Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2015

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

В		the 2015 calendar year, or tax year beginning 9/01 , 2015, and ending 8/31	- 0	2016
Ĭ	Addre	ess change	mployer ide	ntification number
	Name	Deep Sea Valkyries, Inc.	47-445	0203
X	Initial	return 8458 E Portobello Ave. Mesa, AZ 85212	elephone nur	mber
	Final re	eturn/terminated PleSa, AZ 03212	(602)	576-0129
	1	ded return	roup Exe	mption
	1000	ration pending N	umber	
		Dunting Method: X Cash Accrual Other (specify) ► H Check ► X		rganization is not
1		site: http://www.deepseavalkyries.com required to		
J —		xempt status (check only one) — X 501(c)(3)	990-EZ,	or 990-PF).
		n of organization: X Corporation Trust Association Other		
L	Add asse	lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if totalets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	l ►\$	64,820.
		Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruct		Part I)
1		Check if the organization used Schedule O to respond to any question in this Part I		X
200	1	Contributions, gifts, grants, and similar amounts received.	1 1	64,820.
	2	Program service revenue including government fees and contracts	2	04,020.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5 a	a Gross amount from sale of assets other than inventory	•	
		Less: cost or other basis and sales expenses		
		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a).	5 c	
	6	Gaming and fundraising events		
R	a	Gross income from gaming (attach Schedule G if greater than \$15,000) 6a		
V		Gross income from fundraising events (not including \$ of contributions		
REVENUE		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
	С	: 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).	6 d	
	7 a	Gross sales of inventory, less returns and allowances		
	b	Less: cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	64,820.
	10	Grants and similar amounts paid (list in Schedule O)	10	01/020.
	11	Benefits paid to or for members.	11	
E	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	1,316.
PENSES	14	Occupancy, rent, utilities, and maintenance	14	1,010.
Ě	15	Printing, publications, postage, and shipping.	15	203.
	16	Other expenses (describe in Schedule O). See Schedule O	16	66,564.
	17	Total expenses. Add lines 10 through 16.	17	68,083.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-3,263.
A NS EE T T S	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).	19	0.
S	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20▶	21	-3,263.
BAA	For	r Paperwork Reduction Act Notice, see the separate instructions.		orm 990-F7 (2015)

Forn	990-EZ (2015) Deep Sea Valkyr	ries, Inc.		47-	-4450	0203 Page 2
r ai	Balance Sheets (see the ins Check if the organization used Sch	tructions for Part II) edule O to respond to any qu	uestion in this Part II			X
22				(A) Beginning of yea	ır	(B) End of year
23	Cash, savings, and investments Land and buildings				22	4,877.
24	Other assets (describe in Schedule O).				23	
25	Total assets	A CONTRACTOR OF THE CONTRACTOR	_	0.		4,877.
26	Total liabilities (describe in Schedule O	See Schedul	e 0	0.	26	8,140.
27	Net assets or fund balances (line 27 of	column (B) must agree with	line 21)	0.	27	-3,263.
Par	Statement of Program Service A Check if the organization used So	ccomplishments (see the instance)	tructions for Part III)	[X]		Expenses
What i	s the organization's primary exempt purpose? So.	e Schedule O			(Requir	red for section 501 and 501(c)(4)
Desc	ribe the organization's program service a	accomplishments for each of	its three largest progra	am services, as	organiz	ations; optional
bene	ribe the organization's program service a sured by expenses. In a clear and concis fited, and other relevant information for a	e manner, describe the servi each program title.	ces provided, the num	ber of persons	for othe	ers.)
28	Provided veterans sufferi	ng from PTSD with	live aboard re	etreats		
	(Grants \$) If th		,,			
29	(Clarits 9) II (I	is amount includes foreign g	rants, check here	······ • .	28 a	69,182.
20	(Grants \$) If th	is amount includes foreign g	rants, check here		29 a	
30						
	(Grants \$) If th	is amount includes foreign g	rants check here		30 a	
31	Other program services (describe in Sch	edule O)			30 a	
	(Grants \$) If th	is amount includes foreign g	rants, check here	▶ 🔲 :	31 a	
32 David	Total program service expenses (add lin	nes 28a through 31a)			32	69,182.
Pari	List of Officers, Directors, Check if the organization used Sc	rustees, and Key Emp	oloyees (list each one eve	n if not compensated — see	e the instr	ructions for Part IV)
		(b) Average hours per	AND THE RESERVE OF THE PARTY OF	The second secon		
	(a) Name and title	week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	contributions to employ benefit plans, and defen	red ((e) Estimated amount of other compensation
Jos	hua Grzywa		(compensation		
	sident & CEO	10	0.		0.	0
	sa Grzywa	10	0.		0.	0.
	ector	10	0.		0.	0.
	er_Levineector	_				WE 12-12
חדד	ector	5	0.		0.	0.
						P.
	100 00 4 100 00 1 10 1 10 10 10 10 10 10 10 10 1					
				-		CONTRACTOR OF THE STATE OF THE
				I	1	

