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## **Return of Organization Exempt From Income Tax**

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Open to Public Inspection

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.

A F	or the	$\pm$ 2022 calendar year, or tax year beginning $$ JUL $$ 1 , $$ 2 $$ 0 $$ 2 $$	and	ending J	<u>UN 30, 2023</u>					
	heck if pplicable	C Name of organization			D Employer identifie	cation number				
	Addres	LifeFlight Foundation								
	Name change				52-23770	85				
	Initial return	Number and street (or P.O. box if mail is not delivered to street address	)	Room/suite						
	 ]Final  return/	PO Box 859	´		207-230-					
	termin- ated	City or town, state or province, country, and ZIP or foreign postal of	<b>G</b> Gross receipts \$ 3,581,223.							
	Ameno return	Augusta, ME 04332			H(a) Is this a group return					
	Application	F Name and address of principal officer. Na critical of the results of the result	lloran	1	for subordinates? Yes X No					
	pendin	same as C above			H(b) Are all subordinates in	cluded? Yes No				
<u> 1 T</u>	ax-exe		1947(a)(1) c	or 527	If "No," attach a	list. See instructions				
	Vebsit				H(c) Group exemptio					
		organization: X Corporation Trust Association Other	-	<b>L</b> Year	of formation: $2002 \mathbf{N}$	1 State of legal domicile: ME				
Pa	rt I	Summary								
Ð		Briefly describe the organization's mission or most significant activities:								
ů		supports LifeFlight of Maine (LOM) i								
Governance		Check this box if the organization discontinued its operations	•		1 1					
Š					3	14				
		Number of independent voting members of the governing body (Part VI,				14				
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line				20				
ξ		Total number of volunteers (estimate if necessary)				0.				
Ac		Total unrelated business revenue from Part VIII, column (C), line 12  Net unrelated business taxable income from Form 990-T, Part I, line 11				0.				
_	D	Net unrelated business taxable income from Form 990-1, Part I, line 11			Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)			6,842,478.	2,763,828.				
ue					794,221.	697,054.				
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)			18,050.	92,573.				
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			-52,871.	-23,488.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A),			7,601,878.					
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			1,802,354.	6,401,205.				
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.				
Ø		Salaries, other compensation, employee benefits (Part IX, column (A), lin			0.	0.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			20,346.	0.				
<u>b</u>		Total fundraising expenses (Part IX, column (D), line 25)	508,67	70.						
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,178,323.					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			3,001,023.	7,518,297.				
	19	Revenue less expenses. Subtract line 18 from line 12			4,600,855.	-3,988,330.				
Net Assets or					ginning of Current Year	End of Year				
sets	20	Total assets (Part X, line 16)			10,633,426.	6,819,568.				
at As	21	Total liabilities (Part X, line 26)			483,896.	632,104.				
Ž:	22	Net assets or fund balances. Subtract line 21 from line 20			10,149,530.	6,187,464.				
	rt II	Signature Block			-1 d t- th- b t -f	. Lancard and a second back of the factor				
		Ities of perjury, I declare that I have examined this return, including accompanying	-			knowledge and belief, it is				
uue,	COLLEC	t, and complete. Declaration of preparer (other than officer) is based on all inform	iation of wil	icii preparei	ilas ally kilowieuge.					
C: ~		Signature of officer			I Date					
Sign Her		Kathleen O'Halloran, Executive Direc	tor		2410					
пег	е	Type or print name and title	COL							
		Print/Type preparer's name Preparer's signature		Τc	Date Check	PTIN				
Paid		Joseph R. Byrne Joseph R. E	Byrne		5/10/24 if self-employ					
Prep		Firm's name Berry Dunn McNeil & Parker,	LLC	<u> </u>		1-0523282				
	Only	Firm's address 2211 Congress St			THIII 3 LIN U	_				
		Portland, ME 04102			Phone no. (2	07)775-2387				
May	the IE	RS discuss this return with the preparer shown above? See instructions			1 ( =	X Yes No				

Га	Tim Statement of Frogram 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:
	The LifeFlight Foundation (LFF) is an independent nonprofit
	organization governed by a Board comprised of business, medical, and
	community leaders from across Maine. The Foundation secures resources
	for Maine's major air medical and critical care transport needs
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? Yes X No
	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 \$ 64 , 732 •including grants of \$ 0 •) (Revenue \$ )
	The LFF supports a wide range of continuing medical and safety
	education provided by LifeFlight of Maine. The continuing medical
	education and simulation program is used by hospitals and EMS agencies
	throughout Maine to improve the care of critically ill and injured
	patients with a special focus on children.
	pactenes with a special rocus on children.
4b	(Code:) (Expenses \$
	The LFF supports the safety and availability of LOM services through a
	private-public partnership with the State of Maine and the Federal
	Aviation Administration to improve airports, hospital helipads,
	automated weather observation systems, weather cameras, and instrument
	flight procedures and routes.
	iright procedures and rouces.
4c	(Code:) (Expenses \$ $\frac{6,401,205}{1,205}$ including grants of \$ $\frac{6,401,205}{1,205}$ ) (Revenue \$)
	In FY2023, the Foundation supported the work of LifeFlight of Maine in
	the following ways:
	- Transferred \$5MM in July to enable the delivery of the third new
	helicopter as part of the Complete The Fleet campaign.
	- Secured and transferred funds for new Night Vision Goggles
	(\$142,500).
	- Raised and transferred funds to purchase a vehicle to be used for
	LifeFlight's statewide education programs.
	- Transferred \$304,5000 to support the LifeFlight Critical Care
	Academy.
	- Transferred \$60,000 to support a new fuel system at the Sanford
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses 6,465,937.
	Form <b>990</b> (2022)

16250510 757052 07172

# Form 990 (2022) LifeFlight Foundation Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	_X_	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			7.7
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		37
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			37
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		37
	Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		37
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		37	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		37	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u>X</u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	_X_	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			v
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	446		Х
45	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		Х
46	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		Х
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47		х
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	18	Х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	Ιδ	77	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		Х
20-	complete Schedule G, Part III	20a		X
20a h	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
<u>~ 1</u>	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domestic government out ratery, column (-y, interest in test complete scriedule i, Parts rand ii	<u> </u>		

# Form 990 (2022) LifeFlight Foundation Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
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 through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		_X_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<b></b>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		<b></b>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			37
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>X</u>
b	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? If "Yes," complete			37
	Schedule L, Part I	25b		<u>X</u>
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%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			х
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		$\triangle$
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		х
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29	Х	
30	Did the organization receive more than \$25,000 in horecast contributions? If "Yes," complete schedule M	29	- 22	
30		30		х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	51		
<b>JZ</b>	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
	Part V. line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t 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
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

