EXTENDED TO NOVEMBER 15, 2018 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 ► Go to www.irs.gov/Form990PF for instructions and the latest information.

_	10	cale	ndar year 2017 or tax year beginning		, and ending		
	Na	ne o	f foundation			A Employer identification	number
			NIS AND MIREILLE GILLING			56-2197561	·
			and street (or P O box number if mail is not delivered to street a	ddress)	Room/suite	B Telephone number	
			1 EMPEROR BLVD.		300	919-941-52	$\frac{172}{}$
			town, state or province, country, and ZIP or foreign p LHAM, NC 27703	ostał code		C If exemption application is p	ending check here
•	G (Chec	k all that apply Initial return	Initial return of a fo	ermer public charity	D 1. Foreign organization	s, check here
			Final return	Amended return		2 Foreign organizations me	peting the 85% last
١.			Address change	Name change	0.11	2 Foreign organizations me check here and attach co	omputation
	H (_	k type of organization X Section 501(c)(3) ex		64	E If private foundation sta	
•	E:	_	ection 4947(a)(1) nonexempt charitable trust arrived value of all assets at end of year J Accounting	Other taxable private founda ng method X Cash	Accrual	under section 507(b)(1	
				ther (specify)	Accidal	F If the foundation is in a under section 507(b)(1	
		\$	9,649,540. (Part I, colun		5)		(10), oncor nord
[Pa	irt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	(d) Disbursements for charitable purposes (cash basis only)
•		1	Contributions, gifts, grants, etc., received		· · · · · · · · · · · · · · · · · · ·	N/A	(cash basis only)
		2	Check X if the foundation is not required to attack Sch. B Interest on savings and temporary				
•		3	cash investments	- · · · · · · · · · · · · · · · · · · ·			!
		4 5:	Dividends and interest from securities a Gross rents				
) Net rental income or (loss)			R	ECIEVED
		68	Net gain or (loss) from sale of assets not on line 10	2,869,405.			70
	nue	l	Gross sales price for all 2,869,405.			8 NO	2 1 2018
)	evenu	7	Capital gain net income (from Part IV, line 2)		2,869,405.	m _	- (ø)
•	α.	8	Net short-term capital gain			00	DEN UT
		9	Income modifications Gross sales less returns				DEIV, UI
ł		Ι.	and allowances Uses Cost of goods sold				
,		l	c Gross profit or (loss)		· ·		,
į		11					
		12	Total Add lines 1 through 11	2,869,405.	2,869,405.		•
		13	Compensation of officers, directors, trustees, etc.	0.	0.		0.
,		14	Other employee salaries and wages				
	v	15	Pension plans, employee benefits a Legal fees STMT 1	1,873.	0.		0.
	nse	108	A Accounting fees	1,075.	•		· ·
	Expens	,	Other professional fees				
	ē E	17	Interest				
	Administrative	18	Taxes STMT 2	28,700.	0.		0.
	dsic	19	Depreciation and depletion				<u> </u>
	Ē	20	Occupancy				
			Travel, conferences, and meetings				
	an	22	Printing and publications Other expenses STMT 3	792.	0.		0.
	ting	24		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Operating and	-'	expenses Add lines 13 through 23	31,365.	0.		0.
	ŏ	25	•	1,524,206.			1,524,206.
		26	Total expenses and disbursements		-		
		L	Add lines 24 and 25	1,555,571.	0.		1,524,206.
		1	Subtract line 26 from line 12	1,313,834.			
		l .	A Excess of revenue over expenses and disbursements	1,313,634.	2,869,405.		
			b Net investment income (if negative enter -0-) C Adjusted net income (if negative, enter -0-)		2,000,400.	N/A	
•	7235		1-03-18 LHA For Paperwork Reduction Act Notice	e. see instructions	<u>-</u>	<u> </u>	Form 990-PF (2017)

