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## Form 990-PF

### **Return of Private Foundation**

#### or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

2009

OMB No 1545-0052

			of the Treasury enue Service	N	lote. The fou		<b>Treated as a</b> be able to use a c				rting requirement	is.	2009
Fo	r cal	end	ar year 2009,	or tax yes	ar beginning				, and e	nding	<del></del>		
G	Che	ck a	all that apply:		Initial retur   Amended r			eturn of a fo dress chan	ormer public ( ge		Name change	inal return	
	se th	el.			AMTT.V	FOUNDA	.TT∩N				A Employer ide		umber
·		wist int	,				elivered to street add	iress)		Room/suite	B Telephone nu		
	or ty		145 B	RIARI	HILL R	D.					(716)	688-1	958
	e S		fic City or tow		ind ZIP code					<u> </u>	C If exemption app		
_	_	ck t	ype of organiz	AMSV.	LLE, X Section	<b>NY 14</b> n 501(c)(3) ex	221 kempt private foui				D 1. Foreign org 2. Foreign organ check here a	ganizations, c	heck here
Ļ			tion 4947(a)(1				Other taxable priv	_			E If private foun	dation status	was terminated
			ket value of all		end of year	J Account	-	Cash	Accr	ual	under section		
1	_	n Pa	art II, col (c),	line 16)	0 050	(Part Look)	ther (specify) imn (d) must be	on onch	hacia )	<del></del>	F If the foundat	on is in a 60	month termination
T <sub>E</sub>	<u>&gt;\$</u>		Analysis of D							·	under section		
_r	art		Analysis of Re (The total of amo necessarily equa	unts in colu	imns (b), (c), an	d (d) may not	(a) Revenue expenses pe			vestment ome	(c) Adjuste income		(d) Disbursements for charitable purposes
_	Т		Contributions,				<u> </u>	,670.			N/A		(cash basis only)
					on is not required t			, 070.			IV/A		· · · · · · · · · · · · · · · · · · ·
		ا ۾	nterest on saving	s and temp		o attach sen b	<u> </u>	20.		20.		-	TATEMENT 1
	'		cash investments Dividends and		nm conunities	•							IAIEMENI I
2010			Gross rents	iiitei est iit	om scourines	•							
0	'		Vet rental income	or (lone)			-					- +-	
	1	_	Vet gain or (loss)	· · -		l.n. 10							
2	<u> </u>	. (	Gross sales price		assets not on	iine iu							<del> </del>
MAY	Hevenue		assets on line 6a Capital gain net in		Part IV June 2\	<del></del>				0.			
	위 .		Net short-term	•						<u> </u>		<del></del>	
	- 1		ncome modific				-						
SCANNED		(	Gross sales less r and allowances		1		-						
<b>4</b>	'		ess Cost of goo	de eold		_				<u></u>	<del></del>		
A			Gross profit or		<b>I</b> -	<u> </u>	1						
Ö	1		Other income	(.000)			l	800.		800.		S	TATEMENT 2
ဟ	1:		Total. Add line	s 1 throug	յի 11		8	,490.		820.			
_	1:		Compensation of			s. etc		0.		ECEP			0.
	1		Other employe			.,			R	CULIV			<u></u>
	1		Pension plans,		•				1		(0)		
	2 1 g	6a L	_egal fees	, ,					(8)	MAY 18	1010 191		
			Accounting fee	s					101		<u> </u>		
į	and Administrative Expenses	c (	Other professio	nal fees						CDEN	117		
-	9 1	<b>7</b>	nterest							CIUILIV			
	E 1	8 1	Taxes										
	1	9 [	Depreciation ar	d depletio	on								
3	Ē   2	0 (	Occupancy										
•	₹ 2	1 1	Fravel, confere	nces, and	meetings								
-	[ 2	2 F	Printing and pu	blications	}								
	2	3 (	Other expenses	;	ST	MT 3	1	,870.		1,600.			0.