232004 12-13-22

022) LifeFlight Foundation
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	, , , , , , , , , , , , , , , , , , , ,								
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).		37						
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?	7a	X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			Х					
لہ	to file Form 8282?  If "Yes," indicate the number of Forms 8282 filed during the year  7d	7c		Α					
d	• • • • • • • • • • • • • • • • • • • •	7e		Х					
_	<ul> <li>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</li> <li>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</li> </ul>								
	g If the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8									
_	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds.	8							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.								
b	1 1								
_	organization is licensed to issue qualified health plans  Enter the amount of reserves on hand  13b  13c	-							
C 1/1a	Did the apprincipation program on the few independence of the few independence	14a		Х					
14a h	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	<del>'''</del>							
.0	excess parachute payment(s) during the year?	15		х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х					
-	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	L						
	If "Yes," complete Form 6069.								
_				_					

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 14 **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. 14 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 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? Х The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b 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 with a Х taxable entity during the year? 16a 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 organization's exempt status with respect to such arrangements? 16h Section C. Disclosure None 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 X Upon request Another's website Own website Other (explain on Schedule O) 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 John Doyle - 207-973-9081 189 Odlin Road, Bangor, 04401

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

X Check this box if neither the organization no	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	irector, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than			nne	Reportable	Reportable	Estimated	
	hours per	box, unless pe		less person is both an and a director/trustee)			n an	compensation	compensation	amount of
	week					or/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	trustee or director	Institutional trustee		ee/	mpen		1099-NEC)	1099-1120)	and related
	below	dualt	utiona	_	Key employee	st co	-E			organizations
	line)	Individual t	Instit	Officer	Key e	Highest compensated employee	Former			
(1) Zachary Brandwein	2.50									
Chair		Х		X				0.	0.	0.
(2) Quentin Walz	2.00									
Vice Chair		Х		Х				0.	0.	0.
(3) Richard J. Marshuetz	1.00									
Treasurer		Х		Х				0.	0.	0.
(4) Cynthia J. Williams	1.00									
Secretary		Х		Х				0.	0.	0.
(5) David Berez	0.50									
Director		Х						0.	0.	0.
(6) Daniel R. Daigneault	0.50									
Director		Х						0.	0.	0.
(7) Diane Danielson	0.50									
Director		Х						0.	0.	0.
(8) Karen Ford	1.00									
Director		Х						0.	0.	0.
(9) David G. Humm	0.50									
Director		Х						0.	0.	0.
(10) Dayana Krawchuk	0.50									
Director		Х						0.	0.	0.
(11) Rachel Malcolm	0.50									
Director		Х						0.	0.	0.
(12) Robert Montgomery-Rice	0.50									
Director		Х						0.	0.	0.
(13) Lori Beth Schwartz	0.50									
Director		Х				_		0.	0.	0.
(14) Linda Varrell	0.50							_	_	_
Director		Х				_		0.	0.	0.
(15) Mackenzie Lyman	0.50							_	_	_
Past Secretary		Х		Х		_		0.	0.	0.
(16) Kathleen O'Halloran	60.00									_
Executive Director				X		<u> </u>		0.	0.	0.

