PUBLIC INSPECTION COPY

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

A I	or th	e 2021	calendar year, or tax year beginning		and end	ding	_				
_			C Name of organization				D Employer ide	ntificatio	on numb	er	
В	Check if a	applicable:	COMBINED ARMS				l				
	Addr		Doing business as				47-5648	3923			
	7	e change	Number and street (or P.O. box if mail is not d	elivered to street address)	Room/su	ite	E Telephone nu	mber			
	Initia	al return	2929 MCKINNEY STREET				(888)7	37-3:	112		
		I return/ inated	City or town, state or province, country, and Z	IP or foreign postal code			, ,				
	Ame	nded	HOUSTON, TX 77003				G Gross receipts	s \$	3.	869	,971.
		ication	F	MIKE HUTCHINGS			H(a) Is this a gro			Yes	X No
	pend	ing	2929 MCKINNEY STREET, HOU				subordinates H(b) Are all subord		ded?	Yes	No
$\overline{}$	Tax-e	xempt st		(insert no.) 4947(a)(1) or	527	1 ' '		t. See instr		
<u>.</u> J			WWW.COMBINEDARMS.US	(msert no.) 4547 (a)(1) 01	021	H(c) Group exem				
_				ociation Other	I V	ar of forma	tion: 2015 M			micile:	TX
	art I		Immary	Other P	- 10	ai oi ioiilia	1011. 2015	State of	regar doi	mone.	
Г	1 1		y describe the organization's mission or mo	at algoritisant activities. CEE	CCITEDII	TE O					
•		brien	y describe the organization's mission or mo	st significant activities:SEE_	SCHEDU	LE U					
nce											
rna							,				
Governance	2		this box if the organization disco					1 1			
			er of voting members of the governing body					3			18
Activities &	4		er of independent voting members of the g					4			18
/itie	5		number of individuals employed in calenda					5			26
냚	6		number of volunteers (estimate if necessary)					6			100
⋖	7a	Total	unrelated business revenue from Part VIII, c	olumn (C), line 12				7a			
	b	Net u	nrelated business taxable income from Forn	n 990-T, Part I, line 11		<u> </u>		7b			
							Prior Year		Curr	ent Ye	ar
Ф	8	Contr	ibutions and grants (Part VIII, line 1h)				3,033,83	36.	3,	415	,135.
Ž	9		am service revenue (Part VIII, line 2g)				355,88	33.		219	,783.
Revenue	10		tment income (Part VIII, column (A), lines 3,				12,9				,160.
œ	11		revenue (Part VIII, column (A), lines 5, 6d,				3,1				,949.
	12		revenue - add lines 8 through 11 (must equ				3,405,81		3.		,027.
	13		s and similar amounts paid (Part IX, column				34,0		/		,436.
	14		its paid to or for members (Part IX, column (ONE			NONE
	4.5		es, other compensation, employee benefits				1,786,79		1	952	,314.
Expenses	16 3		ssional fundraising fees (Part IX, column (A)				52,00				,000.
ben	IUa		fundraising expenses (Part IX, column (D), li				JZ, 01	90.		- 30	, 000.
Ä	47						1 1 6 0 6) 1	1	(70	220
	17		expenses (Part IX, column (A), lines 11a-11				1,169,62				228.
	18		expenses. Add lines 13-17 (must equal Part				3,042,48		٥,		978.
_ o	19	Rever	nue less expenses. Subtract line 18 from line	9 12			363,33		Food		,049.
Net Assets or Fund Balances						Begir	nning of Current	_		of Yea	
sse 3ala	20		assets (Part X, line 16)				2,383,43		2,		<u>,376.</u>
at A	21		liabilities (Part X, line 26)				67,01				<u>,729.</u>
			ssets or fund balances. Subtract line 21 from	n line 20			2,316,42	21.	2,	420,	,647.
	ırt II		gnature Block								
Un	der pe	nalties o	of perjury, I declare that I have examined this re- complete. Declaration of preparer (other than office	turn, including accompanying sche	dules and s	tatements,	and to the best of	f my kno	owledge	and be	lief, it is
	,		oomplete. Doelaration of proparer (earles than earl	,	o p.opa	or rido diriy it					
C:-		_									
Sig		5	Signature of officer				Date				
He	re										
		7	Type or print name and title								
		Print/	Type preparer's name Pre	parer's signature ily Smikal Date: 2022.10.07 10:16:24	Date		Check	if PTI	N		
Paid		EMI	LY SMIKAL Em	ily Smikal Date: 2022.10.07 10:16:24			self-employ	٠. ا	01312	781	
	parer	Firm's	sname PANNELL KERR FORSTE	R OF TEXAS P C			Firm's EIN	1 .	-0356		
Use	Only			2600 HOUSTON, TX 77057-3092	>		Phone no.		3-860		10
Ma	v the		iscuss this return with the preparer sh	<u> </u>			I HOHE HU.	/ I J	X Ye		
_			Reduction Act Notice, see the separate in:								No (2021)
. 01	· apt	TY UI N	readonon not notice, see the separate in						1 0111		(4041)

Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III 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 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?.... 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 by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 3,195,911. including grants of \$ 58,436.) (Revenue \$ 219,783.) 4a (Code:) (Expenses \$ SEE SCHEDULE O) (Expenses \$) (Revenue \$ **4b** (Code: including grants of \$ 4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$ **4e** Total program service expenses ▶ 3,195,911.

