WOOD, STEPHENS & O'NEIL, L.L.P.

Certified Public Accountants 6300 Ridglea Place, Suite 150 Fort Worth, TX 76116 Tele. (817)-377-1700 Fax (817)-377-1870

November 21, 2023

Carry The Load 4809 Cole Avenue, Ste 255 Dallas, TX 75205

Enclosed is the Form 990 federal tax return for a tax-exempt organization, prepared from the information provided to us. This return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

Thank you for the opportunity to be of service. For further assistance with your tax needs, please contact our office at (817)-377-1700.

Sincerely,

Wood, Stephens & O'Neil, L.L.P.

Form 990

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Part I

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Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Open to Public Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2022 calendar year, or tax year beginning 09-01 2022, and ending 08-31 ,2023 Check if applicable: C Name of organization CARRY THE LOAD D Employer identification number 27-4568835 Address change Doing business as E Telephone number Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return 4809 COLE AVENUE 255 (214)723-6068 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts Amended return DALLAS, TX 75205 4,400,041 \$ X No Application pending F Name and address of principal officer: DEBBIE WRIGHT H(a) Is this a group return for subordinates? Yes SAME AS C ABOVE H(b) Are all subordinates included? Yes No **X** 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions Tax-exempt status: CARRYTHELOAD.ORG Website: H(c) Group exemption number X Corporation Trust Association Form of organization: Other L Year of formation: 2011 M State of legal domicile: тх Summary 1 Briefly describe the organization's mission or most significant activities: TO HONOR AND CELEBRATE OUR NATION'S HEROES BY CONNECTING AMERICANS TO THEIR SACRIFICES FOR OUR FREEDOM. Check this box. \Box if the organization discontinued its operations or disposed of more than 25% of its pet assets

6	-		1113 1101 033013.		
Ō	3	Number of voting members of the governing body (Part VI, line 1a)		3	8
ა ა	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	8
Activities	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	12
Ę	6	Total number of volunteers (estimate if necessary)		6	
Ă	7a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0
			Prior Year		Current Year
	8	Contributions and grants (Part VIII, line 1h)	4,801,49	91	4,287,888
ne	9	Program service revenue (Part VIII, line 2g)			0
Sevenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,2	50	14,564
Rey	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	141,0	21	97,589
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,944,70	62	4,400,041
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,728,40	64	1,564,079
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	839,7	64	944,824
ses	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) 142,627			
Ă	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,230,3	92	2,330,548
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,798,6	20	4,839,451
	19	Revenue less expenses. Subtract line 18 from line 12	146,14	42	(439,410)
r s			Beginning of Current Y	ear	End of Year
ets c lanc	20	Total assets (Part X, line 16)	2,418,9	69	1,945,615
Assets or Balances	21	Total liabilities (Part X, line 26)	83,9	86	28,952
Pund	22	Net assets or fund balances. Subtract line 21 from line 20	2,334,98	83	1,916,663
Dar		Signature Block			

Part II Signature Block

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

	DEBBIE WI	11-25-2023				
Sign	Signature of officer		Date			
Here	DEBBIE WI	RIGHT, EXEC.	DIR.			
	Type or print name and ti	tle				
I	Print/Type preparer's n	name	Preparer's signature	Date	Check	if PTIN
Paid	Hal O'Neil	CPA	Hal O'Neil CPA	11-21-2023	self-employ	ed P00482709
Preparer	Firm's name	Wood, St	tephens & O'Neil, LLP		Firm's EIN	
Use Only	Firm's address					
		17-377-1700				
May the IRS	discuss this return	with the preparer sl	hown above? See instructions			X Yes 🗌 No
	and Designation Area	Neder and design	and a first state of the second			E

Form	990 (2022) CARRY THE LOAD 27-4568835 Page
Ра	t 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:
	TO HONOR AND CELEBRATE OUR NATION'S HEROES BY CONNECTING AMERICANS TO THEIR SACRIFICES FOR OUR
	FREEDOM.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
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.
4a	(Code:) (Expenses \$ 4,514,385 including grants of \$) (Revenue \$)
	THE ORGANIZATION HONORS AND CELEBRATES OUR NATION'S HEROES BY CONNECTING AMERICANS TO THEIR
	SACRIFICES FOR OUR FREEDOM. THE ORGANIZATION ORGANIZES AND CONDUCTS MEMORIAL DAY EVENTS AND OTH
	EVENTS TO BRING AWARENESS AND THAT HONORS AND THANKS VETERANS AND ACTIVE DUTY MEMBERS OF THE
	MILITARY, LAW ENFORCEMENT, FIREFIGHTERS AND THEIR FAMILIES FOR THEIR SACRIFICES. THE ORGANIZATI
	ALSO PROVIDES GRANT FUNDS TO VARIOUS OTHER NOT-FOR-PROFIT ORGANIZATION PARTNERS WHICH SERVE THE
	HEROES BY PROVIDING VARIOUS PROGRAM SUPPORT SERVICES AND EDUCATION OPPORTUNITIES.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program convice expenses
	Total program service expenses 4,514,385

		-4568835		Page 3
Pa	rt IV Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
1	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions		x	
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		
5	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
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		x
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		
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		х
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		x
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		х
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	<u>11</u> a		х
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	<u>11</u> k)	х
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	110	:	х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		.	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			X
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	116	•	x
f		4.45		
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	<u>11f</u>	-	x
12a		12-		
b	Schedule D, Parts XI and XII	12a	X	
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12		x
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E		-	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?			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	14	5	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			
	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			
	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			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		x
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 k		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	

