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### Form **990-PF**

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

OMB No 1545-0052

2009

Department of the Treasury Internal Revenue Service Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

For ca	lend	ar year 2009, or t	ax year beginnii	ng	, 2009	, and ending			
G Ch	eck a	all that apply:	Initial return	Init	ial Return of a former p	ublic charity		Fin	al return
			Amended ret	urn	Address	change	Name of	_	
Use 1	he	Name of foundation				· · · · ·	Α	Employer identification nu	mber
IRS la	bel.	Robert J.F	and Marga	aret !	M Brobyn Charit	table Trus	st	25-6734083	
Otherv		Number and street (	or PO box number if	mail is no	t delivered to street address)	Room/suite	В	Telephone number (see the	instructions)
prii or ty		57151 Mort	on Street					(305) 743-512	23
See Sp	ecific				State	ZIP code	C	If exemption application is	
Instruc	tions.	Marathon			FL	33050-560	7 D	1 Foreign organizations, chec	· -
H	hecl	type of organiza	ation X Sec	tion 50	I(c)(3) exempt private for			2 Foreign organizations meet	ing the 85% test, check
		ection 4947(a)(1)					on	here and attach computation	on 🕒 📗
	air m	arket value of all asse	ets at end of year		counting method: X C			If private foundation status under section 507(b)(1)(A)	
(	from I	Part II, column (c), lin	ne 16)		Other (specify)		J_F	If the foundation is in a 60	
<u>► \$</u>			,169.	(Part I	, column (d) must be on	cash basis.)		under section 507(b)(1)(B)	
Part I		Analysis of Re			(a) Revenue and	(b) Net inves	tment	(c) Adjusted net	(d) Disbursements
		Expenses (The	total of amount	s ın	expenses per books	income		income	for charitable
	5	columns (b), (c), a sarily equal the ai	anu (u) may not mounts in colum	neces- n (a)					purposes (cash basis only)
		see the instruction							(Cash basis only)
	1	Gont Barons, gine,	, grants, etc, received		50,000.				
	2	Ck ► X If the t	foundn is <b>not</b> req to a	tt Sch B					
	3	Interest on sav cash investme	vings and tempo	rary					
	1 4		erest from securities		37,188.	37	,188.		
	1 '	a Gross rents			0.	<i>3</i> ′	0.		
	1	<b>b</b> Net rental income or (loss)					<u></u> .		
R	ε	a Net gain/(loss) fron		n line 10					
R E V		b Gross sales price for assets on line 6a	or all					L RF	CEVED
Ě	7		come (from Part IV, II	ne 2)			0.		J. I. V. L. U
N	8		. •					83	0
U	9	Income modific	cations					MA ISI MA	
-	10	a Gross sales less returns and allowances							RS - 2010
	1	b Less Cost of		-		<del>-</del>		100	TO NOT THE PARTY OF THE PARTY O
		c Gross profit/(loss)	\(\(\begin{array}{ccc}\)					<u> </u>	KEN, UI
	11		) (aπ scn) (attach schedule	`					
	''	Calca micomic	Carragio Solicanie	,	<b>\</b>			1	
	12	Total. Add line	es 1 through 11		87,188.	37	,188.	<u> </u>	
	13		fficers, directors, trust	ees, etc			• •	İ.	
	14	Other employee sa	alaries and wages						
		Pension plans		fits					
A D	16	a Legal fees (attach	•						
D M		<b>b</b> Accounting fees (a	•						
Ņ	1	c Other prof fees (at	ttach sch)						
PS	17							ļ	
RR	18	, , , , , , , , , , , , , , , , , , , ,	•						
A A	19	Depreciation (a sch) and deple							
N V	20	'							
GĘ	21	Travel, confere	ences, and meet	ings	9,482.				9,482.
A E N X D P	22								
Ď P E	23		es (attach schedu	ıle)		_	0		
Ď		See Line 23 S			7,290.	<del>7</del>	,290.		7,290.
Ĕ	24	Fotal operatin	g and administration of the second se	ative h 23	16,772.	, ,	,290.		16,772.
5	25			20	54,030.	<del>                                     </del>	, 230.		54,030.
	26	, ,	es and disburser	nents	31,330.				57,550.
		Add lines 24 a	ind 25		70,802.	7	,290.		70,802.
	27		26 from line 12:				<u> </u>		
		a Excess of reve and disbursen	enue over exper nents	ses	16,386.				
		_	come (if negative, ent	er () \	10,300.	20	,898.	<u> </u>	<del>                                     </del>
			me (if negative, enter				, 000.		
DAA I	or B				t Notice, see the instru	tions		A0201 02/02/10	Form 990 PE (2009)