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Form 990 (2021)

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Part IV Page 3

Par	t IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	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	4		Χ
5	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		X
6	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		X
7	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	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	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			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		Χ
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Χ	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	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	11c		Χ
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a	Χ	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
4.0	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40	3,7	
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		3.7
20 -	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
	aomosto government on rattix, column (x), ine r: n-res, complete schedule i, raits rand ii	4 I	Λ	i .

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Part IV Checklist of Required Schedules (continued)

ı aı	One chilst of Negative Ochecules (continued)		V	NI.
			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	X	
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		X
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		
	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		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		21
D	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		230		Λ
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		X
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		X
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		Х
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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
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			
00	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,	- 55		- 23
-	or IV, and Part V, line 1	34		Х
350	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	JJa		^
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	2 <i>E</i> h		
26		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	20		3.7
	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		X
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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	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	
ISA			$\alpha \alpha \alpha$	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) Nο Yes 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . L 2b X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Χ 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, Χ 4a 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). Χ 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... Χ 5b b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Χ b If "Yes," did the organization include with every solicitation an express statement that such contributions or 7 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 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 7c Χ e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Χ Χ f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 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. **b** Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?..... 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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: b Gross income from other sources. (Do not net amounts due or paid to other sources 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 13 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, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.

JSA

Form 990 (2021)

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Form 990 (2021) COMBINED ARMS 47-5648923 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" 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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 18			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		Χ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a		11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>			
·	describe on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		X
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
a b	Other officers or key employees of the organization	15b		X
D	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			
. Ja	with a taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
D	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?	16b		
Sect	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990	T (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	. (500		J (U)
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	rest n	olicy
. •	and financial statements available to the public during the tax year.	J. 1111G	231 P	J.10 y ,
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ds 🕨		
	The first manner, additioned, and telephone harmon of the person who persone the organizations books and recon			

OLGA DIAMONON 2929 MCKINNEY STREET HOUSTON, TX 77003

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- 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 any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations	Positi (do not check m box, unless pers			more	is both tor/trust	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
	below dotted line)	trustee	al trustee		уее	Highest compensated employee				
(1) MIKE HUTCHINGS	40.00									
CEO	NONE			Х				146,080.	NONE	4,655.
(2) BRYAN FOSTER	3.00							,		
CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
(3) LAUREN GORE	3.00									
VICE CHAIRMAN	NONE	Х		Х				NONE	NONE	NONE
(4) ASHLEY EASTIN	3.00									
SECRETARY	NONE	Х		Χ				NONE	NONE	NONE
(5) ANDY PUHALA	3.00									
TREASURER	NONE	Х		Χ				NONE	NONE	NONE
(6) JONNY HAVENS	3.00									
AT-LARGE MEMBER	NONE	Х		Χ				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	X						NONE	NONE	NONE
(10) KELSEY HULTBERG	1.00									
MEMBER	NONE	X						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	Х						NONE	NONE	NONE
(14) BROOKS BALLARD	1.00									
MEMBER	NONE	X						NONE	NONE	NONE

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Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	ye	es,	and F	ligi	hest Compensat	ed Employees	(continued)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation fro related organizations	Estimom amou	nated unt of ner
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC	1 .	the zation elated
15) BILL PRITCHETT	1.00										
MEMBER 1160 DRIVER WERE	NONE	X						NONE	NOI	1E	NONE
16) DAVID ULREY	1.00 NONE	.,						NONE	270		NONE
MEMBER 17) DATE OF LICCONNET	1.00	X						NONE	NOI	NE NE	NONE
17) PATRICK LISSONNET MEMBER	NONE	X						NONE	NOI	VE.	NONE
18) BARBARA W. SWEREDOSKI	1.00	21						IVOIVE	1101	10	
MEMBER	NONE	X						NONE	NOI	NE	NONE
19) WILLIAM "BILL" AHMANSON	1.00								-		
MEMBER	NONE	Х						NONE	NOI	NE	NONE
		-									
1b Sub-total							•	146,080.	NOI	NE	4,655.
c Total from continuation sheets to Part VII, S	ection A		• •	• •	• •			NONE			NONE
d Total (add lines 1b and 1c)	-			: :				146,080.	NOI	VE	4,655.
Total number of individuals (including but not reportable compensation from the organization)		hose	liste	d al	bove	e) who	o re	ceived more than	\$100,000 of		
Teportable compensation from the organization						1				Y	es No
3 Did the organization list any former office	er directo	or or	trı	ıste	و	kev e	mn	olovee or highest	t compensated		110
employee on line 1a? If "Yes," complete Sched										3	Х
4 For any individual listed on line 1a, is the organization and related organizations gro	sum of rep	oortab	ole d	com	per	satior	n ai	nd other compens	sation from the		
individual											Х
5 Did any person listed on line 1a receive or											
for services rendered to the organization? If "Y											X
Section B. Independent Contractors											
 Complete this table for your five highest com- compensation from the organization. Report of year. 											
·							Т	(B)		(C)	
SEE SCHEDULE O Name and business add	dress							(B) Description of se	rvices	(C) Compensati	ion
2 Total number of independent contractors (in	ncluding bu	ut no	t lin	nite	d to	thos	e li	isted above) who	received		

more than \$100,000 in compensation from the organization ▶

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Part VIII Statement of Revenue