	(4)			,				Compensated Employe	1 ' '		
	(A)	(B)	D. atti				(D)	(E)	(F)		
	Name and title	Average		not ch	neck m	nore th	an one	Reportable	Reportable	Estima	
		hours per week					ooth an rustee)		compensation	amour	
		(list any					T	from the	from related organizations	othe	
		hours for	direct				.	organization	(W-2/1099-MISC)	compen from	
		related	e or c	tee		lates	8	(W-2/1099-MISC/	1099-NEC)	organiz	
		organizations	ruste	l trus		ee lee	2	1099-NEC)	1033 (VEO)	and rel	
		below	dual t	n oitr	_	old n	s see	1		organiza	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	employee Former				
				_	Ť						
					_						
				Ш	_	_					
				Н	$\dashv$	+					
				П	$\neg$	$\top$					
1b	Subtotal							0.	0	).	0 .
											$\overline{}$
С	Total from continuation sheets to Part V	I, Section A						0.		) •	
c d	Total (add lines 1b and 1c)	I, Section A						0.	0	).	
c d	Total (add lines 1b and 1c)  Total number of individuals (including but r	I, Section A						0.	0		0 .
c d	Total (add lines 1b and 1c)	I, Section A						0.	0		0.
c <u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization	not limited to th	ose	liste	d abo	ove)	who r	0 eceived more than \$100	0,000 of reportable		0 .
c <u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer	ot limited to th	ose	liste	d abo	ove)	who r	0 eceived more than \$100	0,000 of reportable	Ye	() s No
c d 2	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for state of the st	not limited to the	ose ee, k	liste	d abo	ove)	who r	0 eceived more than \$100	0,000 of reportable		0 .
c d 2	Total (add lines 1b and 1c)  Total number of individuals (including but not compensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for some some some some some some some some	not limited to the director, truste such individual tum of reportable	ee, k	liste	mplo	ove)	who r	eceived more than \$100 ghest compensated empher compensation from	0,000 of reportable bloyee on the organization	Ye.	0 (
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c d 2 3	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for serior any individual listed on line 1a, is the serior and related organizations greater than \$150 Did any person listed on line 1a receive or a	not limited to the director, truste such individual 10,000? If "Yes, accrue compensations of the director of t	ee, k	liste	mplo nsat	oyee, ion a	or high	ghest compensated empensation from for such individualed organization or individual or individ	0,000 of reportable bloyee on the organization	Ye. 3	O (
c d 2 3 4 5	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for serior any individual listed on line 1a, is the serior and related organizations greater than \$150 did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete Schedule J for serior and related organizations greater than \$150 did any person listed on line 1a receive or a rendered to the organization? If "Yes," complete Schedule J for serior and seri	not limited to the director, truste such individual 10,000? If "Yes, accrue compensations of the director of t	ee, k	liste	mplo nsat	oyee, ion a	or high	ghest compensated empensation from for such individualed organization or individual or individ	0,000 of reportable bloyee on the organization	Ye.	0 (s No
2 3 4 5	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for service and individual listed on line 1a, is the set and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors	not limited to the director, trusted auch individual aum of reportable 0,000? If "Yes, accrue compensionalete Schedule	ee, lee co	liste	mplo mplo nsat ete Se om a	oyee, ion a ched any u	or high	ghest compensated empensation from the such individual	0,000 of reportable bloyee on the organization dual for services	3 4 5 5	O (
2 3 4 5	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for service and individual listed on line 1a, is the set and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest contractors	not limited to the director, trusted and individual and of reportable 0,000? If "Yes, accrue compensated individual ampensated individual ampensated individual accrue.	ee, keeco	lister  key e  mple  on fr	mplo msat sete Soom a	oyee, ion a ched any u	or high	ghest compensated empensation from for such individualed organization or individual that received more than	0,000 of reportable cloyee on the organization dual for services	3 4 5 5	X
2 3 4 5	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series for any individual listed on line 1a, is the series and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest continuous contraction. Report compensation for	not limited to the director, trusted and individual and of reportable 0,000? If "Yes, accrue compensated individual ampensated individual ampensated individual accrue.	ee, keeco	lister  key e  mple  on fr	mplo msat sete Soom a	oyee, ion a ched any u	or high	ghest compensated empensation from for such individualed organization or individual that received more than a the organization's tax	0,000 of reportable cloyee on the organization dual for services	Yes 3 4 5 nsation from	O (
2 3 4 5	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for service and individual listed on line 1a, is the set and related organizations greater than \$150 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest contractors	not limited to the director, trusted and individual and of reportable 0,000? If "Yes, accrue compensated supplete Schedule ampensated indicate calendar years."	ee, keeco	lister  key e  mple  on fr	mplo msat sete Soom a	oyee, ion a ched any u	or high	ghest compensated empensated empensation from for such individualed organization or individual received more than the organization's tax	0,000 of reportable coloue on the organization coloue standard for services \$100,000 of comperyear.	3 4 5 5	0 .
2 3 4 5 Sect	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$150 did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest continuous the organization. Report compensation for (A)  Name and business	not limited to the director, trusted and individual aum of reportable 0,000? If "Yes, accrue compensated sumpensated indicate calendar yes address	epe	endin	mplo mplo mnsat ete Soom a ch p	oyee, ion a ched any u	or high	ghest compensated empensation from for such individualed organization or individual that received more than a the organization's tax	0,000 of reportable coloue on the organization coloue standard for services \$100,000 of comperyear.	Yes 3 4 5 nsation from (C)	0 .
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c d 2 2 3 4 5 5 Sect 1	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$150 did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest continuous the organization. Report compensation for (A)  Name and business  iliated Healthcare, 43	in the calendar yes address  Whitin	eee, keee co	endin	mplo mplo mnsat ete Soom a ch p	oyee, ion a ched any u	or high	ghest compensated empensated empensation from for such individual med organization or individual that received more than the organization's tax  (B)  Description of	0,000 of reportable bloyee on the organization dual for services \$100,000 of comper year. services	Yes 3 4 5 5 compensation from (C) Compensation	O .  (In the second of the sec
2 3 4 5 Sect	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$150 did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest continuous the organization. Report compensation for (A)  Name and business  iliated Healthcare, 43	in the calendar yes address  Whitin	eee, keee co	endin	mplo mplo mnsat ete Soom a ch p	oyee, ion a ched any u	or high	ghest compensated empensated empensation from for such individual med organization or individual that received more than the organization's tax  (B)  Description of	0,000 of reportable bloyee on the organization dual for services \$100,000 of comper year. services	Yes 3 4 5 5 compensation from (C) Compensation	O .  (In the second of the sec
2 3 4 5 Sect	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$150 did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest continuous the organization. Report compensation for (A)  Name and business  iliated Healthcare, 43	in the calendar yes address  Whitin	eee, keee co	endin	mplo mplo mnsat ete Soom a ch p	oyee, ion a ched any u	or high	ghest compensated empensated empensation from for such individual med organization or individual that received more than the organization's tax  (B)  Description of	0,000 of reportable bloyee on the organization dual for services \$100,000 of comper year. services	Yes 3 4 5 5 compensation from (C) Compensation	O .  (Control of the control of the
2 3 4 5 Sect	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$150 did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest continuous the organization. Report compensation for (A)  Name and business  iliated Healthcare, 43	in the calendar yes address  Whitin	eee, keee co	endin	mplo mplo mnsat ete Soom a ch p	oyee, ion a ched any u	or high	ghest compensated empensated empensation from for such individual med organization or individual that received more than the organization's tax  (B)  Description of	0,000 of reportable bloyee on the organization dual for services \$100,000 of comper year. services	Yes 3 4 5 5 compensation from (C) Compensation	O .  (In the second of the sec
2 3 4 5 Sect	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$150 did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest continuous the organization. Report compensation for (A)  Name and business  iliated Healthcare, 43	in the calendar yes address  Whitin	eee, keee co	endin	mplo mplo mnsat ete Soom a ch p	oyee, ion a ched any u	or high	ghest compensated empensated empensation from for such individual med organization or individual that received more than the organization's tax  (B)  Description of	0,000 of reportable bloyee on the organization dual for services \$100,000 of comper year. services	Yes 3 4 5 5 compensation from (C) Compensation	O .  (Control of the control of the
c d 2 2 3 4 5 5 Sect 1	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$150 did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest continuous the organization. Report compensation for (A)  Name and business  iliated Healthcare, 43	in the calendar yes address  Whitin	eee, keee co	endin	mplo mplo mnsat ete Soom a ch p	oyee, ion a ched any u	or high	ghest compensated empensated empensation from for such individual med organization or individual that received more than the organization's tax  (B)  Description of	0,000 of reportable bloyee on the organization dual for services \$100,000 of comper year. services	Yes 3 4 5 5 compensation from (C) Compensation	O .  (In the second of the sec
c d 2 2 3 4 5 Sect 1	Total (add lines 1b and 1c)  Total number of individuals (including but recompensation from the organization  Did the organization list any former officer line 1a? If "Yes," complete Schedule J for series and related organizations greater than \$150 did any person listed on line 1a receive or a rendered to the organization? If "Yes," contion B. Independent Contractors  Complete this table for your five highest continuous the organization. Report compensation for (A)  Name and business  iliated Healthcare, 43	in the calendar yes address  Whitin	eee, keee co	endin	mplo mplo mnsat ete Soom a ch p	oyee, ion a ched any u	or high	ghest compensated empensated empensation from for such individual med organization or individual that received more than the organization's tax  (B)  Description of	0,000 of reportable bloyee on the organization dual for services \$100,000 of comper year. services	Yes 3 4 5 5 compensation from (C) Compensation	O .  (Control of the control of the

		Check if Schedule O contains a res	nonse (	or note to any lin	e in this Part VIII			
		Check if Goriedaic G contains a res	porise (	or riote to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt		Revenue excluded
						function revenue	business revenue	from tax under
			_					sections 512 - 514
nts nts	1 a	a Federated campaigns 12	1					
irai our	k	b Membership dues11						
Y.G	(	c Fundraising events1	:	<u>341,486.</u>				
ifts ar/	(	d Related organizations 10	ı					
s, G milk	•	e Government grants (contributions)						
Sij	f	f All other contributions, gifts, grants, and						
uti her		similar amounts not included above 11	2.	422,342.				
qË	,	• • • • • • • • • • • • • • • • • • • •	3 \$	41,657.				
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f	<b>3</b>  Ψ		2,763,828.			
O		II Iotal: Add lines 1a-11		Business Code	2,703,020.			
	_	Contrigo Portonuo		621990	607 054	607 054		
ice	2 8	a Service Revenue		021990	697,054.	697,054.		
erv Je	k	b						
S c	(	c						
Program Service Revenue	(	d						
og H	•	e						
P	f	f All other program service revenue						
	ç	g Total. Add lines 2a-2f			697,054.			
	3	Investment income (including dividends						
		other similar amounts)			92,573.			92,573.
	4	Income from investment of tax-exempt						
	5	Royalties	-					
		(i) R		(ii) Personal				
	6.			(1) 1 31331141				
	6 a							
		b Less: rental expenses 6b			-			
		c Rental income or (loss) 6c						
		d Net rental income or (loss)		(:) OH				
	7 a	a Gross amount from sales of (i) Secu	ırıtıes	(ii) Other				
		assets other than inventory <b>7a</b>			-			
	k	<b>b</b> Less: cost or other basis						
ne		and sales expenses						
ven	C	c Gain or (loss)7c						
Revenue	(	d Net gain or (loss)	<u></u> .					
her	8 8	a Gross income from fundraising events (not						
<del>d</del>		including \$ 341,486. or	f					
		contributions reported on line 1c). See						
		Part IV, line 18	8a	22,122.				
	ŀ	<b>b</b> Less: direct expenses		51,248.				
		c Net income or (loss) from fundraising ev		,	-29,126.			-29,126.
		<ul> <li>a Gross income from gaming activities. S</li> </ul>			25,120.			
	9 6	5 5		1,430.				
		Part IV, line 19		8.				
		b Less: direct expenses		0.	1 422			1,422.
		c Net income or (loss) from gaming activi	ties	 I	1,422.			1,422.
	10 a	a Gross sales of inventory, less returns		4 016				
		and allowances			-			
	k	<b>b</b> Less: cost of goods sold	10b	0.				
	(	c Net income or (loss) from sales of inven	tory		4,216.			4,216.
"				Business Code				
sno «	11 a	a						
ane Due	k	b						
Miscellaneous Revenue		с						
Sc		d All other revenue						
Σ		e Total. Add lines 11a-11d						
	12	Total revenue. See instructions			3,529,967.	697,054.	0.	69,085.
	14	i otal lovoliao. Odd iliali udlibila			- , , , , -	00,,002		