	Operating	4 1	Total operating	and adm	ninistrative								
		e	expenses. Add	lines 13 t	through 23		1	,870.	_	1,600.			0.
(	기2	5 (	Contributions,	gıfts, gran	ts paid		6	,925.					6,925.
	2		Total expenses	-	-								
_	$\perp$		Add lines 24 ar	d 25			8	795.		1,600.			6,925.
	2	7 5	Subtract line 26	from line	12:								
		a e	excess of revenue	over exper	nses and disbu	rsements	L •	<305.	>				
		b M	Net investmen	t income (	if negative, ent	er -0-)				0.			
_		c #	Adjusted net in	come (if n	egative, enter	-0-)					N/A		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form 9	990-PF (2009) GENTILE FAMILY FOUNDATION		31-6	6650308 Page 2
Par	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only  (a) Book Value (b) Book Value (c)			<del></del>
	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	45,446.	37,111.	37,111.
	Savings and temporary cash investments			
3	Accounts receivable -			
ļ	Less; allowance for doubtful accounts			
4	Pledges receivable		-	
	Less: allowance for doubtful accounts			
5	· ······			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7	Other notes and loans receivable			
	Less; allowance for doubtful accounts			
र्घ 8	Inventories for sale or use			
22	Prepaid expenses and deferred charges			
10	a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 4	30,784.	38,454.	71,148.
	c Investments - corporate bonds			
11	Investments - land, buildings, and equipment: basis			
	Less accumulated depreciation			
12	Investments - mortgage loans			· · · · · · · · · · · · · · · · · · ·
13	Investments - other			
14	Land, buildings, and equipment basis			
	Less accumulated depreciation			
15	Other assets (describe ►)			
16	Total assets (to be completed by all filers)	76,230.	75,565.	<u> 108,259.</u>
17	Accounts payable and accrued expenses			
18				
ဖ္မ 19	<u> </u>			
[ 20	Loans from officers, directors, trustees, and other disqualified persons	525.	165.	
Liabilities 51	` '			
7 22	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)	525.	165.	
	Foundations that follow SFAS 117, check here			
g .	and complete lines 24 through 26 and lines 30 and 31.			
월 24	Unrestricted			
<u>a</u> 25	Temporarily restricted			
Net Assets or Fund Balances	F			
.들	Foundations that do not follow SFAS 117, check here			
<u>ا</u> ا	and complete lines 27 through 31.			
<u>ي</u> 27	Capital stock, trust principal, or current funds	0.	0.	
85 28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Ž 29	Retained earnings, accumulated income, endowment, or other funds	75,705.	75,400.	
ž  30	Total net assets or fund balances	75,705.	75,400.	
	Total liabilities and ask assets flood belowed	76 220	75 565	
	Total liabilities and net assets/fund balances	76,230.	75,565.	
Par	Analysis of Changes in Net Assets or Fund Ba	alances		
	al net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
	ist agree with end-of-year figure reported on prior year's return)		1	75,705.
	er amount from Part I, line 27a		2	<305.>
	er increases not included in line 2 (itemize)		3	0.
-	lines 1, 2, and 3		4	75,400.
	reases not included in line 2 (itemize)			0.
6 Tota	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	75,400.

