Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

٠ г	or tn	e zuzz caie	endar	year, or tax y	ear beginr	ning			and	enaing						
			C Nam	ne of organization	on								D Em	ployer	identification r	umber
5 C	heck if a	pplicable:	COME	BINED ARM	MS.											
	Addres	ss change	Doin	g business as									47-	-564	8923	
	Name	change	Nun	nber and street	(or P.O. bo	x if mail is ı	not deliver	ed to street	address)		Room/s	uite	E Tele	ephone	number	
	Initial i	return	2929	MCKINNE	EY STRE	EET							(88)	88)7	737-3112	
	Final r	eturn/terminated	City	or town, state	or province,	, country, a	nd ZIP or	foreign pos	tal code				G Gro	oss rece	eipts \$	
	Amend	led return	HOUS	STON, TX	77003										3,860,2	241.
	Applica	ation pending		ne and address		officer:	MTKE	HUTCHI	NGS			H(a) Is this		return for		
	J		2929	MCKINNE	TY STRE							subord H(b) Are all		inates incl	luded? Yes	
	Tax-ex	empt status:	X		501(ert no.)	4947(a)(1)	or	527	⊣ ``′			st. See instructions	
	Webs	<u> </u>)MBINEDAF		0) () (1113	cit iio.)	4347 (a)(1) (51	021	H(c) Group				
		of organization			Trust	Δεεσ	ciation	Other		I V	ar of form				of legal domicile:	: TX
	art I	Summ		Corporation	Hust	Assu	Ciation	Other			ai oi ioiiii	ation. ZUI) IVI \	Otate C	i legal domicile.	
							_4 _:: c :			IGITEDII	T D O					
4	1	Briefly des	cribe	ine organizati	ion's missi	ion or mo:	st signine	cant activit	ies: SEE S	CHEDU	LE O					
Activities & Governance																
rna	_										_					
ove	2	Check this			-				ations or dis					1 1	et assets.	
Ŏ	3													3		18_
S	4								t VI, line 1b) .					4		18_
itie	5	Total num	ber of	individuals er	mployed in	calendar	year 20	22 (Part V	, line 2a)					5		29
듩	6	Total num	ber of	volunteers (es	stimate if n	ecessary)								6		100
ĕ	7a													7a		
	b	Net unrela	ted bu	siness taxabl	e income f	rom Form	990-T, I	Part I, line	11					7b		
												Prior Ye			Current \	/ear
_	8	Contribution	ons an	d grants (Part	VIII. line 1	h)						3,415	5.13	35.	3,303	3,259.
nue	9												7,78			2,197.
Revenue	10												4,16			8,441.
å	11								e)				9,94			5,881.
	12								(A), line 12) .			3,839				778.
	13											58	8,43		146	5,925.
	14													ONE		NONE
es	15), lines 5-10)			1,952				3,710.
Expenses	16 a)				3(0,00	00.	61	1,793.
×	b			expenses (Pa					280,346.							
_	17											1,679	,22	28.	2,036	5,499.
	18								e 25)			3,719	9,97	78.	4,678	3,927.
	19	Revenue I	ess ex	penses. Subt	ract line 18	from line	12					119	0,04	19.	-829	9,149.
ces	20 21 22											inning of Cur	rent Y	ear/	End of Ye	ar
sets	20	Total asse	ts (Par	t X, line 16) .								2,809	37	76.	3,177	7,172.
ABS	21			Part X, line 26)								388	3,72	29.	1,675	5,402.
Ę,ĕ	22											2,420				L,770.
Pa	rt II	Signat	ure B	lock								•			·	
		nalties of per	jury, I o	declare that I h	ave examin	ed this ret	urn, inclu	ding accor	npanying schedu	iles and s	tatements,	and to the b	est of	my kr	nowledge and b	pelief, it is
true	e, corre	ect, and comp	olete. D	eclaration of pr	eparer (othe	r than offic	er) is bas	ed on all in	ormation of which	ch prepare	er has any	knowledge.				
Sig	ın	Signature o	f officer									Date				
lei	re	· ·							CEO							
		MIKE H							CEO							
		Print/Type				Dro	narer's sig	naturo		Date			$\overline{}$. [5]	TIN	
aic	i	Fillio Type	hiebal	CI S IIdilie		Pie	parer's sig	griatul e		Date		Check		' ''		
	- parer	EMILY	SMI	KAL								self-ei	mploye		01312781	
	Only	Firm's nam	е	PANNELL	KERR I	FORSTE	R OF	TEXAS	P.C.			Firm's EIN		76	-0356844	·
		Firm's addr							77057-3092			Phone no.		71	3-860-14	.00
Лa	y the	IRS discu	ss thi	s return with	the prep	arer sho	own abo	ove? See	instructions				<u></u>		X Yes	No
or	Pape	rwork Red	uction	Act Notice,	see the se	parate ins	struction	s.	<u></u>						Form 99	0 (2022)

COMBINED ARMS 47-5648923

		age Z
Pa	Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	COMBINED ARMS (CAX) DELIVERS INNOVATIVE TECHNOLOGY SOLUTIONS THAT	
	OPTIMIZE CONNECTION TO RESOURCES AND DRIVE NETWORK-WIDE EFFICIENCIES,	
	ULTIMATELY IMPROVING THE QUALITY OF LIFE FOR VETERANS AND MILITARY	
	FAMILIES.	
2	Did the organization undertake any significant program services during the year which were not listed on the	,
		No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	_
	services? Yes X	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	ed by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	thers,
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 4,108,678. including grants of \$ 146,925.) (Revenue \$ 382,197.)	
	SEE SCHEDULE O	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
	/Codo	
40	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
40	(Code) (Expenses \$\pi) (Nevertide \$\pi)	
	OH	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses 4,108,678.	
JSA 2E1	020 1.000 Form 990 ((2022)

COMBINED ARMS 47-5648923

Part IV **Checklist of Required Schedules** No Yes 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 X Is the organization required to complete Schedule B, Schedule of Contributors? See instructions 2 Χ Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. 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................................. Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III 5 Χ Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I. 6 Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Χ Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Χ Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 9 Χ Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Χ If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Χ b Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more Χ c Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... Х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Χ f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... Х **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Χ Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Χ Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Х 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Χ

JSA 2E1021 1.000

Form 990 (2022)

Page 3

COMBINED ARMS 47-5648923

Form 9	90 (2022)		F	Page 4
Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		Х
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note : All Form 990 filers are required to complete Schedule O	38	Х	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <u>1a</u> 29			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	Х	

JSA 2E1030 2.000 Form **990** (2022) COMBINED ARMS 47-5648923

Form 990 (2022) Page 5 Nο Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 29 Statements, filed for the calendar year ending with or within the year covered by this return. 2b Χ b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, 4a Χ a financial account in a foreign country (such as a bank account, securities account, or other financial account)?... **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?....... Χ **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a Χ and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ 7e Χ e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Х g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7h h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?... Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the 8 sponsoring organization have excess business holdings at any time during the year?........... Sponsoring organizations maintaining donor advised funds. 9a a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?...... Section 501(c)(7) organizations. Enter: b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders.................. b Gross income from other sources. (Do not net amounts due or paid to other sources 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. **b** Enter the amount of reserves the organization is required to maintain by the states in which Χ 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 Χ If "Yes," see the instructions and file Form 4720, Schedule N. 16 Χ Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities 17 that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.

