



1998-2018 *Evolution*



LIFEFLIGHT OF MAINE
THE LIFEFLIGHT FOUNDATION

2018 ANNUAL REPORT

Photo courtesy Lyn Burks, *Rotorcraft Pro Magazine*



Year
ONE

Year
TWENTY

2

AIRCRAFT

4

187

PATIENTS
(annually)

2,155

31

PEDIATRIC
PATIENTS
(annually)

250

45

AVERAGE AGE

54

20,196

MILES FLOWN
(annually)

411,840

23

SCENE CALLS
(annually)

247

70

TRAUMA
PATIENTS
(annually)

424

44

CARDIAC
PATIENTS
(annually)

448

Twenty years ago, we made a promise to change care in Maine.

We knew that trauma patients with survivable injuries were dying unnecessarily. We knew that critically ill patients were running out of time before they could reach the specialty care they needed to survive.

We knew that Maine’s most gravely ill children needed treatment that was often far from their local hospital.

We also knew that we could make a difference. We knew we could change outcomes and reset the clock for critically ill and injured patients throughout Maine.

More than 25 years ago, the entire emergency care system came together to start an organized trauma system comprised of every hospital and EMS agency in the state. Shortly after, we put together the first specialized team of critical care nurses and paramedics with a mobile intensive care ambulance based in Bangor. Then, with support from the leadership of Northern Light Health and Central Maine Healthcare, as well as physicians across the state, we added helicopter teams to this newly evolving trauma system. Based at Northern Light Eastern Maine Medical Center in Bangor and Central Maine Medical Center in Lewiston, these locations allowed us to reach the greatest number of people in Maine in the least amount of time.

On September 29, 1998, our promise became a reality for a critically injured contractor working deep in the woods north of Deblois, rebuilding the power grid damaged by the ice storm. From that initial step, LifeFlight has been in constant motion—on the ground and in the air. More than 26,000 patients and families have been cared for by LifeFlight in every corner of Maine.

In this report you will see the ongoing evolution of LifeFlight.

Our medical technology and therapies are constantly progressing, improving the care we provide to everyone, from premature infants to the most complex cardiac patients. Over the years we have added invasive cardiac monitoring, mobile laboratories, ultrasound, multi-mode ventilators, intra-aortic balloon pumps and neonatal transporters. We have started a mobile Critical Care Academy that uses high-fidelity medical simulation to bring experiential education to hospitals and EMS agencies across the state. We recently purchased quick response vehicles to add another layer of support for EMS agencies.

We are on our third generation of helicopters. We have installed weather systems and point-in-space instrument flight procedures. We have helped build helipads at nearly every hospital in Maine and helped Aroostook County airports purchase trucks to deliver fuel to our helicopters at nearby hospitals. We have installed night vision technology and new aviation safety technology in the helicopters. We have added a fixed wing airplane for long distance transport, specialized ground ambulances, and a third helicopter (our first with ‘next gen’ capabilities). We are building a first-in-the-nation ‘next gen’ low-level aviation routing structure, and are working with the FAA and MDOT to further develop our performance-based navigation.

Over the years we have been nationally and internationally recognized with awards for quality, innovation, safety, community service and leadership.

Across twenty years of service LifeFlight has undergone enormous change, and in the years ahead the pace of change will continue to accelerate.

What has not changed is the original vision, the mission to serve Maine, and the values we bring to work every day. With your support, the promise continues.


Thomas Judge, Executive Director
LifeFlight of Maine
and The LifeFlight Foundation




M. Michelle Hood, Chair
Management Committee
LifeFlight of Maine





Original VISION

Ask any first responder, paramedic, nurse or physician who worked in emergency medicine in Maine in the 1990s and most of them will have a story about a patient whose death was the tragic result of a survivable injury. They were simply too far away from the care they needed to save their life.

Made up of small, remote and widely dispersed communities, Maine has historically faced challenges of geography, especially when it came to healthcare. When someone is sick or hurt in rural Maine, how do we overcome the time and distance between the patient and the lifesaving care?

In the late 1990s, leaders at Northern Light Health and Central Maine Healthcare came together with a singular vision: to improve emergency care for everyone in the state, no matter where they lived. They understood that to achieve this vision, they had to focus on access. If your father had a heart attack on Main Street in Rumford, he would have access to the same care as someone who had a heart attack on Main Street in Lewiston. If your daughter was in a car accident on State Street in Houlton, she would have access to the same care as someone who was in a car accident on State Street in Bangor.

In a rural state like Maine, an air ambulance was the most efficient way to make sure everyone could access the care they needed in an emergency, and so LifeFlight was born. Using helicopters, specialized medical equipment, and a team of nurses and medics with advanced training, LifeFlight has greatly improved emergency care over the last 20 years.

Today, our vision is still about access. Healthcare is continually evolving, the economic realities of Maine are always in flux, population demographics shift. Things change.

Amidst this change, our goal has remained constant: to help people in their most critical moments of need, and to improve their chances at survival and recovery. The patient might look different – might be older, might require more complex treatment with more advanced medical technology – and therefore, the care we provide has also progressed. LifeFlight’s teams carry more advanced equipment, have an expanded scope of practice, and are guided by the most current medical therapies. However, the fundamental goal of providing access to the best care in order to save more lives hasn’t changed. It continues to be the driving force behind everything we do.

Original Voices

There were many people whose voices were instrumental in the early stages of LifeFlight’s development. Though each one played a different role, they were all grounded in the common goal of improving access. Here are just three of those voices.



Norm Dinerman MD, Founding Medical Director

In Maine, we are always confronted with geography. We asked ourselves, “if geography is destiny, must it be determinative of healthcare outcome?” By improving access for critically ill and injured patients to progressively more complex levels of care, we mitigate the adverse influence of geography on healthcare outcome.

Initially, there was skepticism. While folks could appreciate that victims of trauma (car accidents, accidents from farming, forestry and fishing) might benefit, the reality was that we saw the greatest need for interhospital transfers—for patients who were already at a small hospital but needed a more complex level of care at a larger medical center. It is this linkage of clinicians, integration of assets and alignment of management plans which has enabled the continuity of care for the patient from one healthcare team to another. Ultimately, this has proven to be the most critical system design component of LifeFlight. Only the superb skills and clinical acumen of the air medical crew has made this possible. Their interventions enable us to tether all of the healthcare human and facility resources of the state together, leveraging the creativity of all, on behalf of the patient.



