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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

2014

Employer identification number

C/O ANDREA V. BORDE	LOTUS WHITE STAR FOTN N	35-6894268			
Organization type (check one					
Filers of:	Section:				
Form 990 or 990-EZ	501(c)(³) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private fou	ındatıon			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundate	tion			
	501(c)(3) taxable private foundation				
_	covered by the General Rule or a Special Rule. '), (8), or (10) organization can check boxes for both the General Rule and a S	Special Rule See			
X For an organization	i filing Form 990, 990-EZ, or 990-PF that received, during the year, contributor property) from any one contributor. Complete Parts I and II. See instruction contributions.				
Special Rules					
regulations under s 13, 16a, or 16b, an	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 of that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Co	or 990-EZ), Part II, line s of the greater of (1)			
contributor, during	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rethe year, total contributions of more than \$1,000 exclusively for religious, change purposes, or the prevention of cruelty to children or animals. Complete P	arıtable, scientific,			
contributor, during contributions totale during the year for General Rule applies	in described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that restrict the year, contributions exclusively for religious, charitable, etc., purposes, but dimore than \$1,000. If this box is checked, enter here the total contributions an exclusively religious, charitable, etc., purpose. Do not complete any of the less to this organization because it received nonexclusively religious, charitable more during the year	at no such s that were received e parts unless the e, etc., contributions			
990-EZ, or 990-PF), but it mu	is not covered by the General Rule and/or the Special Rules does not file So st answer "No" on Part IV, line 2, of its Form 990, or check the box on line Form 990, or check the box on line Form 990.	H of its Form 990-EZ or on its			

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization A LANI KAILANI BLUE LOTUS WHITE STAR FDTN

C/O ANDREA V. BORDEN

Employer identification number 35-6894268

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1 _	JOHN D. GILLESPIE 41 SHELL BEACH ROAD, GUILFORD, CT 06437	\$249,800.	Person X Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZiP + 4	(c) Total contributions	(d) Type of contribution		
±		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)		

Name of organization A'LANI KAILANI BLUE LOTUS WHITE STAR FDTN C/O ANDREA V. BORDEN

Employer identification number 35-6894268

Dart II	Noncash Property /	eaa instructions)	Use duplicate copies of	of Part II if additional	space is peeded
- aıııı	Hondain Toperty	see manachons).	Ose auplicate copies c	n i ait ii ii additionai	space is necueu.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Name of organization A'LANI KAILANI BLUE LOTUS WHITE STAR FDTN **Employer identification number** 35-6894268 C/O ANDREA V. BORDEN Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once. See instructions) ▶\$ Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

JSA 4E1255 1 000

Transferee's name, address, and ZIP + 4

(e) Transfer of gift

Relationship of transferor to transferee