5

Add lines 1, 2, and 3

Decreases not included in line 2 (itemize)

1,555,361.

<u>63,</u>192.

4

5

6

► Market Valuation

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

	2008	64,081.	1,339,468.		0.04/841
	2007	91,091.	1,614,620.		0.056416
	2006	75,774.	1,509,224.		0.050207
	2005	71,126.	1,130,735.		0.062902
	2004	64,197.	1,055,941.		0.060796
2	Total of line 1, column (d)			2	0.278162
3	Average distribution ratio for the 5-year number of years the foundation has be	r base period — divide the total on line en in existence if less than 5 years	e 2 by 5, or by the	3	0.055632
4	Enter the net value of noncharitable-us	se assets for 2009 from Part X, line 5		4	1,481,857.
5	Multiply line 4 by line 3			5	82,439.
6	Enter 1% of net investment income (1	% of Part I, line 27b)	,	6	299.
7	Add lines 5 and 6			7	82,738.
8	Enter qualifying distributions from Part	XII, line 4		8	70,802.

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. See the Part VI instructions

Parl	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see the instru	ctions)		
1 a	Exèmpt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter (attach copy of letter if necessary - see instr.)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V,		!	598.
	check here ▶ and enter 1% 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, column (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0
•	· · · · · · · · · · · · · · · · · · ·			0.
3	<del> </del>			<u>598.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)  4			0.
2	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			<u>598.</u>
6	Credits/Payments·			
	2009 estimated tax pmts and 2008 overpayment credited to 2009 6a 692.			
	Exempt foreign organizations — tax withheld at source  6b			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld  6d			
_	Total credits and payments. Add lines 6a through 6d			<u>692.</u>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			94.
_11	Enter the amount of line 10 to be Credited to 2010 estimated tax 94. Refunded 11			
Par	t VII-A   Statements Regarding Activities			,
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1 a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for definition)?	1 b		x
	If the answer is 'Yes' to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c	: Did the foundation file Form 1120-POL for this year?	1 c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation \$ (2) On foundation managers \$	4		ł
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		<u> </u>
	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		<u> x</u>
<b>4</b> a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u> </u>
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	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	1 1		
	● By language in the governing instrument, or	1 1		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law 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, column (c), and Part XV	7	X	T
	Enter the states to which the foundation reports or with which it is registered (see the instructions)			T
	PA - Pennsylvania			
L	o If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			1
	(or designate) of each state as required by General Instruction G? If 'No,' attach explanation	8ь	Х	<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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		<u>x</u>
	and addresses	10		x
RΔΔ	· · · · · · · · · · · · · · · · · · ·	Form QQ	n DE	(2000)

Form 990-PF (2009) Robert J.F. and Margaret M Brobyn Charitable Trust 25-6734083 Page 4

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	n 990-PF (2009) Robert J.F.and Margaret M Brobyn Charitable Trust t VII-A   Statements Regarding Activities Continued	25-0	673408	3	P	age <u>5</u>
1	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)	<del>- · ., ,</del>		11	·	x
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			12	***	х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption at Website address	pplication	n?	13	Х	
14	The books are in care of ► Foundation Telephone  Located at ► 57151 Morton Street Marathon FL ZIP + 4 ►	no. ► 330!	(305) 50-560	<u>743</u> 7	<u>-452</u>	1
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — Check here and enter the amount of tax-exempt interest received or accrued during the year		15			
Dar	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		וס ן			
Гаг	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1.	a During the year did the foundation (either directly or indirectly)				162	NO
1 4	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	⊠ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X 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 for the benefit or use of a disqualified person)?	Yes	X No			
	(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.)	Yes	X No			
t	o If any answer is 'Yes' to 1a(1)-(6), did <b>any</b> 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 the instructions	•		1 Ь		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 before the first day of the tax year beginning in 2009?			1 c		_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)).					
ā	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	Yes	X No			
	If 'Yes,' list the years ► 20, 20, 20					
t	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a) all years listed, answer 'No' and attach statement — see the instructions.)			2b		_x_
(	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years her 20 , 20 , 20 , 20	e.				
3 8	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
ŀ	o if 'Yes,' did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after 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 2009)			3b		
42	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4a		X
. t	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 2009?			4b		х

