Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

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

Go to *www.irs.gov/Form990EZ* for instructions and the latest information.

OMB No 1545-0047

2024

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning 06/01/2024 and ending 05/31/2025

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
TWIN ROTORS MISSION

Number and street (or P O box if mail is not delivered to street address) | Room/suite
112 TOMA HAWK DR

City or town, state or province, country, and ZIP or foreign postal code
GREENVILLE, TX 75402

D Employer identification number
86-1552807

E Telephone number
(316) 992-0625

F Group Exemption Number

G Accounting Method [X] Cash [ ] Accrual Other (specify)

H Check [ ] if the organization is not required to attach Schedule B (Form 990)

I Website:

J Tax-exempt status (check only one) - [X] 501(c)(3) [ ] 501(c) ( ) (insert no) [ ] 4947(a)(1) or [ ] 527

K Form of organization [ ] Corporation [ ] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B)) are $500 000 or more, file Form 990 instead of Form 990-EZ . . . . . $ 534.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I . . . . . [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	534.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b	NONE	
	c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)		5c	NONE
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less direct expenses from gaming and fundraising events	6c	NONE	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	NONE
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b	NONE	
	c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	NONE
	8	Other revenue (describe in Schedule O) SEE SCHEDULE O		8	145.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	679.
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	NONE
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O		16	10,794.
	17	**Total expenses.** Add lines 10 through 16		17	10,794.
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)		18	-10,649.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	15,985.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20		21	6,470.

Part II Balance Sheets (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments . . . . . SEE SCHEDULE O . . .	15,985.	22	4,293.
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	15,985.	25	4,221.
26	**Total liabilities** (describe in Schedule O)	NONE	26	NONE
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) . .	15,985.	27	4,221.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others)

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 _____

(Grants $) If this amount includes foreign grants, check here . . . . . ☐ 28a

29 _____

(Grants $) If this amount includes foreign grants, check here . . . . . ☐ 29a

30 _____

(Grants $) If this amount includes foreign grants, check here . . . . . ☐ 30a

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . . . ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) 32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated - see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans and deferred compensation	(e) Estimated amount of other compensation
PAULA MORGAN FOUNDER				
KELLY CURRENT VICE PRESIDENT				
DEBORAH GUTHRIE TREASURER				
EMILY BROWN SECRETARY				
MATT BROWN DIRECTOR OF EQUINE SERVICES				

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved. 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911: _____; section 4912: _____, section 4955 _____			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 _____			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed: _____			
42a	The organization's books are in care of: PAULA MORGAN Telephone no. 3169920625 Located at: _____ ZIP + 4 _____			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: _____	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year. 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		

Part VI **Section 501(c)(3) Organizations Only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	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	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/ 1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 . . . . . ____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 . . . . . ____

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ☐ Yes ☐ No

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

Sign Here

Signature of officer — Date

PAULA MORGAN FOUNDER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
DEANNA D JENNINGS		10/15/2025		P01086154
Firm's name HRB TAX GROUP INC			Firm's EIN	43-1871840
Firm's address 500 N GALLOWAY STE 58			Phone no	9722851833
MESQUITE, TX 75149				

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ☐ Yes ☐ No

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
Department of the Treasury Internal Revenue Service	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*	2024 Open to Public Inspection

Name of the organization	Employer identification number
TWIN ROTORS MISSION	86-1552807

LINE 8

FORM 990EZ PART 1 LINE 8 OTHER REVENUE CREDIT CARD REWARDS 145.00

Name of the organization	Employer identification number
TWIN ROTORS MISSION	86-1552807

OTHER EXPENSES

DESCRIPTION OF OTHER EXPENSES:

CONTRACT AND PROFESSIONAL FEES- $100

INSURANCE-$215

OFFICE EXPENSES - $214.79

CREATIVE ARTS MUSIC THERAPY -$2100

EQUINE ASSISTED LEARNING EAL - $2800

EQUINE ASSISTED THERAPY-$2730

EQUINE ASSISTANCE ACTIVITIES - TOTAL OF ALL ACTIVITIES -$5530

LIFE COACHING-$348

OPERATION CAMARADERIE E NEWLETTER- $104.45

OPERATION CAMARADERIE MARKETING- $179.88

OPERATION CAMARADERIE WEBSITE- $936.16

OPERATION CAMARADERIE EXPENSES- TOTAL OF ALL ACTIVITIES $1220.49

REBOOT RECOVERY $29

ZOOM - $170.46

PROGRAM ASSISTANCE EXPENSES - TOTAL OF ALL ACTIVITIES $9397.95

UNAPPLIED CASH BILL PAYMENT- $600

MISSION

TWIN ROTORS MISSION IS DEDICATED TO SERVING WARRIORS WHO SERVE AND/OR SERVED THEIR COUNTRY BOTH ON THE HOME FRONT AND OVERSEAS. THE ORGANIZATION SEEKS TO ASSESS, ADVOCATE, ASSIST AND/OR REFER VETERANS, ALL BRANCHES OF THE MILITARY, FIRST RESPONDERS AND THEIR FAMILIES TO AVAILABLE PUBLIC AND PRIVATE RESOURCES TO AID WARRIORS TO IMPROVE THEIR QUALITY OF LIFE. BY DECEMBER 2024, APPROXIMATELY 350 WARRIORS ENGAGED IN OPPORTUNITIES SUCH AS EQUINE ASSISTED ACTIVITIES, MUSIC THERAPY, LIFE COACHING AND MILITARY REBOOT. OPERATION CAMARADERIE IS A UNIQUE PROGRAM TAILORED TO ALLOW FOR SITUATIONS SUCH AS A PERSONALIZED ACTION PLAN. ALL ENGAGEMENT ACTIVITIES ARE STRATEGICALLY GEARED TO ADDRESS MENTAL WELLNESS, MENTAL HEALTH, POST TRAUMATIC STRESS DISORDER AND SUICIDE.

Name of the organization	Employer identification number
TWIN ROTORS MISSION	86-1552807

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

PRIMARY EXEMPT PURPOSE - TWIN ROTORS MISSION IS DEDICATED TO SERVING WARRIORS WHO SERVE AND/OR SERVED THEIR COUNTRY BOTH ON THE HOME FRONT AND OVERSEAS. THE ORGINAZTION SEEKS TO ASSESS, ADVOCATE, ASSIST AND/OR REFER VETERANS,ALL BRANCHES OF MILITARY, FIRST RESPONDERS, AND THEIR FAMILIES TO AVAILABLE PUBLIC AND PRIVATE RESOURCES TO AID WARRIORS TO IMPROVE THEIR QUALITY OF LIFE.BY DEC 2024 APP 350 WARRIORS ENGAGED IN OPPORTUNITIES SUCH AS EQUINE ASSISTED ACTIVITIES, MUSIC THERAPHY, LIFE COACHING, AND MILITARY REBOOT. OPERATION CAMARADERIE IS A UNIQUE PROGRAM TAILORED TO ALLOW FOR SITUATIONS SUCH AS PERSONAIZED ACTION PLAN. ALL ENGAGEMENT ACTIVITIES ARE STRATEGICALLY GEARED TO ADDRESS MENTAL WELLNESS, MENTAL HEALTH, POST TRAUMATIC STRESS DISORDER AND SUICIDE.

Description of Property

DEPRECIATION

Asset description	Date placed in service	Unadjusted Cost or basis	Bus. %	179 exp. reduction in basis	Basis Reduction	Basis for depreciation	Beginning Accumulated depreciation	Ending Accumulated depreciation	Method	Conv.	Life	ACRS class	MACRS class	Current-year 179 expense	Current-year depreciation
TRADEMARK	06/01/2023	1,600.	100.000			1,600.		152.	150DB	HY			15		152.
LAPTOP	05/24/2024	756.	100.000			756.		242.	200DB	HY			5		242.
Less Retired Assets															
Subtotals		2,356.				2,356.		394.							394.

Listed Property

Less Retired Assets															
Subtotals															
TOTALS		2,356.				2,356.		394.							394.

AMORTIZATION

Asset description	Date placed in service	Cost or basis	Accumulated amortization	Ending Accumulated amortization	Code	Life	Current-year amortization
TOTALS							

*Assets Retired