Form 990 (2022) 47-5648923

Page 6 COMBINED ARMS Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a 18 Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 18 Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Χ 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 Χ supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Χ 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Χ 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Χ Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Χ Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х Χ Each committee with authority to act on behalf of the governing body?............... Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes Χ 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a Χ Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Х Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b Χ c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," Χ 12c 13 Χ 13 14 Χ 14 Did the organization have a written document retention and destruction policy?............ Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a Χ 15b Χ If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a Χ b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed 17

Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

| X | Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records 20 OLGA DIAMONON 2929 MCKINNEY STREET HOUSTON, TX 77003

888-737-3112 Form **990** (2022)

Form 990 (2022) COMBINED ARMS 47-5648923 Page **7**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

	Check this box if neither the	organization nor an	v related organ	nization compensated	d anv current officer	. director. or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles	eck s pe	ition more	e than of the both or/trust Highest compensated employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(4) MIVE HITCHINGS	40.00									
(1) MIKE HUTCHINGS CEO	NONE			Х				138,710.	NONE	5,128.
(2) BRYAN FOSTER	3.00			21				130,710.	110111	3,120.
CHAIRMAN	NONE	X		Х				NONE	NONE	NONE
(3) LAUREN GORE	3.00							1,01,12	1101112	110112
VICE CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
(4) ASHLEY EASTIN	3.00							-		
SECRETARY	NONE	Х		Х				NONE	NONE	NONE
(5) ANDY PUHALA	3.00									
TREASURER	NONE	Х		Х				NONE	NONE	NONE
(6) JONNY HAVENS	3.00									
AT-LARGE MEMBER	NONE	Х		Х				NONE	NONE	NONE
(7) DOUG FOSHEE	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(8) STEVEN HUMMER	1.00									
MEMBER	NONE	X						NONE	NONE	NONE
(9) DAVID NIGHTINGALE	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(10) KELSEY HULTBERG	1.00									
MEMBER	NONE	X	Ш					NONE	NONE	NONE
(11) JEFF HART	1.00									
MEMBER	NONE	X						NONE	NONE	NONE
(12) CATHY KONWISARZ	1.00									
MEMBER	NONE	Х						NONE	NONE	NONE
(13) JERRY LASCO	1.00									
MEMBER	NONE	X						NONE	NONE	NONE
(14) BROOKS BALLARD	1.00									
MEMBER	NONE	X						NONE	NONE	NONE

Form **990** (2022)

COMBINED ARMS 47-5648923 Page 8

Part VII Section A. Officers, Directors, 7	rustees Ke	v Fn	nnlo	Ve	es	and H	lial	hest Compensat	ed Employee	s (cont	Page 8
(A)	(B)	/y <u></u>	ipic		C)	ana n	9.	(D)	(E)		(F)
Name and title	Average hours per			Pos heck	sition more	e than or		Reportable compensation	Reportable compensation f	rom	Estimated amount of
	week (list any hours for related organizations	office	er an		direct	or/truste employee		from the organization	related organizations (W-2/1099-MIS	·	other compensation from the organization
	below dotted line)	Individual trustee or director	Institutional trustee	er 	Key employee	est compensated loyee	ner	(W-2/1099-MISC)			and related organizations
15) BILL PRITCHETT MEMBER	1.00 NONE	Х				_		NONE	NO	ONE	NONE
16) DAVID ULREY	1.00							110112		7112	110111
MEMBER	NONE	X						NONE	NO	ONE	NONE
17) PATRICK LISSONNET MEMBER	1.00 NONE	Х						NONE		ONE	NONE
18) BARBARA W. SWEREDOSKI	1.00							1.01.2			
MEMBER	NONE	Х						NONE	NO	ONE	NONE
19) WILLIAM "BILL" AHMANSON MEMBER	1.00 NONE	Х						NONE	NO	ONE	NONI
1b Sub-total							ightharpoons	138,710.		ONE	5,128
c Total from continuation sheets to Part VII,	· · · · · · · · · · · · · · · · · · ·							NONE		ONE	NONI
d Total (add lines 1b and 1c)					bove	e) who	re	138,710. eceived more than		ONE	5,128
reportable compensation from the organizat	ion 🕨					1					
3 Did the organization list any former of	ficer directo	or or	trı	ıste	<u> </u>	kev e	mn	alovee or highest	compensate	4 [Yes No
employee on line 1a? If "Yes," complete Sche											3 X
4 For any individual listed on line 1a, is the organization and related organizations	e sum of rep	oortak	ole o	com	per	sation	ar "	nd other compens	sation from the	e h	
individual											4 X
5 Did any person listed on line 1a receive of for services rendered to the organization? If											5 X
Section B. Independent Contractors	res, compre	10 00	ieat	iie c	101	Sucir	061.	3011		-	J A
Complete this table for your five highest co- compensation from the organization. Report year.											tax
(A) SEE SCHEDILE O Name and business a	oddrocc							(B) Description of se	nicos		(C)
SEE SCHEDULE O Name and business a	auul 655						\perp	Description of se	I VICES	Com	pensation
2 Total number of independent contractors				nite	d to	those	e li	isted above) who	received		