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Part VII-B   Statements Regarding Activiti	es for Which Form	4720 May Be Requ	uired (continued)		<del></del>
5a During the year did the foundation pay or incur	any amount to:				1
(1) Carry on propaganda, or otherwise attempt	t to influence legislation	(section 4945(e))?	Yes X	No	1
(2) Influence the outcome of any specific publi on, directly or indirectly, any voter registral	c election (see section a tion drive?	4955); or to carry	☐ Yes 🏻	No	
(3) Provide a grant to an individual for travel,	study, or other similar p	urposes?	Yes X	No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section			Yes X	No	
(5) Provide for any purpose other than religiou educational purposes, or for the prevention			Yes X	No	
b If any answer is 'Yes' to 5a(1)-(5), did any of the described in Regulations section 53.4945 or in (see instructions)?	ne transactions fail to qual a current notice regardi	ualify under the exception ng disaster assistance	ons	5b	x
Organizations relying on a current notice regard	ding disaster assistance	e check here	▶ 🗍		
c If the answer is 'Yes' to question 5a(4), does to tax because it maintained expenditure respons		mption from the	☐ Yes ☐	No	
If 'Yes,' attach the statement required by Regul	lations section 53.4945-	5(d).			
6a Did the foundation, during the year, receive any on a personal benefit contract?	y funds, directly or indire	ectly, to pay premiums	Yes X	No	
<b>b</b> Did the foundation, during the year, pay premit	ıms, directly or indirectl	y, on a personal benefit	contract?	6b	X
If 'Yes' to 6b, file Form 8870.  7a At any time during the tax year, was the foundation	ation a narty to a probib	utad tav shalter transact	ion? Yes X	No.	
<b>b</b> If yes, did the foundation receive any proceeds				7b	$\frac{1}{x}$
Part VIII Information About Officers, Di					•
and Contractors					
1 List all officers, directors, trustees, foundation	managers and their co	ompensation (see instr	ıctions).		
(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 other allow	
John M. Brobyn					
57151 Morton Street	Exec. Dir.			ı	
Marathon FL 33050	5.00	0.	0.		0.
Robert C. Brobyn 57151 Morton Street	Director				
Marathon FL 33050	5.00	0.	0.		0.
Margaret Brobyn					
57151 Morton Street	Dir./Trustee				
marathon FL 33050	20.00	0.	0.		0.
See Information about Officers, Directors, Trustees, Etc.					
				•	•
2 Compensation of five highest-paid employees	c (other than these incl	Uded on line 1— see ins	tructions) If none enter	L'NONE '	0.
(a) Name and address of each employee	(b) Title and average	(c) Compensation	(d) Contributions to	(e) Expense	account
paid more than \$50,000	hours per week devoted to position	(c) compensation	employee benefit plans and deferred compensation	other allo	
None			55poriodilori		
		;	,	u.	
0					
0					
0				,	
0		-			
·					
Total number of other employees paid over \$50,000	L	l	<b>&gt;</b>		None
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly F and Contractors (continued)	aid Employee	es,
3 Five highest-paid independent contractors for professional services — (see instructions). If none, enter 'NONE.'		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Corr	pensation
None	(6) 0011	iperisation
Total number of others receiving over \$50,000 for professional services	<b>•</b>	None
Part IX-A Summary of Direct Charitable Activities		- HOHE
	<del></del>	
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.	Exp	enses
1 None		
		_
2		0.
3		
<del></del>		
4		
Part IX-B Summary of Program-Related Investments (see instructions)		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Ar	mount
1 None		
		0
2 None		0.
		0
All other program-related investments. See instructions		0.
3		
Total. Add lines 1 through 3	•	None
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Form 990-PF (2009) Robert J.F. and Margaret M Brobyn Charitable Trust  Part X Minimum Investment Return (All domestic foundations must complete this part. F see instructions.)	5-6734 oreign	
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc, purposes:		1 400 160
a Average monthly fair market value of securities	1a	1,492,169.
b Average of monthly cash balances	1b	12,254.
c Fair market value of all other assets (see instructions)	1 c	0.
d Total (add lines 1a, b, and c)	'9	1,504,423.
e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)  1 e		
	<b>┤</b> 2	
2 Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d	3	1 504 422
5 Subtract line 2 from line 10	3	1,504,423.
4 Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)		22 500
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	22,566.
6 Minimum investment return. Enter 5% of line 5	6	1,481,857.
		74,093.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operand certain foreign organizations check here ► ☐ and do not complete this p		Junuations
1 Minimum investment return from Part X, line 6	1	74,093.
2a Tax on investment income for 2009 from Part VI, line 5 2a 598.		
b Income tax for 2009 (This does not include the tax from Part VI.)	] [	
c Add lines 2a and 2b	2c	598.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	73,495.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	73,495.
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	73,495.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	1 a	70,802.
<b>b</b> Program-related investments — total from Part IX-B	1 b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, purposes	2	0.
3 Amounts set aside for specific charitable projects that satisfy the: a Suitability test (prior IRS approval required)	3a	0.
<b>b</b> Cash distribution test (attach the required schedule)	3b	0.

