

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning _____ and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
The PDBK Charitable Foundation
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
P. O. 170023
 City or town, state or province, country, and ZIP or foreign postal code
Boston, MA 02117

D Employer identification number
04-3412267

E Telephone number
617-951-2777

F Group Exemption Number ▶

G Accounting Method: Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

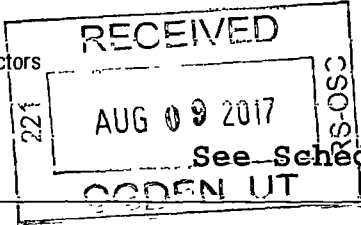
K Form of organization: Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **12,556.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Line	Description	Amount
1	Contributions, gifts, grants, and similar amounts received	0.
2	Program service revenue including government fees and contracts	
3	Membership dues and assessments	
4	Investment income	
5a	Gross amount from sale of assets other than inventory	12,167.
5b	Less: cost or other basis and sales expenses	8,537.
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	3,630.
6	Gaming and fundraising events	
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
c	Less: direct expenses from gaming and fundraising events	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
7a	Gross sales of inventory, less returns and allowances	
b	Less: cost of goods sold	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8	Other revenue (describe in Schedule O) See Schedule O	389.
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	4,019.
10	Grants and similar amounts paid (list in Schedule O) See Schedule O	10,925.
11	Benefits paid to or for members	
12	Salaries, other compensation, and employee benefits	
13	Professional fees and other payments to independent contractors	
14	Occupancy, rent, utilities, and maintenance	
15	Printing, publications, postage, and shipping	
16	Other expenses (describe in Schedule O) See Schedule O	794.
17	Total expenses. Add lines 10 through 16	11,719.
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	-7,700.
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	20,260.
20	Other changes in net assets or fund balances (explain in Schedule O)	0.
21	Net assets or fund balances at end of year. Combine lines 18 through 20	12,560.



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LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2016)

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V [X]

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.
b Did the organization file Form 1120-POL for this year? 37b X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9 39a N/A
b Gross receipts, included on line 9, for public use of club facilities 39b N/A
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
section 4911 0.; section 4912 0.; section 4955 0.
b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b X
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0.
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 0.
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e X
41 List the states with which a copy of this return is filed MA
42a The organization's books are in care of Paul A. Archibald, Trustee Telephone no. 617-951-2777
Located at P.O. Box 170023, Boston, MA ZIP + 02117
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?
If "Yes," enter the name of the foreign country:
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
c At any time during the calendar year, did the organization maintain an office outside the United States?
If "Yes," enter the name of the foreign country:
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b X
c Did the organization receive any payments for indoor tanning services during the year? 44c X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Table with 3 columns: Question, Yes, No. Row 46: Yes (empty), No (X)

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II

Table with 3 columns: Question, Yes, No. Row 47: Yes (empty), No (X)

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

Table with 3 columns: Question, Yes, No. Row 48: Yes (empty), No (X)

49a Did the organization make any transfers to an exempt non-charitable related organization?

Table with 3 columns: Question, Yes, No. Row 49a: Yes (empty), No (X)

b If "Yes," was the related organization a section 527 organization?

Table with 3 columns: Question, Yes, No. Row 49b: Yes (empty), No (empty)

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation. Row 1: NONE

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1: NONE

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A

Yes No (X)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer Paul A. Archibald, Trustee. Date

Paid Preparer Use Only: Print/Type preparer's name Edward R. Martin, Preparer's signature Edward R. Martin, Date 7/27/17, Check self-employed, PTIN P00449787, Firm's name Taylor, Ganson & Perrin, LLP, Firm's EIN 04-1894190, Firm's address 160 Federal Street, 20th Floor Boston, MA 02110, Phone no. (617) 951-2777

May the IRS discuss this return with the preparer shown above? See instructions Yes (X) No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

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Inspection

Name of the organization

The PDBK Charitable Foundation

Employer identification number

04-3412267

Form 990-EZ, Part I, Line 8, Other Revenue:

Description of Other Revenue:

Amount:

Dividends

389.

Form 990-EZ, Part I, Line 10, Grants and Allocations:

Activity Classification: child assistance

Grantee Name: Key Children Foundation

Grantee Address: 24 Dockside Lane Key Largo, FL 33037

Grantee Relationship: none

Date of Gift: 01/06/16

Amount Given:

2,175.

Activity Classification: Global Philanthropy

Grantee Name: All Charities Count

Grantee Address: 19828 Apple Ridge PL Montgomery Village, MD 20886

Grantee Relationship: none

Date of Gift: 01/12/16

Amount Given:

1,000.

Activity Classification: Medical

Grantee Name: Ocean Reef Medical Center

Grantee Address: 50 Barracuda Lane Key Largo, FL 33037

Grantee Relationship: none

Date of Gift: 03/16/16

Amount Given:

6,750.

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

Schedule O (Form 990 or 990-EZ) (2016)

832211 08-25-16

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
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Name of the organization The PDBK Charitable Foundation Employer identification number 04-3412267

Activity Classification: Battered Women Shelter

Grantee Name: LaBoure

Grantee Address: 303 Adams Street Boston, MA 02124

Grantee Relationship: none

Date of Gift: 03/08/16

Amount Given: 500.

Activity Classification: Education

Grantee Name: St. Sebastian's School

Grantee Address: 1191 Greendale Ave Needham, MA 02402

Grantee Relationship: none

Date of Gift: 03/10/16

Amount Given: 500.

Total included on Form 990-EZ, line 10 10,925.

Form 990-EZ, Part I, Line 16, Other Expenses:

Description of Other Expenses:	Amount:
Taylor, Ganson & Perrin for tax preparation	664.
JP Morgan Account fee	75.
JP Morgan Account check fee	20.
Form PC filing fee	35.
Total to Form 990-EZ, line 16	794.

Form 990-EZ, Part II, Line 24, Other Assets:

Description	Beg. of Year	End of Year
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.		Schedule O (Form 990 or 990-EZ) (2016)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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▶ Attach to Form 990 or 990-EZ.

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Name of the organization The PDBK Charitable Foundation	Employer identification number 04-3412267
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200 shs AT & T	6,882.	0.
75 shs Johnson & Johnson	7,704.	4,167.
100 shs Verizon Communications	4,622.	0.
Total to Form 990-EZ, line 24	19,208.	4,167.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly,
or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly,
or indirectly, on a personal benefit contract.