Larry Hopperstead MD, Founding Medical Director

One of the greatest contributing factors to the improved quality of care for critically injured trauma patients in Maine was the addition of emergency air ambulance transfer, provided by LifeFlight. The major incremental advantages that LifeFlight continues to bring are the critical care skills of its crew and the decreased time in transit to the end destination. In trauma, the time to definitive intervention is crucial to the saving of lives. When LifeFlight is involved, not only does the patient arrive at the trauma center sooner, but typically, because of the interventions that are a part of the LifeFlight crew’s capability, they arrive there in more stable condition than when the transfer started.



Sandy Benton RN, Founding Bangor Base Manager

At the beginning it was always safety first. We had to ensure we would provide a safety first culture every day and have always worked to maintain that culture. In addition to safety, our goal was to provide access and deliver high-quality care in a reliable way, and overcome the distance and geography in Maine.

The front line people at LifeFlight have always been encouraged, and even expected, to be involved in the organization’s development. LifeFlight became a company that was built by the people who work there. We laughed, we cried, we struggled, we overcame. We were very determined, and leaned on each other a lot to become an organization that functioned as one unit. The greatest stories we have are the successes of our patients—the outcomes. The best part is seeing how many of those people get to go home.

EST 1998

Medical ADVANCES

Photo by Michele Barker

Advanced medical technology is critical for LifeFlight patients

Like most aspects of society, healthcare is deeply affected by today's rapidly changing technology. The same magic that powers our smart phones also drives advancements in medical equipment, and LifeFlight has seen a great deal of change over the last two decades.

Clinical knowledge is growing at a rate we've never seen, with hundreds of new treatments being developed every year. Technology that used to be found only in hospitals is now mobile, and often something you can hold in your hand.

When LifeFlight began, it was well-known how important time is for trauma victims. "The golden hour" is often used to describe how a patient's chance for survival and recovery begins to dwindle in the minutes after an injury. Today, we understand how critical that first hour is for stroke and cardiac patients, too.

LifeFlight has always been a critical care service, taking care of the most seriously ill and injured patients in Maine. From the beginning, the team has carried a special kit of equipment and supplies, including universal donor blood, advanced ventilators, infusion pumps and monitors. With its statewide reach and its distinct critical care mission, LifeFlight is in a unique position to implement new technology and best practices in ways that benefit thousands of Mainers every year.

In 2005, LifeFlight added a bedside laboratory to its tool kit. This small and convenient piece of equipment, called an i-STAT, saves valuable time, allowing the medical team to perform blood tests while in flight. These tests provide important feedback about the patient's condition, giving the crew an opportunity to adjust treatment during the transport.

A compact, mobile intra-aortic balloon pump was added to flight operations in 2007. Used to stabilize and manage patients suf-

fering from serious heart disease, balloon pumps help restore the balance between the supply of oxygen-rich blood the heart receives from the coronary arteries, and the amount of oxygen the heart needs to pump.

In 2013, LifeFlight began using video laryngoscopes. Laryngoscopes are typically used when a patient needs a breathing tube placed. This is a difficult procedure under ideal conditions. For patients with severe trauma, the complexity of the procedure increases dramatically. The video laryngoscope gives the flight nurse or paramedic a much clearer picture of the patient's airway, leading to safer and more reliable intubations.

Today, LifeFlight crews carry more than \$500,000 of specialized medical equipment on each transport, transforming the aircraft into flying intensive care units. Most of this equipment has been purchased with support from our donors.

Securing an airway is a critical procedure for many of our patients, and we carry equipment that ensures we do it safely and reliably. I recently transported a trauma patient who was hypothermic and whose jaw was clenched shut. Without the video laryngoscope, I wouldn't have been able to secure the patient's airway and he may not have survived the transport.

-- David Rudolph, Flight Paramedic

Photo by Michele Barker



SEP 1998
First patient transport

JUN 2005
First transport using iStat blood analyzer



JAN 2006
First isolette transport

JUL 2006
Patient simulator project launched



APR 2007
First therapeutic hypothermia transport



MAY 2007
First balloon pump transport

APR 2013
First transport using video laryngoscopes



SEP 2013
NICU partnership with Northern Light EMMC



JAN 2014
First extracorporeal membrane oxygenation, or ECMO, transport (*heart-lung bypass*)

MAR 2015
Established dedicated ground critical care team in Bangor



JAN 2016
Critical Care Academy launched



FEB 2016
First transport using mobile ultrasound

year ONE

LifeFlight is often called to help trauma patients like Dave

Dave Grant was 47 when his life changed dramatically. As he was waiting to turn into the convenience store for his morning coffee, a 40-ton tractor trailer plowed into the back of his SUV, crushing it completely.

Pinned inside the accident wreckage, Dave suffered multiple fractures to his ribs and spine, a crushed knee, life-threatening internal injuries and a major brain injury. The local ambulance crew rushed him to Franklin Memorial Hospital in Farmington, where they were met by the LifeFlight critical care team. “The teamwork of the emergency crew, the hospital staff and LifeFlight was phenomenal,” recalls ambulance director Peter Wade. “Two Franklin physicians jumped into the back of the ambulance when we got to the hospital. They relocated and immobilized the fracture, then we rolled the ambulance around the corner to where the LifeFlight helicopter was waiting. It was literally a matter of a couple of minutes . . . the pilot never even had to shut the craft down.”

Dave’s rehabilitation lasted for months. But thanks to the local ambulance, hospital and LifeFlight crews, he was in the care of specialists at Central Maine Medical Center just 52 minutes after his accident, which gave him the best chance at a full recovery.