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11,962.

6,925.

Add lines 5 and 6

See the Part VI instructions.

Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

Form	990-PF			3	1-	6650	308		Page 4
Pa	rt VI	Excise Tax Based on Investment Income (Section 4940	)(a), 4940(b), 4940(e),	or 49	<del>48 -</del>	see ir	nstru	ctio	าร)
1a	Exempt	operating foundations described in section 4940(d)(2), check here 🕨 🔲 and en	iter "N/A" on line 1.						
	Date of	ruling or determination letter: (attach copy of letter if nece	es <u>sary</u> -see instructions)		- 1				
b	Domest	tic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1%	·	1				0.
	of Part I	I, line 27b		ļ	[				
C	All other	r domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Part I, line 12, col. (b)	ļ	- 1				
2	Tax und	der section 511.(domestic section 4947(a)(1) trusts and taxable foundations only. Other	hers enter -0-)	<u> </u>	2				0.
_		es 1 and 2		<u> </u>	3				0.
		A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Of	thers enter -0-)	<u> </u>	4		_		0.
		sed on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		<u> </u>	5				<u>0.</u>
		Payments:	1 1						
		stimated tax payments and 2008 overpayment credited to 2009	6a						
		foreign organizations - tax withheld at source	6b		l				
		d with application for extension of time to file (Form 8868)	6c		Ī				
		withholding erroneously withheld	6d		1				_
		edits and payments. Add lines 6a through 6d		<b>-</b>	7				0.
		ny <b>penaity</b> for underpayment of estimated tax. Check here if Form 2220 is attac	ched	_	8				
		e. If the total of lines 5 and 8 is more than line 7, enter amount owed		▶	9				0.
		yment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	1		10				
		ne amount of line 10 to be: Credited to 2010 estimated tax	Refunde	ed 🖊	11				
_		A   Statements Regarding Activities			—			Vaa	No
		the tax year, did the foundation attempt to influence any national, state, or local legisl	ation or did it participate or int	ervene in	I		_	Yes	
		itical campaign?	(	0		ŀ	1a		X
		pend more than \$100 during the year (either directly or indirectly) for political purpos				ŀ	1b		X
		nswer is "Yes" to 1a or 1b, attach a detailed description of the activities and	copies of any materials pu	Diisnea	or				
		uted by the foundation in connection with the activities.					4.		<b>.</b>
		foundation file Form 1120-POL for this year?	woort			ŀ	1c		<u> </u>
		ne amount (if any) of tax on political expenditures (section 4955) imposed during the		0.					
		the foundation. > \$ 0 . (2) On foundation managers. The reimbursement (if any) paid by the foundation during the year for political expendit							
e		res. $ ightharpoonup $$	ure tax imposeu on iounuatio	11					
9	-	foundation engaged in any activities that have not previously been reported to the IR	152				2		X
		," attach a detailed description of the activities	10*						
		foundation made any changes, not previously reported to the IRS, in its governing in	estrument articles of incornor	ation or					
٠		or other similar instruments? If "Yes," attach a conformed copy of the change		ation, or			3		х
48		foundation have unrelated business gross income of \$1,000 or more during the year					4a		X
		has it filed a tax return on Form 990-T for this year?			N	/A	4b		
		ere a liquidation, termination, dissolution, or substantial contraction during the year?				,	5		X
		" attach the statement required by General Instruction T.							
		requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	her:						
	By lar	nguage in the governing instrument, or							
	By sta	ate legislation that effectively amends the governing instrument so that no mandatory	directions that conflict with the	ne state la	w				
	rema	in in the governing instrument?					6	Х	
7	Did the	foundation have at least \$5,000 in assets at any time during the year?					7	X	
	If "Yes,	," complete Part II, col. (c), and Part XV.	•						
8a	Enter th	e states to which the foundation reports or with which it is registered (see instruction	ns) <b>&gt;</b>						
	NY								
b	if the ar	nswer 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	
9	Is the fo	oundation claiming status as a private operating foundation within the meaning of sec	ction 4942(j)(3) or 4942(j)(5)	for calend	lar				
		09 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," co					9		X
10	Did any	persons become substantial contributors during the tax year? if "Yes," attach a schedul	e listing their names and addresses				10		X
						Forn	990	-PF(	2009)