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

_			MD WIKEITTE			JA1	TON	l		0-219	120T	Page 3
LP			sses for Tax on Inv			1						
			s) of property sold (for exam		te,	(D)	How ac	nase i	c) Date a) mo , da)	acquired		te sold lay, yr)
_			or common stock, 200 shs			<u>D</u>	- Dona	ation	(1110 , 01	-91 91)		
	20,000 SHARES (VIA STOCK VIA STOCK			┢					03/0 08/3	
	<u> </u>	טר דל	VIA STOCK		···	\vdash		+			00/3	1/1/
<u>c</u>						<u> </u>						
-u e		<u> </u>	<u> </u>									
_	(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale			. I		ain or (loss (f) minus		
a	1,550,000.			<u> </u>								,000.
b	4 242 425											,405.
												•
<u>d</u>												
_e												··
	Complete only for assets showing	ig gain in	column (h) and owned by t	he foundation	on 12/31/69					ul (lı) yalıı		
	(i) FMV as of 12/31/69	,	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any			COI		ot less tha (from col. (
a										· · · · ·	1,550	,000.
Ь											1,319	,405.
_ <u>c</u>												
d			· · · · · · · · · · · · · · · · · · ·									
<u>e</u>						_	1					
2	Capital gain net income or (net ca	ipital loss)	If gain, also enter If (loss), enter -0-	in Part I, line - in Part I, line	7 7	}	2				2,869	,405.
3	Net short-term capital yam or (loa	ss) as defi	ned in sections 1222(5) and	ძ (ჩ)								
	If gain, also enter in Part I, line 8,	column (c)			\				NT / N		
ГР	If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net) Inve	3 estm	ent Inco	me	N/A		
	or optional use by domestic private		 									······································
Ų II	n upmanar use by nomestic private	· mannam	ms subject to the section 4	יייני אמן נמן ניין	Het Hive Sillient III	(Wille	-1					
If s	section 4940(d)(2) applies, leave th	nis part bl	ank									
Wa	as the foundation liable for the sec	tion 1912	tax on the distributable ame	ount of any yo	ar in the base per	ioqs					Yos	X No
If "	Yos," the foundation doesn't qualif											
1_	Entor the appropriate amount in o	oach colur	nn for oach yoar, see the in	structions bof	ore making any ei	ntrios					7.1.	
	(a) Base period years		(b)	tributions	Net value of no	(c)		uco accote		Distrit	(d) oution ratio	
_	Calendar year (or tax year beginnii	ng in)	Adjusted qualifying dist	9,992.	iver value of the			9,058		(col (b) div	nded by col	(c)) 38784
_	2016 2015			7,890.				6,410				$\frac{36764}{75892}$
	2013			7,532.				9,047				80946
	2013	†		7,212.				8,883				49106
_	2012			0,788.				4,822				77611
_		•										
2	Total of line 1, column (d)								2		. 5	22339
3	Average distribution ratio for the	5-year bas	se period divide the total o	on line 2 by 5 (O, or by the numb	cr of y	/cars					
	the foundation has been in exister	nce if less	than 5 years						3		.1	04468
											0 004	F 0 F
4	Enter the net value of noncharitab	le-use as:	sets for 2017 from Part X, I	ine 5					4	-	9,884	<u>,597.</u>
_	Markabalaa Abadaa O										1 032	,624.
5	Multiply line 4 by line 3								5		1,032	,024.
6	Enter 1% of net investment incom	no / 10/- of	Part I fine 27h\						6		2.8	,694.
	FIRST 1/6 OF HET HIVESTITICHE HICOH	10 (1 /0 01	i uiti, iine 270)									, , , , , ,
7	Add lines 5 and 6								7		1,061	,318.
											· . ·	
	Enter qualifying distributions from								8		1,524	,206.
	If line 8 is equal to or greater than See the Part VI instructions	n line 7, cł	neck the box in Part VI, line	1b, and comp	olete that part usin	ig a 1	% tax r	ate				

