Form 990

Return of Organization Exempt From Income Tax

Return of Organization Exempt From Income Tax

2023

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

QUZ3
Open to Public

Inter	nal Reve	nue Service	Go to w	ww.irs.gov/Form990 for instruct	tions and	the latest	informa	tion.		Inspection			
<u>A</u>	For the	e 2023 calend	lar year, or tax year begi	nning	09-01	, 2023, aı	nd endir	g	08	-31 ,2024			
В	Check if	applicable:	C Name of organization C2	ARRY THE LOAD					D Emplo	yer identification number			
	Address	change	Doing business as							27-4568835			
	Name ch	nange	Number and street (or P.O. be	ox if mail is not delivered to street address)			Room/suite	•	E Telepi	none number			
	Initial ret	turn	4809 COLE AVE	NUE			2	55		(214) 723-6068			
	Final retu	um/terminated	City or town, state or province	e, country, and ZIP or foreign postal code					G Gross	receipts			
	Amende	d return	DALLAS, TX 75	205					\$	3,906,200			
	Applicati	on pending	F Name and address of principa	al officer: KATHIE WOOD				H(a) Isthisa	group return f	or subordinates? Yes No			
			SAME AS C ABOV	VE.				H(b) Are all	subordinate	s included? Yes No			
	Tax-exer	mpt status: X	501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527			If "No,"	attach a lis	t. See instructions			
J	Website	: CAR	RYTHELOAD.ORG					H(c) Group e	exemption r	number			
K	Form of	organization: X	Corporation Trust Ass	sociation Other	L Ye	ear of formatio	n: 201 :	L Ms	State of lega	al domicile: TX			
Pa	ırt I	Summar	У										
	1	Briefly descr	ibe the organization's miss	sion or most significant activities:	TO HON	OR AND	CELEB	RATE O	UR NA	TION'S HEROES BY			
_		CONNECTI	CONNECTING AMERICANS TO THEIR SACRIFICES FOR OUR FREEDOM.										
Ce													
Ta													
Activities & Governance	2	Check this bo	ox [] if the organization of	discontinued its operations or dispo	sed of mo	re than 25%	% of its n	et assets.					
Ö	3	Number of v	oting members of the gove	erning body (Part VI, line 1a)					3	9			
•ජ ග	4			s of the governing body (Part VI, li					4	9			
itie	5			n calendar year 2023 (Part V, line 2					5	12			
₹	6			necessary)					6				
⋖	7a			Part VIII, column (C), line 12					7a	0			
	b			from Form 990-T, Part I, line 11 .					7b	0			
								Prior Year		Current Year			
	8	Contributions	and grants (Part VIII, line	1h)				4,287	,888	3,729,974			
9	9			e 2g)						0			
Revenue	10		ncome (Part VIII, column (/	14	,564	100,407							
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							,589	75,819			
	12			must equal Part VIII, column (A), li				4,400		3,906,200			
	13			IX, column (A), lines 1-3)				1,564		1,020,884			
	14									0			
	15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							640,040			
Ses	16a			column (A), line 11e)					,824	0			
Expenses			sing expenses (Part IX, co	, ,,									
쩘	1			nes 11a-11d, 11f-24e)				2,330	,548	2,362,024			
				equal Part IX, column (A), line 25)				4,839		4,022,948			
	19			18 from line 12					,410)	(116,748)			
<u> </u>	g				***************************************		Beginn	ing of Curre		End of Year			
Net Assets or	20	Total assets	(Part X, line 16)					1,945		1,848,431			
Ass	21	Total liabilitie	s (Part X, line 26)						,952	48,516			
Set	22	Net assets or	r fund balances. Subtract l	ine 21 from line 20				1,916		1,799,915			
Pa	rt II	Signatu	re Block						-1				
Und	er penalti	es of perjury, I dec	lare that I have examined this retu	m, including accompanying schedules and st	atements, and	to the best of	f my knowle	edge and beli	ef, it is				
uue,	correct,	and complete. Dec 	aration of preparer (other than off	icer) is based on all information of which prep	arer nas any i	knowleage.			ı				
		KATHI	TE WOOD	MANN MACH						01-21-2025			
Sig	n	Signature of office	er ' ' /	3					Date)			
Her	e e	KATHI	E WOOD, EXEC. DI	RECTOR									
		Type or print nam	ne and title					······································					
		Print/Type pre	parer's name	Preparer's signature	Da	te		Check	☐ if	PTIN			
Pai	d	Hal O'N	eil CPA	Hal O'Neil CPA	01	-21-202	5	self-emp	oloyed	P00482709			
Pre	parer	Firm's name		ephens & O'Neil, LLP	·····		Firm	n's EIN		******			
	Only			glea Place Suite 150				ne no.	***************************************	this the same that the same th			
	_			th TX 76116					817-3	77-1700			
Mav	the IRS	S discuss this		own above? See instructions						X Yes No			