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.

4 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 income. Enter 1% of Part I, line 27b (see instructions)

6 Adjusted qualifying distributions. Subtract line 5 from line 4

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70,802.

70,802.

0.

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5

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#### Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	<b>(c)</b> 2008	<b>(d)</b> 2009
1 Distributable amount for 2009 from Part XI, line 7				73,495.
2 Undistributed income, if any, as of the end of 2009:				75/1201
a Enter amount for 2008 only			0.	
<b>b</b> Total for prior years: 20 , 20 , 20				
3 Excess distributions carryover, if any, to 2009.				
a From 2004 64, 450	).			
<b>b</b> From 2005 71, 373				
<b>c</b> From 2006 996	5.			
<b>d</b> From 2007 11, 075	5.]			
e From 2008	).			
f Total of lines 3a through e	147,894.			
4 Qualifying distributions for 2009 from Part				
XII, line 4· ► \$ 70,802.				
a Applied to 2008, but not more than line 2a			0.	
<ul> <li>Applied to undistributed income of prior year (Election required — see instructions)</li> </ul>	'S	0.		
<ul> <li>Treated as distributions out of corpus (Election required — see instructions)</li> </ul>				
d Applied to 2009 distributable amount				70,802.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009				
(If an amount appears in column (d), the same amount must be shown in column (a).	)			
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	147,894.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistribut- ed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> 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 instructions			0.	
f Undistributed income for 2009. Subtract line 4d and 5 from line 1. This amount must be distributed in 2010	s			2,693.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8 Excess distributions carryover from 2004 no applied on line 5 or line 7 (see instructions)	t 64,450.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	83,444.			
10 Analysis of line 9:				
a Excess from 2005 71, 373	3.			
<b>b</b> Excess from 2006 996	5.			
<b>c</b> Excess from 2007 11,075	<u>5.</u>		j	
	<u>).</u>			
	).	l	<u></u> _	
BAA				Form 990-PF (2009)