Form 990 (2022) COMBINED ARMS 47-5648923 Page 9

Part VIII Statement of Revenue

		Check if Schedule	e O co	ontains a re	espor	ise or note to an	y line in this Part V	/		
					•		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
S, S	1a	Federated campaigns			1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues			1b					
اع ق	C	Fundraising events			1c					
ţ\$,	d	Related organizations			1d					
₽ E		Government grants (co		Г		986,523.				
ë.ë	e				1e	300,323.				
io i	f	All other contributions, and similar amounts not i	-	- 1		2 216 726				
the					1f	2,316,736.				
ΞÓ	g	Noncash contributions								
S E		lines 1a-1f		_	1g (2 222 252			
	h	Total. Add lines 1a-1f					3,303,259.			
as I						Business Code				
<u>Ş</u>	2a	TRAINING & ASSISTANC	E			541900	382,197.	382,197.		
ne je	b									
e u	С									
Se Ja	d									
Program Service Revenue	е									
- □	f	All other program serv	ice rev	venue						
	g	Total. Add lines 2a-2f					382,197.			
	3	Investment income	`	ū		*				
		other similar amounts)				Ī	18,441.			18,441.
	4	Income from investme		•			NONE			
	5	Royalties					NONE			
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a	137	,179.					
	b	Less: rental expenses	6b		,463.					
	С	Rental income or (loss)	6с	126	716.	NONE				
	d	Net rental income or (lo	oss) .				126,716.	126,716.		
	7a	Gross amount from		(i) Securi	ties	(ii) Other				
		sales of assets								
		other than inventory	7a							
e e	b	Less: cost or other basis								
Revenue		and sales expenses	7b							
ě	С	Gain or (loss)	7с							
	d	Net gain or (loss)					NONE			
Other	8a	Gross income fro	m f	fundraising						
0		events (not including \$	S							
		of contributions rep	orted	on line						
		1c). See Part IV, line 18	8		8a	19,165.				
	b	Less: direct expenses			8b	NONE				
	С	Net income or (loss) fr	rom fu	ındraising e	vents		19,165.			
	9a	Gross income 1	from	gaming						
		activities. See Part IV, I	ine 19		9a	NONE				
	b	Less: direct expenses			9b	NONE				
	С	Net income or (loss) f	rom g	gaming activ	vities .		NONE			
	10a	Gross sales of i	invent	ory, less						
		returns and allowances	s		10a	NONE				
	b	Less: cost of goods sol	d		10b	NONE				
	С	Net income or (loss) fr	om sa	les of invent	ory		NONE			
<u>s</u>						Business Code				
e e	11a									
en la	b									
ું કું કું	С									
Miscellaneous Revenue	d	All other revenue								
	е	Total. Add lines 11a-1					NONE			
	12	Total revenue. See ins	structio	ons			3,849,778.	508,913.		18,441.

Form 990 (2022) COMBINED ARMS 47-5648923 Page **10**

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

360	Check if Schedule O contains a resp			•	
			(B)		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	37,736.	37,736.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	109,189.	109,189.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	143,836.	86,302.	28,767.	28,767.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	1,908,898.	1,680,106.	113,717.	115,075.
	Pension plan accruals and contributions (include	36,995.	31,835.	2,568.	2,592.
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	181,476.	156,162.	12,597.	12,717.
10	Payroll taxes	162,505.	139,838.	11,280.	11,387.
	Fees for services (nonemployees):				
	Management	NONE			
	Legal	19,133.		19,133.	
	Accounting	28,731.		28,731.	
	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17	61,793.			61,793.
	Investment management fees	NONE			
	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O			
_	(A), amount, list line 11g expenses on Schedule O.)	674,531.	668,667.	5,864.	
12	Advertising and promotion	60,634.	60,634.		
13	Office expenses	34,487.	29,676.	2,394.	2,417.
14	Information technology	328,684.	319,112.	7,182.	2,390.
15	Royalties	NONE			
16	Occupancy	299,475.	257,703.	20,787.	20,985.
17	Travel	168,149.	161,609.	3,515.	3,025.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	29,656.	27,934.	426.	1,296.
20	Interest	NONE			
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	35,438.	30,495.	2,460.	2,483.
23	Insurance	14,006.	6,422.	375.	7,209.
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	UTILITIES	80,436.	69,217.	5,583.	5,636.
b	VETERANS ACTIVITES	240,445.	228,317.	9,646.	2,482.
c	MISCELLANEOUS EXPENSES	1,113.		1,113.	
d	BANK CHARGES	8,180.	6,330.	1,758.	92.
е	All other expenses	13,401.	1,394.	12,007.	
	Total functional expenses. Add lines 1 through 24e	4,678,927.	4,108,678.	289,903.	280,346.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
_					Form 990 (2022)

COMBINED ARMS 47-5648923 Form 990 (2022)