Pa	rt 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?
	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?
A	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 \$3,796,239 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 OTHE
	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 ORGANIZATION ALSO PROVIDES GRANT FUNDS TO VARIOUS OTHER NOT-FOR-PROFIT ORGANIZATION PARTNERS WHICH SERVE THESE
	HEROES BY PROVIDING VARIOUS PROGRAM SUPPORT SERVICES AND EDUCATION OPPORTUNITIES.
	THE DE LICE SERVICE PROPERTY OF LOCAL DESCRIPTION OF LOCAL CALLED.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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 3,796,239

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Part IV

Checklist of Required Schedules

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Х 2 2 X 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 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 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 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 X 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 X 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X, as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more X 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х 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 X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a 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 $\dots \dots$ 12b X 13 13 X 14a X 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 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 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X 20a X 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Part IV

Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 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 X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?...... 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c d 24d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a 25a Х Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b X 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% 26 X Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key 27 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 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). a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a 28b X A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c Х 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part J 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, X 35a 35a Х 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 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 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 62 0 Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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	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		12		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			X	ļ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			<u> </u>	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	_	ļ
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority of				
_	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		. 4a		Х
ь	If "Yes," enter the name of the foreign country				
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (F		18869		la de de la
5a b	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			 	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			 	X
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		. <u>5c</u>	-	<u> </u>
va	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
b	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	• • • • • • • •	. <u>6a</u>		X
IJ	gifts were not tax deductible?		-		
7	Organizations that may receive deductible contributions under section 170(c).		. <u> 6b</u>		
a	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?		70		W.
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			 	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		. 10	 	
	required to file Form 8282?		. 7c		v
d	If "Yes," indicate the number of Forms 8282 filed during the year		. //		X
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .		. 7e	A Control	х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			 	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			<u> </u>	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?				L
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		70.00		
	sponsoring organization have excess business holdings at any time during the year?		. 8		1117,14
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?				
0	Section 501(c)(7) organizations. Enter:				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
þ	Gross income from other sources. (Do not net amounts due or paid to other sources				
	against amounts due or received from them.)	11b			
2a	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	12b			
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? $\dots \dots \dots$. 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			
C	Enter the amount of reserves on hand	13c			

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Page 6 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. Section A. Governing Body and Management 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. Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 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? X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?. 4 Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Х 6 X Did the organization have members, stockholders, or other persons who had the power to elect or appoint X Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a X 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 Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . 11a Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . 12b X Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X 13 13 14 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? 15a X 15b X If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed 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. Another's website ▼ 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 interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records.