232009 12-13-22

# Form 990 (2022) LifeFlight Foundation Part IX Statement of Functional Expenses

Secti	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	6,401,205.	6,401,205.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
	trustees, and key employees										
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages										
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):	605 054	24 052	005 500	256 400						
а	Management	697,054.	34,853.	285,792.	376,409.						
b	Legal	22 675		22 675							
С	Accounting	33,675.		33,675.							
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,	18,412.	8,386.	8,203.	1,823.						
40	column (A), amount, list line 11g expenses on Sch 0.)	111,002.	4,765.	42,492.	63,745.						
12 13	Advertising and promotion	80,005.	6,778.	29,677.	43,550.						
14	Office expenses Information technology	21,628.	0,7700	2,163.	19,465.						
15	Royalties	21,020.		2,103.	13,403.						
16	Occupancy	62,530.	3,217.	26,383.	32,930.						
17	Travel	11,393.	570.	4,671.	6,152.						
18	Payments of travel or entertainment expenses	22,000	3,00	2,0,20	0,101						
10	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings	9,740.		1,572.	8,168.						
20	Interest	2,		=, = . = •	3,200						
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	7,351.	368.	3,014.	3,969.						
23	Insurance	4,074.	204.	1,670.	2,200.						
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)										
а	Miscellaneous Expenses	60,228.	5,591.	4,378.	50,259.						
b		,	-,	-, -, -,	,						
c											
d											
e	All other expenses										
25	Total functional expenses. Add lines 1 through 24e	7,518,297.	6,465,937.	443,690.	608,670.						
26	Joint costs. Complete this line only if the organization	-	-		-						
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)										
			<u>-</u>	· <del></del>	Form 990 (2022)						

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or ne	ote to a	y line in this Part X			X
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			301,402.	1	426,387.
	2	Savings and temporary cash investments			7,377,716.	2	3,752,012.
	3	Pledges and grants receivable, net		1,508,446.	3	1,034,576.	
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub	stantial	contributor, or 35%			
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in se	tion 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
ă	9	Prepaid expenses and deferred charges			8,833.	9	8,498.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		23,333.			1
	b	Less: accumulated depreciation	8,038.	1,662.	10c	15,295.	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, line		13	154 440		
	14	Intangible assets		28,163.	14	154,418.	
	15	Other assets. See Part IV, line 11	1,407,204.	15	1,428,382.		
	16	Total assets. Add lines 1 through 15 (must ed	10,633,426.	16	6,819,568.		
	17	Accounts payable and accrued expenses	1	61,181.	17	46,028.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
ies	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, sub				00	
Liat		controlled entity or family member of any of th		: F		22	
	23	Secured mortgages and notes payable to unre-				23 24	
	24 25	Unsecured notes and loans payable to unrelat				24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on line					
				•	422,715.	25	586,076.
	26	of Schedule D  Total liabilities. Add lines 17 through 25			483,896.		632,104.
	20	Organizations that follow FASB ASC 958, ch			20070301	20	002/2011
es		and complete lines 27, 28, 32, and 33.	.0011 110				
anc	27	Net assets without donor restrictions			1,938,272.	27	2,613,675.
Bak	28	Net assets with donor restrictions			8,211,258.	28	3,573,789.
l pu		Organizations that do not follow FASB ASC					
F		and complete lines 29 through 33.	ĺ	_			
ō	29	Capital stock or trust principal, or current fund	ls			29	
sets	30	Paid-in or capital surplus, or land, building, or				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		10,149,530.	32	6,187,464.	
_	33	Total liabilities and net assets/fund balances			10,633,426.	33	6,819,568.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,52	<u>9,9</u>	<u>67.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,51					
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 10							
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	6,18	7,4	64.			
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 X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х			
	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	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate							
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					

#### SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

LifeFlight Foundation

**Employer identification number** 

52-2377085 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 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: 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X 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.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 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 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) 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 (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

## Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support		<u> </u>				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2546268.	4303438.	2436895.	6842478.	2763828.	18892907.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2546268.	4303438.	2436895.	6842478.	2763828.	18892907.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						4869876.
6	Public support. Subtract line 5 from line 4.						14023031.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	2546268.	4303438.	2436895.	6842478.		18892907.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	90,016.	77,768.	20,641.	18,050.	92,573.	299,048.
9	Net income from unrelated business	,	•	,	,	,	<i>'</i>
	activities, whether or not the						
	business is regularly carried on			6,749.	9,040.	5,638.	21,427.
10	Other income. Do not include gain			,	- ,	,	<i>'</i>
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						19213382.
	Gross receipts from related activities,	etc. (see instruction	ins)			12 3	,120,371.
	First 5 years. If the Form 990 is for the	•	,				, , , , , , , , , , , , , , , , , , , ,
	organization, check this box and stop	-		•			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), di	ivided by line 11, c	column (f))		14	72.99 %
	Public support percentage from 2021					15	70.96 %
	33 1/3% support test - 2022. If the					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances te			=			
b	10% -facts-and-circumstances test	-		• • •	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circu				-		
18	<b>Private foundation.</b> If the organization						s
	<u> </u>		,	. ,			(Form 990) 2022

# Schedule A (Form 990) 2022 LifeFlight Foundation | Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
_	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	Г		_	_	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
102	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					+	
ľ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b  Net income from unrelated business						
•••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					:01(-)(0)ii-	
14	First 5 years. If the Form 990 is for the	-			•		
Sec	check this box and stop here ction C. Computation of Publi						·····
	Public support percentage for 2022 (I			column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves					,	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2022. If the						
	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2021. If the						
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	J		,				

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## Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
30		
_		
3c		
4a		
4b		
4c		
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Schedule A (Form 990) 2022

