

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2022**

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023**

|   |   |  |
|---|---|--|
| <b>B</b> Check if applicable:<br><br><input checked="" type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>LifeFlight of Maine, LLC</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>189 Odlin Road</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>Bangor, ME 04401</b><br><b>F</b> Name and address of principal officer: <b>Joseph Kellner</b><br><b>same as C above</b> | <b>D</b> Employer identification number<br><br><b>01-0518516</b><br><br><b>E</b> Telephone number<br><br><b>207-973-5115</b><br><br><b>G</b> Gross receipts \$ <b>28,308,227.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527  |   |  |
| <b>J</b> Website: <b>www.lifeflightmaine.org</b>  |   |  |
| <b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other <b>LLC</b> <b>L</b> Year of formation: <b>1998</b> <b>M</b> State of legal domicile: <b>ME</b>  |   |  |

**Part I Summary**

|                                    |                |   |  |                    |
|------------------------------------|----------------|---|--|--------------------|
|                                    | <b>1</b>       | Briefly describe the organization's mission or most significant activities: <b>LifeFlight of Maine ("LOM") provides critical care ground and air medical transport throughout</b> |  |                    |
|                                    | <b>2</b>       | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |  |                    |
| <b>Activities &amp; Governance</b> | <b>3</b>       | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>   | <b>8</b>           |
|                                    | <b>4</b>       | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | <b>8</b>           |
|                                    | <b>5</b>       | Total number of individuals employed in calendar year 2022 (Part V, line 2a)  | <b>5</b>   | <b>45</b>          |
|                                    | <b>6</b>       | Total number of volunteers (estimate if necessary)  | <b>6</b>   | <b>30</b>          |
|                                    | <b>7a</b>      | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  | <b>0.</b>          |
|                                    | <b>7b</b>      | Net unrelated business taxable income from Form 990-T, Part I, line 11  | <b>7b</b>  | <b>0.</b>          |
|                                    | <b>Revenue</b> | <b>8</b>  | Contributions and grants (Part VIII, line 1h)                    | <b>3,811,350.</b>  |
| <b>9</b>                           |                | Program service revenue (Part VIII, line 2g)  | <b>19,551,088.</b>   | <b>21,834,410.</b> |
| <b>10</b>                          |                | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | <b>-10,977.</b>  | <b>44,324.</b>     |
| <b>11</b>                          |                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | <b>21,612.</b>   | <b>21,612.</b>     |
| <b>12</b>                          |                | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | <b>23,373,073.</b>   | <b>28,301,551.</b> |
| <b>Expenses</b>                    |                | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | <b>0.</b>          |
|                                    | <b>14</b>      | Benefits paid to or for members (Part IX, column (A), line 4)   | <b>0.</b>  | <b>0.</b>          |
|                                    | <b>15</b>      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | <b>0.</b>  | <b>931,579.</b>    |
|                                    | <b>16a</b>     | Professional fundraising fees (Part IX, column (A), line 11e)   | <b>0.</b>  | <b>0.</b>          |
|                                    | <b>b</b>       | Total fundraising expenses (Part IX, column (D), line 25)   | <b>0.</b>  |                    |
|                                    | <b>17</b>      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | <b>18,605,600.</b>   | <b>19,659,788.</b> |
|                                    | <b>18</b>      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | <b>18,605,600.</b>   | <b>20,591,367.</b> |
|                                    | <b>19</b>      | Revenue less expenses. Subtract line 18 from line 12  | <b>4,767,473.</b>  | <b>7,710,184.</b>  |
| <b>Net Assets or Fund Balances</b> | <b>20</b>      | Total assets (Part X, line 16)  | <b>36,347,003.</b>   | <b>41,693,593.</b> |
|                                    | <b>21</b>      | Total liabilities (Part X, line 26)   | <b>11,538,828.</b>   | <b>12,989,841.</b> |
|                                    | <b>22</b>      | Net assets or fund balances. Subtract line 21 from line 20  | <b>24,808,175.</b>   | <b>28,703,752.</b> |

**Part II Signature Block**

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

|                               |  |  |
|-------------------------------|--|--|
| <b>Sign Here</b>              | Signature of officer<br><b>Joseph Kellner, Chief Executive Officer</b> | Date   |
|                               | Type or print name and title   |  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>Joseph R. Byrne</b>                   | Preparer's signature<br><b>Joseph R. Byrne</b>                           |
|                               | Firm's name<br><b>Berry Dunn McNeil &amp; Parker, LLC</b>              | Date<br><b>05/13/24</b>  |
|                               | Firm's address<br><b>2211 Congress St<br/>Portland, ME 04102</b>       | Check if self-employed <input type="checkbox"/> PTIN<br><b>P01289281</b> |
|                               |  | Firm's EIN <b>01-0523282</b>   |
|                               |  | Phone no. <b>(207) 775-2387</b>  |

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: LifeFlight provides critical care and specialized medical transport by air and ground ambulances to the entire state of Maine and under mutual aid to hospitals and EMS agencies in New Hampshire, Vermont, and Massachusetts.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [X] Yes [ ] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 18,758,467. including grants of \$ ) (Revenue \$ 21,834,410. ) Now in its 25th year, LifeFlight of Maine had safely transported nearly 37,000 patients at the end of fiscal year 2023. LifeFlight continues to focus on its values, which include uncompromising standards for safety, for clinical excellence, for each mission, and for our team.

In Fiscal Year 2023, LifeFlight employed those values in the transport of 2,468 patients. Nearly one in five patients were transported by ground ambulance in partnership with other ambulance providers across the State of Maine and beyond. Flight volume increased by nearly 9% from FY2022.

Continued on Schedule O

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 18,758,467.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

**Part IV Checklist of Required Schedules** (continued)

|   | Yes | No |
|---|-----|----|
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  |     | X  |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....  |     | X  |
| <b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....  | X   |    |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     | X  |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     | X  |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     | X  |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....   |     | X  |
| <b>26</b> 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% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| <b>27</b> 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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> 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):  |     |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....   | X   |    |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....   |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  |     | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....  | X   |    |

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

|   | Yes | No |
|---|-----|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....  |     |    |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....  |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | X   |    |

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

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts (2a), tax returns (2b), unrelated business income (3a), foreign accounts (4a), prohibited transactions (5a-5c), annual gross receipts (6a-6b), deductible contributions (7a-7h), sponsoring organizations (8-9), section 501(c)(7) organizations (10a-10b), section 501(c)(12) organizations (11a-11b), section 4947(a)(1) trusts (12a-12b), section 501(c)(29) health insurers (13a-13c), indoor tanning services (14a-14b), section 4960 tax (15), section 4968 excise tax (16), and section 501(c)(21) organizations (17).

**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.

Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. |     |    |
| <b>1b</b> | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  | X   |    |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   | X   |    |
| <b>7a</b> | 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?   | X   |    |
| <b>7b</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   |    |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>8a</b> | The governing body?  | X   |    |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?  |     | X  |
| <b>9</b>  | 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   |     | X  |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>10b</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?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>11b</b> | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  |     | X  |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done   |     | X  |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | 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?   |     |    |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>15b</b> | Other officers or key employees of the organization  | X   |    |
|            | If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.   |     |    |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>16b</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? |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed None
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** 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, ME 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A)<br>Name and title                                      | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |   |  |   |
| (1) Peter Cartmell<br>Director of Operations, LFAS         | 40.00<br>0.00   |   |                       |         |              | X                            | 106,995. | 0.  | 12,495.  |   |
| (2) Thomas McDevitt<br>Rotor Wing Base Lead, LFAS          | 40.00<br>0.00   |   |                       |         |              | X                            | 102,688. | 0.  | 15,028.  |   |
| (3) Greg LaFrancois<br>Chair                               | 4.00<br>0.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (4) Steve Littleston<br>Vice Chair                         | 4.00<br>0.00  | X   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (5) Dan Daigneault<br>Steering Committee Member            | 4.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (6) Diane Danielson<br>Steering Committee Member           | 4.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (7) Quentin Walz<br>Steering Committee Member              | 4.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (8) Tim Dentry<br>Steering Committee Member                | 4.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (9) Norman Dinerman, MD FACEP<br>Steering Committee Member | 25.00<br>0.00   | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (10) David Paulosky<br>Steering Committee Member           | 4.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (11) Zach Brandwein<br>Steering Committee Member           | 4.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (12) Marc Edelman, MD<br>Past Steering Committee Member    | 4.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (13) Mackenzie Lyman<br>Past Steering Committee Member     | 4.00<br>0.00  | X   |                       |         |              |                              | 0.       | 0.  | 0.   |   |
| (14) Thomas Judge<br>Executive Director                    | 40.00<br>0.00   |   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (15) William Cyr<br>Chief Operating Officer                | 40.00<br>0.00   |   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |
| (16) Joseph Kellner<br>Chief Financial Officer             | 10.00<br>0.00   |   |                       | X       |              |                              | 0.       | 0.  | 0.   |   |