Par	t VII			· line in this Dort \	/III		
		Check if Schedule O contains a respon	nse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues					
الم م	С	Fundraising events 1c					
ifts Ir A	d	Related organizations 1d					
פֿיַּפּ	е	Government grants (contributions) 1e	1,043,252.				
Sin	f	All other contributions, gifts, grants,					
utio er (-	and similar amounts not included above . 1f	2,371,883.				
ğ ţ	g	Noncash contributions included in					
d tr	9	lines 1a-1f 1g	\$ 36,900.				
a Co	h	Total. Add lines 1a-1f		3,415,135.			
		Total. Add lilles 14-11	Business Code	0,110,1001			
ġ.	_	TRAINING & ASSISTANCE	541900	219,783.	219,783.		
Program Service Revenue	2a	TRAINING & ASSISTANCE	341900	219,703.	219,703.		
Ser	b						
E P	С						
gra Re	d						
o l	е						
- □	f	All other program service revenue					
	g	Total. Add lines 2a-2f		219,783.			
	3	Investment income (including dividends,					
		other similar amounts)	🏲 📙	24,160.			24,160.
	4	Income from investment of tax-exempt bond	proceeds . 🕨	NONE			
	5	Royalties		NONE			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 122,851					
	b	Less: rental expenses 6b 15,125.					
	С	Rental income or (loss) 6c 107,726.	. NONE				
	d	Net rental income or (loss)	<u> </u>	107,726.	107,726.		
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory 7a					
<u>a</u>	b	Less: cost or other basis					
venue		and sales expenses 7b					
ക	С	Gain or (loss) 7c					
2	d	Net gain or (loss)		NONE			
Other R	8a	Gross income from fundraising					
ŏ	oa	events (not including \$					
		,					
		of contributions reported on line 1c) See Part IV line 18 8a	87,827.				
		10). 0001 (0.11),	15,819.				
	b	Less: direct expenses		72,008.			
	С			72,000.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	NONE				
			NONE				
	b	Less: direct expenses		NONE			
	С	Net income or (loss) from gaming activities		NONE			
	10a	Gross sales of inventory, less					
		returns and allowances					
	b	Less: cost of goods sold					
	С	Net income or (loss) from sales of inventory.		NONE			
Sn			Business Code				
ne eo	11a	OTHER INCOME	900099	215.	215.		
lan	b						
e Se	С						
Miscellaneous Revenue	d	All other revenue					
_	е	Total. Add lines 11a-11d		215.			
	12	Total revenue. See instructions		3,839,027.	327,724.		24,160.

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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).