Part X Balance Sheet

Cash - non-interest-bearing Savings and temporary cash investments	r forr r forrantial perseified nn secondarial 10a 10b	ner officer, director, contributor, or 35% ons	(A) Beginning of year 1,188,897. 84,110. 421,081. 168,098. NONE NONE NONE NONE 134,560. 726,007. NONE NONE	6 7 8 9 10c 11	(B) End of year 494,409. 4,083. 729,236. 57,290. NONE NONE NONE 120,376. 646,578. NONE NONE
Savings and temporary cash investments	r forr r forrantial perseified nn secondarial 10a 10b	ner officer, director, contributor, or 35% ons	84,110. 421,081. 168,098. NONE NONE NONE NONE 86,623.	2 3 4 5 6 7 8 9	4,083. 729,236. 57,290. NONE NONE NONE NONE 66,733. 120,376. 646,578. NONE
Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current of trustee, key employee, creator or founder, substacontrolled entity or family member of any of these Loans and other receivables from other disqual under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intestments - program-related. See Part IV, line 11 Intangible assets	r form r form r form antial person iffed in second 10a 10b	ner officer, director, contributor, or 35% ons	421,081. 168,098. NONE NONE NONE 86,623. 134,560. 726,007. NONE	3 4 5 6 7 8 9 10c 11 12	729,236. 57,290. NONH NONH NONH 66,733. 120,376. 646,578. NONH
Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from any current of trustee, key employee, creator or founder, substacontrolled entity or family member of any of these Loans and other receivables from other disqual under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Intestments - program-related. See Part IV, line 11 Intangible assets	r form r form r form antial person iffed in second 10a 10b	ner officer, director, contributor, or 35% ons	168,098. NONE NONE NONE 86,623. 134,560. 726,007. NONE NONE	4 5 7 8 9 10c 11 12	57,290. NONI NONI NONI 66,733. 120,376. 646,578. NONI
Accounts receivable, net Loans and other receivables from any current of trustee, key employee, creator or founder, substacontrolled entity or family member of any of these Loans and other receivables from other disqual under section 4958(f)(1)), and persons described Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets	r formantial personified in secondary personial personia	ner officer, director, contributor, or 35% ons	NONE NONE NONE 86,623. 134,560. 726,007. NONE	5 7 8 9 10c 11	NONI NONI NONI 66,733 120,376. 646,578. NONI
Loans and other receivables from any current of trustee, key employee, creator or founder, substacontrolled entity or family member of any of these Loans and other receivables from other disqual under section 4958(f)(1)), and persons described Notes and loans receivable, net	r formantial perseified in secondary	ner officer, director, contributor, or 35% ons	NONE NONE NONE 86,623. 134,560. 726,007. NONE	6 7 8 9 10c 11	NONI NONI 66,733 120,376. 646,578.
trustee, key employee, creator or founder, substacontrolled entity or family member of any of these Loans and other receivables from other disqual under section 4958(f)(1)), and persons described Notes and loans receivable, net	antial perso ified in sec	contributor, or 35% ons	NONE NONE NONE 86,623. 134,560. 726,007. NONE	6 7 8 9 10c 11	NONI NONI 66,733 120,376. 646,578.
controlled entity or family member of any of these Loans and other receivables from other disqual under section 4958(f)(1)), and persons described Notes and loans receivable, net	personified in secondary 10a 10b	298,493.	NONE NONE NONE 86,623. 134,560. 726,007. NONE	6 7 8 9 10c 11	NONI NONI 66,733. 120,376. 646,578.
Loans and other receivables from other disqual under section 4958(f)(1)), and persons described Notes and loans receivable, net	ified in sec	298,493.	NONE NONE 86,623. 134,560. 726,007. NONE NONE	7 8 9 10c 11 12	NONI NONI 66,733 120,376. 646,578. NONI
under section 4958(f)(1)), and persons described Notes and loans receivable, net	10a 10b	298,493. 178,117.	NONE NONE 86,623. 134,560. 726,007. NONE NONE	7 8 9 10c 11 12	NONI NONI 66,733 120,376. 646,578. NONI
Notes and loans receivable, net	10a 10b	298,493. 178,117.	NONE NONE 86,623. 134,560. 726,007. NONE NONE	7 8 9 10c 11 12	120,376. 646,578.
Inventories for sale or use	10a 10b	298,493. 178,117.	86,623. 134,560. 726,007. NONE NONE	9 10c 11 12	120,376. 646,578. NONI
Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets	10a 10b	298,493. 178,117.	134,560. 726,007. NONE NONE	10c 11 12	120,376. 646,578. NONI
Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets	10a 10b	298,493. 178,117.	134,560. 726,007. NONE NONE	11 12	120,376. 646,578. NONI
basis. Complete Part VI of Schedule D Less: accumulated depreciation Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets	10b	178,117.	726,007. NONE NONE	11 12	646,578. NONI
Less: accumulated depreciation	10b	178,117.	726,007. NONE NONE	11 12	646,578. NONI
Investments - publicly traded securities Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets			726,007. NONE NONE	11 12	646,578. NONI
Investments - other securities. See Part IV, line 11 Investments - program-related. See Part IV, line 11 Intangible assets			NONE NONE	12	NONE
Investments - program-related. See Part IV, line 11 Intangible assets			NONE		
Intangible assets					
			NONE	14	NONI
					1,058,467.
					3,177,172.
					186,536.
					NONE
					83,138.
					NONE
					NONI
-			NONE	<u> </u>	NOINI
			NONE	22	NONE
					NONE
					NONE
· •		_	NONE	24	NONE
· · · · · · · · · · · · · · · · · · ·	-				
•		'	165 000	25	1 405 700
					1,405,728.
			388,729.	26	1,675,402.
	nere				
			1 457 200	27	012 254
					813,354.
			963,338.	28	688,416.
	, cne	K nere			
				29	
				30	
	-	<u>_</u>		31	
9 .			2,420,647.	32	1,501,770.
		<u> </u>		33	3,177,172.
	Accounts payable and accrued expenses. Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pata Loans and other payables to any current or trustee, key employee, creator or founder, substate controlled entity or family member of any of these Secured mortgages and notes payable to unrelated to Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D Total liabilities. Add lines 17 through 25. Organizations that follow FASB ASC 958, check and complete lines 27, 28, 32, and 33. Net assets without donor restrictions. Organizations that do not follow FASB ASC 958 and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equent Retained earnings, endowment, accumulated incomotion of the payable and complete lines 29 through 33. Total net assets or fund balances	Total assets. Add lines 1 through 15 (must equal line 3: Accounts payable and accrued expenses. Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Loans and other payables to any current or forme trustee, key employee, creator or founder, substantial controlled entity or family member of any of these personance mortgages and notes payable to unrelated third protection of the controlled entity or family member of any of these personance mortgages and notes payable to unrelated third protection of the liabilities (including federal income tax, payable parties, and other liabilities not included on lines 17-24 of Schedule D Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net assets without donor restrictions Organizations that do not follow FASB ASC 958, check and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment Retained earnings, endowment, accumulated income, or Total net assets or fund balances	Net assets without donor restrictions	Total assets. Add lines 1 through 15 (must equal line 33)	Total assets. Add lines 1 through 15 (must equal line 33) 2,809,376. 16 Accounts payable and accrued expenses 160,787. 17 Grants payable

Form **990** (2022)

Page **11**

COMBINED ARMS 47-5648923

Form 99	0 (2022)			Pa	ge 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,8	49,	<u>778</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>927</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3	-8	29,	<u>149</u> .
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			<u>647</u> .
5	Net unrealized gains (losses) on investments	5			<u>728</u> .
6	Donated services and use of facilities	6		13,	<u>000</u> .
7	Investment expenses	7			
8	Prior period adjustments	В			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		0	1,5	01,	<u>770</u> .
Part					
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain	ain on			
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compi	led or			
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for overs	iaht of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant	•	2c		X
	If the organization changed either its oversight process or selection process during the tax year, expl				
	Schedule O.				
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth	in the			
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audit		3b		

SCHEDULE A (Form 990)