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
|  |   |   |                       |         |              |                              |        |   |  |   |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              |        | 209,683.  | 0.   | 27,523.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              |        | 209,683.  | 0.   | 27,523.   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2

|  | Yes | No |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....  |     | X  |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ..... |     | X  |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     | X  |

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

| (A)<br>Name and business address   | (B)<br>Description of services                      | (C)<br>Compensation  |
|--|---|----------------------|
| Eastern Maine Medical Center, 43 Whiting Hill Road, Suite 400, Brewer, ME 04412  | Nurses/Medical Director Staffing                    | 1,836,606.           |
| Agusta Westland<br>3050 Red Lion Road, Philadelphia, PA 19114  | Flight Hours  | 1,499,871.           |
| Central Maine Medical Center<br>300 Main Street, Lewiston, ME 04240  | Nurse and Paramedic Staffing                        | 1,369,006.           |
| Pratt & Whitney Canada Corp, 1000, Marie-Victorin Blvd., Longueuil, Quebec, LifeFlight Foundation<br>PO Box 859, Augusta, ME 04332 | Engine Flight Hours/Service<br>Fundraising Staffing | 818,841.<br>697,054. |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 12



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

|  |  |  |                | (A)           | (B)                                | (C)                        | (D)  |
|--|--|--|----------------|---------------|------------------------------------|----------------------------|--|
|  |  |  |                | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |
| Contributions, Gifts, Grants and Other Similar Amounts | <b>1 a</b>   | Federated campaigns .....  | <b>1a</b>      |               |                                    |                            |  |
|  | <b>b</b>   | Membership dues .....  | <b>1b</b>      |               |                                    |                            |  |
|  | <b>c</b>   | Fundraising events .....   | <b>1c</b>      |               |                                    |                            |  |
|  | <b>d</b>   | Related organizations .....  | <b>1d</b>      |               |                                    |                            |  |
|  | <b>e</b>   | Government grants (contributions) .....  | <b>1e</b>      |               |                                    |                            |  |
|  | <b>f</b>   | All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>      | 6,401,205.    |                                    |                            |  |
|  | <b>g</b>   | Noncash contributions included in lines 1a-1f                                      | <b>1g</b>      | \$            |                                    |                            |  |
|  | <b>h</b>   | <b>Total.</b> Add lines 1a-1f .....  |                | 6,401,205.    |                                    |                            |  |
| Program Service Revenue                                | <b>2 a</b>   | Net Patient Service Revenue  | Business Code  |               |                                    |                            |  |
|  |  |  | 621910         | 21,735,143.   | 21735143.                          |                            |  |
|  | <b>b</b>   | Other Income   | 621910         | 99,267.       | 99,267.                            |                            |  |
|  | <b>c</b>   |  |                |               |                                    |                            |  |
|  | <b>d</b>   |  |                |               |                                    |                            |  |
|  | <b>e</b>   |  |                |               |                                    |                            |  |
|  | <b>f</b>   | All other program service revenue .....  |                |               |                                    |                            |  |
| <b>g</b>   | <b>Total.</b> Add lines 2a-2f .....  |  | 21,834,410.    |               |                                    |                            |  |
| Other Revenue  | <b>3</b>   | Investment income (including dividends, interest, and other similar amounts) ..... |                |               |                                    |                            |  |
|  | <b>4</b>   | Income from investment of tax-exempt bond proceeds .....                           |                |               |                                    |                            |  |
|  | <b>5</b>   | Royalties .....  |                |               |                                    |                            |  |
|  | <b>6 a</b>   | Gross rents .....  | (i) Real       | 21,612.       |                                    |                            |  |
|  |  |  | (ii) Personal  |               |                                    |                            |  |
|  |  |  |                |               |                                    |                            |  |
|  | <b>b</b>   | Less: rental expenses ...  | <b>6b</b>      | 0.            |                                    |                            |  |
|  | <b>c</b>   | Rental income or (loss)  | <b>6c</b>      | 21,612.       |                                    |                            |  |
|  | <b>d</b>   | Net rental income or (loss) .....  |                | 21,612.       |                                    |                            | 21,612.  |
|  | <b>7 a</b>   | Gross amount from sales of assets other than inventory .....                       | (i) Securities |               |                                    |                            |  |
|  |  |  | (ii) Other     | 51,000.       |                                    |                            |  |
|  |  |  |                |               |                                    |                            |  |
|  | <b>b</b>   | Less: cost or other basis and sales expenses .....                                 | <b>7b</b>      | 6,676.        |                                    |                            |  |
|  | <b>c</b>   | Gain or (loss) .....   | <b>7c</b>      | 44,324.       |                                    |                            |  |
| <b>d</b>   | Net gain or (loss) .....   |  | 44,324.        |               |                                    | 44,324.                    |  |
| <b>8 a</b>   | Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>  |                |               |                                    |                            |  |
| <b>b</b>   | Less: direct expenses .....  | <b>8b</b>  |                |               |                                    |                            |  |
| <b>c</b>   | Net income or (loss) from fundraising events .....   |  |                |               |                                    |                            |  |
| <b>9 a</b>   | Gross income from gaming activities. See Part IV, line 19 .....  | <b>9a</b>  |                |               |                                    |                            |  |
| <b>b</b>   | Less: direct expenses .....  | <b>9b</b>  |                |               |                                    |                            |  |
| <b>c</b>   | Net income or (loss) from gaming activities .....  |  |                |               |                                    |                            |  |
| <b>10 a</b>  | Gross sales of inventory, less returns and allowances .....  |  |                |               |                                    |                            |  |
|  |  |  |                |               |                                    |                            |  |
|  |  |  |                |               |                                    |                            |  |
| <b>b</b>   | Less: cost of goods sold .....   | <b>10b</b>   |                |               |                                    |                            |  |
| <b>c</b>   | Net income or (loss) from sales of inventory .....   |  |                |               |                                    |                            |  |
| Miscellaneous Revenue                                  | <b>11 a</b>  |  | Business Code  |               |                                    |                            |  |
|  | <b>b</b>   |  |                |               |                                    |                            |  |
|  | <b>c</b>   |  |                |               |                                    |                            |  |
|  | <b>d</b>   | All other revenue .....  |                |               |                                    |                            |  |
|  | <b>e</b>   | <b>Total.</b> Add lines 11a-11d .....  |                |               |                                    |                            |  |
| <b>12</b>  | <b>Total revenue.</b> See instructions .....   |  |                | 28,301,551.   | 21834410.                          | 0.                         | 65,936.  |