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Pa	rt IV Checklist of Required Schedules (continued)			T
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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	22		
240	employees? If "Yes," complete Schedule J.	23	x	
24a	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	24a		v
h	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		x
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
С	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?	240 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
zJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	234		
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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
21	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,	21		
20	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			
u	"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		x
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
Ū	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	x	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M.	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		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	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	<u>.</u> .	<u></u> .	
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in 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	x	
		For	n 000	(2022

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Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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 2a 12	2		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		x
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	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			
11	Section 501(c)(12) organizations. Enter:	-		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	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			
	the organization is licensed to issue qualified health plans 13b			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		x
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		x
	If "Yes," see the instructions and file Form 4720, Schedule N.	-		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

	n 990 (2022) CARRY THE LOAD 27-45688	335	P	Page 6
Pa	ITT 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 in Schedule O. See instructio	ns.		
	Check if Schedule O contains a response or note to any line in this Part VI			х
Se	ction 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			
	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 in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	-		
2	any other officer, director, trustee, or key employee nave a ranning relationship of a business relationship with	2		v
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		х
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		x
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		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	x	
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 Q	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
0a	Did the organization have local chapters, branches, or affiliates?	10a		х
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		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	x	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	x	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	x	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe on Schedule O how this was done	12c	x	
13	Did the organization have a written whistleblower policy?	13	x	
4	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		x
b	Other officers or key employees of the organization	15b		x
N	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	130		
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
oa		16a		v
h	with a taxable entity during the year?	Tua		x
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	4.01		
200	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
7	List the states with which a copy of this Form 990 is required to be filed			
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website I Upon request Other (explain on Schedule O)			
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	DEBBIE WRIGHT (214)723-6068, 4809 COLE AVENUE, DALLAS, TX 75205			

Form 990 (202	(2) CARRY THE LOAD	27-4568835	Page 1					
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Con	mpensated Employee	es, and					
	Independent Contractors							
	Check if Schedule O contains a response or note to any line in this Part VII		🗌					
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 o	r within the						
organization's	tax year.							
 List all of 	the organization's current officers, directors, trustees (whether individuals or organizations), regardles	s of amount of						

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See 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.

		(C)											
(A)	(B)	Position						(D)	(E)	(F)			
Name and title	Average	(do not check more than one box, unless person is both an officer and a director/trustee)						Reportable	Reportable	Estimated amount			
	hours											compensation	compensation
	per week										from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	Individual trustee or director	Ins	Officer	Key	em	Former	1099-MISC/	1099-MISC/	organization and			
	related	lividu	titutio	icer	/ em	hest	mer	1099-NEC)	1099-NEC)	related organizations			
	organizations	al tru	onal		Key employee	ee on							
	below	ıstee	nstitutional trustee		ee	Ipen							
	dotted line)		ee			Highest compensated employee							
(1) DEBBIE WRIGHT	40.00												
EXEC. DIR.				х				195,583	0	0			
(2) AARON RIGBY													
BOARD MEMBER		х						0	0	0			
(3) HALLIE HUGGINS													
BOARD MEMBER		х						0	0	0			
(4) JOHN MCCAA													
BOARD MEMBER		х						0	0	0			
(5) JUNOR ORTIZ													
BOARD MEMBER		х						0	0	0			
(6) TODD BOEDING													
BOARD MEMBER		х						0	0	0			
(7) MIKE DEVLIN													
BOARD MEMBER		х						0	0	0			
(8) STEPHEN HOLLEY													
PRES./CEO		х		х				0	0	0			
(9) CRAIG COUCH													
TREAS.		х		х				0	0	0			
<u>(10)</u>													
<u>(11)</u>													
<u>(12)</u>													
(13)	L												
<u>(14)</u>													

Form 99			THE LOAD										7-4568			Page 8
Part	VII	Section A. Officers	s, Directors, 1	rustees,	Key I	Em			es, an	d F	lighest Comp	ensated	Empl	oyees	(cont	tinued
		(A) Name and title		(B) Average hours per week	box	, unle	Po neck m ss pe	rson i	han one s both ar r/trustee)		(D) Reportable compensation from the	(E) Reportable compensation from related	able ation ated	(F) Estimated of ot compen		r tion
				(list any hours for related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizatior 1099-MI 1099-NE	sc/	orga	rom the nization d organiz	and
(15)					_											
<u>(16)</u>					-											
<u>(17)</u>					-											
<u>(18)</u>					-											
<u>(19)</u>					-											
(20)					-											
(21)					-											
(22)					-											
(23)					-											
(24)					-											
(25)					-											
		from continuation sheets			••••	•••	••• •••	•••	•••	•						
		(add lines 1b and 1c)									195,583	of	0			0
2		number of individuals (incl table compensation from the	•	ted to those	listed a	DOV	e) w	no re	eceiveo	a mo	ore than \$100,000	or				1
3		ne organization list any for							-						Yes	No
4		byee on line 1a? If "Yes," ny individual listed on line ?												3		x
	-	ization and related organi	-											4	v	
5		dual											• • • •	4	x	
Castin		rvices rendered to the org		s," complete	e Sched	lule	J for	r suc	h pers	on				5		х
Section 1		Independent Cont		ated indepen	dent co	ntra	ctors	s tha	t racai	hav	more than \$100.00	0 of				
·		ensation from the organiza	-										ax year.			
		Nor	(A)								(B)			(C)	ation	
		INAL	ne and business addre	55							Description of servic	es		Compens	ation	
2	Total	number of independent co	ontractors (includir	ng but not lir	nited to	thos	se lis	sted	above)) wh	0					
	receiv	ed more than \$100,000 of	f compensation fro	om the organ	nization											