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number

COI	MRTI	NED ARMS					4/-5	048923
	rt I	Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p		
		anization is not a private fou	ndation because it	is: (For lines 1 through	h 12, ch	neck only	one box.)	
1		A church, convention of chu		·	_	=	•	
2		A school described in secti						
3		A hospital or a cooperative			-		(1)(A)(iii).	
4		A medical research organiz	•	•				(iii) Enter the
•		hospital's name, city, and st	•	oonjunouon mara not	opilai ao	conboa n		(m) Lines are
5		An organization operated		a college or universit	v owne	d or one	rated by a governme	ntal unit described in
J		section 170(b)(1)(A)(iv). (C		a college of diliversi	y Owne.	u or ope	rated by a governme	intal unit described in
6		A federal, state, or local go	•	rnmantal unit describe	d in soot	tion 170/	h)/1\/A\/ _W)	
6	7.7							om the general nublic
7	LX	An organization that norma	-		ipport iii	oni a go	verninental unit of ite	on the general public
•		described in section 170(b)		•	D4 II \			
8	\vdash	A community trust describe	-		-			land mank as the ma
9		An agricultural research org	=			-	-	
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the i	name, city, and state o	the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm acquired by the organization	ited to its exempt finent income and un on after June 30, 19	unctions, subject to c nrelated business tax 975. See section 509	ertain ex able inco (a)(2). (0	xceptions ome (less Complete	s; and (2) no more thar s section 511 tax) from Part III.)	331/3 % of its
11	\vdash	An organization organized	•	•	-			
12		An organization organized a	•	-	•			
		one or more publicly suppo	•					
	_	the box on lines 12a throug	jh 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		$oxedsymbol{oxed}$ Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	_ supporting organization. `	You must complet	e Part IV, Sections A	and B.			
b		$oxedsymbol{oxed}$ Type II. A supporting org	anization supervise	ed or controlled in co	nnectior	n with its	supported organization	on(s), by having
		control or management o	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
		organization(s). You must						
С		Type III functionally inte			ited in c	onnectio	n with, and functional	ly integrated with,
		its supported organization						
d		Type III non-functionally		•				ted organization(s)
		that is not functionally inte			-			- ' '
		requirement (see instruct	-		_		· · · · · · · · · · · · · · · · · · ·	
е		\prod Check this box if the orga	•	-				I. Type III
		functionally integrated, or						·, ·) - · ··
f	En	ter the number of supported						
q		ovide the following information						
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	•	., .		(described on lines 1-10		our governing	support (see	other support (see
				above (see instructions))	Yes	Mo	instructions)	instructions)
					163	110		
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

COMBINED ARMS 47-5648923

Page 2

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.) Section A. Public Support Calendar year (or fiscal year beginning in) (e) 2022 (f) Total (a) 2018 (b) 2019 (c) 2020(d) 2021 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,075,607 2,762,425 3,033,836 3,415,135 3,303,259 13,590,262. Tax revenues levied for the organization's benefit and either paid to NONE or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge NONE 1,075,607. 2,762,425 3,033,836 3,415,135 3,303,259 13,590,262. Total. Add lines 1 through 3 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) NONE Public support. Subtract line 5 from line 4 13,590,262. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020(d) 2021 (e) 2022 (f) Total 13,590,262. 1,075,607 2,762,425 3,033,836 3,415,135 3,303,259 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from 12.917 131,886 145,157 290,142. similar sources Net income from unrelated business activities, whether or not the business is regularly carried on NONE Other income. Do not include gain or loss from the sale of capital assets 3,182 (Explain in Part VI.) 215 3,397. 13,883,801. 11 Total support. Add lines 7 through 10 . . 508,913. 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 97.89 % Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) 98.67 % 16a 331/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

COMBINED ARMS 47-5648923

Schedule A (Form 990) 2022

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

(Complete only if you checked the box on line 10 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or 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 either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
_	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
<u> </u>	line 6.)						
	tion B. Total Support	(a) 2019	(b) 2010	(a) 2020	(4) 2021	(a) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 10 a	Amounts from line 6						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for	-					
	organization, check this box and stop here						
	tion C. Computation of Public Sup						
15	Public support percentage for 2022 (line 8,	٠,	-	.,,		15	%
16	Public support percentage from 2021 Sche					16	%
	tion D. Computation of Investmen					T .= 1	
17	Investment income percentage for 2022 (lin					17	%
18	Investment income percentage from 2021					18	%
19 a	331/3% support tests - 2022. If the or	-					
	17 is not more than 331/3%, check this	-	-	•		•	
b	331/3% support tests - 2021. If the organization						
	line 18 is not more than 331/3 %, check		•	•	. ,	0	
20	Private foundation. If the organization of	aid not check :	a pox on line 1	14. 19a. or 19b.	. check this bo	x and see instru	ictions

Page 3

COMBINED ARMS 47-5648923
Schedule A (Form 990) 2022

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 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. 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). Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 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. 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. Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below. 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.
- 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 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 filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a 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.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on 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.**
- 10 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 line 10b below.
 - **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.)

		Yes	No
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	Ja		
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	3b		
)	3с		
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	4a		
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	10a		
,	TUA		
	10b		

Page 4

COMBINED ARMS 47-5648923

Schedu	le A (Form 990) 2022		I	Page 5
Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and	44.		
	11c below, the governing body of a supported organization?	11a		-
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Socti	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Secu	on B. Type i Supporting Organizations		Vas	No
			163	INO
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	_		
C4	<u> </u>	2		
Secti	on C. Type II Supporting Organizations		V	I NI a
			res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
01		1		<u> </u>
Secti	on D. All Type III Supporting Organizations		V	L NI -
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior			
	tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).			
		2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.			
		3		L
	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e insti		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
-	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3h		

COMBINED ARMS 47-5648923
Schedule A (Form 990) 2022

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	S	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	ng trust on	Nov. 20, 1970 (expla	in in <i>Part VI</i>). See
	instructions. All other Type III non-functionally integrated supporting organ	izations r	nust complete Sectio	ns A through E.
Se	ction 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		
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ction 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):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ction C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
	Enter greater of line 2 or line 3.	4		
	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		lly integra	ated Type III supporting	g organization

Schedule A (Form 990) 2022

Page 6

(see instructions).

COMBINED ARMS 47-5648923
Schedule A (Form 990) 2022 Page **7**

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	ion D - Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish e	xempt purposes		1		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed			
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations	3		
4	Amounts paid to acquire exempt-use assets			4		
5	5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5		
6	6 Other distributions (describe in Part VI). See instructions.			6		
7	7 Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.			8		
9	9 Distributable amount for 2022 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
			(ii)		(iii)	

Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

Employer identification number Name of the organization COMBINED ARMS 47-5648923 Organization type (check one): Filers of: Section: Х Form 990 or 990-EZ 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2022) Page **2**

COMPTATED ADMG	Name of organization		Employer identification number
COMBINED ARMS 47-5648923		COMBINED ARMS	47-5648923

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of o	organization COMBINED ARMS		Employer identification number 47-5648923
Part I	Contributors (see instructions). Use duplicate of	opies of Part I if additional space is no	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution

\$_

Person Payroll

Noncash
(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)	Page 3
Name of organization	Employer identification number
COMBINED ARMS	47-5648923

art II Nonca	ash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eded.
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
n) No. From Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B (Form 990) (2022)