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had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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orm 990-PF (2009) GENTILE FAMILY FOUNDATIO		<del></del>	<u>31-66503</u>	<u>08</u>	Page <b>6</b>
Part VII-B   Statements Regarding Activities for Which I	Form 4720 May Be I	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No		
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indir				1
any voter registration drive?			s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	s X No	-	
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				į
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y6	s X No	-	i
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t	for			
the prevention of cruelty to children or animals?		Ye	s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unit	der the exceptions described	ın Regulations			
section 53,4945 or in a current notice regarding disaster assistance (see instru		· ·	N/A	5 <b>b</b>	
Organizations relying on a current notice regarding disaster assistance check h	nere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined	_		
expenditure responsibility for the grant?		1/A 🔲 Ye	s No		
If "Yes," attach the statement required by Regulations section 53 494		.,			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
a personal benefit contract?	pay promising on	□ v <sub>4</sub>	s X No	İ	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal hanafit contract?			6 <b>b</b>	X
If "Yes" to 6b, file Form 8870.	rersonar benefit contract:		<del> -</del>	<del>"</del>	+~
7a At any time during the tax year, was the foundation a party to a prohibited tax s	haltar transaction?		es X No		
			. —	7b	<del></del>
b If yes, did the foundation receive any proceeds or have any net income attribut  Port VIII Information About Officers, Directors, Trust		nagare Highly		/ B [	
Part VIII Paid Employees, and Contractors	ees, roundation wie	may <del>o</del> rs, mym	y		
List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) F	xnense
(a) Name and address	nours per week devoted	(If not paid,	(d) Contributions to employee benefit plans and deferred	accou	xpense nt, other
NITOUGH A CONTINUE OF THE STATE	to position	enter -0-)	compensation	allov	vances
NICHOLAS GENTILE	GRANTOR			ı	
145 BRIARHILL RD.	0.00			ı	^
WILLIAMSVILLE, NY 14221	0.00	0.	0.		<u> </u>
DONNA M. RENELT	TRUSTEE			i	
5 WOOD SPRING HILL DR.	2 22			ı	•
HONEOYE FALLS, NY 14472	0.00	0.	0.		<u> </u>
				ı	
				ı	
				ı	
				ı	
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Cookshirtage to		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) E	xpense nt, other
	devoted to position	(o) compensation	compensation	allov	vances
NONE				ı	
		_	]		
				ı	
	1			ı	
<del>_</del>					
	1			ı	
Total number of other employees paid over \$50,000	l	l			0
ו סלפו נותנווחפו מו מתופו פווואומאפפט אפות מאפו שבמי'ממת		·		990-PF	<u>~</u>
			LOUD 5	,50-F F	(2003)

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0.

Total. Add lines 1 through 3

For	m 990-PF (2009) GENTILE FAMILY FOUNDATION	31-6650308	Page 8
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see instructions)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a 43	<u>,956.</u>
b	Average of monthly cash balances	1b 41	,757.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d 85	,713.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3 85	,713.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		,286.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5 84	,427.
6	Minimum investment return Enter 5% of line 5		,221.
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here  and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1 4	,221.
2a	Tax on investment income for 2009 from Part VI, line 5	<u> </u>	
b	Income tax for 2009. (This does not include the tax from Part VI.)	<u> </u>	
Ç	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3 4	,221.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5 4	,221.
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 4	,221.
P	art XII 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 6	<u>,925.</u>
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:		
	Suitability test (prior IRS approval required)	3a	
þ	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 6	<u>,925.</u>
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		<u>,925.</u>
	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	

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	( <b>d)</b> 2009
1 Distributable amount for 2009 from Part XI,	Corpus	10013 prior to 2000	2000	2003
line 7				4,221.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
,,,,,		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004 3,685. b From 2005 5,062.				
c From 2006 7,118.				
d From 2007 1,345.				
e From 2008 5, 232.				:
f Total of lines 3a through e	22,442.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 6,925.				
a Applied to 2008, but not more than line 2a			0.	·
<b>b</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.			4 001
d Applied to 2009 distributable amount	2 704			4,221.
e Remaining amount distributed out of corpus	2,704. 0.			0.
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	25,146.			
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.		<del> </del>
d Subtract line 6c from line 6b. Taxable		•		
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract			<u> </u>	
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	3,685.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	21,461.		ļ	
10 Analysis of line 9:				
a Excess from 2005 5, 062.				
b Excess from 2006 7, 118.				
c Excess from 2007 1,345. d Excess from 2008 5,232.				
e Excess from 2009 2,704.		-		
6 E A COSS   1 CHI 2003   2 1 1 0 2 1	<del></del>		L	Form <b>990-DE</b> (2000)