	Check if Schedule O contains a resp	onse or note to any line	in this Part IX		X X
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) 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	18,382.	18,382.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	40,054.	40,054.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	150,735.	90,441.	30,147.	30,147
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	1 050 100	22.122	105.051
	Other salaries and wages	1,473,283.	1,278,430.	89,499.	105,354
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	40,379.	34,035.	2,975.	3,369
9	Other employee benefits	148,412.	125,095.	10,934.	12,383
10	Payroll taxes	139,505.	117,587.	10,278.	11,640
11	Fees for services (nonemployees):				
а	Management	NONE			
	Legal	43,006.	3,649.	39,357.	
c	Accounting	38,728.		38,728.	
d	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	30,000.			30,000
f	Investment management fees	NONE			
g	Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O			
	(A), amount, list line 11g expenses on Schedule O.)	627,446.	610,826.	9,142.	7,478
	Advertising and promotion	121,902.	121,288.	116.	498
	Office expenses	20,127.	16,965.	1,483.	1,679
	Information technology	160,475.	153,560.	6,915.	
	Royalties	NONE	054 055	01 081	10.010
	Occupancy	285,691.	251,377.	21,971.	12,343
	Travel	100,742.	95,590.	970.	4,182
18	Payments of travel or entertainment expenses	NONE			
	for any federal, state, or local public officials	NONE	15 502	1 504	254
	Conferences, conventions, and meetings	17,351.	15,593.	1,504.	254
	Interest	NONE NONE			
	Payments to affiliates	33,177.	27,965.	2,444.	2,768
	Depreciation, depletion, and amortization	1,595.	1,595.	۷, ۶۶۶۰	2,100
	Insurance Other expenses. Itemize expenses not covered	1,333.	1,333.		
24	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.)				
9	UTILITIES	63,215.	55,584.	4,858.	2,773
	VETERANS ACTIVITES	104,256.	88,609.	8,651.	6,996
	MISCELLANEOUS EXEPENSES	1,511.	38.	1,473.	0,000
	BANK CHARGES	8,443.	5,722.	2,571.	150
	All other expenses	51,563.	43,526.	=, =, =,	8,037
	Total functional expenses. Add lines 1 through 24e	3,719,978.	3,195,911.	284,016.	240,051
	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	5,123,310.	3,130,311.	201,010.	210,001
	following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,333,464.	1	1,188,897.
	2	Savings and temporary cash investments	84,106.	2	84,110.
	3	Pledges and grants receivable, net	67 , 650.	3	421,081.
	4	Accounts receivable, net	41,827.	4	168,098.
	5	Loans and other receivables from 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	NONE	5	NONE
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	NONE	6	NONE
ţ	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
ď	9	Prepaid expenses and deferred charges	66,064.	9	86,623.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 277, 239.			
	b	Less: accumulated depreciation	97,989.	10c	134,560.
	11	Investments - publicly traded securities	692,333.	11	726,007.
	12	Investments - other securities. See Part IV, line 11	NONE		NONE
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	NONE		NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,383,433.	16	2,809,376.
_	17	Accounts payable and accrued expenses	43,706.	17	160,787.
	18	Grants payable	8,306.	18	NONE
	19	Deferred revenue	NONE		62,053.
	20	Tax-exempt bond liabilities	NONE		NONE
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE
(O	22	Loans and other payables to any current or former officer, director,	NONE	41	NONE
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
iliq		controlled entity or family member of any of these persons	NONE	22	NONE
Lia	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	NONE	24	INOINE
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	15 000	25	165 000
	26	Total liabilities. Add lines 17 through 25	15,000. 67,012.		165,889.
_	20		07,012.	26	388,729.
Ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
an	27	Net assets without donor restrictions	1 540 070	27	1 457 200
Bal	28	Net assets with donor restrictions.	1,549,972.		1,457,309.
pu	20		766,449.	28	963,338.
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
188	31	Retained earnings, endowment, accumulated income, or other funds		31	
et /	32	Total net assets or fund balances	2,316,421.	32	2,420,647.
ž	33	Total liabilities and net assets/fund balances	2,383,433.	33	2,809,376.
_			2,000,100.		Form 990 (2021)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,8	39,	<u>027</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2		3,7	19,	<u>978</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		1	19,	049
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		2,3	16,	<u>421</u> .
5	Net unrealized gains (losses) on investments	5			14,	<u>823</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
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					
	32, column (B))	10		2,4	20,	<u>647</u> .
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
					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," ex	plain	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 con	npiled	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	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	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 over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	nt?		2c		X
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	th in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		
				Form	990	(2021)

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

COMBINED ARMS

Employer identification number

47-5648923

Pai	rt I	Reason for Public Cha	rity Status. (All o	organizations must o	complet	te this p	art.) See instructions	S.
The	org	anization is not a private fou	ndation because it	is: (For lines 1 throu	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches desci	ibed in s	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	Form 99	90).)		
3		A hospital or a cooperative	hospital service o	rganization described	n sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	ate:					
5		An organization operated t	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	complete Part II.)					
6		A federal, state, or local go	vernment or gove	rnmental unit describe	d in <mark>sect</mark>	ion 170(b)(1)(A)(v).	
7	X	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fro	om the general public
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)				
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)			
9		An agricultural research org	ganization describe	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). Ei	nter the i	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investm acquired by the organizatio	ted to its exempt frent income and un	unctions, subject to c nrelated business tax	ertain ex able inco	ceptions ome (less	s; and (2) no more thar s section 511 tax) from	331/3 % of its
11		An organization organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized a	and operated exclu	sively for the benefit o	f, to per	form the	functions of, or to car	ry out the purposes of
		one or more publicly support	rted organizations (described in section 5	09(a)(1)	or secti	ion 509(a)(2) . See se c	tion 509(a)(3). Check
	_	_the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а	L	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. \	ou must complet	e Part IV, Sections A	and B.			
b	L	☐ Type II. A supporting org	·					. , .
		control or management o		=	the sam	e persor	ns that control or man	age the supported
		organization(s). You must	•					
С	L	Type III functionally integrated						ly integrated with,
	_	its supported organizatior		•				
d	L	Type III non-functionally			-			
		that is not functionally inte	-		-		·	d an attentiveness
		requirement (see instruct	•	•				
е	L	Check this box if the orga						I, Type III
£	г.,	functionally integrated, or	• •			-		
1		ter the number of supported ovide the following information	•					
9		lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	(1)	arife of supported organization	(11) [11]	(described on lines 1-10		ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(2)								
(C)								
(D)								
(D)								
/E\								
(E)								
Tota								
1012	п							

Schedule A (Form 990) 2021 Page **2**

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	702,868.	1,075,607.	2,762,425.	3,033,836.	3,415,135.	10,989,871.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	702,868.	1,075,607.	2,762,425.	3,033,836.	3,415,135.	10,989,871.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						NONE
6	Public support. Subtract line 5 from line 4						10,989,871.
	tion B. Total Support						10,909,071.
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	702,868.	1,075,607.	2,762,425.	3,033,836.	3,415,135.	10,989,871.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	70270000	1,070,007.	182.	12,917.	131,886.	144,985.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				3,182.	215.	3,397.
11	Total support. Add lines 7 through 10						11,138,253.
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2021 (li		•	. , ,		14	98.67 %
15	Public support percentage from 2020					15	77.32 %
16a	33 1/3 % support test - 2021. If the org	_					
	box and stop here. The organization qu						
b	33 1/3 % support test - 2020. If the org						
	this box and stop here . The organization	•		•			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						
	Part VI how the organization meets			•	•		
	organization						
a	10%-facts-and-circumstances test - 2		•		•		
	15 is 10% or more, and if the organization most					-	-
	in Part VI how the organization meets			•	•		
10	organization						
18	instructions						

Schedule A (Form 990) 2021 Page **3**

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

(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.)