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX  X

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   |                       |                                 |  |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   | 692,204.              | 549,945.                        | 142,259.                               |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 20,994.               | 16,679.                         | 4,315.                                 |                             |
| <b>9</b> Other employee benefits .....  | 154,930.              | 123,089.                        | 31,841.                                |                             |
| <b>10</b> Payroll taxes .....   | 63,451.               | 50,411.                         | 13,040.                                |                             |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   | 1,326,745.            |                                 | 1,326,745.                             |                             |
| <b>b</b> Legal .....  | 6,954.                |                                 | 6,954.                                 |                             |
| <b>c</b> Accounting .....   | 54,859.               |                                 | 54,859.                                |                             |
| <b>d</b> Lobbying .....   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....   |                       |                                 |  |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 5,542,188.            | 5,542,188.                      |  |                             |
| <b>12</b> Advertising and promotion .....   | 15,801.               |                                 | 15,801.                                |                             |
| <b>13</b> Office expenses .....   | 320,341.              | 214,489.                        | 105,852.                               |                             |
| <b>14</b> Information technology .....  | 2,392,617.            | 2,392,617.                      |  |                             |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   | 2,024,749.            | 1,895,278.                      | 129,471.                               |                             |
| <b>17</b> Travel .....  | 97,331.               | 97,331.                         |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  | 13,561.               | 13,561.                         |  |                             |
| <b>20</b> Interest .....  | 276,068.              | 276,068.                        |  |                             |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   | 1,318,267.            | 1,318,267.                      |  |                             |
| <b>23</b> Insurance .....   | 1,205,349.            | 1,205,349.                      |  |                             |
| <b>24</b> 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.)   |                       |                                 |  |                             |
| <b>a</b> <b>Medical Expenses</b> .....  | 3,928,056.            | 3,928,056.                      |  |                             |
| <b>b</b> <b>Miscellaneous Expenses</b> .....  | 619,656.              | 617,893.                        | 1,763.                                 |                             |
| <b>c</b> <b>Aviation Operation</b> .....  | 517,246.              | 517,246.                        |  |                             |
| <b>d</b> _____  |                       |                                 |  |                             |
| <b>e</b> All other expenses _____   |                       |                                 |  |                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 20,591,367.           | 18,758,467.                     | 1,832,900.                             | 0.                          |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) |                       |                                 |  |                             |

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |
|---|--|--------------------------|-------------|--------------------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 2,193,736.               | <b>1</b>    | 4,527,878.         |
|   | <b>2</b> Savings and temporary cash investments .....  |                          | <b>2</b>    |                    |
|   | <b>3</b> Pledges and grants receivable, net .....  | 4,719.                   | <b>3</b>    |                    |
|   | <b>4</b> Accounts receivable, net .....  | 3,591,221.               | <b>4</b>    | 3,498,559.         |
|   | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>    |                    |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>    |                    |
|   | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>    |                    |
|   | <b>8</b> Inventories for sale or use .....   | 82,240.                  | <b>8</b>    | 249,822.           |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 591,153.                 | <b>9</b>    | 1,023,625.         |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 35,741,075.   |             |                    |
|   | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 11,617,181.   | <b>10c</b>  | 24,123,894.        |
|   | <b>11</b> Investments - publicly traded securities .....   |                          | <b>11</b>   |                    |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          | <b>12</b>   |                    |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>13</b>   |                    |
|   | <b>14</b> Intangible assets .....  |                          | <b>14</b>   | 1,554,660.         |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 11,686,789.              | <b>15</b>   | 6,715,155.         |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 36,347,003.  | <b>16</b>                | 41,693,593. |                    |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 545,796.                 | <b>17</b>   | 1,086,029.         |
|   | <b>18</b> Grants payable .....   |                          | <b>18</b>   |                    |
|   | <b>19</b> Deferred revenue .....   |                          | <b>19</b>   |                    |
|   | <b>20</b> Tax-exempt bond liabilities .....  | 5,096,217.               | <b>20</b>   | 4,476,403.         |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>21</b>   |                    |
|   | <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....     |                          | <b>22</b>   |                    |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 2,975,109.               | <b>23</b>   | 3,239,946.         |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>24</b>   |                    |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....  | 2,921,706.               | <b>25</b>   | 4,187,463.         |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 11,538,828.              | <b>26</b>   | 12,989,841.        |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                    |
|   | <b>27</b> Net assets without donor restrictions .....  | 16,596,917.              | <b>27</b>   | 25,129,963.        |
|   | <b>28</b> Net assets with donor restrictions .....   | 8,211,258.               | <b>28</b>   | 3,573,789.         |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                    |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>   |                    |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>   |                    |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>   |                    |
|   | <b>32</b> Total net assets or fund balances .....  | 24,808,175.              | <b>32</b>   | 28,703,752.        |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 36,347,003.              | <b>33</b>   | 41,693,593.        |

**Part 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  | 28,301,551. |
| 2  | Total expenses (must equal Part IX, column (A), line 25)   | 2  | 20,591,367. |
| 3  | Revenue less expenses. Subtract line 2 from line 1   | 3  | 7,710,184.  |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | 4  | 24,808,175. |
| 5  | Net unrealized gains (losses) on investments   | 5  |             |
| 6  | Donated services and use of facilities   | 6  |             |
| 7  | Investment expenses  | 7  |             |
| 8  | Prior period adjustments   | 8  |             |
| 9  | Other changes in net assets or fund balances (explain on Schedule O)   | 9  | -3,814,607. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 28,703,752. |

**Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other   |     |    |
| If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |  |     |    |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?  |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: |  |     |    |
| <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 |  |     |    |
| 2b  | Were the organization's financial statements audited by an independent accountant?   | X   |    |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:              |  |     |    |
| <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis      |  |     |    |
| 2c  | 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? | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.   |  |     |    |
| 3a  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?  |     | X  |
| 3b  | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits     |     |    |

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public Inspection

|   |   |
|---|---|
| Name of the organization<br><b>LifeFlight of Maine, LLC</b> | Employer identification number<br><b>01-0518516</b> |
|---|---|

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 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.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 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.
  - a  **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.**
  - 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.**
  - 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.**
  - d  **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.**
  - e  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.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> 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) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)   | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...  |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       |                          |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |                          |
|---|----|--------------------------|
| <b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....   | 14 | %                        |
| <b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    | <input type="checkbox"/> |

**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2018  | (b) 2019  | (c) 2020  | (d) 2021  | (e) 2022  | (f) Total |
|---|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   | 2481170.  | 7342807.  | 2633613.  | 3811350.  | 6401205.  | 22670145. |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... | 12147558. | 14396662. | 15365875. | 19551088. | 21834410. | 83295593. |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |           |           |           |           |           |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |           |           |           |           |           |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |           |           |           |           |           |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   | 14628728. | 21739469. | 17999488. | 23362438. | 28235615. | 105965738 |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |           |           |           |           |           | 0.        |
| <b>b</b> 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 .....           |           |           |           |           |           | 0.        |
| <b>c</b> Add lines 7a and 7b .....  |           |           |           |           |           | 0.        |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |           |           |           |           |           | 105965738 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018  | (b) 2019  | (c) 2020  | (d) 2021  | (e) 2022  | (f) Total |
|--|-----------|-----------|-----------|-----------|-----------|-----------|
| <b>9</b> Amounts from line 6 .....   | 14628728. | 21739469. | 17999488. | 23362438. | 28235615. | 105965738 |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... | 1,188.    |           |           | 21,612.   | 21,612.   | 44,412.   |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |           |           |           |           |           |           |
| <b>c</b> Add lines 10a and 10b .....   | 1,188.    |           |           | 21,612.   | 21,612.   | 44,412.   |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |           |           |           |           |           |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |           |           |           |           |           |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   | 14629916. | 21739469. | 17999488. | 23384050. | 28257227. | 106010150 |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

|   |           |         |
|---|-----------|---------|
| <b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | 99.96 % |
| <b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....                       | <b>16</b> | 99.99 % |

**Section D. Computation of Investment Income Percentage**

|  |           |       |
|--|-----------|-------|
| <b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | .04 % |
| <b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....                         | <b>18</b> | .01 % |