Part XIV Private Operating Fo	Dundations (see in:		I-A, question 9)	N/A	50308 Page 1
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	2009, enter the date of	the ruling	▶		
b Check box to indicate whether the found	ation i <u>s a pri</u> vate operatir	ng foundation described	in section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2009	( <b>b</b> ) 2008	(c) 2007	(d) 2006	(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					<u> </u>
under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
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 loans (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				l	
(4) Gross investment income					
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	re in assets
at any time during the	ne year-see the i	nstructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who			tributions received by the	foundation before the clos	e of any tax
year (but only if they have contributed m	ore than \$5,000). (See s	ection 507(d)(2).)			
SEE STATEMENT 5					
b List any managers of the foundation who			(or an equally large portion	on of the ownership of a pa	irtnership or
other entity) of which the foundation has	a 10% or greater interes	st.			
NONE					·
2 Information Regarding Contribution					
Check here 🕨 🗓 if the foundation or					
the foundation makes gifts, grants, etc. (	see instructions) to indiv	iduals or organizations i	under other conditions, co	omplete items 2a, b, c, and	d.
a The name, address, and telephone numb	er of the person to whor	n applications should be	addressed;		
<b>b</b> The form in which applications should be	submitted and informat	tion and materials they s	hould include:		
				·	
c Any submission deadlines:					
	··-				
d Any restrictions or limitations on awards	, such as by geographica	al areas, charitable fields	, kinds of institutions, or o	other factors:	
923601 02-02-10					Form <b>990-PF</b> (2009)

Part XV Supplementary Information	(continued)						
3 Grants and Contributions Paid During the Ye	ear or Approved for Future	Payment					
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient					
a Paid during the year							
SEE STATEMENT 6							
Total			► 3a	6,925.			
b Approved for future payment  NONE							
Total			<b>▶</b> 3b	0.			
3811 02-02-10 Form <b>990-PF</b> (2009)							

Part XVI-A	Analysis of	Income-Producing	<b>Activities</b>

nter gross amounts unless otherwise indicated.	Unrelated b	usiness income		by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion code	Amount	function income
a					
b					
c	_		<u> </u>		·-··
d	_		<u> </u>		<u>-</u>
e					
f	_				
g Fees and contracts from government agencies					
2 Membership dues and assessments			<del>                                     </del>		·
Interest on savings and temporary cash					
investments			+		20.
Dividends and interest from securities		· · · · · · · · · · · · · · · · · · ·			
Net rental income or (loss) from real estate:				-	
a Debt-financed property			+		
b Not debt-financed property	<del> </del>		+ +		
Net rental income or (loss) from personal					
property 7 Other investment income	<del></del>	<del></del>	<del>  </del>	· · · · · · · · · · · · · · · · · · ·	
3 Gain or (loss) from sales of assets other					· · · · · · · · · · · · · · · · · · ·
than inventory	-				
Net income or (loss) from special events				<del>-</del>	·
Gross profit or (loss) from sales of inventory					
1 Other revenue:		•			
a FEDERAL EXCISE TAX					
b REFUND					800
c					
d	_				
e	_				
2 Subtotal. Add columns (b), (d), and (e)		0 .		0.	820
3 Total. Add line 12, columns (b), (d), and (e)				13	820
See worksheet in line 13 instructions to verify calculations.	)				. <u> </u>

Line No.		
	the foundation's exempt purposes (other than by providing funds for such purposes).	
	EARNINGS FROM INVESTMENTS ARE CONTRIBUTED TO QUALIFIED CHARITIES.	
	PURPOSE OF FOUNDATION IS TO PROVIDE ASSISTANCE TO QUALIFIED CHARIS	IES
	WHICH SHARE THE SAME PHILANTHROPIC OUTLOOK AS THE FOUNDATION.	
	<del></del>	
	<del></del>	
	<u> </u>	
·		
923621 02-02-10	Form <b>990-P</b>	<b>F</b> (2009)