Name of organization

mame or or	rganization			Employer identification number			
	COMBINED ARMS			47-5648923			
Part III	Exclusively religious, charitable, etc.						
	(10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	ons completing Part III, e e year. (Enter this informa	nter the total of	exclusively religious, charitable, etc.,			
(a) No. from	·	•		(d) Description of how wift is hold			
from Part I	(b) Purpose of gift	(c) Use of gif	•	(d) Description of how gift is held			
		(e) Transfer of	gift				
	Transferee's name, address, a	and ZIP + 4	Relationshir	o of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held			
			_				
			_				
	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
(-) NI-							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held			
<u> </u>							
		(e) Transfer of	gift				
	Transferee's name, address, a	and 7IP ± 4	Relationshir	of transferor to transferee			
	Transfered S flame, address, e	and Ell 1 4	Relationship	of transferor to transferor			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gif	t	(d) Description of how gift is held			
			-				
		(e) Transfer of	gift				
	Transferee's name, address, a	and ZIP + 4	Relationshir	o of transferor to transferee			
	,		<u> </u>				

Schedule B (Form 990) (2022)

SCHEDULE D (Form 990)

Supplemental Financial Statements Complete if the organization answered "Yes" on Form 990,

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Go to www.irs.gov/Form990 for instructions and the latest information.

Inspec

Employer identification number

	-	
$\overline{}$	MBINED ARMS	47-5648923
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year) .	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
J	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
D	Int Conservation Easements.	
Г	Conservation Lasements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
•		a historically important land area
		a historically important land area
		a certified historic structure
_	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	
	easement on the last day of the tax year.	Held at the End of the Tax Year
а		2a
b	, , , , , , , , , , , , , , , , , , , ,	2b
С		2c
d	Number of conservation easements included in (c) acquired after July 25, 2006, and not on	
	a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ated by the organization during the
	tax year	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
		-
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its reve	enue and expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's final	•
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected as permitted under FASB ASC 958, not to report in its revenue	statement and balance sheet works
. u	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	r research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	se items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
	art, historical treasures, or other similar assets held for public exhibition, education, or resear	irch in furtherance of public service,
	provide the following amounts relating to these items:	¢
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	sets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	•
а	Revenue included on Form 990. Part VIII. line 1.	

Assets included in Form 990, Part X.

Sche		BINED									648923		age 2
Pa	rt Organizations Maintainir	ng Colle	ections of	Art, Histo	rical Tre	asure	s, or	Other	Similar A	Assets (d	continue	d)	
3	Using the organization's acquisition	n, acces	sion, and	other recor	ds, check	c any c	of the	follow	ing that n	nake sigi	nificant us	se of	its
	collection items (check all that apply	y):			_								
а	Public exhibition			d	Loan	or exch	ange	prograi	m				
b	Scholarly research			e	Other								
С	Preservation for future generation	ations											
4	Provide a description of the organ	ization's	collections	s and expla	ain how t	hey fu	rther	the or	ganization'	s exemp	t purpose	in I	Part
	XIII.												
5	During the year, did the organization									_			
	assets to be sold to raise funds rathe			ained as pa	rt of the	organiz	ation'	s collec	ction?		Yes		No
Pa	rt IV Escrow and Custodial Ar												
	Complete if the organizat	tion ans	wered "Ye	es" on For	m 990, F	Part IV,	, line	9, or r	eported a	n amoui	nt on For	m	
	990, Part X, line 21.												
1 a	Is the organization an agent, trust												
	included on Form 990, Part X?									[Yes		No
b	If "Yes," explain the arrangement in	Part XII	I and com	plete the fo	llowing tab	ole:							
										Amount			
С	Beginning balance						1c						
d	Additions during the year						1d						
е	Distributions during the year						1e						
f	Ending balance						1f						
2a	Did the organization include an amo	ount on I	orm 990,	Part X, line	21, for e	scrow	or cu	stodial	account lia	ibility?	Yes		No
b	If "Yes," explain the arrangement in	Part XI	I. Check h	ere if the e	xplanation	has be	en pr	ovided	on Part XII	١			
Pa	rt V Endowment Funds.												
	Complete if the organization	tion ans	wered "Y	es" on For	m 990, F								
		(a) Cu	rent year	(b) Pric	r year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four y	ears b	ack
1a	Beginning of year balance												
b	Contributions												
С	Net investment earnings, gains,												
	and losses												
d	Grants or scholarships												
е	Other expenditures for facilities												
	and programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of	of the cu	rrent vear	end balanc	e (line 1a.	columr	n (a))	held as	:				
а	Board designated or quasi-endowme				ν ο,		(//						
b	Permanent endowment	%											
С	Term endowment %												
	The percentages on lines 2a, 2b, a	nd 2c sh	ould equal	100%.									
3a	Are there endowment funds not in t	he poss	ession of t	he organiza	ition that	are hel	ld and	d admir	nistered for	the	_		
	organization by:										Y	es	No
	(i) Unrelated organizations										3a(i)		
	(ii) Related organizations										3a(ii)		
b	If "Yes" on line 3a(ii), are the relate	d organi	zations liste	ed as require	ed on Sch	edule R	₹?				3b		
4	Describe in Part XIII the intended us			ation's endo	wment fur	nds.							
Pa	rt VI Land, Buildings, and Equ	ipment.	a na al IIV	/"	000 1	D =t 1\ /	/ lin =	11- () F	000 D-	unt V III.a.	40	
	Complete if the organiza Description of property	luon ans		r other basis	(b) Cost				cumulated		art ∧, iirie i) Book valu		
	2000 Ipalon of property			stment)		ther)	usis		eciation	,,	, Dook valu		
1a	Land												
b	Buildings												
С	Leasehold improvements				1	.88,96	62.		79,341.		109	,62	21.
d	Equipment					80,68	88.		69,933.		10	,75	55.
	Other					28,84			28,843.			NC	ONE
	I. Add lines 1a through 1e. (Column		t equal For	m 990, Part	X, colum	n (B), lir	ne 10				120	,37	76.