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Par	t VI Excise Tax Based on Investment Income (Section 4940	(a), 4940(b), 4940(e), or 49	948 - see i	nstruction	is)
1a	exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and er	nter "N/A" on line 1			
I	Date of ruling or determination letter (attach copy of letter if nec	essary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	➤ X and enter 1%	1	28,6	94.
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4%	of Part I, line 12, col (b)			
2	Fax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, oth	ners, enter -0-)	2		0.
3	Add lines 1 and 2		3	28,6	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, ot	hers, enter -0-)	4		0.
5	Fax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	28,6	<u>94.</u>
6	Credits/Payments	1 1		,	' (
a :	2017 estimated tax payments and 2016 overpayment credited to 2017	6a 28,700.		. '	1
b I	Exempt foreign organizations - tax withheld at source	6b 0.			;
C	Fax paid with application for extension of time to file (Form 8868)	6c 100.			į
	Backup withholding erroneously withheld	6d 0.			
	Total credits and payments Add lines 6a through 6d		7	28,8	
	Enter any ${ t penalty}$ for underpayment of estimated tax. Check here $\lfloor { t X} floor$ if Form 2220 is atta	ched	8		7.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	>	9		
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10		99.
	Enter the amount of line 10 to be Credited to 2018 estimated tax	99. Refunded ▶	11		0.
	t VII-A Statements Regarding Activities				l Na
	During the tax year, did the foundation attempt to influence any national, state, or local legisl	lation or did it participate or intervene	ın	Yes	
	any political campaign?		_	1a	X
	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos		ition	16	X
	f the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	it any materials published or			
	distributed by the foundation in connection with the activities				'x'
	Oid the foundation file Form 1120-POL for this year?			1c	 ^ .
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	·			1 1
	(1) On the foundation \(\brace \) \(\brace	· · —	•		i
	managers. $ ightharpoonup \$$	ture tax imposed on footidation			
	las the foundation engaged in any activities that have not previously been reported to the IR	162		2 -	x ,
	f "Yes," attach a detailed description of the activities				 **
	Has the foundation made any changes, not previously reported to the IRS, in its governing in	astrument articles of incorporation of	r	.	1 :
	pylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	istramont, artistos of moorporation, o		3 -	x_
	Did the foundation have unrelated business gross income of \$1,000 or more during the year	2		4a	X
	f "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		,	5	X
	f "Yes," attach the statement required by General Instruction T				1
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	her		•	!
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory	directions that conflict with the state	law		ا ا
	emain in the governing instrument?			6 X	
	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," compl	lete Part II, col (c), and Part XV		7 X	
				· 1	T
8a 1	Enter the states to which the foundation reports or with which it is registered. See instruction	ns >			!
_	NC				
b 1	f the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney General (or designate)			
(of each state as required by General Instruction G? If "No," attach explanation			8b X	
	s the foundation claiming status as a private operating foundation within the meaning of sec	ction 4942(j)(3) or 4942(j)(5) for cale	ndar		
,	vear 2017 or the tax year beginning in 2017? See the instructions for Part XIV If "Yes," com	plete Part XIV		9	X O
10 (Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedul	le listing their names and addresses		10	X
			F	orm 990-PF	(2017)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

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48

4b

X

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Part VII-B Statements Regarding Activities for Which F	orm 4/20 May Be Ri	equirea _{(contini}	ued)	1.	LALA
5a During the year, did the foundation pay or incur any amount to				Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	ŀ	
(2) Influence the outcome of any specific public election (see section 4955), o	ir to carry on, directly or indire		□ 3 €□	_	1
any voter registration drive?	•		es X No]
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y6	es X No		1
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n acscribca in section			' ' '''' '	
4945(d)(4)(A)? See instructions			es X No		- 1
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or to		es X No	,	
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 un	dor the a continue described i		es X No	- , •],
section 53 4945 or in a current notice regarding disaster assistance? See instri	•	ii Negulalions	N/A	5b	نـــا
Organizations relying on a current notice regarding disaster assistance, check l					Η.
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ned		1	'
expenditure responsibility for the grant?		//A	es 🗀 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	pay premiums on			' '	
a personal benefit contract?	p+, p	Y	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			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 tox of	helter transaction?	Ye	s X Nu	'	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	itable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors	ees, Foundation Mar	nagers, Highly			
1 List all officers, directors, trustees, and foundation managers and ti	heir compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Exp account	enșe
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account allowa	, other inces
DENNIS GILLINGS	DIRECTOR	3,114	- components		
2877 PARADISE ROAD, UNIT 3801	1				
LAS VEGAS, NV 89109	0.00	0.	0.		0.
MIREILLE GILLINGS	DIRECTOR		!		
2877 PARADISE ROAD, UNIT 3801					
LAS VEGAS, NV 89109	0.00	0.	0.		0.
CARL HELLMAN	SECRETARY/TRE	ASURER			
4721 EMPEROR BLVD., SUITE 300]]	-		
DURHAM, NC 27703	0.00	0.	0.		0.
		1			
0.00		INCOME II		<u> </u>	
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(e) Exp	nense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation	account allowa	, other
NONE]				
	1				
	4				
	1				
20000					0
Total number of other employees paid over \$50,000					U