Form 990-PF (2009) Robert J.F. and Marg Part XIV   Private Operating Foundati				25-6734083	B Page <b>10</b>
				<del></del>	N/A
1a If the foundation has received a ruling or considerative for 2009, enter the date of the					
<b>b</b> Check box to indicate whether the foundat		rating foundation des		4942(j)(3) or	4942()(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year	41.000	Prior 3 years	1	
investment return from Part X for each year listed	(a) 2009	<b>(b)</b> 2008	(c) 2007	(d) 2006	(e) Total
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					<del></del> ,
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
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 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test – enter:					
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</li> </ol>					
(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 Information assets at any time during the	(Complete this	part only if the	organization h	ad \$5,000 or mor	e in
Information Regarding Foundation Managa List any managers of the foundation who holose of any tax year (but only if they have None	gers: nave contributed mo	ore than 2% of the to	tal contributions rec ection 507(d)(2).)	ceived by the foundat	ion before the
<b>b</b> List any managers of the foundation who ca partnership or other entity) of which the None	own 10% or more of foundation has a 10	the stock of a corpo 0% or greater interes	oration (or an equal st.	ly large portion of the	e ownership of
					<del></del> _
2 Information Regarding Contribution, Gran Check here ► X if the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d.	nakes contributions	to preselected chara	itable organizations	and does not accept nizations under other	unsolicited conditions,
a The name, address, and telephone number	er of the person to w	hom applications sh	ould be addressed:	<del> </del>	
Brobyn Family Foundation					
57151 Morton Street					
Marathon,	FL 3305	50			
<b>b</b> The form in which applications should be a Brobyn Family Trust Grant			s they should includ	e:	
c Any submission deadlines: None					
d Any restrictions or limitations on awards, a None	such as by geograp	hical areas, charitab	le fields, kinds of in	stitutions, or other fa	ctors:

. . . . . . . .

3 Grants and Contributions Paid During the Y		re Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or	Foundation status of		Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				
St. Peter's Church	N/A		Food for	
P.O. Box 430657		F 01 (2)	Homeless	050
Big Pine Key FL 3304 Adam's County Arts Council		501c(3)	1	250.
18 Carlisle St.	N/A		Run Educ. Prog. for historic	
Gettysburg PA 1732	_	5010 (3)	Wills House	3,000.
Geyysburg Battlefield Preservation Associated		3010(3)	Restoration of	3,000.
P.O. Box 4087			Historic	
Gettysburg PA 1732	5	501c(3)	Daniel Lady Farm	3,000.
Injured Marine Semper Fi Fund	N/A		Assist wounded	5,000
Wounded Warrior Ctr. Box 55519			Service men	
Camp Pendelton CA 9205		501c(3)	and Families	25,000.
Civil War Preservation Trust	N/A		Help Save Frayser's	·
1331 H. Street N.W., Suite 100	l		Farm southeast of	
Washington DC 2000	5	501c(3)	Richmond, Va	5,000.
Grace Jones Community Center			Fund repair damage	
230 41st Street	N/A		from Hurricane	
marathon FL 3305		501c(3)	Wilma	3,500.
Stand up for Animals	N/A		Assist animal	
10550 Aviation Blvd.	İ		Shelter and animal	
Marathon FL 3305		501c(3)		1,500.
Gettsburg Foundation	N/A		Help restore	
1195 Baltimorte Pike	_		Cyclorama paintin	
Gettyburg PA 1732		501c(3)	at museum	1,000.
Haverford College	N/A		fund academic	
370 Lancaster Ave		501 (0)	programs	0.500
Haverford PA 1904	<u> </u>	501c(3)		2,500.
See Line 3a statement				
				9,280.
				3,200.
Total	·	1	► 3a	54,030.
<b>b</b> Approved for future payment				
			1	
			j	
Total	<u> </u>		► 3b	

#### Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income	Exclude	d by section 512, 513, or 514	
Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	(e) Related or exempt function income (see the instructions)
a	<del>                                     </del>				
b	<del>                                     </del>				
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments	900003				. <u> </u>
4 Dividends and interest from securities	900003	37,188.			
5 Net rental income or (loss) from real estate					
a Debt-financed property					
<b>b</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 than inventory	900003	-50,497.			<u> </u>
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue					
a					
b					
С					
d	1 1				
e					1.44
12 Subtotal Add columns (b), (d), and (e)	<del>                                     </del>	-13,309.			
13 <b>Total.</b> Add line 12, columns (b), (d), and (e)			<u></u>	13	-13,309.
(See worksheet in the instructions for line 13 to verify ca	lculations.)				