Form 99	90 (20	22) CARRY	тн	E LOAD					27-45688	35 Page 9
Part	VIII	Statement of Rev	/enu	ie						
		Check if Schedule O co	ontair	is a respons	e or n	ote to any line in thi	s Part VIII			[
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
	1a	Federated campaigns .			1a					
	b	Membership dues			1b					
ants ints	С	Fundraising events		1c						
nor Dor	d	Related organizations .			1d					
ar Al	е									
s, in Bilia	f	All other contributions, gif	fts, gr	ants,						
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not included above 1f				4,287,888				
Othu	g	Noncash contributions inc								
Con		lines 1a-1f			1g	-				
	h	Total. Add lines 1a-1f	••				4,287,888			
						Business Code				
e	2a									
jr je	b									
n Se enu	c d									
Program Service Revenue	e u									
rog		All other program service								
μ.		Total. Add lines 2a-2f .								
	3	3 Investment income (including dividends, interest, a other similar amounts)					14,564	14,564		
	4	Income from investment of								
	5	Royalties		•	•					
				(i) Rea		(ii) Personal				
	6a	Gross rents	6a							
	b	Less: rental expenses	6b							
	c	Rental income or (loss)	6c							
	d	Net rental income or (loss))							
	7a	Gross amount from		(i) Securiti	es	(ii) Other				
		sales of assets								
		other than inventory	7a							
	b	Less: cost or other basis								
Jue		and sales expenses								
evel		Gain or (loss)								
r R		Net gain or (loss) Gross income from fundra			•••					
Other Revenue	oa	events (not including \$	-							
0		of contributions reported of		2	-					
		1c). See Part IV, line 18			8a					
	b	Less: direct expenses .			8b					
		Net income or (loss) from								
		Gross income from gamin		0						
		activities, See Part IV, line	19		9a					
	b	Less: direct expenses .			9b					
	С	Net income or (loss) from	gami	ng activities	<u></u>					
	10a	Gross sales of inventory, I	less							
		returns and allowances .			10a	97,589				
		Less: cost of goods sold			10b					
	C	Net income or (loss) from	sales	of inventor	у		97,589	97,589		
						Business Code				
e e	11a									
lanc ∍nui	b									
Miscellanous Revenue	С С	All other revenue								
Mis		All other revenue Total. Add lines 11a-11d				L				
		Total revenue. See instru					4,400,041	112,153	0	0
	•				• • •	<u>· · · · · · · ·</u> ·	1,100,011		U	0

Part IX

22) CARRY THE LOAD 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 response or note to any line in this Part IX (D) Fundraising (A) Total expenses (B) (C) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to domestic organizations 1 and domestic governments. See Part IV, line 21 1,564,079 1,564,079 . . . Grants and other assistance to domestic 2 individuals. See Part IV. line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, 5 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 944,824 81,411 25,168 838,245 Pension plan accruals and contributions (include 8 section 401(k) and 403(b) employer contributions) 9 10 11 Fees for services (nonemployees): а b Legal..... 124,996 105,095 19,901 С 1,153 1,153 d Professional fundraising services. See Part IV, line 17 . е f Other. (If line 11g amount exceeds 10% of line 25, column a (A) amount, list line 11g expenses on Schedule O.) 12 212,875 212,875 13 48,128 23,660 24,468 14 15 16 49,670 49,670 17 58,362 58,362 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 23 8,339 3,706 4,633 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25. column (A), amount, list line 24e expenses on Schedule O.) BANK CHARGES, C C FEES 195 а 39,372 39,177 b MEMORIAL DAY EVENTS 1,785,178 1,667,719 117,459 С d е All other expenses 2,475 1,467 1,008 Total functional expenses. Add lines 1 through 24e. . 25 4,839,451 4,514,385 182,439 142,627 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here 🛛 if following SOP 98-2 (ASC 958-720)

Form	990 (20	,	2	7-45688	3 35 Page 1 7
Part	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X		••••	
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,593,750	1	1,119,005
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	100,000	4	
	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		5	
	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)		6	
Assets	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
Ř	9	Prepaid expenses and deferred charges		9	57,000
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation		10c	
	11	Investments - publicly traded securities	725,219	11	769,610
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14			14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	2,418,969	16	1,945,615
	17	Accounts payable and accrued expenses	83,986	17	28,952
	18			18	
	19			19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lial		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X		05	
	26		02.000	25	20.050
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X	83,986	26	28,952
es	27	and complete lines 27, 28, 32, and 33.	0 000	27	1 016 662
anc	27	Net assets without donor restrictions	2,334,983	27 28	1,916,663
Bal	28	Net assets with donor restrictions		20	
pu					
Ъ	20	and complete lines 29 through 33.		20	
sor	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	0 004 000	31	1 010 000
Net	32	Total net assets or fund balances	2,334,983		1,916,663
	33	Total liabilities and net assets/fund balances	2,418,969	33	1,945,615

EEA

Form 990 (2022)

Form	990 (2022) CARRY THE LOAD	27-4568835	5	Pa	age 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		•••		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,	400,	041
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	839,	451
3	Revenue less expenses. Subtract line 2 from line 1	3	(439,	,410)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	334,	983
5	Net unrealized gains (losses) on investments	5		21,	,090
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			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	1,	916,	663
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		r		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain 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 compiled 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	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on 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 oversight of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
EEA			Form	1 990 ((2022)

SCHEDULE	Α
(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.