Par	t IV   Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
	_		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No." describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations	•		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uctions	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
		2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		3а		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
		3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6_	Multiply line 5 by 0.035.	6		
_7_	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
_3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
_4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ılly integrat	ed Type III supporting orga	ınization (see
	instructions)			

Schedule A (Form 990) 2022

Pai	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ıed)	
Sect	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	mounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5	
_6	Other distributions (describe in Part VI). See instructions.			6	
_ 7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
_9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution	าร	(iii) Distributable
			Pre-2022		Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
<u>i_</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
<u>C</u>	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

## Schedule B

## **Schedule of Contributors**

Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

(Form 990)

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

**Employer identification number** 

I	LifeFlight Foundation 52-2377085					
Organization type (check	ganization type (check one):					
Filers of:	Section:					
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
Note: Only a section 5010  General Rule  For an organizat	in is covered by the <b>General Rule</b> or a <b>Special Rule</b> .  (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule in the General R	g \$5,000 or more (in money or				
Special Rules						
sections 509(a)( contributor, duri	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support I) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, anny the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) EZ, line 1. Complete Parts I and II.	d that received from any one				
contributor, duri literary, or educa	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the year, total contributions of more than \$1,000 exclusively for religious, charitable, so stional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (6) instead of the contributor name and address), II, and III.	sientific,				
year, contributio is checked, ente purpose. Don't c	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from ns exclusively for religious, charitable, etc., purposes, but no such contributions totaled may refer the total contributions that were received during the year for an exclusively religious complete any of the parts unless the <b>General Rule</b> applies to this organization because it ble, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box is, charitable, etc., received <i>nonexclusively</i>				
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fine 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ing requirements of Schedule B (Form 990).	• •				

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

Schedule B (Form 990) (2022) Page **2** 

Name of organization

Employer identification number

## LifeFlight Foundation

52-2377085

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 350,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>100,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$100,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>125,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **2** 

Name of organization

Employer identification number

## LifeFlight Foundation

52-2377085

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

Page 3

Name of organization Employer identification number

## LifeFlight Foundation

52-2377085

Part II	Noncash Property (see instructions). Use duplicate copies of Part	Il if additional space is needed	2 2377003
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
23453 11-15	i-22		Schedule B (Form 990) (2022

Page 4

Name of organization **Employer identification number** LifeFlight Foundation 52-2377085 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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 Inspection

Name of the organization

LifeFlight Foundation

**Employer identification number** 52-2377085

Pa	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		imilar Funds or	Accounts	Complete if the
		(a) Donor advise	ed funds	(b) Funds	and other accounts
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advised f	unds	
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes No
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for ar	y other purpose con	ferring	
	impermissible private benefit?				Yes No
Pai	rt II Conservation Easements. Complete if the organic	anization answered "Ye	s" on Form 990, Part	: IV, line 7.	
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).			
	Preservation of land for public use (for example, recreati	ion or education)	Preservation of a h	istorically im	portant land area
	Protection of natural habitat		Preservation of a c	ertified histor	ric structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contrib	ution in the form of a	conservation	easement on the last
	day of the tax year.			He	eld at the End of the Tax Year
а	Total number of conservation easements			. 2a	
b				4.	
С					
	Number of conservation easements included in (c) acquired af				
	historic structure listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele				ring the tax
	year	-			
4	Number of states where property subject to conservation ease	ement is located			
5	Does the organization have a written policy regarding the period		tion, handling of		
	violations, and enforcement of the conservation easements it l	holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h				ents during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and er	forcing conservation	easements o	luring the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requiremen	ts of section 170(h)(4	)(B)(i)	
	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's	financial statements	that describ	es the
	organization's accounting for conservation easements.				
Pa	rt III Organizations Maintaining Collections of	Art, Historical Tre	asures, or Othe	r Similar A	issets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its rev	enue statement and l	balance shee	t works
	of art, historical treasures, or other similar assets held for publ	lic exhibition, education	, or research in furthe	erance of pub	lic
	service, provide in Part XIII the text of the footnote to its finance	cial statements that des	cribes these items.		
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenu	e statement and bala	nce sheet wo	orks of
	art, historical treasures, or other similar assets held for public	exhibition, education, o	r research in furthera	nce of public	service,
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			\$_	
	(m)				
2	If the organization received or held works of art, historical trea-			in, provide	
	the following amounts required to be reported under FASB AS				
а	Revenue included on Form 990, Part VIII, line 1	-		\$_	
	Assets included in Form 990, Part X			_	
LHA	For Paperwork Reduction Act Notice, see the Instructions				hedule D (Form 990) 202

	t III Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Oth	er Simil	ar Assets	(continu	ued)	<u> </u>
3	Using the organization's acquisition, accession						,		
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	llections and explain	how they further th	e organization's ex	cempt purr	oose in Part	XIII.		
5	During the year, did the organization solicit or	•	•	•					
•	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang								
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for contributions	s or other assets no	ot included	d t			
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII a						<del>_</del>		
	3	ŗ	3				Amount		
С	Beginning balance				10	;			
	Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fo						Yes	$\Box$	No
	If "Yes," explain the arrangement in Part XIII.				•		_ 100	H	110
Par	<del></del>								
		(a) Current year	(b) Prior year	(c) Two years back		e years back	(e) Four	vears b	ack
1a	Beginning of year balance	1,011,091.	98,456.	72,994			. ,	·	
	Contributions	105.	1,023,712.	25,726	_				
	Net investment earnings, gains, and losses	59,491.	-84,467.	26,126	_				
	Grants or scholarships	, -	23,712.	25,726					
	Other expenditures for facilities		, -	,					
Ŭ									
	Administrative expenses	33,391.	2,898.	664					
		1,037,296.	1,011,091.		_				
_	Provide the estimated percentage of the curre				•		1		
2		5.3850	%	) Held as.					
a b	Board designated or quasi-endowment  Permanent endowment 94.6150	%							
	Term endowment .0000								
С	The percentages on lines 2a, 2b, and 2c shou								
20	Are there endowment funds not in the posses	·	tion that are hold an	ad administered for	tho				
Ja	-	ssion of the organiza	ilion that are neid ar	id administered for	uie		[·	Yes	No
	organization by:							X	
	(i) Unrelated organizations						<del> </del>		Х
<b>L</b>	(ii) Related organizations	tions listed as require	ad an Cabadula D2				3a(ii)	-+	<u>~</u>
4	Describe in Part XIII the intended uses of the						3b		
	t VI Land, Buildings, and Equipme		willent lunus.						
1 0.	Complete if the organization answered		Part IV line 11a S	ee Form 990 Part	X line 10				
	Description of property	(a) Cost or o			) Accumula	atad	(d) Book	volue	
	Description of property	basis (investr		1 '	depreciation		(u) book	value	
19	Land	<u> </u>	2010	(=)					—
	Land Buildings								
	Buildings			<del>                                     </del>					
			2	3,333.	Я	038.	1 5	, 29	5
	Equipment			<del>5,555•</del>	٠,			, 4,	<u> </u>
	Other		V 1 (5) " - 1	1			15	, 29	5
rotal	. Add lines 1a through 1e. (Column (d) must ed	quai Form 990, Part 2	<u>x, column (B), line 1</u>	UC.)			1.0	, 43	<u> </u>