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Part VII

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

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

Check this box if neither the organization nor any rela	ted organiza	tion co	mpe	nsat	ted a	iny cur	rent	officer, director, or	trustee.		
(4)	(7)				(C) sition						
(A) Name and title	(B) Average					han one		(D) Reportable	(E) Reportable	(F) Estimated amount	
realite data due	hours					s both a r/trustee		compensation	compensation	of other	
	per week							from the organization (W-2/	from related	compensation	
	(list any hours for	970	ns	Officer	3	9.5	For	1099-MISC/	organizations (W-2/ 1099-MISC/	from the organization and	
	related	or director	Institutional trus	ğ	Key employee	ploye	Former	1099-NEC)	1099-NEC)	related organizations	
	organizations	or E	mai		ploye	e com					
	below	Istee	ruste		ĕ	pens					
	dotted line)		ě			Highest compensated employee					
(1) DEBBIE WRIGHT											
FORMER EXEC. DIR.					<u> </u>		x	209,666	0	0	
(2) DONNA KEY											
FORMER EXEC. DIR.							X	114,126	0	0	
(3) JUNOR ORTIZ	L										
BOARD MEMBER		X						0	0	0	
(4) AARON RIGBY		1									
BOARD MEMBER		x						0	0	0	
_(5)DILL_DRISCOLL_											
BOARD MEMBER		Х						0	0	0	
(6) JOHN MCCAA											
BOARD MEMBER		Х						0	0	0	
_(7)TODD_BOEDING											
BOARD MEMBER		Х						0	0	00	
_(8)MIKE_DEVLIN											
BOARD MEMBER		X						0	0	00	
(9) HALLIE JOHNSTON											
BOARD MEMBER		X						0	0	0	
(10)STEPHEN HOLLEY							l				
PRES./CEO		X		Х				0	0	0	
(11)CRAIG COUCH						1					
TREAS.		X		Х				0	0	0	
(12)KATHIE WOOD	40.00										
EXEC. DIRECTOR				X				0	0	00	
(13)	L										
(40)				-							
(14)						l					

Par	t VII Section A. Officers, Directors, T	rustees,	Key I	Em	plo	yee	es, ai	nd l	Highest Comp	ensated Empl	oyees	(con	tinued)
						(C)							
	(A)	(B)	(4-	4 -1-		sition			(D)	(E)		(F)	
	Name and title	Average	1 '	o not check more than one ox, unless person is both ar		e _		Reportable	Estir	nated ar	nount		
		hours			r/trustee		compensation	compensation		of othe			
		per week (list any	ļ				T	т	from the organization (W-2/	from related organizations (W-2/	!	mpensa from the	
		hours for	or di	Insti	Officer	é	emp	Former	1099-MISC/	1099-MISC/	org	anization	n and
		related	or director	L	ě	emp	loye	冒	1099-NEC)	1099-NEC)	relate	d organi	izations
		organizations	or director	nstitutional trus		key employee	1						
		dotted line)	tee	uste			employee						
				ű			lied						
(15)			ļ				<u> </u>						
7,5)_													
(16)			<u> </u>				 	-					
7.5/													
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(23)_													
(24)								\vdash					
(24)				l		.							
(25)						-							······································
7-2/													
1b	Subtotal					l							
C	Total from continuation sheets to Part VII, Secti	on A						•			······································		
d	Total (add lines 1b and 1c)								323,792	0			0
2	Total number of individuals (including but no	ot limited to	those	e list	ted	abo	ve) w	/ho r	received more th				
	reportable compensation from the organizat						•			•			2
											***	Yes	No
3	Did the organization list any former officer, direct	or, trustee, k	cey em	ploy	ee,	or hi	ighest	com	npensated				
	employee on line 1a? If "Yes," complete Schedule	e J for such i	individ	ual.					. .		3	x	
4	For any individual listed on line 1a, is the sum of re												
	organization and related organizations greater that												4369
	individual								<i></i>		4	х	
5	Did any person listed on line 1a receive or accrue												
	for services rendered to the organization? If "Yes,	" complete S	Sched	ıle J	for	sucl	h pers	on .			5		X
	on B. Independent Contractors												
1	Complete this table for your five highest con											4	
	compensation from the organization. Report	compensa	ition to	or tr	ne c	aler	ndary	/ear		vithin the organiz		tax y	ear.
	(A)								(B)		(C)		
	Name and business address	i							Description of service	98	Compens	ation	
		****										***************************************	***************************************
					~								