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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 Part IX-A Summary of Direct Charitable Activities	▶ 0
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.	Expenses
1 THROMBOSIS RESEARCH INSTITUTE - TO SUPPORT RESEARCH IN THE	
DETECTION, PREVENTION AND TREATMENT OF BLOOD CLOTS	663,411.
UNIVERSITY OF EXETER - TO SUPPORT THE UNIVERSITY OF EXETER	
MEDICAL SCHOOL	
	326,066.
PASTEUR FOUNDATION - UNC CHAPEL HILL - TO SUPPORT GLOBAL	
HEALTH FELLOWSHIPS	360,000.
ALZHEIMER'S SOCIETY / WORLD DEMENTIA COUNCIL - TO SUPPORT	300,000.
DEMENTIA RESEARCH, HEALTH CARE, AND ADVOCACY	
	100,000.
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	
2	
All other program-related investments. See instructions	
3	
Total Add lines 1 through 3	0.

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Adjusted qualifying distributions Subtract line 5 from line 4

Note: The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the fit

Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

b Cash distribution test (attach the required schedule)

income Enter 1% of Part I, line 27b

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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1,524,206.

1,495,512.

28,694.

3b

4

6

	(a) Corpus	(b) Years prior to 2016	(¢) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,				
line 7				465,536.
2 Undistributed income, if any as of the end of 2017		·		
a Enter amount for 2016 only			0.	· · · · · · · · · · · · · · · · · · ·
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2017	· · · · · · · · · · · · · · · · · · ·			
a From 2012 41,649.				
b From 2013				
c From 2014 301,086.				
d From 2015 1,421,889.				
e From 2016 838, 039.				
f Total of lines 3a through e	2,602,663.			
4 Qualifying distributions for 2017 from				
Part XII, line 4 ► \$ 1,524,206.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				465,536.
e Remaining amount distributed out of corpus	1,058,670.			
5 Excess distributions carryover applied to 2017 (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 31, 4c, and 4e Subtract line 5	3,661,333.	,		
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 2016 Subtract line 4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2017 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				0.
7 Amounts treated as distributions out of				
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 2012				
not applied on line 5 or line 7	41,649.			
9 Excess distributions carryover to 2018				
Subtract lines 7 and 8 from line 6a	3,619,684.			
O Analysis of line 9				
a Excess from 2013				
b Excess from 2014 301,086.				
c Excess from 2015 1,421,889.				
d Excess from 2016 838, 039.				
e Excess from 2017 1,058,670.				