OMB No. 1545-0047
2022

Department of the Treasury		Attach to Form 990 or Form 990-EZ.					Open to Public			
		www.irs.gov/Form990 for instructions and the latest information.					Inspection			
Name	Name of the organization							Employer identification	on number	
CARI	RY THE							27-45688		
Par	rt I I	Reason	for Public Cha	rity Status. (Al	I organizations mus	st comple	ete this p	oart.) See instruct	ions.	
The c	organizatio	on is not a	private foundation b	ecause it is: (For lir	nes 1 through 12, check o	only one bo	x.)			
1	🗌 A ch	urch, conv	vention of churches,	or association of c	hurches described in se	ction 170	b)(1)(A)(i)			
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)									
3	🗌 A ho	spital or a	cooperative hospita	al service organizat	ion described in section	170(b)(1)	(A)(iii).			
4	🗌 A me	edical rese	earch organization o	perated in conjunct	tion with a hospital desc	ribed in se	ction 170	(b)(1)(A)(iii). Enter the	е	
	hospital's name, city, and state:									
5	🗌 An o	organizatio	n operated for the be	enefit of a college o	r university owned or op	erated by a	a governm	ental unit described in		
	sect	ion 170(b)(1)(A)(iv). (Comple	ete Part II.)						
6	A fee	deral, state	e, or local governme	ent or governmental	I unit described in sectio	on 170(b)(1)(A)(v).			
7	X An o	organizatio	n that normally rece	ives a substantial pa	art of its support from a g	jovernmen	tal unit or f	rom the general public	;	
	desc	ribed in s	ection 170(b)(1)(A)	(vi). (Complete Par	rt II.)					
8	🗌 A co	mmunity t	rust described in se	ction 170(b)(1)(A)	(vi). (Complete Part II.)					
9	🗌 An a	gricultural	research organizat	ion described in se	ction 170(b)(1)(A)(ix) o	perated in	conjunctio	n with a land-grant co	ollege	
	or ur	niversity o	a non-land-grant co	ollege of agriculture	(see instructions). Enter	the name,	city, and s	tate of the college or		
	unive	ersity:								
10	rece supp	ipts from a port from g	ctivities related to it ross investment inco	s exempt functions, ome and unrelated b	33 1/3% of its support fro subject to certain excep pusiness taxable income e section 509(a)(2). (Co	tions; and (less secti	(2) no mor on 511 tax	e than 33 1/3% of its	DSS	
11	🗌 An o	organizatio	n organized and op	erated exclusively t	to test for public safety.	See sectio	n 509(a)(4	l).		
12	🗌 An o	organizatio	n organized and ope	erated exclusively for	or the benefit of, to perform	m the func	tions of, or	to carry out the purpo	oses of	
	one	or more p	ublicly supported or	ganizations describ	ed in section 509(a)(1)	or section	509(a)(2)	. See section 509(a)	(3). Check	
	the b	oox on line	s 12a through 12d tl	hat describes the typ	pe of supporting organization	ation and c	omplete lir	nes 12e, 12f, and 12g.		
а	I 🗌 1	Type I. A	supporting organiza	tion operated, supe	ervised, or controlled by i	ts support	ed organiz	ation(s), typically by g	giving	
	t	the suppor	ted organization(s)	the power to regula	rly appoint or elect a ma	jority of the	directors	or trustees of the		
	5	supporting	organization. You	must complete Pa	rt IV, Sections A and B					
b	, 🗌 1	Type II. A	supporting organiza	ation supervised or	controlled in connection	with its su	pported or	ganization(s), by hav	ing	
		control or	management of the	supporting organiza	tion vested in the same	persons that	at control o	r manage the support	ed	
	C	organizatio	on(s). You must co	mplete Part IV, Se	ctions A and C.					
с	: 🗌 1	Type III fu	nctionally integrat	ed. A supporting or	rganization operated in c	connection	with, and	functionally integrated	d with,	
	i	its support	ed organization(s) (see instructions). Y	ou must complete Par	t IV, Secti	ons A, D,	and E.		
d					ing organization operate				ation(s)	
	t	that is not	unctionally integrate	ed. The organization	n generally must satisfy a	distributio	n requirem	ent and an attentivene	ess	
	r	requireme	nt (see instructions)	. You must compl	ete Part IV, Sections A	and D, an	d Part V.			
е				-	en determination from the			I, Type II, Type III		
	f	functionall	y integrated, or Type	e III non-functionally	integrated supporting o	rganizatior) .			
f			r of supported organ	-						
g	Provid	e the follov	ving information abo	out the supported or	ganization(s).					
(i) Name of supported organization			ganization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
						Yes	No			
(A)										
(B)										
(C)										
(D)										
(E)										
Total										