Р	'art XVII   Information Re Exempt Organi		o and Transactions a	nd Relationships With Nonc	charitable	•	
1	Did the organization directly or indir		wing with any other organization	n described in section 501(c) of		Yes	No
•	the Code (other than section 501(c)		* *				
2	a Transfers from the reporting founda	, , -					
	(1) Cash	mon to a nonemarkable exempt	organization on		1a(1)		x
	(2) Other assets				1a(2)		X
ь	b Other transactions:						
-	(1) Sales of assets to a noncharitat	ble exempt organization			1b(1)		х
	(2) Purchases of assets from a nor		ı		1b(2)		X
	(3) Rental of facilities, equipment,				1b(3)		X
	(4) Reimbursement arrangements				1b(4)		X
	(5) Loans or loan guarantees				1b(5)		X
	(6) Performance of services or me	mbership or fundraising solicita	ations		1b(6)		X
C	c Sharing of facilities, equipment, mai	iling lists, other assets, or paid	employees		1c		X
d	d If the answer to any of the above is	"Yes," complete the following so	chedule. Column (b) should alv	vays show the fair market value of the god	ods, other asso	ets,	
	or services given by the reporting fo	oundation. If the foundation rec	eived less than fair market valu	e in any transaction or sharing arrangeme	ent, show in		
	column (d) the value of the goods, o	other assets, or services receive	ed.				
(a)	Line no (b) Amount involved	(c) Name of noncharita	able exempt organization	(d) Description of transfers, transactions	and sharing arr	angeme	ints
		N/A	<u> </u>				
_							
28	a Is the foundation directly or indirect	•	· · ·	zations described		_ <del></del>	_
_	in section 501(c) of the Code (other		section 527?		Yes	LX.	No
	b If "Yes," complete the following sche (a) Name of org	<del></del>	(b) Type of organization	(c) Description of rela	honchin		<del></del>
		anization	(b) Type of organization	(c) Description of rela	nonsnip		
	N/A						
					<u>-</u>		
_				· · · · · · · · · · · · · · · · · · ·			
	Under penalties of perjury, I declare that I ha	ave examined this return, including a	ccompanying schedules and statem	ents, and to the best of my knowledge and belief	, it is true, correc	et.	
	and complete Declaration of preparer (other					Í	
	X D	1/24/1	15/14/10	TRUSTIER			
9	Signaturé of officer or trustee	10900	Date	Title	<u></u>		
운	Preparer's				reparer's identify	ւռց ռսո	nber
Sign Here	signature \www.	do bilal		5//2//o   self- employed ▶ □	·		
S	1 = 501 t'ATTA	EN, VALENTI, BOO	OKBINDEBEMEINT	7   Chiployed P			
	if self-employed).	BRYANT WOODS S		LIN P			
- 1	address, and ZIP code AMHE:	RST, NY 14228	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Phone no. 71	6-204-	900	0
		1.01/ AL 1144U		11 110110110. 7 1,	Form <b>990</b>		

# Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

**Schedule of Contributors** 

OMB No 1545-0047

Name of the organization

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

Employer identification number

GI	ENTILE FAMILY FOUNDATION	31-6650308
Organization type (check o	one).	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	is covered by the <b>General Rule</b> or a <b>Special Rule.</b> )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile See instructions.
General Rule		
For an organizatio	in filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in molete Parts I and II.	oney or property) from any one
Special Rules		
509(a)(1) and 170	(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the reg (b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II	
aggregate contrib	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary, cruelty to children or animals. Complete Parts I, II, and III.	
contributions for u If this box is check purpose. Do not c	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributes exclusively for religious, charitable, etc., purposes, but these contributions did not agained, enter here the total contributions that were received during the year for an exclusive complete any of the parts unless the <b>General Rule</b> applies to this organization because rule, etc., contributions of \$5,000 or more during the year.	gregate to more than \$1,000.  Preligious, charitable, etc.
but it <b>must</b> answer "No" or	that is not covered by the General Rule and/or the Special Rules does not file Schedule In Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 ing requirements of Schedule B (Form 990, 990-FZ, or 990-PF)	

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

GENTI	LE FAMILY FOUNDATION	31	<u>-6650</u> 308
Part i	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	NICHOLAS GENTILE CLAT 810C4400  145 BRIARHILL RD.  WILLIAMSVILLE, NY 14221	\$	Person Payroll Noncash X (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<del></del>			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there

923452 02-01-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

**Employer identification number** 

## GENTILE FAMILY FOUNDATION

31-6650308

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_1	5,640 SHARES OF PAETEC HLDG CORP STOCK		
		\$ 7,670.	04/06/09
(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
		\$	