He was able to return to his job as a mail carrier about seven months after the accident. And just a few years after that, Dave became a proud grandfather. He cherishes the opportunities he has to watch his grandson play football and his granddaughter dance. They spend countless hours together as he teaches them to play the guitar and the ukulele.



year TWENTY

The need has evolved to include more critically ill patients like Ralph

Ralph Edgecomb was at Northern Light EMMC in Bangor, struggling to recover from complications after aortic heart valve surgery. Though he was already receiving complex cardiac care, his doctors knew he needed even more specialized treatment in Boston. Hooked up to nine IVs and a high-tech tandem heart device, Ralph’s only option was LifeFlight. With its knowledgeable, experienced crew and advanced equipment, LifeFlight is essential for patients like Ralph.

Flight Nurse Missy McCann remembers Ralph as one of the sickest patients she’d ever treated. In addition to all of the medication he was receiving through IVs, he was also on a tandem heart device. This complicated piece of medical equipment uses a pump to circulate blood through an artificial lung and back into the bloodstream of extremely sick patients in a process known as extracorporeal membrane oxygenation (ECMO).

The flight to Boston was a success, and after spending nearly six weeks with specialists in Boston, Ralph was sent back to NLEMMC to undergo a lengthy rehabilitation process. He pushed through his long recovery with sheer determination and, with his close-knit family as a strong motivator, he shed 50 pounds and quit his cigarette habit. Today Ralph feels great and lives life to the fullest.



Clinical
Training

9

LOCATIONS

275

PROVIDERS

Outreach
AND TRAINING

FY18

2

BLOOD DRIVES

105

UNITS DONATED

Ground Safety and Remote
Landing Zone Training

46

LOCATIONS

spread across the state, from
South Berwick to New Canada

998

PEOPLE

including nearly 700 in the
logging and wind industries

EST 1998

Aircraft EVOLUTION

Photo courtesy Lyn Burks, Rotocraft Pro Magazine

20 years. 8 aircraft. 26,000 lives.

Navigating the geography of Maine by air

Since the very first patient flight in September 1998, LifeFlight of Maine has consistently operated AgustaWestland helicopters (now Leonardo). More specifically, the Agusta 109. These light twin aircraft were chosen for their speed and their safety profile.

The safety profile of LifeFlight's aviation operation has always been our first priority. Twin engines, advanced instrument avionics, autopilots, and a high performance power-to-weight ratio give our pilots the best safety envelope to deliver a complicated mission in Maine's dynamic weather environment.

Known as the "Italian sports cars" of the civilian helicopter world, the Agusta 109 models are small, fast and nimble, making them well-equipped to traverse the rugged and remote countryside that makes up Maine's 50,000 square miles.

Over the years, LifeFlight has operated successive generations of Agusta 109 aircraft, with each one able to fly faster and farther than the last. Speed (measured in nautical miles per hour, or knots), combined with other efficiencies, increases range and performance across Maine's vast and varied landscape, including its many islands.

Maine's air transports are longer than the national average, as requests for the service come from every corner of one of the most rural states in the country. Because patients are often located so far away from tertiary care centers, speed and range are critical factors in survival and recovery.

LifeFlight leased two 109A MK.II helicopters, built in the early 1980s, for the first two years, sporting tail numbers like N1PJ and N217MM. The first aircraft with our now familiar identifiers, N901EM and N901CM, were Agusta 109C MAX models, leased from 2000 to 2004.

With the need for increased capability, including the implementation of instrument flight (IFR) operations, LifeFlight purchased two Agusta 109E helicopters in 2004, which are still in use today. IFR is the gold standard of aviation safety, and LifeFlight is among the small percentage of medical helicopter organizations in the country that operate under instrument flight. Over the years, Echo Mike (EM) and Charlie Mike (CM) have transported more than 15,000 patients and traversed more than 2 million miles.

We spread our wings in 2015 and added a King Air B200 airplane to the fleet. Known as Lima Mike (after its tail number, N901LM) the airplane filled a critical need because it's faster over long distances (think Boston, Cleveland, and even Durham, North Carolina) and can fly in some weather conditions that the helicopters can't (think ice) increasing our safety and reliability.

Two years ago, LifeFlight expanded its resources again when we opened a third base of operations, and added N901WM (Whiskey Mike) to the fleet. An Agusta 109SP, the organization's third helicopter was purchased with funds raised entirely from private individuals, foundations and businesses – nearly 700 in all.

This newest model can fly about 15 knots faster and 100 nautical miles farther than our first models. On longer trips especially, this increase can mean a savings of 10 or 15 minutes—minutes that make all the difference for many of our critically ill and injured patients. This aircraft also features the next generation of avionics, and can carry more weight which gives us the option to implement innovative medical technology and therapies as healthcare continues to evolve.

Photo by Michele Barker

Photo by Stephen Boatwright

Photo by Jim Gerry

Photo courtesy Stephen Boatwright

SEP 1998
Agusta 109A MK.II
models put in service

NOV 1999
First hospital
helipad built

SEP 2000
Agusta 109C MAX
models put in service

JUN 2002
First community
helipad built

DEC 2004
Agusta 109E models
put in service

JUL 2005
Instrument Flight
Rules (IFR) operations
initiated

NOV 2008
Night vision goggles
implemented

JUN 2009
Remote landing
zone project began

DEC 2011
IFR route across
Maine completed

MAY 2015
Fixed wing program
launched

MAY 2017
Agusta 109SP
added to the fleet

WAYPOINTS



Dave Burr, SevenBar* Helicopter Pilot, Rotor Wing Manager

The Agusta 109C MAX helicopters were the perfect machines for the job at the time. The autopilot worked very well and it was a stable, incredibly fast machine. But it was somewhat underpowered, which meant we were limited in how much fuel we could carry, how much medical equipment we could carry, and how much the people on board could weigh – including the patients.

When we transitioned into the E model, we gained a much larger power margin, which enhanced our safety and performance. We could carry more medical equipment and meet the evolving clinical needs of patients in Maine. The navigation package in the E model allowed us to officially begin IFR operations.

Each model upgrade also meant more speed, which makes LifeFlight more efficient and more effective. Increasing our average speed by 10 knots cuts about 150 operating hours off of the aircraft which translates to big savings in maintenance. It can also mean we get patients the care they need 5 or 10 or 15 minutes faster, which can make all the difference.