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**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**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  |     |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     |    |
| <b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>   |     |    |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>  |     |    |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     |    |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>  |     |    |
| <b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>b</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? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>  |     |    |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b> |  | (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                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (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                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | 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                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| 1                         | Amounts paid to supported organizations to accomplish exempt purposes  | 1            |
| 2                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity      | 2            |
| 3                         | Administrative expenses paid to accomplish exempt purposes of supported organizations  | 3            |
| 4                         | Amounts 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                         | <b>Total annual distributions.</b> Add lines 1 through 6.  | 7            |
| 8                         | Distributions to attentive supported organizations to which the 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           |

| Section E - Distribution Allocations (see instructions) | (i)<br>Excess Distributions   | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|---|---|--|---|
| 1   | Distributable amount for 2022 from Section C, line 6  |  |   |
| 2   | Underdistributions, if any, for years prior to 2022 (reasonable 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   | <b>Total</b> 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)  |  |   |
| j   | Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |  |   |
| 4   | Distributions for 2022 from Section D, line 7: \$   |  |   |
| a   | Applied to underdistributions of prior years  |  |   |
| b   | Applied to 2022 distributable amount  |  |   |
| c   | 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:  |  |   |
| a   | Excess from 2018  |  |   |
| b   | Excess from 2019  |  |   |
| c   | Excess from 2020  |  |   |
| d   | Excess from 2021  |  |   |
| e   | Excess from 2022  |  |   |

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

**LifeFlight of Maine, LLC**

Employer identification number

**01-0518516**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

|   |   |
|---|---|
| Name of organization<br><br><b>LifeFlight of Maine, LLC</b> | Employer identification number<br><br><b>01-0518516</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <hr/><br><hr/><br><hr/>           | \$ <u>6,401,205.</u>       | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <hr/>      | <hr/><br><hr/><br><hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/>      | <hr/><br><hr/><br><hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/>      | <hr/><br><hr/><br><hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/>      | <hr/><br><hr/><br><hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/>      | <hr/><br><hr/><br><hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
| <hr/>      | <hr/><br><hr/><br><hr/>           | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><br><b>LifeFlight of Maine, LLC</b> | Employer identification number<br><br><b>01-0518516</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |
|                              |  | \$ _____  | _____                |

|   |   |
|---|---|
| Name of organization<br><b>LifeFlight of Maine, LLC</b> | Employer identification number<br><b>01-0518516</b> |
|---|---|

**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 Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|--|---------------------|---|-------------------------------------|
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |
| (a) No. from Part I                            | (b) Purpose of gift | (c) Use of gift                                 | (d) Description of how gift is held |
|  |                     |   |                                     |
| <b>(e) Transfer of gift</b>                    |                     |   |                                     |
| <b>Transferee's name, address, and ZIP + 4</b> |                     | <b>Relationship of transferor to transferee</b> |                                     |
|  |                     |   |                                     |



**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

|   |   |
|---|---|
| Name of organization<br><b>LifeFlight of Maine, LLC</b> | Employer identification number<br><b>01-0518516</b> |
|---|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... \$ \_\_\_\_\_
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... \$ \_\_\_\_\_
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....  Yes  No
- 4a Was a correction made? .....  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |
|          |             |         |   |  |

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990) 2022

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

| <b>Limits on Lobbying Expenditures</b><br>(The term "expenditures" means amounts paid or incurred.)   | (a) Filing organization's totals                   | (b) Affiliated group totals        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|---|--|------------------------------------|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) .....   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.   |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | If the amount on line 1e, column (a) or (b) is:    | The lobbying nontaxable amount is: | Not over \$500,000 | 20% of the amount on line 1e. | Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | Over \$17,000,000 | \$1,000,000. |  |  |
| If the amount on line 1e, column (a) or (b) is:   | The lobbying nontaxable amount is:                 |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Not over \$500,000  | 20% of the amount on line 1e.                      |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$500,000 but not over \$1,000,000   | \$100,000 plus 15% of the excess over \$500,000.   |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,000,000 but not over \$1,500,000   | \$175,000 plus 10% of the excess over \$1,000,000. |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$1,500,000 but not over \$17,000,000  | \$225,000 plus 5% of the excess over \$1,500,000.  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| Over \$17,000,000   | \$1,000,000.                                       |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....  |  |                                    |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....  | <input type="checkbox"/> Yes                       | <input type="checkbox"/> No        |                    |                               |   |  |   |  |  |   |                   |              |  |  |

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>         |          |          |          |          |           |
|---|----------|----------|----------|----------|-----------|
| Calendar year<br>(or fiscal year beginning in)                      | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                                |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                                |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                               |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> Grassroots lobbying expenditures                           |          |          |          |          |           |

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.   | (a) |    | (b)    |
|---|-----|----|--------|
|   | Yes | No | Amount |
| <b>1</b> During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: |     |    |        |
| <b>a</b> Volunteers? .....  |     | X  |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..  |     | X  |        |
| <b>c</b> Media advertisements? .....  |     | X  |        |
| <b>d</b> Mailings to members, legislators, or the public? .....   |     | X  |        |
| <b>e</b> Publications, or published or broadcast statements? .....  |     | X  |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....   |     | X  |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....  |     | X  |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....  |     | X  |        |
| <b>i</b> Other activities? .....  | X   |    | 2,786. |
| <b>j</b> Total. Add lines 1c through 1i .....   |     |    | 2,786. |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....   |     | X  |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....  |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....   |     |    |        |
| <b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? .....   |     |    |        |

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....  | 1   |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                                   | 2   |    |
| <b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? ..... | 3   |    |

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

|  |    |  |
|--|----|--|
| <b>1</b> Dues, assessments and similar amounts from members .....  | 1  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).  |    |  |
| <b>a</b> Current year .....  | 2a |  |
| <b>b</b> Carryover from last year .....  | 2b |  |
| <b>c</b> Total .....   | 2c |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .....   | 3  |  |
| <b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? ..... | 4  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures. See instructions .....   | 5  |  |

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

**Part II-B, Line 1, Lobbying Activities:**

The Organization pays dues to various organizations, a portion of which are attributable to lobbying expenses.

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

2022

Open to Public Inspection

Name of the organization LifeFlight of Maine, LLC Employer identification number 01-0518516

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     |                  |                |                    |                      |                     |
| b Contributions                                  |                  |                |                    |                      |                     |
| c Net investment earnings, gains, and losses     |                  |                |                    |                      |                     |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            |                  |                |                    |                      |                     |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes    | No |
|---|--------|----|
| (i) Unrelated organizations   | 3a(i)  |    |
| (ii) Related organizations  | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value     |
|--|--------------------------------------|---------------------------------|------------------------------|--------------------|
| 1a Land  |                                      |                                 |                              |                    |
| b Buildings  |                                      |                                 |                              |                    |
| c Leasehold improvements   |                                      | 651,846.                        | 203,648.                     | 448,198.           |
| d Equipment  |                                      | 35,026,007.                     | 11,413,533.                  | 23,612,474.        |
| e Other  |                                      | 63,222.                         |                              | 63,222.            |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | <b>24,123,894.</b> |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)    | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives   |                |   |
| (2) Closely held equity interests                                       |                |   |
| (3) Other   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (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.

| (a) Description   | (b) Book value |
|---|----------------|
| (1) Interest in Net Assets of Financially Interrelated Organization       |                |
| (2) Interest Rate Swaps   | 6,187,464.     |
| (3) Due from Related Parties  | 429,718.       |
| (4)   | 97,973.        |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 6,715,155.     |

**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 Third Party Payors   | 7,671.         |
| (3) Due to Members and Other Related Parties                              | 2,633,712.     |
| (4) Operating Lease Liability   | 1,546,080.     |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 4,187,463.     |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Columns include descriptions, sub-headers (2a-2d, 4a-4b), and totals (1, 2e, 3, 4c, 5).

Part XIII Supplemental Information.

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

Multiple horizontal lines provided for entering supplemental information.