				, i	<u> </u>	,	
	tion A. Public Support		420040	() 0040	/ N 0000	4) 2004	(0 T + 1
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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						
2	organization's tax-exempt purpose						
3	unrelated trade or business under section 513						
4	Tax revenues levied for the						
7	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		1				
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
500	tion P. Total Support						
	tion B. Total Support	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6	(u) 2017	(6) 2010	(0) 2010	(4) 2020	(6) 2021	(i) Total
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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 in 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.)				5:51		504(.)(0)
14	First 5 years. If the Form 990 is for	•			•		` ` `
Sac	organization, check this box and stop here. tion C. Computation of Public Supp						
15	Public support percentage for 2021 (line 8,		•	mn (f))		15	%
16	Public support percentage from 2020 Sche					16	%
	tion D. Computation of Investment					- 1	
17	Investment income percentage for 2021 (lir			13, column (f))		17	%
18	Investment income percentage from 2020					18	%
19 a	331/3% support tests - 2021. If the or					ore than 331/3%	, and line
	17 is not more than 331/3 %, check this	box and stop	here. The organ	nization qualifies	as a publicly s	upported organiza	ation ▶
b	331/3% support tests - 2020. If the orga	anization did no	t check a box on	line 14 or line	19a, and line 16	is more than 33	1/3 %, and
	line 18 is not more than $331/3\%$, check		•		. ,		
20	Private foundation. If the organization of	did not check	a box on line 1	4, 19a, or 19b	, check this bo	x and see instru	ictions -

Schedule A (Form 990) 2021

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a 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.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- 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.)

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Part l	V 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			
	11c below, the governing body of a supported organization?	11a		
	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,			
Cootie	provide detail in Part VI. on B. Type I Supporting Organizations	11c		
Secui	on B. Type I Supporting Organizations		Yes	No
			163	NO
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.	2		
Section	on C. Type II Supporting Organizations		I I	
			Yes	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).	1		
Section	on D. All Type III Supporting Organizations			
Occin	on b. All Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		. 00	110
	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.	_		
Cootia	<u> </u>	3		
	on E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	iono)	
1 a	The organization satisfied the Activities Test. Complete line 2 below.	uucu	ons).	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr	uctions	s).
			Yes	No
2	Activities Test. Answer lines 2a and 2b below.			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organization(s) to which the organization was responsive? If Test, then in Part vincentry 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	25		
I-	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? <i>If</i> "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

Schedule A (Form 990) 2021 Page **6**

Part V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Organiza	tions		
Check here if the organization satisfied the Integral	gral Part Test as a qualifying tru	st on N	lov. 20, 1970 (<i>explai</i>	n in Part VI). See
instructions. All other Type III non-functionally in	ntegrated supporting organization	ons mเ	ust complete Sectio	ns A through E.
Section 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 pr	oduction or collection			
of gross income or for management, conservation, c	or maintenance of			
property held for production of income (see instruction		6		
7 Other expenses (see instructions)		7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from	n line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use as:	sets (see			
instructions for short tax year or assets held for part of	of year):			
a Average monthly value of securities	1	a		
b Average monthly cash balances	1	b		
c Fair market value of other non-exempt-use assets	1	С		
d Total (add lines 1a, 1b, and 1c)	1	d		
e Discount claimed for blockage or other factors				
(explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-u	se assets	2		
3 Subtract line 2 from line 1d.	;	3		
4 Cash deemed held for exempt use. Enter 0.015 of li see instructions).	. •	4		
5 Net value of non-exempt-use assets (subtract line 4 th		5		
6 Multiply line 5 by 0.035.		6		
7 Recoveries of prior-year distributions		7		
8 Minimum Asset Amount (add line 7 to line 6)		8		
Section 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		3		
4 Enter greater of line 2 or line 3.		4		
5 Income tax imposed in prior year		5		
6 Distributable Amount. Subtract line 5 from line 4, ur				
emergency temporary reduction (see instructions).		6		
7 Check here if the current year is the organizatio	n's first as a non-functionally int	tegrate	ed Type III supporting	g organization

Schedule A (Form 990) 2021

(see instructions).

 Schedule A (Form 990) 2021
 Page 7

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	npt purposes of support	ed			
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations					
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required - p	5				
6	Other distributions (describe in Part VI). See instructions.					
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.					
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
		(1)	(ii)		(iii)	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2021			
a	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Employer identification number

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-PF.

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

COMBINED ARMS 47-5648923 Organization type (check one): Filers of: Section: 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) (2021) Page **2**

Name of organization COMBINED ARMS Employer identification number 47-5648923

Part I	rt I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
1_		\$\$\$	Person 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 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 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 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 Payroll Noncash (Complete Part II for noncash contributions.)			

