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2016

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Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income TaxUnder 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

A For the 2016 calendar year, or tax year beginning JUNE 01, 2016, and ending MAY 31, 2017

B Check if applicable		C Name of organization PEARL HARBOR SUBMARINE OFFICERS SPOUSES ASSOC		D Employer identification number 99-6009149	
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Number and street (or P O box, if mail is not delivered to street address) PO BOX 29449		Room/suite City or town, state or province, country, and ZIP or foreign postal code HONOLULU HI 96820	
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►		E Telephone number		F Group Exemption Number ►	
I Website ► N/A		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(7) <input type="checkbox"/> (insert no) 4947(a)(1) or <input type="checkbox"/> 527					
K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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				► \$ 43,602	

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
		2	
5a Gross amount from sale of assets other than inventory	3		
	4		
5b Less cost or other basis and sales expenses	3,060		
	5c		
6 Gaming and fundraising events	3		
	6a		
6b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6		
	6b		
6c Less direct expenses from gaming and fundraising events	11,031		
	6c		
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	10,634		
	6d		
7a Gross sales of inventory, less returns and allowances	397		
	7a		
7b Less cost of goods sold	29,508		
	7b		
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	22,548		
	7c		
8 Other revenue (describe in Schedule O)	8		
	9 Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
		11	
11 Benefits paid to or for members	12		
	13		
12 Salaries, other compensation, and employee benefits	14		
	15		
13 Professional fees and other payments to independent contractors	16		
	17		
14 Occupancy, rent, utilities, and maintenance	18		
	19		
15 Printing publications, postage, and shipping	20		
	21		
16 Other expenses (describe in Schedule O)	22		
	23		
17 Total expenses Add lines 10 through 16	24		
	25		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	26	
		27	
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)	28		
	29		
20 Other changes in net assets or fund balances (explain in Schedule O)	30		
	31		
21 Net assets or fund balances at end of year Combine lines 18 through 20	32		
	33		
<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 30 2017 OGDEN, UT </div>			
E2-62 IRS-OSC			

For Paperwork Reduction Act Notice, see the separate instructions

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LONG BEACH FIRE FIGHTERS PAC FUND

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02-0592743

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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

	Yes	No
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	33	X
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)	34	X
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)?	35a	X
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	35b	N/A
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	35c	X
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	36	X
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	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► <u>N/A</u> , section 4912 ► <u>N/A</u> , section 4955 ► <u>N/A</u>	40b	N/A
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		
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		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		
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 ► <u>CA</u>		
42a The organization's books are in care of ► <u>KEVIN SCOTT</u> Located at ► <u>2201 CHERRY AVENUE, SIGNAL HILL, CA</u>	Telephone no ► <u>(562) 989-3667</u> ZIP + 4 ► <u>90755</u>	
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)?	42b	X
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)	42c	X
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	

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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

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
46	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 Schedule C, Part II

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
47	
48	
49a	
49b	

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

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

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

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

(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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
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

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	► <i>Rebekah Stranges</i>	Date <i>10/24/17</i>
	Signature of officer REBEKAH STRANGES	TREASURER
	Type or print name and title	<i>10/24/17</i>

Paid Preparer Use Only	Print/Type preparer's name KRISTEN YUNKER	Preparer's signature <i>Kristen Yunker</i>	Date <i>10/18/2017</i>	Check <input type="checkbox"/> if self-employed	PTIN <i>P01875729</i>
	Firm's name ► HRB TAX GROUP INC			Firm's EIN ► 431871840	
	Firm's address ► 1585 KAPIOLANI BLVD STE 722			Phone no. <i>808-955-0120</i>	

May the IRS discuss this return with the preparer shown above? See instructions

► Yes 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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Name of the organization

PEARL HARBOR SUBMARINE OFFICERS SPOUSES ASSOCIATION

PART 1, LINE 10 - DOLPHIN SCHOLARSHIP

Employer identification number

99-6009149

PART 1, LINE 16 - OTHER EXPENSES, SEE STATEMENT 3

PART 1, LINE 24 - BEGINNING AND ENDING INVENTORY VALUES

PART 1, LINE 28 - SCHOLARSHIP AWARDED IN THE AMOUNT OF \$3,000