FORM 990-PF INTEREST ON SAV	INGS AND TEN	MPORARY	CASH 1	INVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	<u></u>
MERRILL LYNCH				-		20.
TOTAL TO FORM 990-PF, PART I	LINE 3, CO	OLUMN A		-		20.
FORM 990-PF	OTHER 1	INCOME	<del></del>		STATEMENT	2
DESCRIPTION		(A) REVENU PER BOO		(B) NET INVEST- MENT INCOME		
FEDERAL EXCISE TAX REFUND	<del></del>		800.	800	•	
TOTAL TO FORM 990-PF, PART I	, LINE 11 =		800.	800	•	
FORM 990-PF	OTHER I	EXPENSES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B NET IN MENT I	VEST-			
CUSTODIAL FEE & OTHER BANK FEES STATE FILING FEES PUBLICATIONS TAX PREPARATION FEES	150. 75. 45. 1,600.	•	0. 0. 0. 1,600.	•		0. 0. 0.
TO FORM 990-PF, PG 1, LN 23	1,870	•	1,600	•		0.
FORM 990-PF	CORPORAT	TE STOCK			STATEMENT	4
DESCRIPTION			ВС	OOK VALUE	FAIR MARKE	т
PAETEC STOCK				38,454.	71,1	48.
TOTAL TO FORM 990-PF, PART II	, LINE 10B			38,454.	71,1	48.

	T XV - LINE 1A FOUNDATION MANAGERS	STAT	EMENT 5
NAME OF MANAGER			
NICHOLAS GENTILE DONNA M. RENELT			
	AND CONTRIBUTIONS DURING THE YEAR	STAT	EMENT 6
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
BOCA RATON MUSEUM OF ART, BOCA RATON, FL	N/A ALL PAID TO QUALIFYING CHARITIES	S 170(C)2(B)	100.
BROTHERS OF MERCY FDN, CLARENCE, NY	N/A ALL PAID TO QUALIFYING CHARITIES	S 170(C)2(B)	500.
BUFFALO ZOO, BUFFALO, NY	N/A ALL PAID TO QUALIFYING CHARITIES	S 170(C)2(B)	125.
CATHOLIC CHARITIES OF BUFFALO, BUFFALO, NY	N/A ALL PAID TO QUALIFYING CHARITIES	S 170(C)2(B)	1,500.
EAST AMHERST FIRE DEPARTMENT, EAST AMHERST, NY	N/A ALL PAID TO QUALIFYING CHARITIES	S 170(C)2(B)	100.
HOLY CROSS MISSION CTR, NOTRE DAME, INDIANA	N/A ALL PAID TO QUALIFYING CHARITIES	S 170(C)2(B)	1,000.

GENTILE FAMILY FOUNDATION			31-6650308
KALEIDA HEALTH FOUNDATION, BUFFALO, NY	N/A ALL PAID TO QUALIFYING CHARITIES	S 170(C)2(B)	400.
MESZAROS INTERNATIONAL CENTER FOR ENTREPRENEURSHIP, BUFFALO, NY	N/A ALL PAID TO QUALIFYING CHARITIES	S 170(C)2(B)	400.
NATIONAL CENTER FOR MISSING AND EXPLOITED CHILDREN, ALEXANDRA, VA		S 170(C)2(B)	1,350.
ERIE COUNTY LAW ENFORCEMENT FOUNDATION, ORCHARD PARK, NY	N/A ALL PAID TO QUALIFYING CHARITIES	S 170(C)2(B)	750.
KENMORE - TOWN OF TONAWANDA MEALS ON WHEELS, TONAWANDA, NY	N/A ALL PAID TO QUALIFYING CHARITIES	S 170(C)2(B)	50.
MARCH OF DIMES, BUFFALO, NY	N/A ALL PAID TO QUALIFYING CHARITIES	S 170(C)2(B)	500.
NIAGARA FRONTIER RADIO READING, CHEEKTOWAGA, NY	N/A ALL PAID TO QUALIFYING CHARITIES	S 170(C)2(B)	100.
ST JUDE CHILDREN'S RESEARCH HOSPITAL, MEMPHIS, TN	N/A ALL PAID TO QUALIFYING CHARITIES	S 170(C)2(B)	50.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A		6,925.