**Supplemental Information on Tax-Exempt Bonds**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,  
explanations, and any additional information in Part VI.  
Attach to Form 990. Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **LifeFlight of Maine, LLC** Employer identification number **01-0518516**

| <b>Part I Bond Issues</b>        |                |             |                 |                 |                            |              |    |                         |    |                      |    |
|----------------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
| (a) Issuer name                  | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased |    | (h) On behalf of issuer |    | (i) Pooled financing |    |
|                                  |                |             |                 |                 |                            | Yes          | No | Yes                     | No | Yes                  | No |
| <b>A</b> Finance Authority of ME | 01-0392006     | None        | 01/30/17        | 2,500,000.      | Helicopter purchase        |              | X  |                         | X  |                      | X  |
| <b>B</b> Town of Camden, Maine   | 01-6000097     | None        | 01/30/17        | 4,000,000.      | Helicopter purchase        |              | X  |                         | X  |                      | X  |
| <b>c</b> Town of Camden, Maine   | 01-6000097     | None        | 06/05/15        | 2,250,000.      | Equipment purchase         |              | X  |                         | X  |                      | X  |
| <b>D</b>                         |                |             |                 |                 |                            |              |    |                         |    |                      |    |

| <b>Part II Proceeds</b>  |            |    |            |    |            |    |     |    |  |  |
|--|------------|----|------------|----|------------|----|-----|----|--|--|
|  | A          |    | B          |    | C          |    | D   |    |  |  |
| <b>1</b> Amount of bonds retired .....   | 927,783.   |    | 1,506,681. |    | 1,800,000. |    |     |    |  |  |
| <b>2</b> Amount of bonds legally defeased .....  |            |    |            |    |            |    |     |    |  |  |
| <b>3</b> Total proceeds of issue .....   | 2,500,000. |    | 4,000,000. |    | 2,250,000. |    |     |    |  |  |
| <b>4</b> Gross proceeds in reserve funds .....   |            |    |            |    |            |    |     |    |  |  |
| <b>5</b> Capitalized interest from proceeds .....  |            |    |            |    |            |    |     |    |  |  |
| <b>6</b> Proceeds in refunding escrows .....   |            |    |            |    |            |    |     |    |  |  |
| <b>7</b> Issuance costs from proceeds .....  | 28,551.    |    | 34,266.    |    |            |    |     |    |  |  |
| <b>8</b> Credit enhancement from proceeds .....  |            |    |            |    |            |    |     |    |  |  |
| <b>9</b> Working capital expenditures from proceeds .....  |            |    |            |    |            |    |     |    |  |  |
| <b>10</b> Capital expenditures from proceeds .....   | 2,471,449. |    | 3,965,734. |    | 2,250,000. |    |     |    |  |  |
| <b>11</b> Other spent proceeds .....   |            |    |            |    |            |    |     |    |  |  |
| <b>12</b> Other unspent proceeds .....   |            |    |            |    |            |    |     |    |  |  |
| <b>13</b> Year of substantial completion .....   | 2017       |    | 2017       |    | 2015       |    |     |    |  |  |
|  | Yes        | No | Yes        | No | Yes        | No | Yes | No |  |  |
| <b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? ..... |            | X  |            | X  |            | X  |     |    |  |  |
| <b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? .....   |            | X  |            | X  |            | X  |     |    |  |  |
| <b>16</b> Has the final allocation of proceeds been made? .....  | X          |    | X          |    | X          |    |     |    |  |  |
| <b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? .....                           | X          |    | X          |    | X          |    |     |    |  |  |

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Schedule K (Form 990) 2022



| <b>Part III Private Business Use</b>  |     |    |     |    |     |    |     |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | A   |    | B   |    | C   |    | D   |    |
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? .....   |     | X  |     | X  |     | X  |     |    |
| <b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? .....  |     | X  |     | X  |     | X  |     |    |
| <b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? .....  |     | X  |     | X  |     | X  |     |    |
| <b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?   |     |    |     |    |     |    |     |    |
| <b>c</b> Are there any research agreements that may result in private business use of bond-financed property? .....   |     | X  |     | X  |     | X  |     |    |
| <b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...   |     |    |     |    |     |    |     |    |
| <b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government .....  |     |    |     |    |     |    |     |    |
| <b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ..... |     |    |     |    |     |    |     |    |
| <b>6</b> Total of lines 4 and 5 .....   |     |    |     |    |     |    |     |    |
| <b>7</b> Does the bond issue meet the private security or payment test? .....   |     | X  |     | X  |     | X  |     |    |
| <b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?   |     | X  |     | X  |     | X  |     |    |
| <b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of .....  |     |    |     |    |     |    |     |    |
| <b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? .....  |     |    |     |    |     |    |     |    |
| <b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? .....                           | X   |    | X   |    | X   |    |     |    |

| <b>Part IV Arbitrage</b>  |     |    |     |    |     |    |     |    |
|---|-----|----|-----|----|-----|----|-----|----|
|   | A   |    | B   |    | C   |    | D   |    |
|   | Yes | No | Yes | No | Yes | No | Yes | No |
| <b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? ..... |     | X  |     | X  |     | X  |     |    |
| <b>2</b> If "No" to line 1, did the following apply?  |     |    |     |    |     |    |     |    |
| <b>a</b> Rebate not due yet? .....  |     | X  |     | X  |     | X  |     |    |
| <b>b</b> Exception to rebate? .....   | X   |    | X   |    | X   |    |     |    |
| <b>c</b> No rebate due? .....   |     | X  |     | X  |     | X  |     |    |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed .....                                 |     |    |     |    |     |    |     |    |
| <b>3</b> Is the bond issue a variable rate issue? .....   | X   |    | X   |    | X   |    |     |    |

|  | A                                   |                                     | B                                   |                                     | C                                   |                                     | D   |    |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-----|----|
|  | Yes                                 | No                                  | Yes                                 | No                                  | Yes                                 | No                                  | Yes | No |
| <b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? ..... | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> |                                     |     |    |
| <b>b</b> Name of provider .....  | Bangor Savings Bank                 |                                     | Bangor Savings Bank                 |                                     | Bangor Savings Bank                 |                                     |     |    |
| <b>c</b> Term of hedge .....   | 15.0000000                          |                                     | 15.0000000                          |                                     | 10.0000000                          |                                     |     |    |
| <b>d</b> Was the hedge superintegrated? .....  | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> |                                     |     |    |
| <b>e</b> Was the hedge terminated? .....   |                                     | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> |     |    |
| <b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? .....  |                                     | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> |     |    |
| <b>b</b> Name of provider .....  |                                     |                                     |                                     |                                     |                                     |                                     |     |    |
| <b>c</b> Term of GIC .....   |                                     |                                     |                                     |                                     |                                     |                                     |     |    |
| <b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? .....                     |                                     |                                     |                                     |                                     |                                     |                                     |     |    |
| <b>6</b> Were any gross proceeds invested beyond an available temporary period? .....  |                                     | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> |     |    |
| <b>7</b> Has the organization established written procedures to monitor the requirements of section 148? .....                 | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> |                                     | <input checked="" type="checkbox"/> |                                     |     |    |

|   | A                                   |    | B                                   |    | C                                   |    | D   |    |
|---|-------------------------------------|----|-------------------------------------|----|-------------------------------------|----|-----|----|
|   | Yes                                 | No | Yes                                 | No | Yes                                 | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? ..... | <input checked="" type="checkbox"/> |    | <input checked="" type="checkbox"/> |    | <input checked="" type="checkbox"/> |    |     |    |

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions.

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

LifeFlight of Maine, LLC

Employer identification number

01-0518516

Form 990, Part I, Line 1, Description of Organization Mission:

the State of Maine. LOM operates helicopters, an airplane, and ground ambulance, all used exclusively to advance the treatment and transport of critically ill and injured residents of, and visitors to, the State of Maine.

Form 990, Part III, Line 1, Description of Organization Mission:

LifeFlight is licensed by the State of Maine and State of New Hampshire and is accredited by the Commission for the Accreditation of Medical Transport Systems and is a member of the Association of Critical Care Transport, the Helicopter Association International, the US Helicopter Safety Team, and the Maine Ambulance Association.

Form 990, Part III, Line 2, New Program Services:

LifeFlight has historically partnered with ground EMS agencies to deliver ground critical care transport for short distance transport for patients needing intensive care services with low time urgency or for patients when weather precludes safety of helicopter transport. Due to increasing reliability challenges of partner ground EMS agencies struggling to meet 911 service needs, LifeFlight has initiated a ground critical care service hiring additional staff and acquiring and equipping the first of multiple specialized ground ambulances.