Part XIV Private Operating Fo	undations (see ins	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter that	it is a private operating			
foundation, and the ruling is effective for 2	2017, enter the date of t	he ruling	.		
b Check box to indicate whether the founda	tion is a private operatin	g foundation described i	n section	4942(j)(3) or	4942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not		· · · · · · · · · · · · · · · · · · ·	····		
used directly for active conduct of					
exempt activities					
· · · · · · · · · · · · · · · · · · ·				- 	·
e Qualifying distributions made directly					
for active conduct of exempt activities					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter			Ì		
2/3 of minimum investment return shown in Part X, line 6 for each year					
listed					
c "Support" alternative test - enter					
(1) Total support other than gross					,
investment income (interest,					
dividends, rents, payments on					
securities <u>loans</u> (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt					
organizations as provided in					`
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income Part XV Supplementary Infori	mation (Complet	to this part only i	the foundation	had \$5,000 or m	ore in accets
at any time during the			i the loundation	11au \$5,000 or 111	ore in assets
		actions.j			,
1 Information Regarding Foundation	•				
a List any managers of the foundation who			ibutions received by the	e foundation before the cl	ose of any tax
year (but only if they have contributed mo	re than \$5,000). (See Se	ection 507(a)(2))			
ENNIS GILLINGS					
b List any managers of the foundation who			or an equally large port	ion of the ownership of a	partnership or
other entity) of which the foundation has	a 10% or greater interes	t			
10NE	<u> </u>				
2 Information Regarding Contributio	n, Grant, Gıft, Loan,	Scholarship, etc., Pro	ograms:		
Check here X if the foundation on	ly makes contributions t	o preselected charitable	organizations and does	not accept unsolicited re-	quests for funds If
the foundation makes gifts, grants, etc., to					
a The name, address, and telephone number	r or email address of the	e person to whom applic	ations should be addres	ssed	
		,			
b The form in which applications should be	submitted and informat	ion and materials they sh	ould include		
				 	
c Any submission deadlines					
c Any submission deadlines d Any restrictions or limitations on awards,		<u> </u>		****	

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3. Grants and Contributions Paid During the Ye		Payment		
Recipient	If recipient is an individual,	ayiiieiit	1	
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
Paid during the year	or substantial contributor	recipient		
ALZHEIMER'S SOCIETY / WORLD DEMENTIA		PC	SUPPORT DEMENTIA RESEARCH, HEALTH CARE	
1-6 TAVISTOCK SQUARE			AND ADVOCACY	1
LONDON, UNITED KINGDOM WC1H 9NA				100,000.
FONDATION SANTE		POF	BIOMEDICAL SCIENCE	
3 SOMERSET DRIVE SOUTH		1	RESEARCH GRANTS	
GREAT NECK, NY 11020				10,000.
GREEK CANADIAN SENIOR CITIZEN		₽C	SUPPORT HEALTH AND	
VETERANS OF LAVAL			HUMAN SERVICE NEEDS OF	
1130 BLVD CURE LABELLE SUITE 214			SENIOR CITIZEN	
LAVAL, QUEBEC, CANADA H7V 3T7			VETERANS	19,729.
PASTEUR FOUNDATION - UNC CHAPEL HILL		PC	FUNDING FELLOWSHIPS IN	
FELLOWSHIPS			BIOMEDICAL RESEARCH	
420 LEXINGTON AVE SUITE 1654	,			
NEW YORK, NY 10170				360,000.
UNIVERSITY OF EXETER		PC	UNIVERSITY OF EXETER	
NORTHCOTE HOUSE, THE QUEEN'S DRIVE			MEDICAL SCHOOL	
EXETER, UNITED KINGDOM EX4 4QJ .				326,066.
Total SEE CON	TINUATION SHEE	T(S)	► 3a	1,524,206.
b Approved for future payment				
NONE				
HOME				
Tatal	<u> </u>		<u> </u>	0.
Total			► 30	٠.

Enter gross amounts unless otherwise indicated	Unrelate	ed business income		ded by section 512, 513 or 514	(e)
2.145 g. 000 amounts smood other wise maleutes	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue	Business code	Amount	sion	Amount	function income
a					
b			ļ		·
c			1		
	 				