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 COMBINED ARMS		47	-5648923 Page
Part VII Investments - Other Securities. Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Complete if the organization answere	d "Ves" on Form 000	Part IV line 11c See Form 000	Dart Y line 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year marke	
<u>(1)</u>			
<u>(2)</u>			
<u>(3)</u>			
_(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answere	d "Yes" on Form 990	Part IV line 11d See Form 990	Part X line 15
	escription	,	(b) Book value
(1)ROU ASSET	Сооприон		1,058,467.
			1,030,407.
(2)		+	
(3)			
(4)			
(5)			
(6)			
(7)			
_(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B)	line 15.)		1,058,467.
Part X Other Liabilities. Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11e or 11f. See Forn	n 990, Part X,
line 25.			#N.E.
	ption of liability		(b) Book value
(1) Federal income taxes			
(2)SECURITY DEPOSIT			15,400.
(3)REFUNDABLE ADVANCES			240,648.
(4)ST LEASE LIABILITY			273,210.
(5)LT LEASE LIABILITY			876,470.
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		1,405,728.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII JSA 2E1270 1.000

Schedule D (Form 990) 2022 COMBINED ARMS 47-5648923 Page 4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 3,760,050. 1 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: -102,728. Net unrealized gains (losses) on investments 13,000. Donated services and use of facilities 2c c Recoveries of prior year grants d Other (Describe in Part XIII.) 2e -89.728.Add lines 2a through 2d 3,8<u>4</u>9,778. Subtract line 2e from line 1 3 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 3,849,778. Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 4,678,927. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990. Part IX. line 25: 2 2a Donated services and use of facilities 2c Other (Describe in Part XIII.) d 2e 4,678,927. 3 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII.) c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).... 4,678,927. Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information. SEE SUPPLEMENTAL PAGE

47-5648923 Page 5 Part XIII Supplemental Information (continued)

PART X, LINE 2

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS CLASSIFIED AS A PUBLIC CHARITY. IT RECOGNIZES THE IMPACT OF AN UNCERTAIN TAX POSITION ONLY IF THAT POSITION IS MORE LIKELY THAN NOT OF BEING SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITY BASED ON THE TECHNICAL MERITS. THE ORGANIZATION ACCOUNTS FOR INTEREST AND PENALTIES RELATING TO UNCERTAIN TAX POSITIONS IN THE CURRENT PERIOD STATEMENT OF ACTIVITIES, IF NECESSARY.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Name of the organization Employer identification number 47-5648923 COMBINED ARMS Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations | X | Solicitation of non-government grants е а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? X Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) SEE SUPPLEMENT INFORMATION Yes No 2 3 6 8 9 10 Total 546,000. 61,810. 484,190. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. TX

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

Schedule G (Form 990) 2022

Schedule G	(Form 990) 2022		COMBINED	ARM	IS								4	7-5	564	18923	Page 2
Part II	Fundraising Ev	vents.	Complete if	the	organization	answered	"Yes"	on	Form	990,	Part I	√, li	ne	18,	or	reported	d more

			0. (a) Event #1 CORNHOLE	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
_			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	19,165.		NONE	19,165.
ĸ	2	Less: Contributions Gross income (line 1 minus				
		line 2)	19,165.		NONE	19,165.
	4	Cash prizes				
•	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	8	Entertainment				
	9	Other direct expenses				
	10 11	Direct expense summary. Add lii Net income summary. Subtract	nes 4 through 9 in colu line 10 from line 3, col	umn (d) umn (d)		19,165.
Pa	rt III	Gaming. Complete if the org	anization answered "			
anı		\$15,000 on Form 990-EZ, lin	ne 6a. (a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue	4	Cross rayanua		Emgo/progressive Emgo		
		Gross revenue				
Expenses	2	Cash prizes				
Expe		Noncash prizes				
Direct		Rent/facility costs				
_	5	O(I I' (
_		Other direct expenses	1			
_		Volunteer labor	Yes %	Yes%	Yes% No	
<u>-</u>			No	No	No	
,	6 7	Volunteer labor Direct expense summary. Add lii	No nes 2 through 5 in colu	umn (d)	No	
9 a b	6 7 8	Volunteer labor Direct expense summary. Add ling the state of the organization licensed to confirm the organization licensed the organization licensed to confirm the organization licensed the organizatio	No nes 2 through 5 in colubination 7 from line anization conducts ga	umn (d)	No	Yes No

Schedule G (Form 990) 2022

COMBINED ARMS 47-5648923

FORM 990, SCHEDULE G, LINE 2B - HIGHEST PAID INDIVIDUALS/ENTITIES

NAME:

ELEVATE LLC

ADDRESS:

1201 CONNECTICUT AVE. NW #503

WASHINGTON, DC 20036

ACTIVITY :

FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION?

NO

GROSS RECEIPTS FROM ACTIVITY: 546,000.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 61,810.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: 484,190.

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Name of the organization						Employer identification	on number
COMBINED ARMS						47-5648923	
Part I General Information on Grants ar							
Does the organization maintain records to see the selection criteria used to award the grantDescribe in Part IV the organization's processing	nts or assistan	ce?					X Yes No
Part II Grants and Other Assistance to I Part IV, line 21, for any recipient		•					es" on Form 990,
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(3) and3 Enter total number of other organizations lis	•	•					

Schedule I (Form 990) (2022) COMBINED ARMS 47-5648923 Page **2**

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 direct assistance	415	109,189.			
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PART 1, LINE 2

COMBINED ARMS MAINTAINS A CLOSE RELATIONSHIP WITH ITS MEMBER
ORGANIZATIONS. THE RELATIONSHIP SERVES TO MONITOR THE PURPOSE AND USE OF
FUNDS GRANTED. COMBINED ARMS PROVIDES DIRECT ASSISTANCE FOR SPECIFIC
SPECIAL IMMIGRANT VISAS (SIV)FAMILIES. WE COLLABORATE WITH THE DEDICATED
TEAM FROM THE SIV PROGRAM TO AID INDIVIDUALS WHO WORKED SIDE BY SIDE WITH
THE U.S. SOLDIERS IN AFGHANISTAN AND OTHER COUNTRIES IN THE MIDDLE EAST.
ELIGIBLE RECIPIENTS MUST BE DOCUMENTED WARTIME ALLIES AND REFERRED BY THE
REFUGEE AGENCY CASEWORKER.

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name	of the organization				Employer	identification	numbe	r	
COM	BINED ARMS				47-	-5648923			
	Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribut amounts reported Form 990, Part VIII, li	on _	Method of noncash cont			
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household								
	goods	X		43,8	00. F	VV			
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC,								
	or trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation								
	contribution - Historic								
	structures								
14	Qualified conservation								
	contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	X	4	11,3	59. FI	MV			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other ►()								
26	Other ►()								
27	Other ►()				-				
28	Other ►(\longrightarrow				
29	Number of Forms 8283 received		9						
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	2	9			
								Yes	No
30a	During the year, did the organizat			•		_			
	28, that it must hold for at least the	-							
	to be used for exempt purposes for		olding period?				30a		X
	If "Yes," describe the arrangement i								
31	Does the organization have a				-				
	contributions?						31		X
32a	Does the organization hire or use	•	•						
	contributions?						32a		X
	If "Yes," describe in Part II.								
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which colu	mn (a) is	checked,			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2022

describe in Part II.