II Support Schedule for Organiz		ribed in Sect	tions 170(b)(1)(A)(iv) and	27-456883			
			neu selen, p					
	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
	(a) 2010	(6) 2010	(0) 2020	(0) 2021	(0) 2022			
-								
	2 646 491	2 224 200	4 452 192	4 901 401	1 207 000	20 522 34		
	3,040,401	3,334,300	4,452,103	4,801,491	4,207,000	20,522,54		
-								
-								
	2 646 491	2 224 200	4 452 192	4 901 401	1 207 000	20,522,34		
	3,040,401	3,334,300	4,452,103	4,801,491	4,207,000	20,522,54		
-								
• •								
						3,231,88		
						17,290,45		
						17,290,45		
	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
						20,522,34		
	5,040,401	3,334,300	4,452,105	4,001,491	4,207,000	20,322,34		
-								
÷ .								
-								
						20,522,34		
	(see instructio	ns)			12	20,522,54		
						c)(3)		
-	0				· · · · · ·	, , ,		
						••••		
			11. column (f))		14	84.25		
		-				80.63		
					-			
	-		-					
	-		-					
10% or more, and if the organization mee	-							
-								
Part VI how the organization meets the fe			-	-		-		
Part VI how the organization meets the fa						1		
organization						-		
organization		nization did not	t check a box o	on line 13, 16a	, 16b, or 17a, a	and line		
organization 10%-facts-and-circumstances test - 20 15 is 10% or more, and if the organization	121. If the organ n meets the fac	nization did not	t check a box o stances test, c	on line 13, 16a heck this box a	, 16b, or 17a, a and stop here.	and line Explain		
organization	D21. If the organ n meets the face a facts-and-circ	nization did not cts-and-circum cumstances tes	t check a box o stances test, c st. The organiza	on line 13, 16a heck this box a ation qualifies	, 16b, or 17a, a and stop here. as a publicly st	nd line Explain upported		
organization 10%-facts-and-circumstances test - 20 15 is 10% or more, and if the organization	21. If the organ n meets the fac facts-and-circ	nization did not cts-and-circum cumstances tes	t check a box o stances test, c st. The organiz	on line 13, 16a heck this box a ation qualifies	, 16b, or 17a, a and stop here. as a publicly su	Ind line Explain Ipported		
	Part III. If the organization fails t on A. Public Support dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. On B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc First 5 years. If the Form 990 is for the co organization, check this box and stop here Public support test - 2022. If the organization dat 31/3% support test - 2021. If the organization this box and stop here. The organization	Part III. If the organization fails to qualify under on A. Public Support dar year (or fiscal year beginning in) (a) 2018 Gifts, grants, contributions, and (a) 2018 membership fees received. (Do not 3,646,481 include any "unusual grants.") 3,646,481 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 1, column (f) Public support dar year (or fiscal year beginning in) (a) 2018 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from sinilar sources sir regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	Part III. If the organization fails to qualify under the tests lis on A. Public Support (dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 governmental unit or publicly support. Subtract line 5 from line 4. governmental unit or publicly support. Subtract line 5 from line 4. on B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Armounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources insequent chart in the business is regularly carried on is store the sale of capital assets (Explain in Part VI.) Other income. Do not include gain or loss from the sale of ca	Part III. If the organization fails to qualify under the tests listed below, p on A. Public Support (a) 2018 (b) 2019 (c) 2020 (a) 44,452,183 (a) 44,452,183 (a) 44,452,183 (b) 2019 (c) 2020 (a) 44,452,183 (a) 2018 (b) 2019 (c) 2020 (a) 2018 <th (c)="" 2020<<="" colspan="2" td=""><td>Part III. If the organization fails to qualify under the tests listed below, please completed on A. Public Support Or A. Public Support (a) 2018 (b) 2019 (c) 2020 (d) 2021 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 3,646,481 3,334,300 4,452,183 4,801,491 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3,646,481 3,334,300 4,452,183 4,801,491 Tax revenues levied on its behalf </td><td>dar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 Gifts, grants, contributions, and membership fees received. (Do not 3,646,481 3,334,300 4,452,183 4,801,491 4,287,888 Tax revenues levide for the or expended on its behalf The value of services or facilities Total. Add lines 1 through 3 Add lines 1 through 3 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a <</td></th>	<td>Part III. If the organization fails to qualify under the tests listed below, please completed on A. Public Support Or A. Public Support (a) 2018 (b) 2019 (c) 2020 (d) 2021 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 3,646,481 3,334,300 4,452,183 4,801,491 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3,646,481 3,334,300 4,452,183 4,801,491 Tax revenues levied on its behalf </td> <td>dar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 Gifts, grants, contributions, and membership fees received. (Do not 3,646,481 3,334,300 4,452,183 4,801,491 4,287,888 Tax revenues levide for the or expended on its behalf The value of services or facilities Total. Add lines 1 through 3 Add lines 1 through 3 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a <</td>		Part III. If the organization fails to qualify under the tests listed below, please completed on A. Public Support Or A. Public Support (a) 2018 (b) 2019 (c) 2020 (d) 2021 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 3,646,481 3,334,300 4,452,183 4,801,491 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3,646,481 3,334,300 4,452,183 4,801,491 Tax revenues levied on its behalf	dar year (or fiscal year beginning in) (a) 2018 (b) 2019 (c) 2020 (d) 2021 (e) 2022 Gifts, grants, contributions, and membership fees received. (Do not 3,646,481 3,334,300 4,452,183 4,801,491 4,287,888 Tax revenues levide for the or expended on its behalf The value of services or facilities Total. Add lines 1 through 3 Add lines 1 through 3 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a <

Schedule B (Form 990)

Department of the Treasury

Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

Attach to Form 990 or Form 990-PF.

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

2022

Name of the organization	Employer identification number
CARRY THE LOAD	27-4568835
Organization type (check one):	

Filers of:	Section:
Form 990 or 990-EZ	X 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

x 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 totaling \$5,000 or more during the year\$

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).