e			1		
g Fees and contracts from government agencies			t		
2 Membership dues and assessments					
3 Interest on savings and temporary cash				·	·
investments					
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					······································
a Debt-financed property					·
b Not debt-financed property			·····		
6 Net rental income or (loss) from personal					
property 7 Other investment income					
	<u> </u>				
8 Gain or (loss) from sales of assets other			18	2,869,405.	
than inventory			10	2,000,400.	
Net income or (loss) from special events Gross profit or (loss) from sales of inventory			 		
11 Other revenue					
å					
b			 		
<u> </u>					
d					
8		0.		2,869,405.	0.
12 Subtotal. Add columns (b), (d), and (e)	L	<u> </u>	1	 	2,869,405.
13 Total Add line 12, columns (b), (d), and (e)				13	2,003,403.
(See worksheet in line 13 instructions to verify calculations)		·			
Part XVI-B Relationship of Activities to	the Acco	mplishment of Exe	empt	Purposes	
Line No.		in column (a) of Dest VVII A		tad .manartantly to the accom	and a home and a f
Line No Explain below how each activity for which income the foundation's exempt purposes (other than by			CONTIL	nuteo importantiy to the accom	ipiisnment oi
the foundation's exempt purposes (other than o	y providing for	ilus for such purposes)			
					· · · · · · · · · · · · · · · · · · ·
					
					
		· 			
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					· · · ·
					·· <u>.</u>
		· · ·		·	
		· -			
					

			E GILLINGS FOUNI		2197561	Pa	ge 13
Part	Information Re Exempt Organ		to and Transactions and	Relationships With Nonc	haritable		
1 Die	·		llowing with any other organization	described in section 501(c)		Yes	No
	•		elating to political organizations?	acsembed in section 50 Ne)			
	insfers from the reporting founda						
	Cash		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1a(1)		Х
•	Other assets		,		1a(2)		Х
• •	ner transactions				1 -1 -1		
	Sales of assets to a noncharita	ble exempt proanization			16(1)		Х
•	Purchases of assets from a no	. •	ion		1b(2)		Х
•	Rental of facilities, equipment,	, ,			1b(3)		Х
•	Reimbursement arrangements				1b(4)		X
•	Loans or loan guarantees				1b(5)		Х
	Performance of services or me	mbership or fundraising soli	citations		1b(6)		X
c Sh	aring of facilities, equipment, ma	uling lists, other assets, or pa	ud employees		1c		X
d If t	he answer to any of the above is	"Yes," complete the following	schedule Column (b) should alwa	lys show the fair market value of the go	oods, other assi	ets,	
				in any transaction or sharing arrangem			
со	umn (d) the value of the goods,	other assets, or services rece	eived				
(a) Line r	o (b) Amount involved	(c) Name of noncha	ritable exempt organization	(d) Description of transfers, transaction	s, and sharing arra	ıngemen	ls
		N,	/A				
							•
							_
			· · · · · · · · · · · · · · · · · · ·				
	•	•	o, one or more tax-exempt organiza	tions described		-	_
ın	section 501(c) (other than sectio	n 501(c)(3)) or in section 52	77		Yes	X	_] No
b lf	Yes," complete the following sch		1				
	(a) Name of org	janization	(b) Type of organization	(c) Description of rel	iationship		
	N/A						
	 						
	A						_
	Under penalties of perigiry, I declare	that know examined this return in	cluding accompanying schedules and state	aments, and to the best of my knowledge			
Sign			er than taxpayer) is based on all informatio		May the IRS d	prepare	3r
Here	I chall VI	M	15-NoV-18	TREASURER	shown below? X Yes	See ins	tr
	Signature of office or trustee	7	Date	Title	- LA Tes		No

Preparer's signature

Firm's address ▶ 150 FAYETTEVILLE ST., STE 1000 RALEIGH, NC 27601

11/15/18

Date

Check

self- employed

Phone no. 919-546-8000

P00951694

PTIN

Firm's EIN ▶ 86-1065772

Paid

Preparer

Use Only

Pr/nt/Type preparer's name

LAURA A. HINSON

Firm's name ► DELOITTE TAX LLP

DESCRIPTION

IQVIA STOCK

TOTAL TO FORM 990-PF, PART II, LINE 10B

	LEGAL	FEES	S'	TATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	1,873.	0.		0 .
TO FM 990-PF, PG 1, LN 16A	1,873.	0.		0 .
FORM 990-PF	TAX	ES	S	TATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
TAXES	28,700.	0.		0.
TO FORM 990-PF, PG 1, LN 18	28,700.	0.		0.
= = = = = = = = = = = = = = = = = = =				
FORM 990-PF	OTHER E		S	TATEMENT 3
FORM 990-PF		XPENSES	(C) ADJUSTED	(D)
FORM 990-PF DESCRIPTION BANK FEES	OTHER E. (A) EXPENSES	XPENSES (B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE PURPOSES
=	OTHER E	(B) NET INVEST- MENT INCOME	(C) ADJUSTED	(D) CHARITABLE

VALUE

6,853,000.