Form 990, Part III, Line 4a, Program Service Accomplishments:

Continued from Part III, Line 4a

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

Schedule O (Form 990) 2022

232211 10-28-22

|  |  |
|--|--|
| Name of the organization<br>LifeFlight of Maine, LLC | Employer identification number<br>01-0518516 |
|--|--|

LifeFlight transports patients needing the most advanced critical care transport available, and does so using helicopters, an airplane, and ground ambulances.

The Organization works tirelessly to keep costs low while delivering the safest and highest-quality care possible. We do this through a lean management structure and modest facilities all while investing heavily in our teams and our vehicles. Importantly, LifeFlight of Maine relies heavily on philanthropic contributions to support strategic initiatives and capital equipment. These contributions are raised by the LifeFlight Foundation, without which LifeFlight would not be able to do what it does at the level it does it.

In Fiscal Year 2023, LifeFlight wrote off \$1,745,974 in bad debt, and \$224,134 in charity care. LifeFlight continues to offer a robust and industry-leading charity care program. The Organization prides itself in ethical collection practices and works closely with patients that have out of pocket responsibility to create reasonable payment plans. We pride ourselves in advocating for our patients from the moment we are entrusted with their care. This includes clinically and financially. LifeFlight seeks to be in network with all major commercial payers.

Collaboration Across Northern New England

LifeFlight of Maine is the only dedicated air medical provider in the State of Maine. New Hampshire has Dartmouth Hitchcock Advanced Response Team (DHART). Massachusetts has Boston MedFlight, UMass Life Flight,

|  |  |
|--|--|
| Name of the organization<br>LifeFlight of Maine, LLC | Employer identification number<br>01-0518516 |
|--|--|

and LIFE STAR. All five of these services are part of North East Air Alliance Critical Care Transport System (NEAA), and this system is designed to deliver critical care to the point of need as quickly and efficiently as possible. These services communicate regularly, so that their response in an emergency is well-coordinated. In October 2023, for example, teams from Boston MedFlight, UMass Life Flight, and DHART responded within minutes after receiving a call for assistance from LifeFlight of Maine after the shooting in Lewiston.

LifeFlight of Maine transports about 2,500 patients each year. Most of those transports originate in Maine, but not all. As an independent, nonprofit critical care provider and a member of the NEAA, LifeFlight is committed to being there when needed. In 2023, 96 LifeFlight of Maine transports originated in New Hampshire, and in each case the patient was transported to the nearest medical facility capable of providing the necessary level of care, whether that facility was in Boston, Bangor, Portland, Portsmouth, or elsewhere.

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

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

Thomas Judge, Executive Director of both LOM and LifeFlight Foundation (LFF), received \$206,650 during calendar year 2022 as compensation and benefits from AHM for the services he provided to both LOM and LFF.

|  |  |
|--|--|
| Name of the organization<br>LifeFlight of Maine, LLC | Employer identification number<br>01-0518516 |
|--|--|

William Cyr, Chief Operating Officer of LOM, received \$174,271 during calendar year 2022 as compensation and benefits from AHM for the services he provided to LOM.

Joseph Kellner, former Chief Financial Officer, received no compensation from LOM during calendar year 2022, though 10% of his time as an employee of Northern Light Health was allocated to LifeFlight of Maine.

The Organization has a service contract in place with Northern Light Eastern Maine Medical Center (NL-EMMC), an unrelated organization, under which EMMC provides LOM with Medical Direction services.

Dr. Norman Dinerman, LOM Board Member, acts in the capacity as the Organization's Medical Director pursuant to this service contract arrangement. Amounts paid to EMMC by LOM for Medical Director services totaled \$179,172 during calendar year 2022. LOM has no employees and as such, does not compensate Dr. Dinerman directly. Further, the Organization is not aware of what Dr. Dinerman receives as compensation from EMMC for services rendered to LOM.

The management agreement with AHM ended in March of 2023, when all management employees and services were transferred to LifeFlight of Maine.

Form 990, Part VI, Section A, line 6:

The Organization is owned 50% by Central Maine Healthcare Corporation (CMHC) and 50% by Eastern Maine Healthcare Systems (EMHS) dba Northern Light Health.

|  |  |
|--|--|
| Name of the organization<br>LifeFlight of Maine, LLC | Employer identification number<br>01-0518516 |
|--|--|

Form 990, Part VI, Section A, line 7a:

LifeFlight of Maine's membership is held 50% by Eastern Maine Healthcare Systems dba Northern Light Health and 50% by Central Maine Healthcare Corporation. Each of the two members are represented by three voting representatives from their respective organizations for the governing body, the LifeFlight Steering Committee. In addition, the LifeFlight Foundation provides three Steering Committee members each to the LifeFlight Steering Committee. Dr. Norman Dinerman, medical director, serves as an additional voting member of the Steering Committee. The executive director of the LifeFlight Foundation, and the senior executive of LifeFlight of Maine serve as ex-official non-voting members of the steering committee.

Form 990, Part VI, Section A, line 7b:

Approval to dissolve the Organization is reserved to the member organizations, Eastern Maine Healthcare Systems dba Northern Light Health and Central Maine Healthcare Corporation. Other organizational changes are also reserved to the member organizations.

Form 990, Part VI, Section A, line 8b:

The executive committee consists of the senior executive and senior financial executive of each of the Members, or their designee(s). The executive committee resolves any non-unanimous votes of the Steering Committee, and may act on behalf of the company per the Operating Agreement.

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

A copy of the Form 990 is provided to the board for review prior to filing

|  |  |
|--|--|
| Name of the organization<br>LifeFlight of Maine, LLC | Employer identification number<br>01-0518516 |
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with an opportunity to ask questions. The 990 is also reviewed internally by appropriate levels of organizational personnel prior to providing to the board.

Form 990, Part VI, Section B, line 12:

In 2012 LifeFlight of Maine implemented a policy which indicates that board members need to annually disclose any conflicts of interest. Annual disclosure statements are filed by members of the Steering Committee.

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

Executive compensation is determined by the Executive Committee through review of like-orgnaization 990 forms, comparing experience and organization sizes. The Executive Committee may consult its own compensation departments to obtain market information from time-to-time.

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

The Organization makes its governing documents and financial statements available upon request.

Form 990, Part IX, Line 11g, Other Fees:

Purchased Services:

|  |            |
|--|------------|
| Program service expenses                               | 5,542,188. |
| Management and general expenses                        | 0.         |
| Fundraising expenses                                   | 0.         |
| Total expenses   | 5,542,188. |
| Total Other Fees on Form 990, Part IX, line 11g, Col A | 5,542,188. |

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



|   |   |
|---|---|
| Name of the organization<br><b>LifeFlight of Maine, LLC</b> | Employer identification number<br><b>01-0518516</b> |
|---|---|

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

LifeFlight of Maine

189 Odlin Road

Bangor, ME 04401

EIN: 01-0518516

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

LifeFlight of Maine is electing to capitalize repair and maintenance costs under Regulation Section 1.263(a)-3(n).