2	Total number of independent contractors (in	cluding but	not li	mite	ed to	the	ose li	sted	above) who	The state of the s		41.	1,51
	received more than \$100,000 of compensati	on from the	e orga	niza	atio	n			-				

Form 990 (2023)
Part VIII Statement of Revenue

		Check if Schedule O contains a response		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Grants nounts	1a b c	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d					
Contributions, Giffs, Grants and Other Similar Amounts	e f	Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f	3,729,974				
Contribut and Othe	g h	lines 1a-1f 1g	\$ 391,842	3,729,974			
rvice e	2a b		Business Code				
Program Service Revenue	d e •	All other program service revenue					
a.	f	Total. Add lines 2a-2f					
***************************************	3	Investment income (including dividends, interest, a other similar amounts)	nd • • • • • • •	100,407	100,407		
	5 6a	Royalties	(ii) Personal				
	b	Less: rental expenses 6b Rental income or (loss) 6c					
		Gross amount from sales of assets other than inventory	(ii) Other				
evenue		Less: cost or other basis and sales expenses 7b Gain or (loss) 7c					
Other Rev		Net gain or (loss)	• • • • • • •				
		1c). See Part IV, line 18					
		Gross income from garning activities. See Part IV, line 19 9a Less: direct expenses 9b					
	10a	Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances	75,819				
	b	Less: cost of goods sold		75,819	75,819		
Revenue	11a b c		240.11000 0000		1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
₹ 8 %	е	All other revenue		3,906,200	176,226	0	0

Form 990 (2023) CARRY THE LOAD Part IX Statement of Functional Expenses

	ption 504(a)(2) and 504(a)(4) amoninations and a section	- t U I			
Sec	ction 501(c)(3) and 501(c)(4) organizations must comple				
<u></u>	Check if Schedule O contains a response or r				
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	1 222 224			
2	and domestic governments. See Part IV, line 21	1,020,884	1,020,884		
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
4	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
c	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	640,040	553,234	46,103	40,703
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management	<u> </u>		4.4.4.4.	
b	Legal	60,325	48,260	12,065	
C	Accounting	22,007		22,007	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
40	(A), amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	282,556	249,560		32,996
13 14	Office expenses				***************************************
	Information technology				
15 46	Royalties		00 404		
16 17	Occupancy	60,382	30,191	30,191	**************************************
18	Travel	257,083	257,083		
10	Payments of travel or entertainment expenses	:			
19	for any federal, state, or local public officials Conferences, conventions, and meetings			***************************************	
20	Interest				
20 21	Payments to affiliates				**************************************
21 22	· leading to the second of the				
22 23	Depreciation, depletion, and amortization	7 400	A P124		***************************************
24	Other expenses. Itemize expenses not covered	7,488	3,744	3,744	
E.**?	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	PROGRAM & MEMORIAL DAY EXP	1 504 202	1 504 202		
b	PROGRAM & MEMORIAD DAT MAP	1,594,383	1,594,383		
C					
d					
u e	All other expenses	77 000	30 000	20 000	
25	Total functional expenses. Add lines 1 through 24e	77,800	38,900	38,900	72 72
26	Joint costs. Complete this line only if the	4,022,948	3,796,239	153,010	73,699
	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)				
		1		1	

Form 990 (2023) CARRY THE LOAD
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
	•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,119,005	1	970,762
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		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	
"	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ass	9	Prepaid expenses and deferred charges	57,000	9	7,652
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities	769,610	11	870,017
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	1,945,615	16	1,848,431
	17	Accounts payable and accrued expenses	28,952	17	48,516
	18	Grants payable		18	
	19	Deferred revenue		19	
İ	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
9	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
ap		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			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	28,952	26	48,516
		Organizations that follow FASB ASC 958, check here			
တ္က		and complete lines 27, 28, 32, and 33.			
2	27	Net assets without donor restrictions	1,916,663	27	1,799,915
ala	28	Net assets with donor restrictions		28	
9		Organizations that do not follow FASB ASC 958, check here			
<u>,</u>		and complete lines 29 through 33.			
<u>p</u>	29	Capital stock or trust principal, or current funds		29	
ta St	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances	1,916,663	32	1,799,915
_	33	Total liabilities and net assets/fund balances	1,945,615	33	1,848,431
EA					Form 990 (2023)