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 LifeFlight D Part VII Investments - Other Securities.	roundation	52	-2377085 Page 3
Part VII Investments - Other Securities.  Complete if the organization answered "Yes" of the organization and the organization answered "Yes" of the organization and the organiz	on Form 990 Part IV line	11h See Form 990 Part V line 12	
(a) Description of Security or Category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market value
(A) =:	(b) Book value	(c) Nictrica of Valuation. Cost of Circ	Tor year market value
(0) 01 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(3) Other			
(A)			
(A) (B)			
(C)			
(D)			
(E)			
(E)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1)			
(2)			
(3)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description	,	(b) Book value
(1) Due From Related Party	·		391,086
(2) Beneficial Interest in Fur	nds Held by O	thers	1,037,296
(3)	ias iieia s <sub>i</sub> e	01101.0	2,00,,200
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		1,428,382
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) Due to Related Parties			453,892
(3) Operating Lease Liability			132,184
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	25.)		586,076

232053 09-01-22

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

07172\_\_1

Part XI Reconciliation of Revenue per Audited Finance  Complete if the organization answered "Yes" on Form 990, P		enue per Ret	turn.	
Total revenue, gains, and other support per audited financial statem.			1	3,621,911.
	ents		1	3,021,711.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a	26,264.		
a Net unrealized gains (losses) on investments		14,424.		
b Donated services and use of facilities		11,121		
c Recoveries of prior year grants		51,256.		
d Other (Describe in Part XIII.)	·		00	91 9//
e Add lines 2a through 2d			2e	91,944. 3,529,967.
<ul><li>3 Subtract line 2e from line 1</li><li>4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:</li></ul>			3	3,323,301.
	45			
a Investment expenses not included on Form 990, Part VIII, line 7b				
b Other (Describe in Part XIII.)			4.	0
c Add lines 4a and 4b			4c	3,529,967.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I Part XII Reconciliation of Expenses per Audited Finance	cial Statements With Exp	enses per R		5,5 <u>25,507.</u> I.
Complete if the organization answered "Yes" on Form 990, P	art IV, line 12a.			
1 Total expenses and losses per audited financial statements			1	7,583,977.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a Donated services and use of facilities	2a	14,424.		
<b>b</b> Prior year adjustments	2b			
c Other losses	2c			
d Other (Describe in Part XIII.)		51,256.		
e Add lines 2a through 2d			2e	65,680. 7,518,297.
3 Subtract line 2e from line 1			3	7,518,297.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a Investment expenses not included on Form 990, Part VIII, line 7b	4a			
<b>b</b> Other (Describe in Part XIII.)				
c Add lines 4a and 4b			4c	0.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part		i i	5	7,518,297.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p			Part X	, line 2; Part XI,
illies 20 and 40, and Part All, lines 20 and 40. Also complete this part to p	Tovide any additional information			
Don't W. line A.				
Part V, line 4:				
The intended use of the organization'	s endowment funds	s are to	sur	port
capital expenditures by LifeFlight of	Maine, as approv	zed by ti	he I	ifeFlight
		<u> </u>		
Foundation Board.				
Part XI, Line 2d - Other Adjustments:				
Fundraising Expenses				51,248.
Gaming Expenses				8.
Total to Schedule D, Part XI, Line 2d				51,256.
				-
Part XII, Line 2d - Other Adjustments	:			
Fundraising Expenses				51,248.
232054 09-01-22			Sched	ule D (Form 990) 2022

# SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

### **Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization	aht Boundation					Employer ide 52-2377	ntification number ∩ o ⊏
	ght Foundation  Complete if the organization answe	rod "V	oc" or	Form 990 Part IV Ii	no 1		
required to complete this part		reu r	es oi	i Foiiii 990, Part IV, ii	ne n	7. FUIIII 990-EZ	mers are not
<ul> <li>1 Indicate whether the organization rais</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> </ul>	e Solicita	tion of tion of	non-g gover	overnment grants			
<ul> <li>d In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individual compensated at least \$5,000 by the</li> </ul>	art VII) or entity in connection with prividuals or entities (fundraisers) pursu	rofessi	onal fu	undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
		Yes	No				
	L		<u> </u>				
S List all states in which the organizatio or licensing.	n is registered or licensed to solicit o		utions	or has been notified	it is e	exempt from reg	gistration
or moonising.							

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

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Cross for	Golf	None	` '
			LifeFlight	Tournament		(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue						
ver	1	Gross receipts	321,251.	42,357.		363,608.
Re	ı.	arcoorecopie	011,101			000,0001
	2	Less: Contributions	306,989.	34,497.		341,486.
	_	Less. Contributions	300,303.	31,137.		341,400.
	3	Gross income (line 1 minus line 2)	14,262.	7,860.		22,122.
	3	Gross income (line 1 minus line 2)	14,202	7,000.		22,122.
	,	Cash prizes				
	4	Cash prizes				
	_	Namanala milina	17,346.	/ 210		21 665
'n	5	Noncash prizes	17,340.	4,319.		21,665.
ses				10 176		10 176
per	6	Rent/facility costs		12,176.		12,176.
Direct Expenses						
ect	7	Food and beverages				
Ē						
	8	Entertainment				
	9	Other direct expenses	14,920.	2,487.		17,407.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			51,248.
	11	Net income summary. Subtract line 10 from li				-29,126.
Pa	ırt I	<b>III Gaming.</b> Complete if the organization a	answered "Yes" on Form	1 990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
a)			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
ů.			(a) Birigo	bingo/progressive bingo	(c) Other garning	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
'n	2	Cash prizes				
ses						
Direct Expenses	3	Noncash prizes				
Ä						
eC.	4	Rent/facility costs				
ā	-					
	5	Other direct expenses				
	Ť		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No	
	•	Volume of Tabol				
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	′	bireet expense summary. Add lines 2 timough	10 III coldiiii (a)			
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net garning income summary. Subtract line r	nom line 1, column (d)			
Ω	En	ter the state(s) in which the organization condu	icte gaming activities:			
		the organization licensed to conduct gaming ac	_			Yes No
						res no
D	11 "	No," explain:				
	_					
	\ <u>\</u>	and the approximation to the state of the st	and an annual and a second			
		ere any of the organization's gaming licenses re			/ear/	Yes No
b	IT "	Yes," explain:				
	_					

Schedule G (Form 990) 2022

232082 10-27-22

edule G (Form 990) 2022 LifeFlight Foundation 52-	<u> 2377</u>	085	Page 3
Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
		Yes	☐ No
	13a		%
			%
			75
Enter the hame and address of the person who propares the organization's gaming openial events books and resortes.			
Name			
- Traine			
Address			
Address			
Describes a service that the service of the service		Vaa	No
Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🖳	res	NO
· · · · · · · · · · · · · · · · · · ·			
If "Yes," enter name and address of the third party:			
Name			
Address			
Gaming manager information:			
Name			
Gaming manager compensation \$			
Description of services provided			
Director/officer Employee Independent contractor			
Mandatory distributions:			
·			
		Voc	☐ No
	—	163	
- The same of the	art III, IIn	ies 9, 9	9b, 10b,
15b, 15c, 16, and 1/b, as applicable. Also provide any additional information. See instructions.			
	to administer charitable gaming? Indicate the percentage of gaming activity conducted in: The organization's facility An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:  Name Address  Does the organization have a contract with a third party from whom the organization receives gaming revenue?  If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ If "Yes," enter name and address of the third party:  Name Address  Gaming manager information:  Name  Gaming manager compensation \$ Description of services provided  Director/officer	to administer charitable gaming?	to administer charitable gaming?