•	the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	lule	0	X
3	B Did the organization engage in any significant activity not previously reported to the IPS2		Yes	No
2	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	103	X
3	and any organization of the organization of governing documents; if they reflect			
3	a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions). 5a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities	34		X
	(such as those reported on lines 2, 6a, and 7a, among others)?	35 a		Х
	b It 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No ' provide an explanation in Schodulo O	35 b		Λ
	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.	10000		
3	Did the organization undergo a liquidation, dissolution, termination, or significant	35 c		X
	disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	36		X
3	'a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a			71
20	b Did the organization file Form 1120-POL for this year?	37 b		Χ
30	a 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?	20		
	b If 'Yes,' complete Schedule L. Part II and enter the total	38 a		X
20	amount involved			
3:	a Initiation fees and capital contributions included on line 0			
	b Gross receipts included on line O formal I'm			
40				
	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0 ; section 4915 ► 0 ; section 4955 ► 0			
	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization appears in account 4503			
	benefit transaction during the year, of did it endade in an excess penefit 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.	40 b		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 40e reimburged			
	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	40		Х
41	List the states with which a copy of this return is filed AZ.	40 e		Λ
	a The organization's books are in care of ► Neysa Grzywa Located at ► 8458 E Portobello Ave. Mesa Az 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)?			9 No
	If 'Yes,' enter the name of the foreign country:	42 b		X
	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 U.S.?	42 c		X
	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	_		T / T
	and enter the amount of tax-exempt interest received or accrued during the tax year			I/A
				I/A No
44	a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead		. 03	. 40
	of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 900 FZ.	44 a		X
	listeau of Form 990-EZ	44 b		Х
	cold the organization receive any payments for indoor tanning services during the year?	44 c		X
13	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q			
45	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44 d		V
0	Did the organization receive any payment from or engage in any transaction with a controlled entity within the magning of each or E12/EV/13/3 K IVI	45 a		Χ
9/4	Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).	45 b		Х
	TET ADDIO 10 10 10 10 10 10 10 10 10 10 10 10 10	430		Λ