SCHEDULE 0 (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 Open to Public

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.

Inspection

Name of the organization COMBINED ARMS Employer identification number 47-5648923

FORM 990, PART VI, LINE 1A

THE COMBINED ARMS BOARD OF DIRECTORS HAS UNANIMOUSLY NOMINATED AND VOTED ON AN EXECUTIVE COMMITTEE TO ACT AS A GOVERNING BODY FOR THE BOARD IN SPECIAL CIRCUMSTANCES. THE EXECUTIVE COMMITTEE IS COMPOSED OF THE CHAIRMAN, VICE CHAIRMAN, TREASURER, SECRETARY, AND AT-LARGE MEMBER AND CAN MAKE DECISIONS ON BEHALF OF THE BOARD. OUR EXECUTIVE COMMITTEE TYPICALLY ONLY CONVENES ON SPECIAL CIRCUMSTANCES WHERE A OUORUM OF THE BOARD WOULD BE DIFFICULT TO OBTAIN.

FORM 990, PART VI, LINE 11B

THE FORM 990 IS PRESENTED IN ITS ENTIRETY TO THE BOARD OF DIRECTORS AND OFFICERS FOR REVIEW AND APPROVAL PRIOR TO FILING THE FORM 990.

FORM 990, PART VI, LINE 12C

EACH DIRECTOR AND OFFICER OF THE ORGANIZATION, AND EACH MEMBER OF A WITH BOARD DELEGATED POWERS, COMPLETES A QUESTIONNAIRE USING COMMITTEE THE FORM APPROVED BY THE BOARD, AND SIGNS A STATEMENT WHICH AFFIRMS THAT SUCH PERSON IS IN COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. IF A CONFLICT DOES EXIST BETWEEN AN INDIVIDUAL AND A MATTER BEING DECIDED BY A BOARD OR COMMITTEE, THE CONFLICTED INDIVIDUAL IS RECUSED FROM DISCUSSION AND DECISION-MAKING. PERIODIC REVIEWS ARE CONDUCTED TO ENSURE THAT THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH ITS CHARITABLE PURPOSES AND THAT IT DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE IT STATUS AS A TAX EXEMPT ORGANIZATION.

FORM 990, PART VI, LINE 15A

A COMPENSATION COMMITTEE, COMPOSED OF INDIVIDUALS WHO WERE INDEPENDENT FROM THE CEO, DETERMINE THE CEO'S COMPENSATION BASED ON COMMUNITY MARKET

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

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Inspection
Employer identification number

COMBINED ARMS 47-5648923

SURVEYS FOR COMPARABLE POSITIONS. COMBINED ARMS' BUDGET AND COMPENSATION STRATEGY ARE CONSIDERED BEFORE MAKING A COMPENSATION DETERMINATION.

FORM 990, PART VI, LINE 19

THE ORGANIZATION'S ARTICLES OF INCORPORATION, FINANCIAL STATEMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART 1, LINE 1

COMBINED ARMS (CAX) DELIVERS INNOVATIVE TECHNOLOGY SOLUTIONS THAT

OPTIMIZE CONNECTION TO RESOURCES AND DRIVE NETWORK-WIDE EFFICIENCIES,

ULTIMATELY IMPROVING THE QUALITY OF LIFE FOR VETERANS AND MILITARY

FAMILIES.

Schedule O (Form 990 or 990-EZ) 2022 Page 2

Name of the organization

COMBINED ARMS

Employer identification number

47-5648923

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

COMBINED ARMS HAS NOW IMPROVED QUALITY OF LIFE FOR OVER 60,000 VETERANS AND SERVICE-CONNECTED INDIVIDUALS IN TEXAS AND ACROSS THE NATION.

COMBINED ARMS STREAMLINED THE CONNECTION BETWEEN ACTIVE SERVICE MEMBERS, VETERANS, THEIR FAMILIES, SPECIAL IMMIGRANT VISAS (SIVS) AND THE ORGANIZATIONS THAT ASSIST THEM, GROWING TO A NETWORK OF 240 MEMBER ORGANIZATIONS THAT PROVIDE 1,000+ SOCIAL SERVICES AND RESOURCES. ITS TECHNOLOGY IS LIVE AND POWERING TEXAS, SOUTH CAROLINA, LOUISIANA, AND SELECT COUNTIES IN FLORIDA - MAKING THE ENTIRE NETWORK OF SUPPORT ORGANIZATIONS OVER 300 STRONG.

FROM PROVIDING ONE-ON-ONE RESOURCE NAVIGATION SUPPORT AT COMBINED ARMS' HOUSTON TRANSITION CENTER, TO DISTRIBUTING CRITICALLY-NEEDED FOOD AND PANTRY STAPLES TO ALMOST 8,000 FOOD INSECURE VETERANS AND MILITARY FAMILIES AT MONTHLY VETERAN MOBILE FOOD PANTRIES ACROSS TEXAS, TO ITS 13TH ANNUAL OPERATION SANTA WHICH BROUGHT 414 FAMILIES & 1,173 CHILDREN A LITTLE EXTRA HOLIDAY CHEER, COMBINED ARMS MEETS THOSE THAT WE SERVE WHERE THEY ARE BY LEVERAGING OUR TECHNOLOGY, DEDICATED TEAM MEMBERS, AND PARTNER COMMUNITIES TO ENSURE THEY CAN EASILY FIND AND ACCESS BEST-IN-CLASS SOCIAL SERVICES AND RESOURCES TO SOLVE THEIR IMMEDIATE, ONGOING, AND FUTURE NEEDS.

Schedule O (Form 990 or 990-EZ) 2022 Page 2

Name of the organization Employer identification number
COMBINED ARMS 47-5648923

FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

BAIRESDEV LLC

800 WEST EL CAMINO REAL

MOUNTAIN VIEW, CA 94040 SOFTWARE DEVELOPMENT 245,510.

Schedule O (Form 990 or 990-EZ) 2022				Page 2
Name of the organization	Employer identification	n number		
COMBINED ARMS			47-5648923	3
FORM 990, PART IX - OTHER FEES				
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	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
TRAINING	36,003.	30,139.	5,864.	
CONTRACTORS	421,136.	421,136.	3,331.	
PROFESSIONAL SERVICES	165,064.	165,064.		
RESEARCH	52,328.	52,328.		
TOTALS				
	674,531.	668,667.	5,864.	
	=========	=========	=========	=========