6,853,000.

BOOK VALUE

0.

0.

NAME AND ADDRESS OF GRANTEE.

THROMBOSIS RESEARCH INSTITUTE EMMANUEL KAYE BUILDING MANRESA ROAD CHELSEA LONDON SW3 6LR

GRANT DATES. 7/3/2017 & 12/22/2017

GRANT AMOUNTS: \$663,411

PURPOSE OF GRANTS: THE GRANTS WERE DESIGNATED TO FUND STAFFING AND TECHNOLOGY REQUIRED TO DEVELOP METHODOLOGIES FOR COMPARATIVE ANALYSIS IN LARGE POPULATION COHORTS AND NOVEL AUDIT METHODOLOGY FOR REAL WORLD OUTCOMES STUDIES.

TOTAL AMOUNT OF GRANTS SPENT PER GRANTEE, PER MOST RECENT REPORT RECEIVED FROM GRANTEE: \$663,411

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 NOVEMBER 8, 2018 HAS BEEN RECEIVED FROM THE GRANTEE DETAILING THE USE OF `THE 2017 GRANTS.

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

NAME AND ADDRESS OF GRANTEE:

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

GRANT DATE: 7/7/2017

GRANT AMOUNT: \$326,066

PURPOSE OF GRANT. THE GRANT WAS DESIGNATED TO PROVIDE SUPPORT TO THE UNIVERSITY OF EXETER MEDICAL SCHOOL WITHIN THE EXETER CENTRE FOR CLINICAL EXCELLENCE AND PIONEERING DIAGNOSTICS FOR A RANGE OF GENETIC DISORDERS.

TOTAL AMOUNT OF GRANT SPENT PER GRANTEE, PER MOST RECENT REPORT RECEIVED FROM GRANTEE: \$326,066

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 JULY 2017 HAS BEEN RECEIVED FROM THE GRANTEE DETAILING THE USE OF THE 2017 GRANT.

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

NAME AND ADDRESS OF GRANTEE:

ALZHEIMER'S SOCIETY/WORLD DEMENTIA COUNCIL 1-6 TAVISTOCK SQUARE LONDON, UNITED KINGDOM WC1H 9NA

GRANT DATE: 5/31/2017

GRANT AMOUNT \$100,000

PURPOSE OF GRANT. THE GRANT WAS DESIGNATED TO SUPPORT DEMENTIA RESEARCH, HEALTHCARE AND ADVOCACY.

TOTAL AMOUNT OF GRANT SPENT PER GRANTEE, PER MOST RECENT REPORT RECEIVED FROM GRANTEE: \$100,000

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 OCTOBER 24, 2018 HAS BEEN RECEIVED FROM THE GRANTEE DETAILING THE USE OF THE 2017 GRANT

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

NAME AND ADDRESS OF GRANTEE:

GREEK CANADIAN SENIOR CITIZEN VETERANS OF LAVAL 1130 BLVD CURE LABELLE SUITE 214 LAVAL, QUEBEC, CANADA H7V 3T7

GRANT DATE: 12/21/2017

GRANT AMOUNT: \$19,729

PURPOSE OF GRANT: THE GRANT WAS DESIGNATED TO SUPPORT HEALTH AND HUMAN SERVICE NEEDS OF SENIOR CITIZEN VETERANS

TOTAL AMOUNT OF GRANT SPENT PER GRANTEE, PER MOST RECENT REPORT RECEIVED FROM GRANTEE \$19,729

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 OCTOBER 16, 2018 HAS BEEN RECEIVED FROM THE GRANTEE DETAILING THE USE OF THE 2017 GRANT

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