Schedule B (Form 990) (2021) Page **2**

Name of organization

COMBINED ARMS

Employer identification number 47-5648923

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
7		\$\$	Person 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 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 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 D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► 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.

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization Employer identification number COMBINED ARMS 47-5648923 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1.

Schedule D (Form 990) 2021 COMBINED ARMS 47-5648923 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply): а Public exhibition Loan or exchange program Scholarly research h Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 4 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No **Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c Distributions during the year 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V **Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (c) Two years back (a) Current year (b) Prior year (d) Three years back (e) Four years back 1a Beginning of year balance c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities f Administrative expenses g End of year balance..... Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment > **b** Permanent endowment Term endowment ▶ The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the Yes organization by: No 3a(i) 3a(ii) 3b Describe in Part XIII the intended uses of the organization's endowment funds

4 Describe III are Alli the interface ases of the	io organization o ondo	WITTOTIC TATIAO.					
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation (d) Book value							
1a Land							
b Buildings							
c Leasehold improvements		167,708.	56 , 116.	111,592.			
d Equipment		80,688.	58 , 602.	22,086.			
e Other		28,843.	27 , 961.	882.			
Total. Add lines 1a through 1e. (Column (d) mus	134,560.						

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 COMBINED ARMS 47-5648923 Page **3**

Part VII	Investments - Other Securities. Complete if the organization answered	L"Ves" on Form 000	Part IV line 11h See Form 000	Part V line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuati	on:
	(including name of security)		Cost or end-of-year mark	et value
` '	al derivatives			
. ,	held equity interests			
(3) Other (A)				
(A)				
(C)				
(C)				
(E)				
(F)				
(G)				
(G) (H)				
	(h) must aqual Form 000, Part V and (P) line 12)			
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.) . Investments - Program Related.			
Part VIII	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year mark	
(1)			Cost of the of year many	St value
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
		scription		(b) Book value
(1)	. ,			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col. (B) I	ine 15.)		
Part X	Other Liabilities.	,		
	Complete if the organization answered line 25.	I "Yes" on Form 990	, Part IV, line 11e or 11f. See Forr	n 990, Part X,
1.		tion of liability		(b) Book value
(1) Feder	al income taxes	•		. ,
(2)SECURI	ITY DEPOSIT			15,000.
	DABLE ADVANCES			52,151.
	RED RENT LIABILITY			98,738.
(5)				,
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 25.)			165,889.

^{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 .

 Schedule D (Form 990) 2021
 COMBINED ARMS
 47-5648923
 Page 4

Part 1	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements	1	3,827,800.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments					
b	Donated services and use of facilities					
C	Recoveries of prior year grants					
d	Other (Describe in Part XIII.) 2d 3,596.					
e	Add lines 2a through 2d	2e	-11,227.			
3	Subtract line 2e from line 1	3	3,839,027.			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		0,000,027			
-	Investment expenses not included on Form 990, Part VIII, line 7b 4a					
a b	Other (Describe in Part XIII.)					
		4c				
С 5	Add lines 4a and 4b	5	3,839,027.			
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements	1	3,723,574.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities					
b	Prior year adjustments					
С	Other losses					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d	2e	3,596.			
3	Subtract line 2e from line 1	3	3,719,978.			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a					
b	Other (Describe in Part XIII.) 4b					
	Add lines 4a and 4b	4c				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	3,719,978.			
Part :	XIII Supplemental Information.					
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform					
SEE	SUPPLEMENTAL PAGE					
<u></u>						

Schedule D (Form 990) 2021 COMBINED ARMS 47-5648923 Page **5**

Part XIII Supplemental Information (continued)

PART XI, LINE 4B - OTHER ADJUSTMENTS

ADDITIONAL FUNDRAISING EXPENSES: \$3,596

PART XII, LINE 4B - OTHER ADJUSTMENTS

ADDITIONAL FUNDRAISING EXPENSES: \$3,596

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.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Inspection in the latest information.

Inspection | Employer identification number

Inspection

COMBINED ARMS	.1.4. :646			V	47-564892		
Form 990-EZ filers are not re				Yes" on Form 99	10, Part IV, line 1	<i>(</i> .	
1 Indicate whether the organization rais	· · · · · · · · · · · · · · · · · · ·	-		activities. Check a	III that apply.		
a Mail solicitations	е	X Solic	itation of	non-government g	rants		
b X Internet and email solicitations	f	X Solic	itation of	government grants	3		
c Phone solicitations	g	X Spec	cial fundra	ising events			
d X In-person solicitations							
 2a Did the organization have a written o or key employees listed in Form 990 b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	, Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundrai	sing services?	X Yes No fundraiser is to be	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
SEE SUPPLEMENT INFORMATION		Yes	No				
1							
2							
3							
4							
•							
5							
6							
7							
8							
9							
10							
Total	tion is registered s		l to policit	65,000.	30,000.	35,000.	
3 List all states in which the organiza registration or licensing.	tion is registered o	riicensed	i to solicit	contributions or	nas been notified	it is exempt from	
TX,							