Karl Hatlemark, SevenBar* Helicopter Pilot

The move from the C model to the E model was a big step up in power. The E model could carry more weight and improved the safety of the program with the addition of IFR capability. With the SP model, we gained an improved navigation package and a more responsive autopilot. Because of the improved autopilot, the SP is more stable in flight and is better at maintaining attitude. The pilot doesn't have to hand-fly the aircraft. It's like cruise control – one less thing the driver has to focus on. Autopilot frees you up to pay attention to other things.

The SP is also equipped to do an LPV approach, which is a precision approach using the GPS. This kind of approach gives lateral and vertical guidance (instead of only lateral) down to a couple hundred feet above the ground which means we can land in places with lower visibility, as long as the facility has an LPV approach.



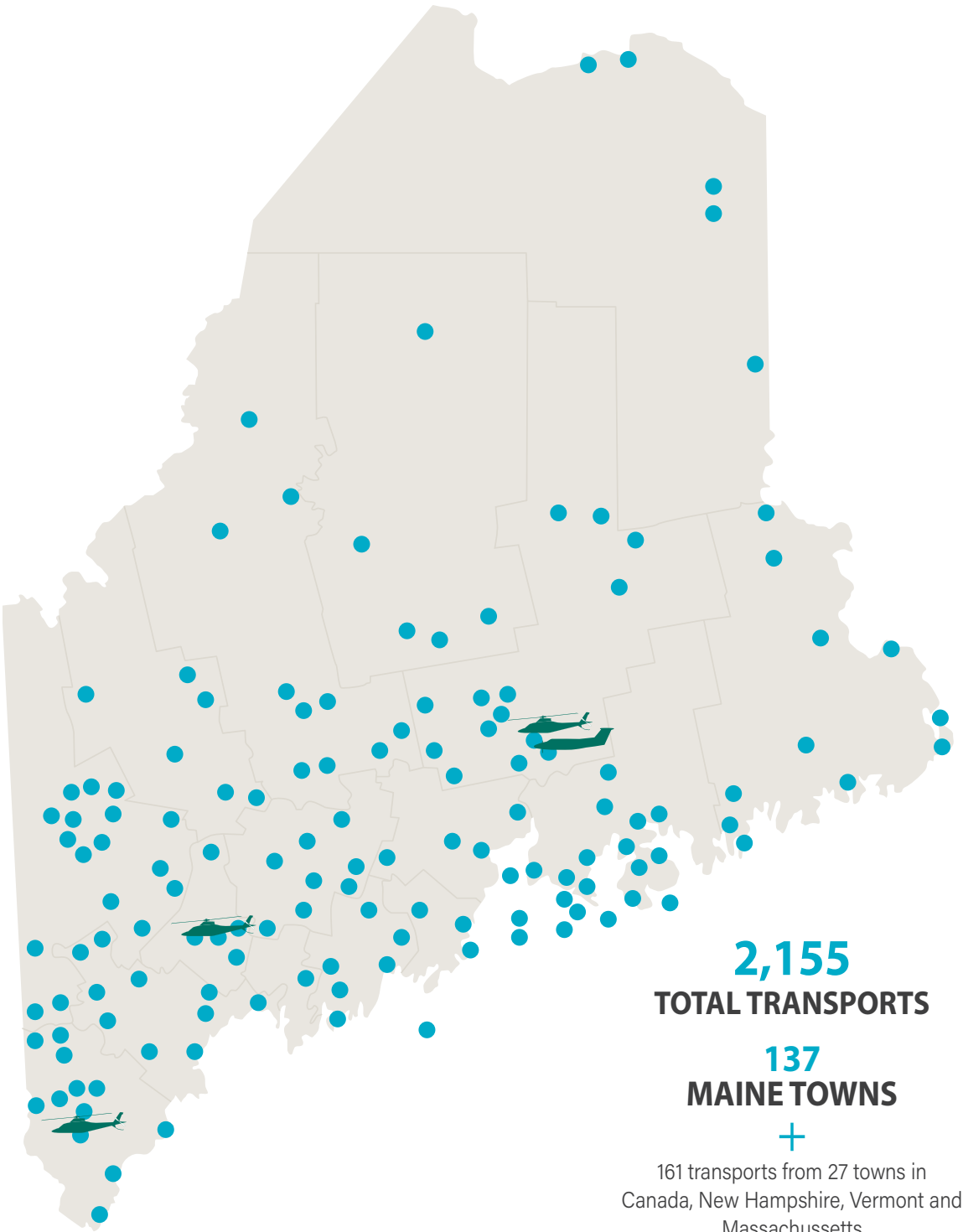
Jon Smith, SevenBar* Fixed Wing Pilot

LifeFlight's airplane, N901LM (or Lima Mike), is the first King Air B200 I've flown with the Raisbeck modifications. These upgrades include a modified leading edge on the wings, which changes the angle of attack and allows the aircraft to perform at a slower speed. The result is that we can land and take off on shorter runways - a real advantage in a state like Maine where short runways are common.

The King Air is a good fit for LifeFlight's mission. It's an all-weather machine - the list of weather conditions the plane can't fly in is really short. We fly at 300 mph, up to 28,000 feet, which gives us more options to circumnavigate bad weather. Lima Mike also has upgraded avionics, a Garmin navigation system and electronic flight display, allowing us to shoot almost any approach. We really see the benefit of the airplane in colder months. That kind of cold, icy weather is really where the airplane shines.