Schedule G	(Form 990)	LifeFlight	Foundation	52-2377085	Page 4
Part IV	(Form 990) <b>Supplemental Infor</b>	nation (continued)			
		•			

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States** 

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2022

Name of the organization LifeFlig	ht Foundat	ion					Employer identification number $52-2377085$
Part I General Information on Grants							32 23,7003
<ol> <li>Does the organization maintain records criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's p</li> </ol>	sistance?						on X Yes No
Part II Grants and Other Assistance to recipient that received more than	Domestic Organi	zations and Domesti	c Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LifeFlight of Maine 189 Odlin Road							Fundraising and public relations, support for statewide critical
Bangor, ME 04401	01-0518516	501(c)(3)	6,401,205.	0.			medical response
<ul><li>2 Enter total number of section 501(c)(3)</li><li>3 Enter total number of other organizatio</li></ul>	-	-	ne line 1 table				1.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
TENT Supplemental Information. Provide the information	n required in Part I, line	e 2; Part III, columr	n (b); and any other ad	ditional information.	
rt I, Line 2:					
feFlight of Maine (LOM) provid	es document	ation and	information	n including	
tionale, estimates and invoice	s to the Li	feFlight 1	Foundation	(LFF) to	
quest financial support for sp		-			
d medical education projects a	na neeas to	improve	the care or	critically	
l and injured patients.					

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Inspection Employer identification number

	LifeFlight F	oundat	ion			52-2	2377	085	
Pai									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	r	(d) Method of dononcash contrib	etermin	_	s
1	Art - Works of art	X	2	4,600.	App	raisal			
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	X		957.	FMV	7			
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	5	22,306.	FMV	7			
10	Securities - Closely held stock		-	,					
11	Securities - Partnership, LLC, or								
••	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (Miscellaneous)	Х	1	10,000.	FMV	7			
26	Other (Gift Cards )	X	7	3,794.					
27	Other ( )		,	377310	T V	'			
28	Other ( )								
29	Number of Forms 8283 received by the organiz	zation during	the tay year for co	ontributions	1				
	for which the organization completed Form 82							0	
	To which the organization completed Form of	00,1 411 1, 1	once / tott lewicag	omone				Yes	No
30a	During the year, did the organization receive b	v contributio	n any property rep	orted in Part I lines 1 throug	nh 28	that it		103	140
oou	must hold for at least 3 years from the date of	•		· ·		triat it			
	exempt purposes for the entire holding period						30a		х
h	If "Yes," describe the arrangement in Part II.	•					000		
31	Does the organization have a gift acceptance	policy that re	equires the review o	of any nonstandard contribu	tions?		31	Х	
	Does the organization hire or use third parties						"		
UZA	contributions?		•				32a		х
h	If "Yes," describe in Part II.						SEG.		
33	If the organization didn't report an amount in c	column (c) for	r a type of property	y for which column (a) is che	cked				
	organization diantitoport an amount in o		~ ., po or proporty	,	Ju,				

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

Schedule M (Form 990) 2022

describe in Part II.

232142 09-09-22

### **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LifeFlight Foundation

**Employer identification number** 52-2377085

Form 990, Part I, Line 1, Description of Organization Mission:
critical care medical services to patients needing specialized care
throughout Maine and, under mutual aid, the other states of Northern
New England.
LOM provides services to critically ill and injured patients regardless
of insurance coverage and ability to pay for the cost of medical care.
LFF provides capital support for:
1. Fleet acquisition and replacement parts;
2. Specialized medical equipment used on LOM helicopters, the airplane,
and specialized ground vehicles;
3. Aviation infrastructure improvements such as hospital helipads,
automated weather systems, runway cameras, and low-level instrument
flight infrastructure; and,
4. Support for LifeFlight's education programs, such as the Critical
Care Academy and high-fidelity medical simulation provided by LOM to
physicians, physician extenders, nurses, paramedics, and emergency
medical technicians throughout the state.
Form 990, Part III, Line 1, Description of Organization Mission:
including: infrastructure such as hospital helipads, airport runways
and fueling systems, aviation weather systems, instrument flight
systems, communication systems; the capital acquisition of specialized
medical equipment and technology; the capital acquisition of medical  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

Page 2

Schedule O (Form 990) 2022 Name of the organization **Employer identification number** LifeFlight Foundation 52-2377085 aircraft; and the provision of continuing medical education for hospital and EMS personnel throughout Maine. Additionally, the Foundation is responsible for raising statewide awareness about LifeFlight of Maine and the Foundation, which it accomplishes through a comprehensive media and communication strategy and strategic partnerships. Form 990, Part III, Line 4c, Program Service Accomplishments: (Maine) base and vehicle "wraps" which are important for branding. - Transferred \$166,000 to support Sanford Base operations. Transferred \$475,900 for new and replacement medical equipment, including an ECMO machine and cardiac monitors. Provided funding to support events and purchase items to recognize, honor, and thank the LifeFlight crew as part of our 25th anniversary celebration.

Form 990, Part VI, Section A, line 3:

The LifeFlight Foundation (LFF) has an employee leasing agreement with Affiliated Healthcare Management (AHM) under which AHM provides LFF with executive management, financial support, and marketing and fundraising support services. Pursuant to this agreement, the following compensation information is disclosed as follows:

Kathleen O'Halloran, Executive Director of LFF, received \$148,506 during calendar year 2022 as compensation and benefits from AHM for the services she provided to LFF.

<u>Schedule O (Form 990) 2022</u> Page **2** 

Name of the organization

LifeFlight Foundation

Employer identification number 52-2377085

On July 23, 2023, The LifeFlight Foundation entered into an employee

leasing agreement with LifeFlight of Maine LLC, through which LOM will

provide the Foundation with executive management, financial support, and

marketing and fundraising support services.

Form 990, Part VI, Section B, line 11b:

Prior to filing, the Form 990 is reviewed by the board of Trustees.

Form 990, Part VI, Section B, Line 12c:

The Organization monitors and enforces compliance with the conflict of interest policy by requiring all officers and trustees to sign the policy annually.

Form 990, Part VI, Section B, Line 15a:

Each year, the Executive Committee of the Foundation's Board meets with the

Executive Director to review performance and goals and establish her annual
salary and compensation arrangements.

Form 990, Part VI, Section C, Line 19:

The Organization makes its governing documents, conflict of interest policy and financial statements available upon request.

Form 990, Page 6, Part VI, Line 13 and 15 :

The Organization does not have employees. The Organization leases all employees.

