
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?									
a Transfers from the reporting foundation to a noncharitable exempt organization of:									
(1) Cash									
(2) Ot	her assets					1a(2)		X	
b Other t	ransactions:								
(1) Sa	iles of assets to a noncharita	ible exempt organization				1b(1)		X	
(2) Pi	irchases of assets from a no	ncharitable exempt organization				1b(2)		X	
(3) Re	ental of facilities, equipment,	or other assets				1b(3)		X	
(4) Re	eimbursement arrangements					1b(4)		X	
(5) Lo	ans or loan guarantees	•				15(5)		X	
(6) Pe	erformance of services or me	embership or fundraising solicita	itions			1b(6)		X	
		ailing lists, other assets, or paid				1 c		X	
			chedule. Column (b) should alwa				ets,		
			eived less than fair market value	in any transaction (or sharing arrangement, sho	w in			
		other assets, or services receive		· · · · · · · · · · · · · · · · · · ·					
(a) Line no	(b) Amount involved		ible exempt organization	(d) Description	of transfers, transactions, and sha	ring arra	ngemen	ts	
		N/A	<u> </u>						
	- -								
				ļ					
				ļ.					
		ļ							
			····					,	
				<u> </u>	····				
		<u> </u>		<u> </u>					
2a Is the f	oundation directly or indirec	tly affiliated with, or related to, o	one or more tax-exempt organiza	itions described					
ın secti	on 501(c) of the Code (other	r than section 501(c)(3)) or in s	ection 527?] Yes	X	No	
b If "Yes,	" complete the following sch			····					
	(a) Name of org	ganization	(b) Type of organization	(c) Description of relationship	p			
	N/A								
I			ing accompanying schedules and state			he IRS d	scuss t	nis .	
Sign	Deliar, V is true, correct, and corr	prete Deplaration of preparer (other ti	nan taxpayer) is based on all informatio	n of which preparer has	return	with the below (prepare	¥	
Here	, , ——,		14/22/15	PRESID		Yes		Νο	
\$	ignature of officer or trustee	;	Date	Title					
	Print/Type preparer's na	ame Reparer'	s signature 1	Date	Check If PTIN				
	-	W.	1 91:	5/5/15	self- employed				
Paid	LAURA A. H	INSON JAWA	u U. Husen	5/5/15	P00	951	694		
Prepare	r Firm's name ► DEL				Firm's EIN ► 86-10				
Use Onl	у	-							
	Firm's address ▶ 15	0 FAYETTEVILLE	ST., STE 1000						
		LEIGH, NC 2760			Phone no. 919-54	6-80	000		
		·	· 					(2014)	

DENNIS AND MIREILLE GILLINGS FOUNDATION
EIN: 56-2197561
ATTACHMENT TO FORM 990-PF
ADDITIONAL DETAIL REGARDING FOREIGN DONATION

NAME AND ADDRESS OF GRANTEE:

UNIVERSITY OF EXETER
NORTHCOTE HOUSE, THE QUEEN'S DRIVE
EXETER, UNITED KINGDOM EX4 4QJ

GRANT DATE: 7/27/2014

GRANT AMOUNT: \$428,150

PURPOSE OF GRANT: THE GRANT WAS DESIGNATED TO FUND ACADEMIC APPOINTMENTS AT THE UNIVERSITY OF EXETER MEDICAL SCHOOL.

TOTAL AMOUNT OF GRANT SPENT PER GRANTEE, PER MOST RECENT REPORT RECEIVED FROM GRANTEE: \$428,150

TO THE BEST OF ITS KNOWLEDGE, THE DENNIS AND MIREILLE GILLINGS FOUNDATION IS NOT AWARE THAT THE GRANTEE HAS DIVERTED ANY OF THE GRANT FUNDS FROM THE DESIGNATED PURPOSES OF THE GRANT.

A REPORT DATED 5/26/2015 HAS BEEN RECEIVED FROM THE GRANTEE DETAILING THE USE OF THE 2014 GRANT.

AT THIS TIME, THE DENNIS AND MIREILLE GILLINGS FOUNDATION HAS NOT PERFORMED ANY INDEPENDENT VERIFICATION OF THE AFOREMENTIONED REPORT RECEIVED FROM THE GRANTEE.