**SevenBar Aviation operates and maintains all of LifeFlight's aircraft*

Transports by Town in FY18

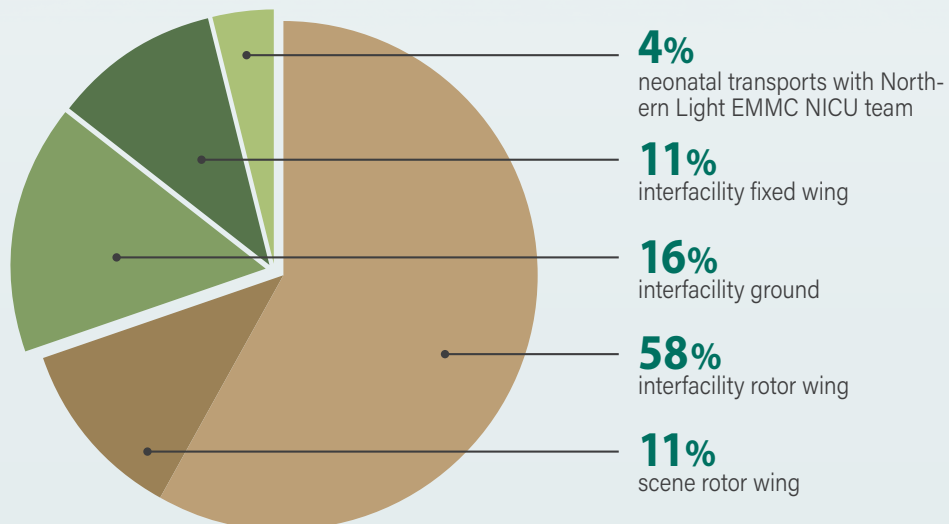


Since it began in 1998, LifeFlight of Maine has provided essential emergency care to more than 26,000 patients in Maine, regardless of their insurance coverage or ability to pay. In FY18, unpaid bills from uninsured and underinsured patients totaled more than \$2.3 million.

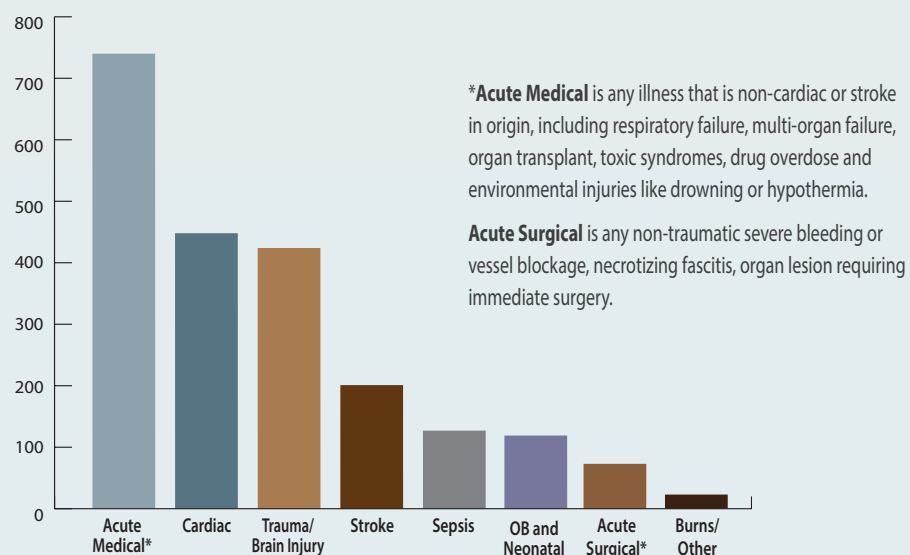


Photo by Dawn Haley

FY18 Types of Transport



FY18 Reasons for Transport



20 years: past, present and future

What did the last 20 years look like for you? For LifeFlight, 20 years seems like only minutes in the continuum of patient care we've provided to the many Mainers we transported over that time. From one helicopter and a small crew of clinical and aviation staff, we have grown to meet the need of rural health in Maine with four aircraft and more than 100 team members. We did it with you and because of you.

What did the last 20 years look like for some of our patients? Jackie Tyler was just 14 years old when she was hit by a car near her home in midcoast Maine and LifeFlighted to Bangor for lifesaving neurosurgery. In the years since the accident, Jackie graduated from high school, worked as a baker and is a married mother of four great kids. Marcy Bridges was pregnant with twins when she went into early labor and had to be flown to Portland for emergency surgery. For nearly 20 years, she has nurtured her twin boys, Evan and Trevor, and will soon watch them graduate from high school with lofty goals for the future. There are thousands of other Mainers who share similar stories. Your generous support makes life possible for Jackie, Evan, Trevor and so many others.

We are proud of the history of this organization, which has made second chances possible for Mainers since 1998. LifeFlight has always been on the leading edge of healthcare, aviation and critical care transport. The air medical environment is constantly evolving, improving patient outcomes with clinical training and education, and seeing advances in

equipment technology. LifeFlight has consistently been at the forefront, recognized as a national leader in innovation, which leads to better outcomes for our patients, as well as safer and more reliable aircraft. You made it possible because of donations made to our efforts over the years.

What will the next 20 years bring? The future is never fully known but we do know that LifeFlight is dedicated to providing the next generation of Mainers with the best air medical and critical care transport possible. We are doing so with the support of people just like you who donate their time, talent and treasure. Thank you for making second chances possible for more than 26,000 patients—people of all ages, from every corner of Maine.

Onward to the next 20 years. We will do it together, because of and for you.

Yours in service,

Dan Daigneault, Chair
Board of Trustees
The LifeFlight Foundation

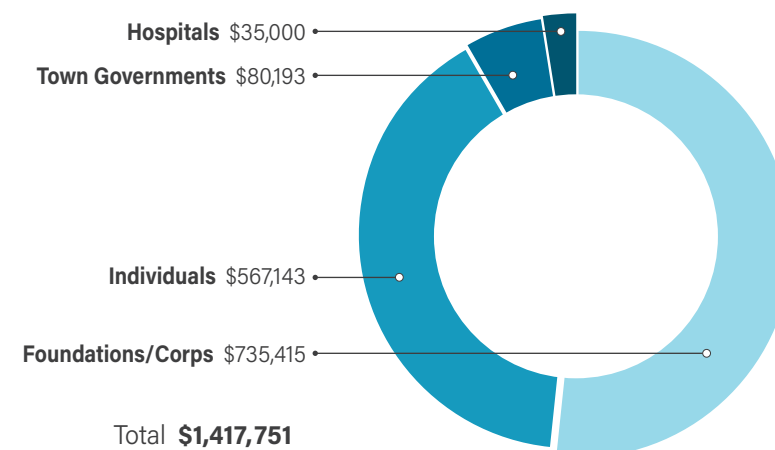


Steven Lloyd
Development Director
The LifeFlight Foundation



New Funds Raised FY18

These totals only include new donations, and not pledge payments from previous commitments, making them slightly different than the income figures on page 31.