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

<b>▼</b>	accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See the instructions.)
-	

# Form 990-PF (2009) Robert J.F. and Margaret M Brobyn Charitable Trust 25-6734083 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did							Yes	No
	the organization directly cribed in section 501(c) of ting to political organizations.	f the Code (oth	ngage in any of the following her than section 501(c)(3) org	with any oth ganizations)	ner organization or in section 527,			
a Trai	nsfers from the reporting	foundation to a	a noncharitable exempt orgar	nization of			'	
(1)	Cash					1a (	) <u> </u>	Х
(2)	Other assets					1a (	2)	Х
<b>b</b> Oth	er transactions.					<del></del>		
(1)	Sales of assets to a none	charitable exer	npt organization			1b(	o l	X.
(2)	Purchases of assets from	ı a noncharıtat	ole exempt organization			1 b (	2)	Х
(3)	Rental of facilities, equip	ment, or other	assets			1b (	9)	Х
(4)	Reimbursement arranger	nents				1b (	0	Х
(5)	Loans or loan guarantees	š				1b (	<b>5)</b>	Х
(6)	Performance of services	or membership	p or fundraising solicitations			1b (	5)	X
<b>c</b> Sha	aring of facilities, equipme	nt, mailing list	ts, other assets, or paid empl	loyees		1c		Х
the any	goods, other assets, or set transaction or sharing ar	ervices given b rangement, sh	complete the following schedu by the reporting foundation. If now in column (d) the value o	f the foundate of the goods,	tion received less the other assets, or se	an fair market value in vices received.		
(a) Line no	o. (b) Amount involved	(C) Name o	of noncharitable exempt organization		Description of transfer	, transactions, and sharing a	rangement	<u>s</u>
	-		<del></del>	+-	· · · · · · ·	·		
	<del></del>	<del> </del>						
		<del>                                     </del>			<del> </del>			
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	t e							
des	cribed in section 501(c) o (es,' complete the following	f the Code (othing schedule.	ated with, or related to, one o her than section 501(c)(3)) or	r in section !	527?	<u> </u>	es X	No
des	cribed in section 501(c) o	f the Code (othing schedule.	ated with, or related to, one of her than section 501(c)(3)) or (b) Type of organization	r in section !	527?	escription of relationship		No
des	cribed in section 501(c) o (es,' complete the following	f the Code (othing schedule.	her than section 501(c)(3)) or	r in section !	527?	<u> </u>		No
des	cribed in section 501(c) o (es,' complete the following	f the Code (othing schedule.	her than section 501(c)(3)) or	r in section !	527?	<u> </u>		No
des	cribed in section 501(c) o (es,' complete the following	f the Code (othing schedule.	her than section 501(c)(3)) or	r in section !	527?	<u> </u>		No
des	cribed in section 501(c) o (es,' complete the following	f the Code (othing schedule.	her than section 501(c)(3)) or	r in section !	527?	<u> </u>		No
des b if 'Y	cribed in section 501(c) of es,' complete the following (a) Name of organization of the complete that the contract of the cont	on I have examined the	her than section 501(c)(3)) or	ation	(c) D	escription of relationshi	)	
des b if 'Y	enaltipe of penning, I declare that the peccharation of preparer (other to	on I have examined the	her than section 501(c)(3)) or  (b) Type of organization  (b) Type of organization  (c) Type of organization  (d) Type of organization  (e) Type of organization  (f) Type organ	ation	(c) D  (c) D  ements, and to the best of has any knowledge	escription of relationshi	)	
des b if 'Y	cribed in section 501(c) of es,' complete the following (a) Name of organization of the complete that the contract of the cont	on I have examined the	her than section 501(c)(3)) or  (b) Type of organization  (b) Type of organization  (c) Type of organization  (d) Type of organization  (e) Type of organization  (f) Type organ	ation  edules and state which preparer	(c) D  ements, and to the best of has any knowledge	my knowledge and belief, it is	true, correct	et, and