//C 11.0	I the organization and a discussion in	CONTRACT PROPERTY AND ADDRESS OF THE PARTY O		558 Ki		Yes	No
46 Did	I the organization engage, directly or indir ndidates for public office? If 'Yes,' comple	ectly, in political camp te Schedule C. Part I.	aign activities on behalf	of or in opposition to	46		37
Part V	Section 501(c)(3) organization All section 501(c)(3) organizati for lines 50 and 51.	s only			-275 11711-1	es	X
	Check if the organization used Schedu	ule O to respond to an	v question in this Part VI				
47 Did	the organization engage in lobbying activities	s or have a section 5010	h) election in effect during	the tay year? If 'Voc '	<u> </u>	Yes	No
COL	ripiete Schedule C, Part II	THE RESIDENCE AND ADDRESS OF THE PARTY OF TH			47		X
48 IST	he organization a school as described in s	section 170(b)(1)(A)(ii)	? If 'Yes,' complete Sche	dule E	48		X
b If '	the organization make any transfers to al Yes,' was the related organization a section	n exempt non-charitat in 527 organization?	le related organization?.		49 a		X
50 Cor	nplete this table for the organization's five hig ployees) who each received more than \$100,0	thest compensated amp	lovees (other than officers	directors to stars and I	49 b ey		
	(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) Estimate other com		
None		-				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					39		
		-					
		-					11
	al number of other employees paid over \$	100,000				3-28-3181	
51 Com	polete this table for the organization's five big	hest componented inder	andont contractorsl-	- L			
51 Com	plete this table for the organization's five hig opensation from the organization. If there	is none, enter mone.	pendent contractors who ea	ch received more than \$1	100,000 of		
COII	plete this table for the organization's five hig pensation from the organization. If there (a) Name and business address of each independent of	is none, enter mone.	pendent contractors who ea		(c) Comp	ensation	1
COII	ipensation from the organization. If there	is none, enter mone.				ensation	1
COII	ipensation from the organization. If there	is none, enter mone.				ensation	1
COII	ipensation from the organization. If there	is none, enter mone.				ensation	1
COII	ipensation from the organization. If there	is none, enter mone.				ensation	1
COII	ipensation from the organization. If there	is none, enter mone.				ensation	1
COII	ipensation from the organization. If there	is none, enter mone.				ensation	
COII	ipensation from the organization. If there	is none, enter mone.				ensation	
None d Tota	(a) Name and business address of each independent of	contractor	(b) Type o	if service		ensation	
None d Tota	(a) Name and business address of each independent of the contractors the organization complete Schedule A? Note that the organization complete Schedule A? Note that the organization complete Schedule A?	s rione, enter None.	(b) Type o	of service	(c) Comp	ensation	1
None d Tota 52 Did com	(a) Name and business address of each independent of the organization complete Schedule A? No pleted Schedule A.	seach receiving over sote: All section 501(c)	(b) Type o	if service	(c) Comp	ensation	No
None d Tota 52 Did com	(a) Name and business address of each independent of the organization complete Schedule A? No pleted Schedule A. es of perjury, I declare that I have examined this return, and complete, Declaration of preparer (other than office	seach receiving over sote: All section 501(c)	(b) Type o	tach a	(c) Composite of the co	ensation	1
Mone d Tota 52 Did com Juder penalti ue, correct,	(a) Name and business address of each independent of the organization complete Schedule A? No pleted Schedule A. Ses of perjury, I declare that I have examined this return, and complete, Declaration of preparer (other than office	seach receiving over sote: All section 501(c)	(b) Type o	if service	(c) Composite of the co	ensation	1
Mone d Tota 52 Did com Juder penalti ue, correct,	(a) Name and business address of each independent of the organization complete Schedule A? No pleted Schedule A. es of perjury, I declare that I have examined this return, and complete, Declaration of preparer (other than office	seach receiving over sote: All section 501(c)	(b) Type of the control of the contr	tach a best of my knowledge and belidge.	(c) Composition	ensation	1
None d Tota 52 Did com	(a) Name and business address of each independent of the organization complete Schedule A? No pleted Schedule A. Ses of perjury, I declare that I have examined this return, and complete, Declaration of preparer (other than office Joshua Grzywa	seach receiving over sote: All section 501(c)	(b) Type of the control of the contr	tach a best of my knowledge and belidge. I/IO/QOLO Date President & CEO	(c) Composite of the co	ensation	1
None d Tota 52 Did com Juder penalti	(a) Name and business address of each independent of the organization complete Schedule A? No pleted Schedule A. Ses of perjury, I declare that I have examined this return, and complete, Declaration of preparer (other than office Joshua Grzywa Type or print name and title	s each receiving over sote: All section 501(c) including accompanying scher) is based on all information	(b) Type of the control of the contr	tach a best of my knowledge and belidge.	(c) Composite of the co	ensation	1

Form **990-EZ** (2015)

Firm's EIN Phone no.

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

OMB No. 1545-0047 2015

Department of the Treasury Internal Revenue Service Name of the organization

at www.irs.gov/form990.