Our Donors

The following is a list of donors who made a **gift of cash or pledge between July 1, 2017 and June 30, 2018**. Contributions in this period have been added to past gifts of each donor, placing them in the appropriate cumulative category for the period January 1, 2003 to June 30, 2018. Gifts received after June 30, 2018 will be listed in the 2019 Annual Report. We work diligently to maintain an accurate database and deeply regret any errors or omissions. Please notify the Foundation office at 207-230-7092 of any inaccuracies.

LifeFlighted \$100,000.00 +

Anonymous (1)
Courtney & Paul Amos
Linda Bean’s Maine Lobster Family
Chichester duPont Foundation
Paul & Giselaine Coulombe
Horace & Alison Hildreth
John H. Longmaid
The Lunder Foundation
Cornelia Cogswell Rossi Foundation, Inc.
The Seth Sprague Educational & Charitable Foundation
Tom & Catherine Tinsley
NorthernLight Foundation (formerly known as Dan & Sheryl Tishman Family Foundation)
A.K. Watson Charitable Trust

Clear Blue and 22 \$50,000.00 +

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The Clarence & Anne Dillon Dunwalke Trust
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JP Fletcher Foundation, Inc.
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Tom Judge & Susan Groce
Leonardo
Judy & Noah Liff Foundation
The Mildred H. McEvoy Foundation
Nesher Family Charitable Fund
Kenneth J. Smaha & Bobbie White
Mark Stevens & Linda Tripp

Take Flight \$25,000.00 +

Anonymous (1)
Bangor Savings Bank
Boston Foundation
Paul & Virginia Cabot Charitable Trust
CPB Foundation
George & Susan Craig
Norman M. Dinerman, MD & Sandra K. Spiller
Erin Flanagan & Matt Lawson
Shane & Susan Flynn
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Schacknow Family Foundation
Jett Travolta Foundation
United Midcoast Charities
Viking Lumber, Inc.
The Wyeth Foundation

Lift Off \$10,000.00 +

Anonymous (1)
Foster L. Aborn & Sara Holbrook
Katie McGrath & J.J. Abrams Family Foundation
Mr. & Mrs. Lee A. Ault
Michael Baumann, MD & Laura Schwindt, MD
Mr. & Mrs. Harris J. Bixler
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Virginia Wellington Cabot Foundation
Camden Classics Cup, LLC
Central Maine Harley Davidson
Peter E. Chalke & Sharron M. Chalke
Charlotte’s Web Foundation
Michael Cima & Elisabetta Cortesi
Coastal Healthcare Alliance
The Corwith Fund
Town of Cranberry Isles
Daniel & Carol Daigneault
Eaton Peabody
Fisher Charitable Foundation
Edward Freitag & Martha Haley Foundation
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Monhegan Plantation
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Lori Beth & David Schwartz
Evan & Tracy Segal
SevenBar Aviation, LLC
Elizabeth J. Smith
The Phineas W. Sprague Memorial Foundation
Marjorie D. Twombly

Pen & Bev Williamson

Power Check \$5,000.00 +

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athenahealth
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Becton Family Foundation
Daniel P. Bookham & Jessie C. Davis
Brandy Tree Charitable Trust
Elaine L. Clark
John & Davilynn Cowperthwaite
Harden Crawford, III & Ailsa Crawford
Lawrence & Dana Creel
Cross Financial Group
Gerry & Karan Cushman
J. Blaise deSibour, III & Leslie Clapp
Dowling Walsh Gallery
Eaton Peabody Foundation
Brian & Elizabeth Elowe
Fisher Engineering
Robert E. Flight
G. Peabody & Rose Gardner Charitable Trust
Haffenreffer Family Fund
Myron & Lynne Hofer
M. Michelle & Russell Hood
Claire J. Irish
J. Edward Knight & Company
Orton & Martha Jackson
Jo Ellen Designs
Theodore C. Johanson & Patricia Lundholm
Anne & Ted Johnson
Joseph C. Kellner
Lorrie & Michael Landsberg
Alice & Mark Lipson
Kevin & Jan Lipson
Maine Rainbow
Noel & Laurie March
Richard & Carolyn McGoldrick
Dana & Nancy Mead
Jenifer & David Mumford
Samuel P. Pardoe Foundation
May H. Pierce
Tina & Joe Pyne Family Fund
Town of Rangeley
John & Cynthia Reed
Daniel & Mary Reeves Foundation
Virginia N. & Philip S. Robitaille Charitable Fund
Mr. & Mrs. John W. Rosenblum

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Sand Dollar Foundation

Sasco Foundation
Susan D. Shaw & Cynthia Stroud
Town of Sherman
Spectrum Aeromed
Spectrum Healthcare Partners
Elizabeth & George Stevens
John & Katherine Stookey
Cynthia Stroud & Susan D. Shaw
Scott Sullivan & Michelle Graham
Charles & Martha Tarling
James & Nancy Thibodeau
Three Rivers Kiwanis Foundation
Philip V. R. Tilney
Mr. & Mrs. Galen D. Todd
Robert & Susan Vasquezi
The Waterfront Restaurant
Mark & Sarah Williamson
Elaine Wilson

Mission Accepted \$1,000.00 +

Anonymous (17)
Town of Abbot
Robert E. Abrams & Cynthia Vance-Abrams
Town of Acton
Fred Adair & Catherine Steiner-Adair
Madelaine L. Alexander
Maitland (Sandy) Alexander
Town of Alna
Lucy & Gordon Ambach
Jane A. Amero
Robert C. Anderson III
Town of Andover
Androscoggin Bank
Town of Appleton
Art’s Marine Service
May P. Bartlett
Susan L. Bartovics
Melissa Bean
Hillary & Jeffery Becton
City of Belfast
Benjamin Family Charitable Fund
Jeff D. Bennert
Town of Benton
David & Marian Bicks
Kristen Bird
Renee Bishop, CPA & Duane Graves, CPA
Harry & Marie Bissell
Black Bear Hydro Partners, LLC
Benson P. Blake Charitable Trust