Forn	1990 (2023) CARRY THE LOAD	27-4568835	j	Ρ	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)				,200
2	Total expenses (must equal Part IX, column (A), line 25)	2			,948
3	Revenue less expenses. Subtract line 2 from line 1	3	(116	,748
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,	916	,663
5	Net unrealized gains (losses) on investments	5			
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,	799,	, 915
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
		_		Yes	No
1	Accounting method used to prepare the Form 990: Cash 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.				
	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	2000200000000000
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1

3b

Form **990** (2023)

EEA

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Employer identification number

CARRY THE LOAD 27-4568835 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 🗵 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (i) Name of supported organization (II) EIN (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E)

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 3,334,300 4,452,183 4,801,491 4,287,888 3,729,974 20,605,836 2 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 3,334,300 4,452,183 4,801,491 4,287,888 3,729,974 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) 2,691,169 Public support. Subtract line 5 from line 4. 17,914,667 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2019 **(b)** 2020 (c) 2021 (d) 2022 (f) Total (e) 2023 7 Amounts from line 4 3,334,300 4,452,183 4,801,491 4,287,888 3,729,974 20,605,836 8 Gross income from interest, dividends. payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets 11 Total support. Add lines 7 through 10 20,605,836 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 14 86.94 % Public support percentage from 2022 Schedule A, Part II, line 14 15 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported П 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990, 990-EZ, or Form 990-PF.

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

2023

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 To 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).

Name of organization

CARRY THE LOAD

Employer identification number 27-4568835

Parti	Contributors (see instructions). Use duplicate copies of	Part I if additional space is r	needed.		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
1	ANDREWS DISTRIBUTING CO ADDRESS ON FILE DALLAS TX 75205	\$75,000	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_	JP MORGAN CHASE ADDRESS ON FILE DALLAS TX 75205	\$350,000	Person X Payroll		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
3	MFAA ADDRESS ON FILE DALLAS TX 75205	\$198,725	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	HENRY SCHEIN ADDRESS ON FILE DALLAS TX 75205	\$	Person X Payroll Oncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
5	PEPSICO/FRITO LAY ADDRESS ON FILE DALLAS TX 75205	\$100,000	Person Repaired Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
6	ENERGY TRANSFER LP ON FILE DALLAS TX 75205	\$100,000	Person Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization

CARRY THE LOAD

Employer identification number

-	_									
	2	7-	4	5	6	8	8	3	5	

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is r	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	AMERICAN AIRLINES ON FILE DALLAS TX 75205	\$101,200	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		*	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

Employer identification number

CARRY THE LOAD 27-4568835 Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) MEDIA ADVERTISING 3 198,725 08-31-2024 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) TRAVEL MILEAGE AWARDS 7 101,200 08-31-2024 (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (See instructions.) (a) No. (c) (d) (b) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number CARRY THE LOAD 27-4568835 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements** 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 easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c, acquired after July 25, 2006, and not 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 9 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 Part III 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: 2 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:

Par	t III Organizations Maintaining	Collections of	Art, Hist	<u>oricai i reasure</u>	s, or Ut	ner Similar As	sets (co	<u> intinuea)</u>
3	Using the organization's acquisition, access	ion, and other record	ls, check an	y of the following tha	t make sig	nificant use of its		
	collection items (check all that apply):			_				
а	Public exhibition		d [Loan or exchange	program			
b	Scholarly research		e [Other				
C	Preservation for future generations							
4	Provide a description of the organization's continuous	ollections and explai	n how they	further the organizat	ion's exem	pt purpose in Part		
	XIII.							
5	During the year, did the organization solicit of	or receive donations	of art, histor	ical treasures, or oth	er similar			
	assets to be sold to raise funds rather than t					. 	Yes	∏No
Par	t IV Escrow and Custodial Arra				······			
	Complete if the organization 990, Part X, line 21.	answered "Yes"	on Form	990, Part IV, lin	е 9, ог r	eported an am	ount on	Form
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ians for cont	ributions or other on	note not			
ıa			=				. □ Yes	∏No
b	If "Yes," explain the arrangement in Part XIII				• • • • •		тез	
Ь	ii ies, explainthe anangementin Part Am	rand complete the to	illowing tabl	е.	<u></u>			
_	Desiration belows					**	ount	
C	Beginning balance				-			
d	Additions during the year				· · · —			
e	Distributions during the year							······································
f	Ending balance						F-1	
2a	Did the organization include an amount on F		=			•		
b	If "Yes," explain the arrangement in Part XIII	. Check here if the e	xplanation h	nas been provided or	n Part XIII		• • • • •	
Par	tV Endowment Funds	1 113 4 11	-	000 5 () ()	40			
	Complete if the organization							
_		(a) Current year	(b) Prior	year (c) Two year	ars back	(d) Three years back	(e) Four	years back
1a	Beginning of year balance		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					·····
Ь	Contributions						ļ	
C	Net investment earnings, gains, and							
	losses		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
d	Grants or scholarships					***************************************		
е	Other expenditures for facilities and				- 1			
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, co	olumn (a)) held as:				
а	Board designated or quasi-endowment	%						
b	Permanent endowment%							
C	Term endowment%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.						
3a	Are there endowment funds not in the posse	ession of the organiza	ation that ar	e held and administe	red for the		_	
	organization by:							Yes No
	(i) Unrelated organizations?					· • • • • • • • • • • • • • • • • • • •	3a(i)	
	(ii) Related organizations?						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organiz	ations listed as requi	red on Scho	edule R?			3b	
4	Describe in Part XIII the intended uses of the						t	······································
Parl			***************************************				***************************************	***************************************
	Complete if the organization a		on Form	990, Part IV, lin	e 11a. S	ee Form 990, I	Part X. li	ne 10.
	Description of property	(a) Cost or othe	1	(b) Cost or other basis	<u> </u>	Accumulated	(d) Book	
	· · · ·	(investmen	1	(other)		preciation	, , =	
1a	Land	•						
b	Buildings	•			1			
c	Leasehold improvements	•						
d	Equipment	•			1		********	
e	Other				†			
	Add lines 1a through 1e. (Column (d) must e		X. line 10c	. column (B)				

Part VII **Investments - Other Securities** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12. (a) Description of security or category (b) Book value (c) Method of valuation: (including name of security) Cost or end-of-year market value (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) Total. (Column (b) must equal Form 990, Part X, line 12, col.(B)) Part VIII Investments - Program Related 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, line 13, col. (B)). Part IX **Other Assets** 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)Part X Other Liabilities Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, (a) Description of liability (b) Book value (1) Federal income taxes (2)(3)(4) (5)(6)(7)(8)(9) Total. (Column (b) must equal Form 990, Part X, line 25 col. (B)) . . 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		***************************************
1	Total revenue, gains, and other support per audited financial statements		3,906,200
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	in just	
е	Add lines 2a through 2d		·····
3	Subtract line 2e from line 1	3	3,906,200
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.)		
C	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,906,200
Part		nses per Retu	'n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	4,022,948
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	4,022,948
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.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		4,022,948
Part	XIII Supplemental Information		
Denvide			
Tovide	e 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	WEARN NO.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional informati		