Under percomplete	enalties of perpury, I declare that the perchange of perpury, I declare that the perchange of perpury and the perchange of perpury.	on I have examined the	(b) Type of organization (c)(3)) or (b) Type of organization (c)(3)) or (c)(4)) or (c)(4	edules and state which preparer	ements, and to the best of has any knowledge	my knowledge and belief, it is  Title Preparer's Ider (See Signature	true, correct	et, and
Under por complete	enalties of penjury. I declare that the peccharation of preparer (other to penjury). I declare that the peccharation of preparer (other to penjury). I declare that the peccharation of preparer (other to penjury). I declare that the peccharation of preparer (other to penjury). I declare that the peccharation of preparer (other to penjury). I declare that the penjury is penjury. s penjury. I declare that the penjury is penjury is penjury. I declare that the penjury is penjury is penjury is penjury. I declare that the penjury is penjury is penjury is penjury is penjury. I declare that the penjury is	thave examined the han taxpayer or find	(b) Type of organization (c)(3)) or (b) Type of organization (c)(3)) or (c)(4)) or (c)(4	edules and state which preparer	ements, and to the best of has any knowledge	my knowledge and belief, it is  Title  Preparer's Ider (See Signature	true, correct	et, and
Under paccomplete  Description of the paid parer's use	enalties of penjury, I declare that the pecchange of officer or trustee  Preparer's signature of officer or trustee  Preparer's signature of officer or JOSE  Firm's name (or JOSE)	thave examined the han taxpayer or find the ph J. Koh	(b) Type of organiza  (b) Type of organiza  (c) (3)) organiza  (b) Type of organiza  (c) (c) (3)) organiza  (d) Type of organiza  (e) (d) Type of organiza  (e) (e) (e) (e) (e) (e) (e)  (f) (e) (f) (e) (f) (e) (f)  (f) (f) (f) (f) (f) (f) (f) (f)  (f) (f) (f) (f) (f) (f) (f) (f)  (f) (f) (f) (f) (f) (f) (f) (f)  (f) (f) (f) (f) (f) (f) (f) (f)  (f) (f) (f) (f) (f) (f) (f) (f)  (f) (f) (f) (f) (f) (f) (f) (f) (f)  (f) (f) (f) (f) (f) (f) (f) (f) (f)  (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)  (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)  (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)	edules and state which preparer	(c) D  (c) D  ements, and to the best of has any knowledge  (28/10)  ete 1/27/10  Che sell em	my knowledge and belief, it is  Title  Preparer's Ider (See Signature	true, correct	et, and
Under por complete	enalties of penjury, I declare that the pecchange of officer or trustee  Preparer's signature of officer or trustee  Preparer's signature of officer or JOSE  Firm's name (or JOSE)	ph J. Koh	(b) Type of organiza  (b) Type of organiza  (c) (3)) organiza  (b) Type of organiza  (c) (c) (3)) organiza  (d) Type of organiza  (e) (d) Type of organiza  (e) (e) (e) (e) (e) (e) (e)  (f) (e) (f) (e) (f) (e) (f)  (f) (f) (f) (f) (f) (f) (f) (f)  (f) (f) (f) (f) (f) (f) (f) (f)  (f) (f) (f) (f) (f) (f) (f) (f)  (f) (f) (f) (f) (f) (f) (f) (f)  (f) (f) (f) (f) (f) (f) (f) (f)  (f) (f) (f) (f) (f) (f) (f) (f) (f)  (f) (f) (f) (f) (f) (f) (f) (f) (f)  (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)  (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)  (f) (f) (f) (f) (f) (f) (f) (f) (f) (f)	ation  addules and state which preparer  Date  Date	(c) D  ements, and to the best of that any knowledge  f/28//0   te  1/27/10   EIN	my knowledge and belief, it is  Title  Preparer's Ider (See Signature	true, correct	et, and