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

Name of organization

Page 2 Employer identification number

CARRY THE LOAD

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27-4568835

Part I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JP MORGAN CHASE		Person 🗴 Payroll 🗌
	ADDRESS ON FILE	\$350,000	Noncash (Complete Part II for
(a) No.	(b)	(C)	(d)
NO.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_2	AT&T ADDRESS ON FILE	\$150,000	Person x Payroll Noncash
	DALLAS TX 75205		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	PEPSICO/FRITO LAY		Person 🕱 Payroll 🗌
	ADDRESS ON FILE DALLAS TX 75205	\$100,000	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ENERGY TRANSFER LP ON FILE	\$100,000	Person x Payroll Noncash
	DALLAS TX 75205		(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)	

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 000

OMB No. 1545-0047

Go to www.irs.gov/Form990 for instructions and the latest inform	nation.
Allach to Form 990.	

2022 **Open to Public** Inspection

Employer identification number

Name of the organization
Internal Revenue Service
Department of the Treasury

CARRY	THE	LOAD			27-456	8835		
Par	tl	Organizations Maintaining Donor Advised I	Funds or Other Sim	ilar Funds or Acc	ounts.			
	,	Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 6.				
		· · ·	(a) Donor ad	vised funds	(b) Fi	unds and other accounts		
1	Total r	number at end of year						
2	Aggre	gate value of contributions to (during year)						
3		gate value of grants from (during year)						
4	Aggregate value at end of year							
5		e organization inform all donors and donor advisors in	writing that the assets I	held in donor advised		-		
		are the organization's property, subject to the organization	•			🗌 Yes 🗌 No		
6		e organization inform all grantees, donors, and donor a						
-		r charitable purposes and not for the benefit of the dor			-			
		ring impermissible private benefit?				🗌 Yes 🗌 No		
Part		Conservation Easements.						
		Complete if the organization answered "Yes" of	on Form 990 Part IV	line 7				
1	Purno	se(s) of conservation easements held by the organizat						
•	<u> </u>	servation of land for public use (for example, recreation		Preservation of a h	istorically impo	ortant land area		
	_	tection of natural habitat		Preservation of a c				
	=	servation of open space	l			Suuciule		
2			find concernation contril	aution in the form of a	oonoon otion			
2		ete lines 2a through 2d if the organization held a qualif	ned conservation contri	Sution in the form of a				
-		nent on the last day of the tax year.				Id at the End of the Tax Year		
a		number of conservation easements						
b		acreage restricted by conservation easements						
C		er of conservation easements on a certified historic str			. 2c			
d		er of conservation easements included in (c) acquired						
-		structure listed in the National Register			. 2d			
3		er of conservation easements modified, transferred, re	eleased, extinguished, o	r terminated by the or	ganization duri	ing the		
	tax yea							
4		er of states where property subject to conservation ea		<u> </u>				
5		he organization have a written policy regarding the pe		-				
		ons, and enforcement of the conservation easements it						
6	Staff a	nd volunteer hours devoted to monitoring, inspecting, h	nandling of violations, a	nd enforcing conserva	tion easement	s during the year		
7	Amou	nt of expenses incurred in monitoring, inspecting, hand	lling of violations, and e	nforcing conservation	easements du	ring the year		
8		each conservation easement reported on line 2(d) abo						
		ection $170(h)(4)(B)(ii)$?				Ves 🗌 No		
9	In Par	t XIII, describe how the organization reports conservat	tion easements in its re	venue and expense st	atement and			
	balanc	e sheet, and include, if applicable, the text of the footne	ote to the organization's	s financial statements	that describes	the		
		zation's accounting for conservation easements.						
Part		Organizations Maintaining Collections			ther Simila	r Assets.		
		Complete if the organization answered "Yes" of	on Form 990, Part IV	, line 8.				
1a	If the c	organization elected, as permitted under FASB ASC 9	58, not to report in its re	evenue statement and	balance sheet	works		
	of art,	historical treasures, or other similar assets held for pul	blic exhibition, educatio	n, or research in furthe	erance of publi	С		
	servic	e, provide in Part XIII the text of the footnote to its fina	incial statements that de	escribes these items.				
b	If the o	organization elected, as permitted under FASB ASC 9	58, to report in its rever	ue statement and bala	ance sheet wor	ks of		
	art, his	torical treasures, or other similar assets held for public	c exhibition, education,	or research in furthera	nce of public s	ervice,		
	provid	e the following amounts relating to these items:						
	(i) Re	evenue included on Form 990, Part VIII, line 1				\$		
		sets included in Form 990, Part X				\$		
2		organization received or held works of art, historical tre				·		
-		ng amounts required to be reported under FASB ASC		-				
а		ue included on Form 990, Part VIII, line 1	-			\$		
b		s included in Form 990, Part X				* \$		
		k Reduction Act Notice, see the Instructions for Fo						