Open to Public Inspection

	of the organization					Employer identific	ation number				
	p Sea Valkyries, In		£			47-445020)3				
Par		narity Status (All	organizations must	comple	ete this	s part.) See instruc	ctions.				
	organization is not a private fou										
1	The state of the s										
	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)										
	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).										
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's										
-	name, city, and state:										
5	= 170(b)(1)(A)(IV). (Complete	Part II.)					in section				
6 7	A federal, state, or local go	overnment or governm	nental unit described in	section	1 70(b)(1)(A)(v).					
	An organization that normally in section 170(b)(1)(A)(vi).	(Complete Part II.)			nental un	it or from the general pu	blic described				
8	A community trust describe										
9	An organization that normally from activities related to its e investment income and unu June 30, 1975. See section	related business taxat 1 509(a)(2). (Complete	ect to certain exceptions, ple income (less section Part III.)	and (2) i 511 tax	no more) from b	than 33-1/3% of its supp usinesses acquired by	art frama auga-				
10	An organization organized	and operated exclusiv	ely to test for public sa	fety. See	section	1 509(a)(4).					
11	An organization organized or more publicly supported lines 11a through 11d that	describes the type of	supporting organization	or section and cor	o n 509(a nplete li)(2). See section 509(a nes 11e. 11f. and 11g.)(3). Check the box in				
а	Type I. A supporting organization(s) the power to complete Part IV, Sections	tion operated, supervis regularly appoint or elect A and B.	ed, or controlled by its su ct a majority of the directo	pported o	organizat stees of t	ion(s), typically by giving he supporting organization	the supported on. You must				
b	Type II. A supporting organ management of the supportin must complete Part IV, Sec	g organization vested in	n the same persons that o	control or	manage	the supported organizat	ion(s). You				
С	Type III functionally integrate organization(s) (see instruc	d. A supporting organizations). You must com	ation operated in connection plete Part IV, Sections	n with, a	nd function	onally integrated with, its	supported				
d	Type III non-functionally inte functionally integrated. The instructions). You must cor	organization generali nplete Part IV, Sectio	ly must satisty a distribuns A and D, and Part V.	ition req	uiremen	t and an attentiveness	requirement (see				
е	Check this box if the organi integrated, or Type III non-	zation received a writ functionally integrated	ten determination from I supporting organization	the IRS	that it is	a Type I, Type II, Type	e III functionally				
f	Enter the number of supported	l organizations									
g	Provide the following informati	on about the supporte	ed organization(s).				190,0000 180,000 97				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	organizat	s the tion listed loverning nent?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
	E INCOME STATE OF THE STATE OF			Yes	No	в	9				
(A)											
(B)											
(D)							No. of the second second				
(C)											
(D)											
(E)											
Total	2										
BAA	For Paperwork Reduction Act N	Notice, see the Instru	ctions for Form 990 or 9	90-EZ.		Schedule A (Form	990 or 990-EZ) 2015				

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support	SWEET SALES					
beg	lendar year (or fiscal year ginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')					64,820.	64,820.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf					04,020.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	0.	0.	0.	0.	64,820.	0. 64,820.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)					31,020.	0.
6	Public support. Subtract line 5 from line 4.						64,820.
Sec	ction B. Total Support						01,020.
beg	endar year (or fiscal year inning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	0.	0.	0.	0.	64,820.	64,820.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).			1			0.
11	Total support. Add lines 7 through 10						64,820.
12	Gross receipts from related activ	ities, etc. (see ins	tructions)			12	04,020.
13	First five years. If the Form 990 is a organization, check this box and	for the organization stop here	's first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
Sec	tion C. Computation of Pub	olic Support Po	ercentage				
14	Public support percentage for 20	15 (line 6, column	(f) divided by line	e 11, column (f)).			%
15	Public support percentage from 2						%
16 a	a 33-1/3% support test – 2015. If and stop here. The organization	the organization d qualifies as a pub	id not check the b licly supported org	oox on line 13, and ganization	d line 14 is 33-1/3	3% or more, check	this box
t	33-1/3% support test — 2014. If the and stop here. The organization	he organization di qualifies as a pub	d not check a box licly supported or	on line 13 or 16a ganization	, and line 15 is 3	3-1/3% or more, c	heck this box
	10%-facts-and-circumstances ter or more, and if the organization r the organization meets the 'facts-	-and-circumstance	es' test. The organ	test, check this b iization qualifies a	ox and stop here is a publicly supp	. Explain in Part \ orted organization	/I how ▶ □
	10%-facts-and-circumstances test or more, and if the organization rorganization meets the 'facts-and	l-circumstances' te	est. The organizat	test, check this b ion qualifies as a	ox and stop here publicly supported	LExplain in Part \ d organization	/I how the ► □
	Private foundation. If the organiz	ation did not chec	k a box on line 13	3, 16a, 16b, 17a, d	or 17b, check this	box and see instr	ructions •
BAA	TROOPS ST				Sche	edule A (Form 990	or 990-F7) 2015