SCHEDULEI	Grants and Other Assistance to Organizations,	Assistance to	Organizations,			OMB No. 1545-0047
(Form 990)	GOVERNMENTS, AND INDIVIDUAIS IN THE UNITED STATES Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22,	ndiViduais in th swered "Yes" on Form	ie United States 990, Part IV. line 21 or 22.			2023
Department of the Treasury Internal Revenue Service	Go to www.irs.gc	Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.	st information.		O :	Open to Public Inspection
Name of the organization				<u>—</u>	Employer identification number	on number
CARRY THE LOAD Part General Information on Grants and Assistance	Grants and Assistance				27-4568835	
# #		divile the engineers off earer	greate or secietains the greatest aligibility for the greate or secietains	- C-		
	n. 7	idine, ure grainees engin	itants of assistance, are graineds enginimy for the grains of assistance, and	:		. 🔀 Yes 🗌 No
=	Lescribe in Fart by the organizations procedures for monitoring the use or grant funds in the United States. II Grants and Other Assistance to Domestic Organizations and Domestic Government	ne United States.	or grant funds in the United States. ions and Domestic Governments. Complete if the organization answered "Yes" on Form 990.	ation answered "Y	es" on Form 990	
	Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	Il can be duplicated i	f additional space is need	ded.		
1 (a) Name and address of organization or government	(b) EIN (c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of (f) M noncash assistance (boo	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) VARIOUS NON-PROFIT ORGANIZA ADDRESS AND INFO ON FILE					1 7	- a canvac
DALLAS TX 75226		1,020,884		***************************************		SUPPORT
(2)						
(3)						
(4)						
(5)						
(9)						
(2)						
(8)						
(6)						
(10)						
2 Enter total number of section 501(c)(3) and government organiza 3 Enter total number of other organizations listed in the line 1 table	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	table				
یّم	e Instructions for Form 990.				Schec	Schedule I (Form 990) 2023

Page 2 ### 27–4568835

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Schedule I (Form 990) 2023 Part III

Schedule I (Form 990) 2023 (f) Description of noncash assistance Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of noncash assistance (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients (a) Type of grant or assistance Part IV EEA 2 ო 4 Ŋ 9

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

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer identification number

CARRY THE LOAD 27-4568835
Part I 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 ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ 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	1b		
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?	2		
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. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations			
a b c	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: Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan? Participate in or receive payment from an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c		x x x
5 a b	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: The organization? Any related organization? If "Yes" on line 5a or 5b, describe in Part III.	5a 5b		x x
6 a b	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: The organization? Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6a 6b		x x
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		x
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

Page 2

CARRY THE LOAD Schedule J (Form 990) 2023

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 27-4568835

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. PartII

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 and/or 1099-MISC and/or 1099-NEC compensation	d/or 1099-MISC and/or 1	099-NEC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Componention
(A) Name and Title		(I) Base compensation	(II) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(a)(i)-(b)	in column (B) reported as deferred on prior Form 990
DEBBIE WRIGHT	€	209,666	0	0	0	0	209,666	0
1 FORMER EXEC. DIR.	€	0	0	0	0	0	0	0
DONNA KEY	€	114,126	0	0	0	0	114,126	0
2 FORMER EXEC. DIR.	€	0	0	0	0	0	0	0
	€							
CO	€							
	€							
4	€							
	€							
2	€							
	(3)							
9	€							
	€							
7	€							
	€							
8	€							
	€							
6	€							
	€							
10	€							
	€							
11	€							
	8				The state of the s	100000000000000000000000000000000000000		
12								
	€							
13	(E)							
	€							
14	€							
	8							
15	€							
	8							
16	€							
EEA							Schedu	Schedule J (Form 990) 2023

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

CARRY THE LOAD

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

ation. Inspection
Employer identification number

27-4568835

Types of Property Part I (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 2 Art - Historical treasures Art - Fractional interests 3 4 Books and publications 5 Clothing and household 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other Collectibles 18 19 20 Drugs and medical supplies . . . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (LEGAL SERVICES 59,417 X 26 Other (MEDIA ADVERTISI X 332,425 27 Other (28 Other (Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard 31 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Х b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CARRY THE LOAD

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

27-4568835

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.