Form 990, Part XI, line 9, Changes in Net Assets:

Change in Net Assets of Financially Interrelated

|              |             |
|--------------|-------------|
| Organization | -4,637,469. |
|--------------|-------------|

Change in Accumulated Earnings of Financially Interrelated

|              |          |
|--------------|----------|
| Organization | 675,403. |
|--------------|----------|

|   |          |
|---|----------|
| Change in Fair Value of Interest Rate Swaps | 147,459. |
|---|----------|

|                                    |             |
|------------------------------------|-------------|
| Total to Form 990, Part XI, Line 9 | -3,814,607. |
|------------------------------------|-------------|

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization **LifeFlight of Maine, LLC** Employer identification number **01-0518516**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity                | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|---|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| LifeFlight Aviation Services LLC -<br>85-2996006, 189 Odlin Road, Bangor, ME<br>04401 | Aviation Services       | Maine   | 5,036,065.          | 575,367.                  | Lifeflight of Maine                 |
|   |                         |   |                     |                           |                                     |
|   |                         |   |                     |                           |                                     |
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**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
|  |                         |   |                               |   |                                     |  |    |
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**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|---|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |   |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
|  |                         |   |                                     |   |                                 |  |   |    |   |   |    |                                |
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**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
|  |                         |   |                                     |  |                                 |  |                                |   |    |
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**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

|           | Yes | No |
|-----------|-----|----|
| <b>1a</b> |     |    |
| <b>1b</b> |     |    |
| <b>1c</b> |     |    |
| <b>1d</b> |     |    |
| <b>1e</b> |     |    |
| <b>1f</b> |     |    |
| <b>1g</b> |     |    |
| <b>1h</b> |     |    |
| <b>1i</b> |     |    |
| <b>1j</b> |     |    |
| <b>1k</b> |     |    |
| <b>1l</b> |     |    |
| <b>1m</b> |     |    |
| <b>1n</b> |     |    |
| <b>1o</b> |     |    |
| <b>1p</b> |     |    |
| <b>1q</b> |     |    |
| <b>1r</b> |     |    |
| <b>1s</b> |     |    |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

|            | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|------------|-------------------------------------|-------------------------------|------------------------|--|
| <b>(1)</b> |                                     |                               |                        |  |
| <b>(2)</b> |                                     |                               |                        |  |
| <b>(3)</b> |                                     |                               |                        |  |
| <b>(4)</b> |                                     |                               |                        |  |
| <b>(5)</b> |                                     |                               |                        |  |
| <b>(6)</b> |                                     |                               |                        |  |

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a)<br>Name, address, and EIN<br>of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (e)<br>Are all<br>partners sec.<br>501(c)(3)<br>orgs.? |    | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Dispropor-<br>tionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|--|----|---|---|----|--------------------------------|
|  |                         |  |   | Yes  | No |                                    |  | Yes  | No |   | Yes                                       | No |                                |
|  |                         |  |   |  |    |                                    |  |  |    |   |   |    |                                |
|  |                         |  |   |  |    |                                    |  |  |    |   |   |    |                                |
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|  |                         |  |   |  |    |                                    |  |  |    |   |   |    |                                |

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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](http://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.

|  |   |   |
|--|---|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>LifeFlight of Maine, LLC</b>                    | Taxpayer identification number (TIN)<br><b>01-0518516</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>189 Odlin Road</b>                     |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>Bangor, ME 04401</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 1041-A                       | 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          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |
| 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.

**1** I request an automatic 6-month extension of time until **May 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | 0. |
| <b>b</b> 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. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**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.

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2022 or other tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**

# 2022

Department of the Treasury  
Internal Revenue Service

**Go to [www.irs.gov/Form990T](http://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

|  |                              |   |   |
|--|------------------------------|---|---|
| <p><b>A</b> <input checked="" type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section<br/> <input checked="" type="checkbox"/> 501(c)(3)<br/> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br/> <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br/> <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A</p> | <p>Print<br/>or<br/>Type</p> | <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br/> <b>LifeFlight of Maine, LLC</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.<br/> <b>189 Odlin Road</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code<br/> <b>Bangor, ME 04401</b></p>  | <p><b>D</b> Employer identification number<br/><b>01-0518516</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p> |
| <p><b>C</b> Book value of all assets at end of year ..... <b>41,693,593.</b></p>   |                              | <p><b>G</b> Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> State college/university</p> <p><b>H</b> Check if filing only to <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439</p> <p><b>I</b> Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... <input type="checkbox"/></p> <p><b>J</b> Enter the number of attached Schedules A (Form 990-T) ..... <b>1</b></p> <p><b>K</b> During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br/>If "Yes," enter the name and identifying number of the parent corporation.</p> <p><b>L</b> The books are in care of <b>John Doyle</b> Telephone number <b>207-973-9081</b></p> |   |

| Part I Total Unrelated Business Taxable Income |  |        |
|--|--|--------|
| 1  | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....               | 0.     |
| 2  | Reserved .....   |        |
| 3  | Add lines 1 and 2 .....  |        |
| 4  | Charitable contributions (see instructions for limitation rules) .....   | 0.     |
| 5  | Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....                             |        |
| 6  | Deduction for net operating loss. See instructions .....   |        |
| 7  | Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 ..... |        |
| 8  | Specific deduction (generally \$1,000, but see instructions for exceptions) .....  | 1,000. |
| 9  | <b>Trusts.</b> Section 199A deduction. See instructions .....  |        |
| 10   | <b>Total deductions.</b> Add lines 8 and 9 .....   | 1,000. |
| 11   | <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....        | 0.     |

| Part II Tax Computation |  |    |
|-------------------------|--|----|
| 1                       | Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21) .....  | 0. |
| 2                       | Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... |    |
| 3                       | Proxy tax. See instructions .....  |    |
| 4                       | Other tax amounts. See instructions .....  |    |
| 5                       | Alternative minimum tax (trusts only) .....  |    |
| 6                       | Tax on noncompliant facility income. See instructions .....  |    |
| 7                       | <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....  | 0. |

LHA For Paperwork Reduction Act Notice, see instructions.



| <b>Part III Tax and Payments</b>   |           |           |    |
|--|-----------|-----------|----|
| 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....   | <b>1a</b> |           |    |
| b Other credits (see instructions) .....   | <b>1b</b> |           |    |
| c General business credit. Attach Form 3800 (see instructions) .....   | <b>1c</b> |           |    |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) .....   | <b>1d</b> |           |    |
| e <b>Total credits.</b> Add lines 1a through 1d .....  |           | <b>1e</b> |    |
| 2 Subtract line 1e from Part II, line 7 .....  |           | <b>2</b>  | 0. |
| 3 Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866<br><input type="checkbox"/> Other (attach statement) ..... |           | <b>3</b>  |    |
| 4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....   |           | <b>4</b>  | 0. |
| 5 Current net 965 tax liability paid from Form 965-A, Part II, column (k) .....  |           | <b>5</b>  | 0. |
| 6a Payments: A 2021 overpayment credited to 2022 .....   | <b>6a</b> |           |    |
| b 2022 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> .....   | <b>6b</b> |           |    |
| c Tax deposited with Form 8868 .....   | <b>6c</b> |           |    |
| d Foreign organizations: Tax paid or withheld at source (see instructions) .....   | <b>6d</b> |           |    |
| e Backup withholding (see instructions) .....  | <b>6e</b> |           |    |
| f Credit for small employer health insurance premiums (attach Form 8941) .....   | <b>6f</b> |           |    |
| g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439<br><input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total .....  | <b>6g</b> |           |    |
| 7 <b>Total payments.</b> Add lines 6a through 6g .....   |           | <b>7</b>  |    |
| 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> .....  |           | <b>8</b>  |    |
| 9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....  |           | <b>9</b>  |    |
| 10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....  |           | <b>10</b> |    |
| 11 Enter the amount of line 10 you want: <b>Credited to 2023 estimated tax</b> <span style="float: right;"><b>Refunded</b></span> .....  |           | <b>11</b> |    |

| <b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)  |                                   |     |    |
|--|-----------------------------------|-----|----|
| 1 At any time during the 2022 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ..... |                                   | Yes | No |
|  |                                   |     | X  |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....  |                                   |     | X  |
| If "Yes," see instructions for other forms the organization may have to file.  |                                   |     |    |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year ..... \$ .....   |                                   |     |    |
| 4 Enter available pre-2018 NOL carryovers here \$ ..... Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.  |                                   |     |    |
| 5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.   |                                   |     |    |
| Business Activity Code   | Available post-2017 NOL carryover |     |    |
|  | \$                                |     |    |
|  | \$                                |     |    |
| 6a Did the organization change its method of accounting? (see instructions) .....  |                                   |     | X  |
| b If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....  |                                   |     |    |

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

|  |  |                      |          |   |
|--|--|----------------------|----------|---|
| <b>Sign Here</b>                       | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |                      |          |   |
|  | Signature of officer   | Date                 | Title    | <div style="border: 1px solid black; padding: 2px; font-size: x-small;">                 May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No             </div> |
| <b>Paid Preparer Use Only</b>          | Print/Type preparer's name   | Preparer's signature | Date     | Check <input type="checkbox"/> if self-employed PTIN  |
|  | Joseph R. Byrne  | Joseph R. Byrne      | 05/13/24 | P01289281   |
|  | Firm's name  | Firm's EIN           |          |   |
| Berry Dunn McNeil & Parker, LLC        |  | 01-0523282           |          |   |
| Firm's address                         |  | Phone no.            |          |   |
| 2211 Congress St<br>Portland, ME 04102 |  | (207) 775-2387       |          |   |

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

Go to [www.irs.gov/Form990T](http://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).