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions and membership fees				31 2 30000000000000000000000000000000000	(4)	(i) rotar
	received. (Do not include						
2	any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or					Allia do Assalla de Caración d	
	services performed, or facilities						
	furnished in any activity that is						
	related to the organization's tax-exempt purpose						
3	Gross receipts from activities						
	that are not an unrelated trade						
	or business under section 513						
4	Tax revenues levied for the organization's benefit and		2200)
	either paid to or expended on						
_	its behalf						
5	The value of services or facilities furnished by a			9000			
	governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 8	Amounts included on lines 1,						
	2, and 3 received from disqualified persons						
1	Amounts included on lines 2			No. of the Control of			
	and 3 received from other than			8			
	disqualified persons that exceed the greater of \$5,000 or		1 0				
	1% of the amount on line 13						
	for the year						
(Add lines 7a and 7b		DOTO DE LA CONTRACTOR DE				
8	Public support. (Subtract line						
_	7c from line 6.)						
47	tion B. Total Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends.						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
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Part IV | Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A.	. All	Supporting	Organizations
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			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
1	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	Зс		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
1	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
•	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5 8	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
ı	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
(c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filling organization's supported organizations? If 'Yes,' provide detail in Part VI .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ)	8		
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI .	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI	9с		
1 0 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer 10b below	10a		
b	Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		

Nest the organization accepted a gift or contribution from any of the following persons? a A person who threetly or indirectly controls, either alone or logether with persons described in (ii) and (c) below, the government body of a supported organization of a general described in (ii) and (c) below, the government body of a supported organization of the control of the control of the supported organization of the control	۲	art IV Supporting Organizations (continued)						
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ra	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	ovembe	r 20 1970 See instruct	ons. All
Sec	tion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions).	6		
7	Other expenses (see instructions)	7	11 11 11 11 11 11 11 11 11 11 11 11 11	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4).	8		
Sec	tion B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
Ŀ	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	Wiles	
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally-integrated	arated	Type III supporting ord	anization

	t V Type III Non-Functionally Integrated 509(a)(3) Su	pporting Organiza	ations (continued)	
Sec	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purp			
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	s,	3011626	
3	Administrative expenses paid to accomplish exempt purposes of sup			17.30
4	Amounts paid to acquire exempt-use assets			W-1
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			ALCONOMIC NO.
8	Distributions to attentive supported organizations to which the organization in Part VI). See instructions.	n is responsive (provide	details	
9	Distributable amount for 2015 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
	ion E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015 (reasonable cause required — see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а			1990090	
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount			
i	Carryover from 2010 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D, line 7:			
	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7	Excess distributions carryover to 2016. Add lines 3j and 4c			
8	Breakdown of line 7:			
а				
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			
ЗАА	, w		Schedule A (Form	990 or 990-F7) 2015

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section B, Part VI (See instructions.)

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization Employer identification number Deep Sea Valkyries, Inc. 47-4450203 Form 990-EZ, Part I, Line 16 Other Expenses Business Registration Fee \$ 70. Conferences, Conventions, and Meetings..... 323. Contract Services 29,325. Dues and Subscriptions 444. Insurance..... 787. Interest..... 268. Supplies 222. Telephone Exps.... 7. Training...... 74. Travel 35,044. Total \$ 66,564. Form 990-EZ, Part II, Line 26 **Total Liabilities** Beginning Ending Credit Card Payable..... A 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1.4 1.1. 0. \$. 1,249. Payable to Officers, Directors, Etc..... 0. 6,891. Total 0. 8,140. Form 990-EZ, Part III - Organization's Primary Exempt Purpose Deep Sea Valkyries' mission is to enhance the lives of Veterans through the treatment of PTSD while introducing them to healthy recreational marine based activities. Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?.... No Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?....

No