 Schedule G (Form 990) 2021
 COMBINED ARMS
 47-5648923
 Page 2

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than \$5,000	0.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				CORNHOLE	1	(add col. (a) through col. (c))
Ф			(event type)	(event type)	(total number)	COI. (C))
Revenue	1	Gross receipts	37,753.	18,939.	31,135.	87,827.
22	2	Less: Contributions				
	3	Gross income (line 1 minus				
		line 2)	37 , 753.	18,939.	31,135.	87 , 827.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	10,548.		1,992.	12,540.
	7	Food and beverages				
Direc	8	Entertainment	550.			550.
	9	Other direct expenses	2,302.	427.		2,729.
	10 11	Direct expense summary. Add line Net income summary. Subtract line	es 4 through 9 in colu ne 10 from line 3, colu	mn (d)		15,819. 72,008.
Pa	rt I	Gaming. Complete if the org	anization answered "	Yes" on Form 990, F	Part IV, line 19, or	
		\$15,000 on Form 990-EZ, lin	e 6a.			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
	4	Rent/facility costs				
<u> </u>	5	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	Yes% No	No %	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)	▶	
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)	>	
9 a b	ì	Enter the state(s) in which the orgals the organization licensed to con If "No," explain:		in each of these state		Yes No
10 a		Were any of the organization's gaming				. Yes No

47-5648923 COMBINED ARMS

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

NAME:

TREVINO CONSULTING GROUP

ADDRESS:

2900 WESLAYAN ST STE 300 HOUSTON, TX 77027

ACTIVITY:

FUNDRAISING

CUSTODY OR CONTROL OF CONTRIBUTION? NO

GROSS RECEIPTS FROM ACTIVITY: 65,000.

AMOUNT PAID TO (OR RETAINED BY) FUNDRAISER: 30,000.

AMOUNT PAID TO (OR RETAINED BY) ORGANIZATION: 35,000.

SCHEDULE

Grants and Other Assistance to Organizations,

OMB No. 1545-0047	2021
-------------------	------

(Form 990)	Governments, and Individuals in the United States	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.	705
Donorthmont of the Treesing	► Attach to Form 990.	Open to P
Internal Revenue Service	→ Go to www.irs.gov/Form990 for the latest information. → Go to white	Inspect
Name of the organization		Employer identification number
COMBINED ARMS		47-5648923
Part General	Part General Information on Grants and Assistance	
1 Does the organ	1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	s or assistance, and
the selection cn	the selection criteria used to award the grants or assistance?	∀es
2 Describe in Par	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant or assistance PERATING SUPPORT (g) Description of noncash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance (d) Amount of cash grant 7,066. (c) IRC section (if applicable) 501(C)(3) 271850918 (p) EIN 1 (a) Name and address of organization or government 1414 11TH STREET HUNSTVILLE, TX 77340 (1) LONE SURVIVOR FOUNDATION Part II 3 (2) 8 2 4 9 5 6 (10) (11) (12)

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

Enter total number of other organizations listed in the line 1 table.................

Schedule I (Form 990) 2021

1E1288 1.000

Page 2

Part III

Schedule I (Form 990) (2021)

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	1 DIRECT ASSISTANCE	153	40,054.			
2						
ო						
4						
2						
9						
7						
Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	nformation red	quired in Part I, I	ine 2, Part III, c	olumn (b); and any o	ther additional

1, LINE PART

COMBINED ARMS MAINTAINS A CLOSE RELATIONSHIP WITH ITS MEMBER

TO MONITOR THE PURPOSE AND USE OF RELATIONSHIP SERVES ORGANIZATIONS. THE

COMBINED ARMS PROVIDES DIRECT ASSISTANCE FOR SPECIFIC FUNDS GRANTED. SPECIAL IMMIGRANT VISAS (SIV) FAMILIES. WE COLLABORATE WITH THE DEDICATED

SIDE WITH Βĭ PROGRAM TO AID INDIVIDUALS WHO WORKED SIDE TEAM FROM THE SIV

SOLDIERS IN AFGHANISTAN AND OTHER COUNTRIES IN THE MIDDLE EAST. THE U.S. DOCUMENTED WARTIME ALLIES AND REFERRED BY THE RECIPIENTS MUST BE ELIGIBLE

REFUGEE AGENCY CASEWORKER

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Name of the organization COMBINED ARMS

Department of the Treasury Internal Revenue Service

Employer identification number

47-5648923

Part	Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.					
	First-class or charter travel Housing allowance or residence for personal use					
	Travel for companions Payments for business use of personal residence					
	Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary spending account Personal services (such as maid, chauffeur, chef)					
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to					
	explain					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all					
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line					
	1a?					
3	Indicate which, if any, of the following the organization used to establish the compensation of the					
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a					
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.					
	X Compensation committee X Written employment contract					
	Independent compensation consultant X Compensation survey or study					
	$\boxed{ x }$ Form 990 of other organizations $\boxed{ x }$ Approval by the board or compensation committee					
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing					
	organization or a related organization:					
а	Receive a severance payment or change-of-control payment?	4a		X		
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b 4c		X		
С	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.					
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation contingent on the revenues of:					
a	The organization?	5a		X		
b	Any related organization?	5b		X		
•	If "Yes" on line 5a or 5b, describe in Part III.					
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
	compensation contingent on the net earnings of:					
a	The organization?	6a		X		
D	Any related organization?	6b		X		
_						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	7		v		
8	payments not described on lines 5 and 6? If "Yes," describe in Part III	'		X		
ø	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe					
		8		v		
9	in Part III	0		X		
J	Regulations section 53.4958-6(c)?	9				
	1.094.4.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	J				