#### **Supporting Statement of:**

J. 10 19 19

Form 990-PF, p1/Line 1(a)

Description	Amount
Robert J.F.& Margaret Brobyn	50,000.
Total	50,000.

Form 990-PF, Page 1, Part I, Line 23 Line 23 Stmt

Other expenses:	Rev/Exp Book	Net Inv Inc	Adj Net Inc	Charity Disb
Management Fees	6,441.	6,441.		6,441.
Financial Agent	849.	849.		849.

Total 7,290. 7,290. 7,290.

## Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (a) thru (d)

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shares MLC Company)	(b) How acquired P-Purchase D-Donation	(c) Date acquired (month, day, year)	(d) Date sold (month, day, year)
525 Shrs.General Electric	P	06/17/04	03/03/09
400 Shrs.General Electric	P	01/19/06	03/03/09
450 Shrs.General Electric	P	11/02/07	03/03/09
600 Shrs.Medtrontics	P	03/01/01	05/08/09
200 Shrs.Medtrontics	P	06/26/07	05/08/09
500 Shrs.Novartis	P	01/19/06	05/08/09
250 Shrs.Novartis	P	06/26/07	05/08/09
400 Shrs.CVS Caregroup Corp	P	06/26/07	11/18/09
400 Shrs.CVS Caregroup Corp	P	07/11/07	11/18/09
400 Shrs.CVS Caregroup Corp	P	11/02/07	11/18/09
500 Shrs.CVS Caregroup Corp	P	10/14/08	11/08/09

## Form 990-PF, Part IV, Capital Gains and Losses for Tax on Investment Income Columns (e) thru (h)

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
3,709. 2,826. 3,179. 20,544. 6,848. 18,927. 9,463. 12,150. 12,150. 15,188.		16,947.  13,878.  18,206.  30,891.  10,347.  27,555.  13,865.  14,429.  14,396.  16,454.  15,664.	-13,23811,05215,02710,3473,4998,6284,4022,2792,2464,304476.

Total <u>192,632.</u> <u>-75,498.</u>

Form 990-PF, Part I	V, Capital Gains	and Losses for	Tax on Investr	nent Income
Columns (i) thru (l)				

Complete only for asset by the foundation on 12	(I) Gains (column (h) gain minus column (k),		
(i) Fair Market Value as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of column (ı) over column (j), if any	but not less than -0-)  or losses (from column (h))
			-13,23811,05215,02710,3473,4998,6284,4022,2792,2464,304476.
Total			-75,498.

Form 990-PF, Page 6, Part VIII, Line 1 Information about Officers, Directors, Trustees, Etc.

(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
Person X Business  James A. Brobyn  57151 Morton Street  Marathon FL 33050  Person X Business  Robert J.F. Brobyn	Director 5.00	0.	0.	0.
57151 Morton Street           Marathon         FL 33050	Dir./Trustee	0.	0.	0.

1	_	ł٩	1

0.	0.	0.

Form 990-PF, Page 11, Part XV, line 3a Line 3a statement

3 Þ

Recipient	If recipient is an individual,	Foun- dation	Purpose of grant or contribution	Person or Business
Name and address	show any	status of re-		Checkbox
(home or business)	relationship to any foundation	cipient		Amount
	manager or	Cipicin		, amount
	substantial			
	contributor			
a Paid during the year				
Haverford College	N/A		Endowed	Person or
370 Lancaster Ave			Scholarship	Business X
haverford PA 19041		501c(3)		5,000.
Big Pine Rotary	N/A		<u>In Memory</u>	Person or
Crane Point			of Pierre	Business X
marathon FL 33050		501c(3)	· · · · · · · · · · · · · · · · · · ·	250.
Bank of America	<u>N/A</u>		Community	Person or
Route 1			Theater 2009	Business X
Marathon FL 33050		501c(3)		30.
Habitat for Humanity	<u>N/A</u>		Grant 2009	Person or
Route 1				Business X
Marathon FL 33050		501c(3)		2,500.
Nat'l.Assoc of Free Clinics	<u>N/A</u>		General	Person or
Route 1	<u>-</u>		Contribution	Business X
Marathon FL 33050		501c(3)		1,000.
Forgotten Felines, Inc.	<u>N/A</u>		General	Person or
Route 1	<u>                                     </u>		Help	Business X
Marathon FL 33050		501c(3)		500.

Total

9,280.

Form 990-PF, Page 2, Part II, Line 10b L-10b Stmt

	End of Year		
Line 10b - Investments - Corporate Stock:	Book Value	Fair Market Value	
Haverford Trust Acct # 17680332 - see attached	1,465,196.	1,465,196	
Tabal	1 465 106		

Total

<u>1,465,196.</u> <u>1,465,196.</u>