	le D (Form 990) 2022 CARRY THE LOAD			_				27-456			Page 2
Par									ssets (conti	inued)
3	Using the organization's acquisition, access	sion, and	other record	ls, check a	ny of the fo	ollowing that	make si	gnificant use of its			
	collection items (check all that apply):										
а	Public exhibition			d	🗌 Loan o	or exchange p	orogram				
b	Scholarly research			е	Other						
С	Preservation for future generations										
4	Provide a description of the organization's	collection	ns and explai	in how the	y further th	e organizatio	n's exer	npt purpose in Par	t		
	XIII.										
5	During the year, did the organization solicit	or receiv	e donations	of art, histo	orical treas	sures, or othe	r similar				
	assets to be sold to raise funds rather than	n to be m	aintained as	part of the	organizati	on's collectio	n?		. 🗌 Y	es	No
Par	t IV Escrow and Custodial Arr	angem	ents.								
	Complete if the organizatior	n answe	ered "Yes'	' on Forr	n 990, P	Part IV, line	9, or	reported an an	nount o	n For	rm
	990, Part X, line 21.							-			
1a	Is the organization an agent, trustee, custo	dian or ot	her intermed	liary for co	ntributions	or other asse	ets not				-
	included on Form 990, Part X?								. 🗌 Y	es	No
b	If "Yes," explain the arrangement in Part X	III and co	mplete the fo	ollowing tal	ole:						
				•				Ar	nount		
с	Beginning balance						. 1	c			
d	Additions during the year							d			
е	Distributions during the year							e			
f	Ending balance							f			
2a	Did the organization include an amount on	Form 99	0, Part X, line	e 21, for es	crow or cu	ustodial accou	unt liabili	ity?	. 🗌 Y	es	No
b	If "Yes," explain the arrangement in Part X							•			Ē.
Par				•							
	Complete if the organizatior	n answe	ered "Yes'	' on Forr	n 990. P	art IV. line	10.				
			urrent year		or year	(c) Two year		(d) Three years back	(e) Fo	our year	rs back
1a	Beginning of year balance		, ,		,						
b	Contributions										
С	Net investment earnings, gains, and										
	losses										
d	Grants or scholarships										
e	Other expenditures for facilities and										
-	programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cu	urrent vea	r end baland	e (line 1a.	column (a)) held as:					
_ a	Board designated or quasi-endowment			, e (e	00101111 (0	,,,					
b		%									
c	Term endowment %										
•	The percentages on lines 2a, 2b, and 2c sh	nould eau	al 100%.								
3a	Are there endowment funds not in the post			vation that	are held ar	nd administer	ed for th	ie.			
•••	organization by:		in the england							Ye	s No
	(i) Unrelated organizations								. 3a(-	
	(ii) Related organizations								· · ·		
b	If "Yes" on line 3a(ii), are the related organ								· ·	,	
4	Describe in Part XIII the intended uses of t					• • • • • • •					I
	t VI Land, Buildings, and Equi				1103.						
I UI	Complete if the organization	•		' on Forr	n 990 P	Part IV line	11a	See Form 990	Part X	line	10
	Description of property	1 413 40	(a) Cost or oth			or other basis		Accumulated		, mic ook valu	
	Description of property		(a) Cost of oth			other)		depreciation	(a) B	JOK VAIL	Je.
10	Land		(,	+			.,			
1a ⊾		-									
b	Buildings										
C	Leasehold improvements										
d											
e Tatal					(D) //	10-1					
	Add lines 1a through 1e. (Column (d) must	t equal F	orm 990, Pai	π X, COlUM	in (B), line	10C.)					
EEA								Scl	hedule D (rorm '	990) 202

Schedule D (Form 990) 2022

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
otal. (Column (b) must equal Form 990, Part X, col. (B) line 12.).		

THE LOAD

CARRY

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 valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.).		

Part IX Other Assets.

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Feder	ral income taxes	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colui	mn (b) must equal Form 990, Part X, col. (B) line 2	25.)

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. . . .

27-4568835

Page 3

Schedu		7-4568835	Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	4,421,131
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 21,090		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	21,090
3	Subtract line 2e from line 1	3	4,400,041
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	4,400,041
Part		er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1 1	
1	Total expenses and losses per audited financial statements	1	4,839,451
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		
C	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	4,839,451
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		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,839,451
Part	XIII Supplemental Information.		

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

	I	Gra	ints and Other	Assistance to	o Organization	S,	1	OMB No. 1545-0047
		Gove	rnments, and I	ndividuals in	the United Stat	tes		2022
		Complete			m 990, Part IV, line 21	or 22.	C	Open to Public
Internal Revenue Service	Beneform and the organization maintain records to substantiate the amount of the grants or assistance, the grantese "eligibility for the grants or assistance, and the selection orderate used to available that received more than \$5,000. Part II can be duplicated if additional space is needed. Concerning and the available of the available of the organization and some the concerning the use of grant funds in the United States. Describe in Part IV the organization procedures for monitoring the use of grant funds in the United States. Describe in Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Amount of concerning the use of grant funds in the United States. Describe in Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (a) Amount of concerning the use of grant funds in the United States. Description of nonceash assistance (b) EN (c) IRC section (d) Amount of concerning the use of grant funds (b) EN (c) IRC section (d) Amount of concerning the use of grant funds (b) EN (c) IRC section (d) Amount of concerning the use of grant funds (b) EN (c) IRC section (d) Amount of concerning the use of grant funds (d) Amount of concerning the use of grant funds (d) Amount of concerning the use of grant funds (d) Amount of concerning the use of grant funds (d) Amount of concerning the use of grant funds (d) Amount of concerning the use of grant funds (d) Amount of concerning the use of grant funds (d) Amount of concerning the use of grant funds (d) Amount of concerning the use of grant funds (d) Amount of concerning the use of grant funds (d) Amount of concerning the use of grant funds (d) Amount of concerning the use of grant funds (d) Amount of concerning the use of grant funds (d) Amount of concerning the use of grant funds (d) Amount of co	Inspection						
Name of the organization							Employer identifica	tion number
CARRY THE LOAD							27-4568835	
Part I General	Information on	Grants and Assis	tance					
1 Does the organizat	tion maintain records to	substantiate the amou	nt of the grants or assis	tance, the grantees' eli	gibility for the grants or	assistance, and		
the selection criteri	ia used to award the gr	rants or assistance?						. 🗴 Yes 🗌 No
			¥					
		-				•	"Yes" on Form 99	0,
Part IV, li	ne 21, for any recipi	ient that received mo	ore than \$5,000. Part	Il can be duplicate	d if additional space		1	
	-	(b) EIN	.,	.,	.,	(book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VARIOUS NON-PI	ROFIT ORGANIZA							
ADDRESS AND INFO	ON FILE							GENERAL
DALLAS TX 75226				1,564,079				SUPPORT
(2)								
(3)								
(4)								
(5)								
(-)								
(6)								
(0)								
(7)								
(8)								
(9)								
(10)								
(10)								
2 Enter total number	of section 501(c)(3) ar	nd government organiza	ations listed in the line 1	table		· · · · · · · · · · · · · · ·	· · · · · · · · · _	L