James F. Bleakley, Jr.
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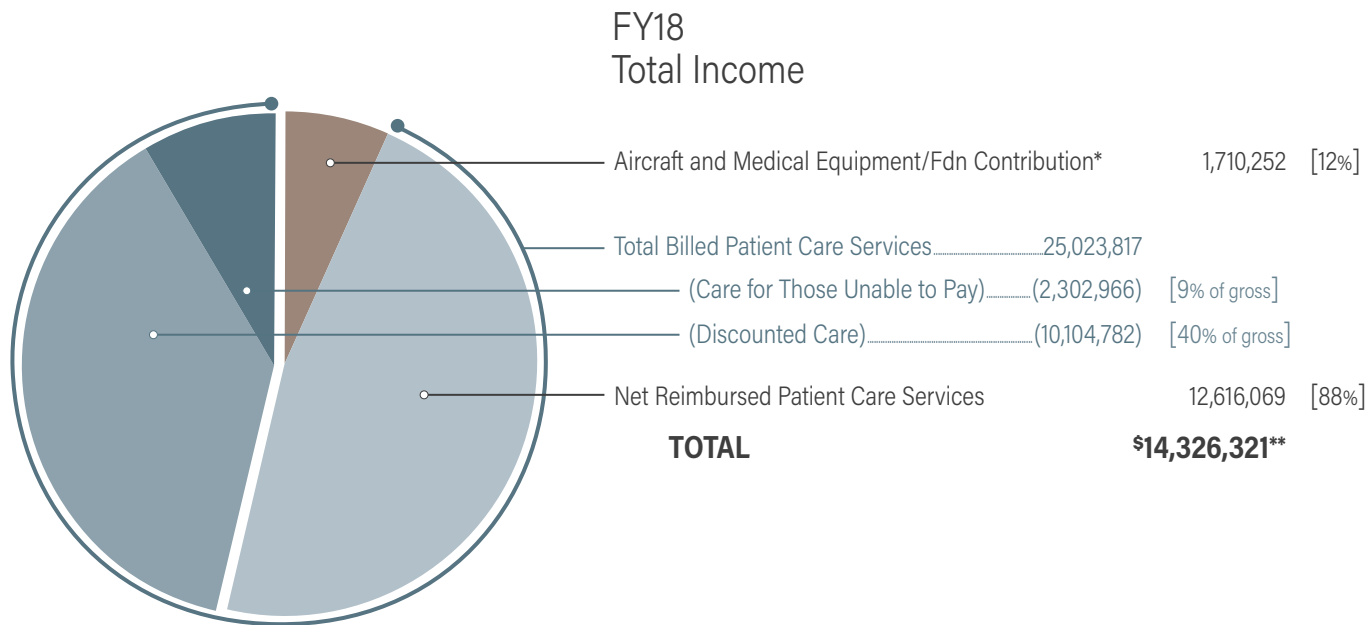
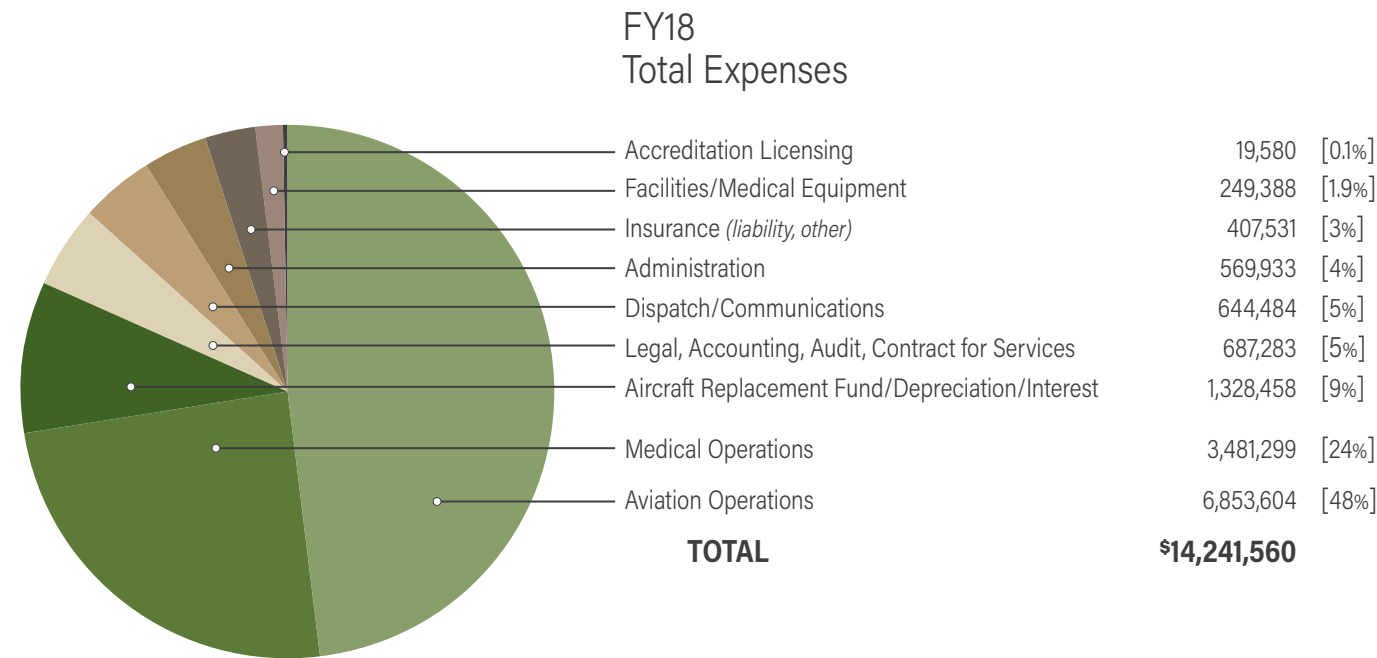
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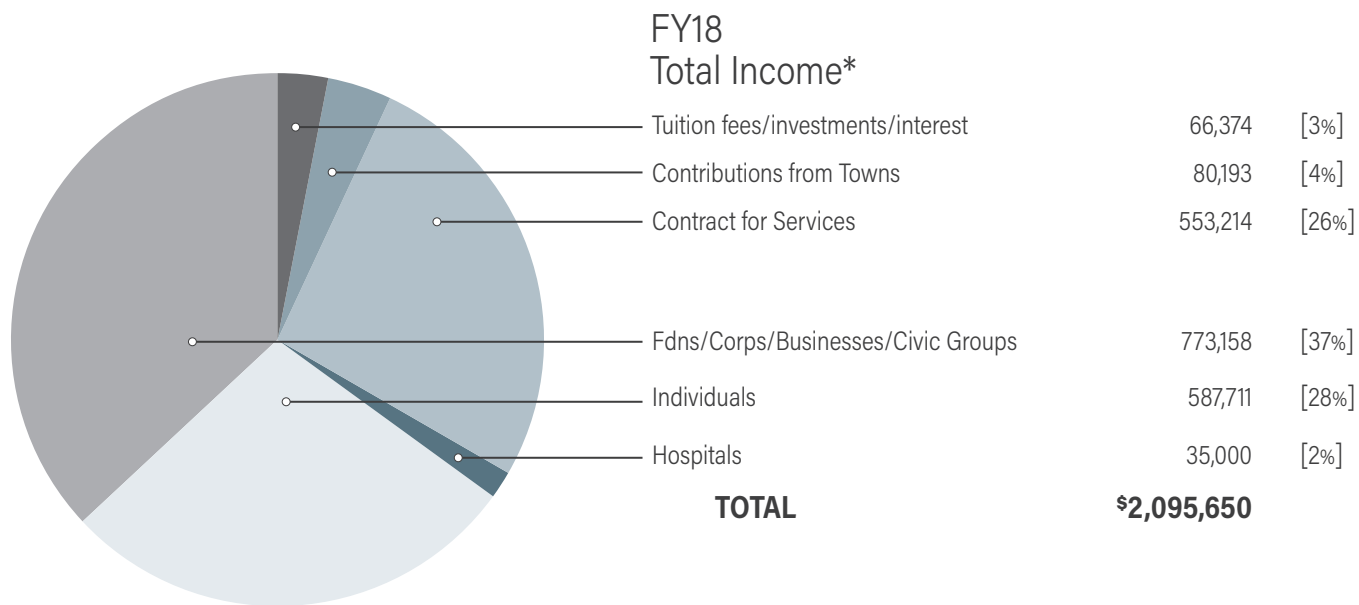
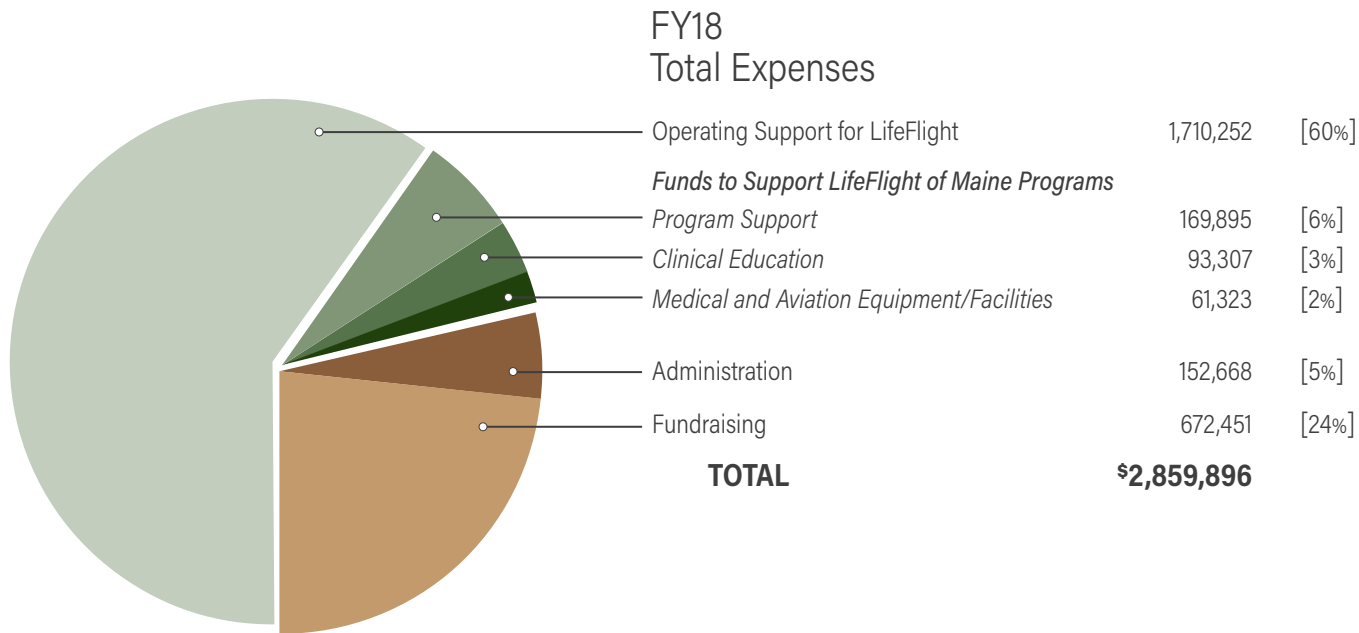
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FINANCIAL REPORT
LifeFlight of Maine



*Donation from LifeFlight Foundation.
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LifeFlight Foundation



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Northern Light Inland Hospital

Northern Light Maine Coast Hospital
Northern Maine Medical Center
Rumford Hospital

\$50,000 +

Northern Light Blue Hill Hospital
Bridgton Hospital
Calais Regional Hospital
Northern Light CA Dean Hospital
Down East Community Hospital
Houlton Regional Hospital
Mayo Regional Hospital
Mount Desert Island Hospital
Penobscot Valley Hospital
Northern Light Sebecook Valley Hospital

Southern Maine Health Care
Biddeford Medical Center
York Hospital

\$25,000 +

Millinocket Regional Hospital
Redington-Fairview General Hospital
Southern Maine Health Care
Sanford Medical Center
Stephens Memorial Hospital
Waldo County General Hospital

\$10,000 +

St. Joseph Healthcare
St. Mary's Regional Medical Center