FORM 990-PF INTEREST ON SAV	INGS AND TEM	PORARY CASH IN	NVESTMENTS	STATEMENT 1	
SOURCE	(A REVE PER B	NUE NET IN	(B) VESTMENT VCOME	(C) ADJUSTED NET INCOME	
PNC		322.			
TOTAL TO PART I, LINE 3		322.	322.		
FORM 990-PF	LEGAL	FEES		STATEMENT 2	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) (C) NET INVEST- ADJUSTED MENT INCOME NET INCOME		(D) CHARITABLE E PURPOSES	
LEGAL FEES	19,905.	0.	0.		
TO FM 990-PF, PG 1, LN 16A	19,905.	19,905.		0.	
FORM 990-PF	TAX	ES		STATEMENT 3	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) (C) NET INVEST- ADJUSTED MENT INCOME NET INCOME			
TAX REFUND	<6,052.	0.		0.	
TO FORM 990-PF, PG 1, LN 18	<6,052.	0.		0.	
FORM 990-PF	OTHER EXPENSES		STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM		
BANK FEES	72.			0.	
PRINTING	600.	0.		0.	

DENNIS AND MIREILLE GILLINGS FOUNDATION

FORM 990-PF CORPORATE STOCK		STATEMENT 5	
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
QUINTILES STOCK	870,925.	9,724,888.	
TOTAL TO FORM 990-PF, PART II, LINE 10B	870,925.	9,724,888.	

Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs gov/form8868 •

OMB No. 1545-1709

 If you are filing for an Automatic 3-Month Extension, comp 	lete only Pa	rt I and check this box			X		
 If you are filing for an Additional (Not Automatic) 3-Month 	Extension, c	omplete only Part II (on page 2 of t	his form).				
		tic 3-month extension on a previously					
Electronic filing (e-file) . You can electronically file Form 8868	ıf you need a	3-month automatic extension of tim	e to file (6	months for a corp	poration		
required to file Form 990-T), or an additional (not automatic) 3-n	nonth extens	ion of time. You can electronically file	Form 88	68 to request an	extension		
of time to file any of the forms listed in Part I or Part II with the	exception of	Form 8870, Information Return for Tr	ransfers A	ssociated With C	ertain		
Personal Benefit Contracts, which must be sent to the IRS in p	aper format (see instructions). For more details or	the elect	ronic filing of this	form,		
visit www.irs.gov/efile and click on e-file for Charities & Nonpro							
Part I Automatic 3-Month Extension of Tin							
A corporation required to file Form 990-T and requesting an aut	omatic 6-mo	nth extension - check this box and c	omplete				
Part I only					▶ □		
All other corporations (including 1120-C filers), partnerships, RE to file income tax returns.		extension of time nter filer's identifying number					
	pe or Name of exempt organization or other filer, see instructions.				mployer identification number (EIN) or		
print DENNIS AND MIREILLE GILLII	DENNIS AND MIREILLE GILLINGS FOUNDATION			56-2197561			
due date for Number, street, and room or suite no. If a P.O. box filing your 4721 EMPEROR BLVD. NO. 36	tte for Number, street, and room or suite no. If a P.O. box, see instructions.			ocial security number (SSN)			
return. See instructions City, town or post office, state, and ZIP code. For a		ress, see instructions					
DURHAM, NC 27703	. 10101911 444	ioos, doo mandonono.					
		······································					
Enter the Return code for the return that this application is for (file a separat	e application for each return)			0 4		
Application	Return	Application			Return		
Is For	Code	Is For			Code		
Form 990 or Form 990-EZ	01				07		
Form 990-BL	02				08		
Form 4720 (individual)	03				09		
Form 990-PF	04				10		
Form 990-T (sec. 401(a) or 408(a) trust)	05				11		
Form 990-T (trust other than above)	06	Form 8870			12		
TIFFANY HOWAR	D						
 The books are in the care of ➤ GF MANAGEMENT 	COMPAN	Y, LLC; 4721 EMPER	OR BL	VD 2'	7703		
Telephone No. ► 919-941-5272		Fax No. >					
 If the organization does not have an office or place of busine 	ess in the Un	ited States, check this box					
 If this is for a Group Return, enter the organization's four dig 					, check this		
box 🕨 🔲 . If it is for part of the group, check this box 🕨							
1 I request an automatic 3-month (6 months for a corporati							
AUGUST 15, 2015 , to file the exe	npt organiza	tion return for the organization name	d above.	The extension			
s for the organization's return for ► X calendar year 2014 or							
Lax year beginning	, a	d criding		- ·			
2 If the tax year entered in line 1 is for less than 12 months	, check reaso	on: Initial return	Final retur	n			
Change in accounting period	20 0000			[
3a If this application is for Forms 990-BL, 990-PF, 990-T, 473 nonrefundable credits. See instructions.	_		3.				
	3a	\$					
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and			3ь	•	0.		
	estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,			\$			
by using EFTPS (Electronic Federal Tax Payment System			3с	s	3.		
Caution. If you are going to make an electronic funds withdraw							

instructions.