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

	Part III can be duplicated if additional	space is needed	l.			
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1						
2						
3						
4						
5						
6						
7						
Part IV	Supplemental Information. Provide	the information r	equired in Part I, lin	e 2; Part III, columr	h (b); and any other add	itional information.

27-4568835

SCHEDULE J	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest 2002	545-004		
(Form 990)	990) 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.	202	2	
		n 990, Part IV, line 23.		
Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23,	-			
RRY THE LOAD		27-4568835		
	Regarding Compensation			
L				Yes
		-		
	_ *	•		
		-		
	spending account \Box Personal services (si	uch as maid, chauffeur, cher)		
b If any of the box	as on line 1a are checked, did the organization follow a writt	ten policy regarding payment		
-				
		-	. 1b	
2 Did the organiza	tion require substantiation prior to reimbursing or allowing e	expenses incurred by all		
1a?			. 2	
		-		
-				
-		-		
— ·	—			
□ Form 990 of a	ther organizations X Approval by the boar	d or compensation committee		
L During the year	did any person listed on Form 990 Part VII Section A line	1a with respect to the filing		
		ra, with respect to the ming		
-	-		4a	
•		•		
-		-		
Only section 50	1(c)(3), 501(c)(4), and 501(c)(29) organizations must cor	mplete lines 5-9.		
-	-	ation pay or accrue any		
-				
			. 5b	
It "Yes" on line 5	a or 5b, describe in Part III.			
For persons list	d on Form 990 Part VII Section A line to did the creanize	ation hav or accrue any		
	-	ation pay of accide ally		
-			62	
-				
	-			
			. 7	
-		-		
In Part III			. 8	
	did the organization also follow the rebuttable programme	procedure described in		
	, did the organization also follow the rebuttable presumption ion 53.4958-6(c)?	•	9	
Neuviations sec	ion 53.4958-6(c)?		. 9	1

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

Schedule J (Form 990) 2022 CARRY THE LOAD

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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 individual.

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC compensation		(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	
DEBBIE WRIGHT	(i)	195,583	0	0	0	0	195,583		
1 EXEC. DIR.	(ii)	0	0	0	0	0	0	0	
	(i)								
2	(ii)								
	(i)								
3	(ii)								
	(i)								
4	(ii)								
	(i)								
5	(ii)								
	(i)								
6	(ii)								
	(i)								
7	(ii)								
	(i)								
8	(ii)								
	(i)								
9	(ii)								
	(i)								
10	(ii)								
	(i)								
11	(ii)								
	(i)								
12	(ii)								
	(i)								
13	(ii)								
	(i)								
14	(ii)								
	(i)								
15	(ii)								
	(i)								
16	(ii)								

Schedule J (Form 990) 2022

27-4568835

Page 2

EEA

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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. Open to Public Inspection

2022

Department of the Treasury Internal Revenue Service Name of the organization

CARRY THE LOAD

	Employer identification number
	27-4568835

Part	I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
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 (LEGAL SERVICES)	x		105,095				
26	Other (<u>MEDIA ADVERTISI</u>)	x		212,875	FMV			
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the	-		tions for				
	which the organization completed Form	8283, Part V	, Donee Acknowledgement		29		V.	NI -
20-			h	Dout Libron 4 through			Yes	No
30a	During the year, did the organization rece	-		-				
	28, that it must hold for at least three yea					200		
h	used for exempt purposes for the entire		ur			30a		x
ы 31	 b If "Yes," describe the arrangement in Part II. Dees the organization have a gift accontance policy that requires the review of any ponetandard. 							
51								v
32a	contributions?							x
Jza						32a		x
b	If "Yes," describe in Part II.				• • • • • •	52a		л
33	If the organization didn't report an amount	nt in column	(c) for a type of property for whi	ich column (a) is checked				
	describe in Part II.							
	acceler art in art in.		- (- 000		Schodulo) 0000

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public
Inspection

Employer identification number 27-4568835

Name of the organization CARRY THE LOAD

Internal Revenue Service

Department of the Treasury

01. Form 990 governing body review (Part VI, line 11)

THE ORGANIZATION PROVIDES A COPY OF THE FORM 990 TO ALL MEMBERS OF ITS GOVERNING BODY.

02. Conflict of interest policy compliance (Part VI, line 12c)

THE ORGANIZATION'S BOARD CONTINUALLY MONITORS AND ENFORCES ALL CONFLICT OF INTEREST

POLICIES.

03. Governing documents, etc, available to public (Part VI, line 19)

GOVERNING DOCUMENTS ARE MADE AVAILABLE AS REQUIRED.