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

Schedule J (Form 990) 2021

Page 2 47-5648923 COMBINED ARMS Schedule J (Form 990) 2021

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that

		(B) Breakdown of W-2	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	099-NEC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
MIKE HUTCHINGS	(i)	125,280.	20,800.		3,875.	780.	150,735.	
1 CEO	E							
	Ξ							
2	(ii)							
	Ξ							
ო	(ii)							
	Ξ							
4	E							
	Ξ							
2	(ii)							
	Ξ							
9	€							
	(=)							
7	<u>iii</u>							
	Ξ							
8	(ii)	(
	(E)							
6	(ii)	(
	(E)							
10	(II)	(
	Ξ							
11	(ii)	(
	€							
12	(ii)	(
	(E)							
13	(ii)	(
	€							
14	(ii)	(
	Ξ							
15	ij.	(
	Ξ							
16	≡							

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.

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

OMB No. 1545-0047

2021

Open to Public

Inspection

Name of the organization

COMBINED ARMS

Types of Property

Department of the Treasury Internal Revenue Service

Employer identification number

47-5648923

		(a) Check if applicable	(b) Number of contributions or items contributed	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash conf			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		36,900.	FMV			
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							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►(
29	Number of Forms 8283 received							
	which the organization completed F	orm 8283,	Part V, Donee Acknowledge	ement	29			
							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
b	If "Yes," describe the arrangement i							
31	Does the organization have a			-				
	contributions?					31		Χ
32a	Does the organization hire or use		•	•				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of pro	perty for which column (a	is checked,			
	describe in Part II.							

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

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

COMBINED ARMS

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

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 QUORUM 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
COMMITTEE WITH BOARD DELEGATED POWERS, COMPLETES A QUESTIONNAIRE USING
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

2021

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Name of the organization

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Employer identification number

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.

Name of the organization

COMBINED ARMS

47-5648923

FORM 990, PART III - PROGRAM SERVICE

LINE 4A, PROGRAM SERVICE

COMBINED ARMS (CAX) DELIVERS INNOVATIVE TECHNOLOGY SOLUTIONS THAT IMPROVE QUALITY OF LIFE FOR VETERANS & MILITARY FAMILIES. CAX STREAMLINES THE CONNECTION BETWEEN ACTIVE SERVICE MEMBERS, VETERANS, AND THEIR FAMILIES, AND OTHER MILITARY-CONNECTED INDIVIDUALS, AND THE SOCIAL SERVICE ORGANIZATIONS THAT CAN SERVE THEIR NEEDS. THROUGH OUR COMMUNITY RESOURCE REFERRAL SYSTEM, CLIENTS FIND NEEDED RESOURCES AND CONNECT QUICKLY AND DIRECTLY TO SERVICE PROVIDERS TO GET ASSISTANCE TO THRIVE PROFESSIONALLY AND PERSONALLY IN THE AREAS OF COMMUNITY, WELLNESS, PROFESSIONAL SUPPORT, AND ESSENTIAL SERVICES. TO DATE, WE'VE SERVED MORE THAN 55,000 VETERANS AND MILITARY-CONNECTED INDIVIDUALS, CONNECTING THEM TO OVER 1000 SOCIAL SERVICES AND RESOURCES PROVIDED BY OUR GROWING NETWORK OF VETTED MEMBER ORGANIZATIONS.

CAX'S MODEL, METHODOLOGY, AND CURRENT COMMUNITY RESOURCE REFERRAL SYSTEM HAVE YIELDED RAPID BEHAVIOR CHANGES FOR BOTH CAX CLIENTS AND THE ORGANIZATIONS THAT SERVE THEM AND, MORE IMPORTANTLY, HAS IMPROVED THE WELL-BEING OF THE VETERANS AND MILITARY-CONNECTED INDIVIDUALS WE SERVE.

Name of the organization

COMBINED ARMS

Employer identification number

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 191,937.

Name of the organization			Employer identification	n number
COMBINED ARMS			47-5648923	
FORM 990, PART IX - OTHER FEES				
	(A) TOTAL	(B) PROGRAM	(C) MANAGEMENT	(D) FUNDRAISING
DESCRIPTION	FEES	SERVICE EXP.	AND GENERAL	EXPENSES
TRAINING	49,258.	43,858.	5,400.	
CONTRACTORS PROFESSIONAL SERVICES	378,637. 85,086.	375,397. 85,086.		3,240.
RESEARCH PAYROLL FEES	63,667. 50,798.	63,667. 42,818.	3,742.	4,238.
TOTALS				
	627,446.	610,826.	9,142.	7,478.