Form 990, Part X, Line 10: Land, Buildings, and Equipment

Section 1.263(a)-3(n) Election:

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization	Employer identification number 52-2377085
LifeFlight Foundation	52-2377065
LifeFlight Foundation	
PO Box 859	
Augusta, ME 04332	
EIN 52-2377085	
LifeFlight Foundation is electing to capitalize repair and	maintenance
costs under Regulation Section 1.263(a)-3(n).	

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print LifeFlight Foundation 52-2377085 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your PO Box 859 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 04332 Augusta, ME Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) John Doyle The books are in the care of ▶ 189 Odlin Road - Bangor, ME 04401 Telephone No. ► 207-973-9081 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. May 15, 2024 \_\_\_\_, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning JUL 1, 2022 \_\_\_ , and ending <u>JUN</u> 30 , 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022) LHA

223841 04-01-22

Form	990-T		Exempt Organization Business Income Tax Retur		OMB No. 1545-0047
		For cal	endar year 2022 or other tax year beginning $\   \underline{ ext{JUL} \  \  1  , \  \  2022}  $ , and ending $\   \underline{ ext{JUN} \  \  30  , \  \  2020}$	123	2022
	tment of the Treasury al Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information.  Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	).	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if address changed.		Name of organization ( Check box if name changed and see instructions.)	DEmplo	yer identification number
<b>B</b> E:	xempt under section	Print	LifeFlight Foundation	5	2-2377085
X	501( <b>c</b> )( <b>3</b> ) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. PO Box 859		exemption number structions)
	408A 530(a) 529A		City or town, state or province, country, and ZIP or foreign postal code ${\tt Augusta}$ , ${\tt ME}$ 04332	F _	Check box if
		С Во	ok value of all assets at end of year		an amended return.
G	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university
<u>H</u>	Check if filing only to	o	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u>l (</u>	Check if a 501(c)(3)	organiza	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
<u>J</u>	Enter the number of	attache	ed Schedules A (Form 990-T)		
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? didentifying number of the parent corporation.		Yes X No
$\overline{}$	The books are in car			207-	973-9081
Pa	rt I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	0.
2	Reserved			2	
3	Add lines 1 and 2			3	
4		,	see instructions for limitation rules)	•	0.
5	Total unrelated bu	siness t	taxable income before net operating losses. Subtract line 4 from line 3	. 5	
6	Deduction for net	operatir	ng loss. See instructions	. 6	
7	Total of unrelated	busines	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from	m line 5	5	7	
8			rally \$1,000, but see instructions for exceptions)		1,000.
9	Trusts. Section 19	99A dec	duction. See instructions	. 9	
10	Total deductions.	. Add lir	nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	able income. Subtract line 10 from line 7. If line 10 is greater than line 7,		_
Da	enter zero			11	0.
Pa	rt II Tax Com	•			
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	. 1	0.
2			ates. See instructions for tax computation. Income tax on the amount on		
_	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)		
3	Proxy tax. See ins				
4	Other tax amounts				
5	Alternative minimu	•			
6	-		cility income. See instructions		0.
7			h 6 to line 1 or 2, whichever applies	. 7	Form <b>990-T</b> (2022)
LHA	For Paperwork F	reaucti	ion Act Notice, see instructions.		FORM 330-1 (2022)

223701 01-16-23

Form 9		,						Р	age <b>2</b>
Part		Tax and Payments		Η.					
1a		gn tax credit (corporations attach Form 1	118; trusts attach Form 1116)			-			
b						-			
С		ral business credit. Attach Form 3800 (se				-			
d		t for prior year minimum tax (attach Form					I		
е						1e			
2		· · · · · · · · · · · · · · · · · · ·				2			0.
3	Other	amounts due. Check if from: Form		า 8697	Form 8866				
						3			
4		tax. Add lines 2 and 3 (see instructions).	·	•					^
						4			0.
5		nt net 965 tax liability paid from Form 965		- 1	 T	5			<u> </u>
6a		ents: A 2021 overpayment credited to 20		$\neg$		4			
b		estimated tax payments. Check if section	n 643(g) election appliesL			4			
С						-			
d		gn organizations: Tax paid or withheld at				4			
е	Backı	up withholding (see instructions)		<u>6e</u>		-			
f		t for small employer health insurance prer				4			
g		credits, adjustments, and payments:							
			Other Tota						
7		payments. Add lines 6a through 6g				7			
8		ated tax penalty (see instructions). Check				8	<u> </u>		
9		ue. If line 7 is smaller than the total of line				9	<u> </u>		
10		payment. If line 7 is larger than the total of		paid		10	<u> </u>		
11		the amount of line 10 you want: Credited		Lian /	Refunded	11	<u> </u>		
Part		Statements Regarding Certain A			•				
1		y time during the 2022 calendar year, did						Yes	<u>No</u>
		a financial account (bank, securities, or ot							
	FinCE	N Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes," enter the	ne name o	of the foreign country				77
	here						——		<u>X</u>
2		g the tax year, did the organization receiv							77
		n trust?							<u>X</u>
		s," see instructions for other forms the or	•						
3		the amount of tax-exempt interest receive	_						
4		available pre-2018 NOL carryovers here	\$ Do not						
		n on Schedule A (Form 990-T). Don't redu	· · · · · · · · · · · · · · · · · · ·	-	· ·		6.		
5		2017 NOL carryovers. Enter the Business			•				
	the ar	mounts shown below by any NOL claimed	_						
		Business Activit	ty Code		ilable post-2017 NOL c	arryov	er		
				\$					
				\$					77
6a		ne organization change its method of acco	, , , , , , , , , , , , , , , , , , , ,						<u>X</u>
b		s "Yes," has the organization described t	he change on Form 990, 990-EZ, 990	-PF, or Fo	orm 1128? If "No,"				
David		in in Part V							
Part		Supplemental Information							
Provide	e the ex	xplanation required by Part IV, line 6b. Als	so, provide any other additional inform	nation. Se	ee instructions.				
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Sign		nder penalties of perjury, I declare that I have examined rrect, and complete. Declaration of preparer (other than				age and i	Jeller, it is true,	,	
Here					М:	ay the IR	S discuss this	return wi	ith
	=	gnature of officer		cive			er shown below		
	5	T T				$\overline{}$	s)?   X   Ye	S	No
		Print/Type preparer's name	Preparer's signature	Date	Check i	f   PTI	N		
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Prepa	arer			05/10			012892		
Use C	Only		cNeil & Parker, LLC		Firm's EIN	0	1-0523	3282	<u>.                                    </u>
	~	2211 Congr					\===		_
		Firm's address Portland,	ME 04102		Phone no. (	207	775-2	2387	<u>/</u>

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#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print LifeFlight Foundation 52-2377085 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your PO Box 859 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. 04332 Augusta, ME Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) 07 John Doyle The books are in the care of ▶ 189 Odlin Road - Bangor, ME 04401 Telephone No. ► 207-973-9081 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. May 15, 2024 \_\_\_\_, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or ightharpoonup X tax year beginning JUL 1, 2022 \_\_\_ , and ending <u>JUN</u> 30 , 2023 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)