1  
OMB No. 1545-0047

**2022**

Open to Public Inspection for  
501(c)(3) Organizations Only

|  |  |
|--|--|
| <b>A</b> Name of the organization<br><b>LifeFlight of Maine, LLC</b>       | <b>B</b> Employer identification number<br><b>01-0518516</b> |
| <b>C</b> Unrelated business activity code (see instructions) <b>620000</b> | <b>D</b> Sequence: <b>1</b> of <b>1</b>                      |

**E** Describe the unrelated trade or business **Health care services**

| <b>Part I</b> Unrelated Trade or Business Income  |           | (A) Income | (B) Expenses | (C) Net |
|---|-----------|------------|--------------|---------|
| <b>1 a</b> Gross receipts or sales _____  |           |            |              |         |
| <b>b</b> Less returns and allowances _____ <b>c</b> Balance _____                                       | <b>1c</b> |            |              |         |
| <b>2</b> Cost of goods sold (Part III, line 8) .....  | <b>2</b>  |            |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c .....   | <b>3</b>  |            |              |         |
| <b>4 a</b> Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions ..... | <b>4a</b> |            |              |         |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797). See instructions) .....                        | <b>4b</b> |            |              |         |
| <b>c</b> Capital loss deduction for trusts .....  | <b>4c</b> |            |              |         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement) .....                  | <b>5</b>  |            |              |         |
| <b>6</b> Rent income (Part IV) .....  | <b>6</b>  |            |              |         |
| <b>7</b> Unrelated debt-financed income (Part V) .....  | <b>7</b>  |            |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI) .....       | <b>8</b>  |            |              |         |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) .....            | <b>9</b>  |            |              |         |
| <b>10</b> Exploited exempt activity income (Part VIII) .....  | <b>10</b> |            |              |         |
| <b>11</b> Advertising income (Part IX) .....  | <b>11</b> |            |              |         |
| <b>12</b> Other income (see instructions; attach statement) .....                                       | <b>12</b> |            |              |         |
| <b>13 Total.</b> Combine lines 3 through 12 .....   | <b>13</b> | 0.         |              |         |

**Part II Deductions Not Taken Elsewhere** See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

|  |  |    |  |    |    |
|--|--|----|--|----|----|
| <b>1</b> Compensation of officers, directors, and trustees (Part X) .....  |  |    |  |    |    |
| <b>2</b> Salaries and wages .....  |  |    |  |    |    |
| <b>3</b> Repairs and maintenance .....   |  |    |  |    |    |
| <b>4</b> Bad debts .....   |  |    |  |    |    |
| <b>5</b> Interest (attach statement). See instructions .....   |  |    |  |    |    |
| <b>6</b> Taxes and licenses .....  |  |    |  |    |    |
| <b>7</b> Depreciation (attach Form 4562). See instructions .....   |  | 7  |  |    |    |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return .....   |  | 8a |  | 8b |    |
| <b>9</b> Depletion .....   |  |    |  |    |    |
| <b>10</b> Contributions to deferred compensation plans .....   |  |    |  |    |    |
| <b>11</b> Employee benefit programs .....  |  |    |  |    |    |
| <b>12</b> Excess exempt expenses (Part VIII) .....   |  |    |  |    |    |
| <b>13</b> Excess readership costs (Part IX) .....  |  |    |  |    |    |
| <b>14</b> Other deductions (attach statement) .....  |  |    |  |    |    |
| <b>15 Total deductions.</b> Add lines 1 through 14 .....   |  |    |  |    | 0. |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) ..... |  |    |  |    | 0. |
| <b>17</b> Deduction for net operating loss. See instructions .....   |  |    |  |    | 0. |
| <b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16 .....   |  |    |  |    |    |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2022

**Part III Cost of Goods Sold** Enter method of inventory valuation

|   |   |   |  |
|---|---|---|--|
| 1 | Inventory at beginning of year .....  | 1 |  |
| 2 | Purchases .....   | 2 |  |
| 3 | Cost of labor .....   | 3 |  |
| 4 | Additional section 263A costs (attach statement) .....  | 4 |  |
| 5 | Other costs (attach statement) .....  | 5 |  |
| 6 | <b>Total.</b> Add lines 1 through 5 .....   | 6 |  |
| 7 | Inventory at end of year .....  | 7 |  |
| 8 | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....  | 8 |  |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.  
 A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

|   | A | B | C | D  |
|---|---|---|---|----|
| 2 Rent received or accrued  |   |   |   |    |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....                           |   |   |   |    |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) ..... |   |   |   |    |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....   |   |   |   |    |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) .....                            |   |   |   | 0. |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....   |   |   |   |    |
| 5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) .....                                     |   |   |   | 0. |

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.  
 A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

|   | A | B | C | D  |
|---|---|---|---|----|
| 2 Gross income from or allocable to debt-financed property .....  |   |   |   |    |
| 3 Deductions directly connected with or allocable to debt-financed property   |   |   |   |    |
| a Straight line depreciation (attach statement) .....   |   |   |   |    |
| b Other deductions (attach statement) .....   |   |   |   |    |
| c Total deductions (add lines 3a and 3b, columns A through D) .....   |   |   |   |    |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....                   |   |   |   |    |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....                               |   |   |   |    |
| 6 Divide line 4 by line 5 .....   | % | % | % | %  |
| 7 Gross income reportable. Multiply line 2 by line 6 .....  |   |   |   |    |
| 8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) .....         |   |   |   | 0. |
| 9 Allocable deductions. Multiply line 3c by line 6 .....  |   |   |   |    |
| 10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ..... |   |   |   | 0. |
| 11 <b>Total dividends-received deductions</b> included in line 10 .....   |   |   |   | 0. |

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

| 1. Name of controlled organization |   | 2. Employer identification number   | Exempt Controlled Organizations  |  |   | 6. Deductions directly connected with income in column 5 |
|------------------------------------|---|-------------------------------------|--|--|---|--|
|                                    |   |                                     | 3. Net unrelated income (loss) (see instructions)                                    | 4. Total of specified payments made                                | 5. Part of column 4 that is included in the controlling organization's gross income |  |
| (1)                                |   |                                     |  |  |   |  |
| (2)                                |   |                                     |  |  |   |  |
| (3)                                |   |                                     |  |  |   |  |
| (4)                                |   |                                     |  |  |   |  |
| Nonexempt Controlled Organizations |   |                                     |  |  |   |  |
| 7. Taxable Income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10         |   |  |
| (1)                                |   |                                     |  |  |   |  |
| (2)                                |   |                                     |  |  |   |  |
| (3)                                |   |                                     |  |  |   |  |
| (4)                                |   |                                     |  |  |   |  |
|                                    |   |                                     | Add columns 5 and 10. Enter here and on Part I, line 8, column (A)                   | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |   |  |
| <b>Totals</b>                      |   |                                     | 0.   | 0.   |   |  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement)                   | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4)                 |
|--------------------------|---------------------|---|----------------------------------|---|
| (1)                      |                     |   |                                  |   |
| (2)                      |                     |   |                                  |   |
| (3)                      |                     |   |                                  |   |
| (4)                      |                     |   |                                  |   |
|                          |                     | Add amounts in column 2. Enter here and on Part I, line 9, column (A) |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| <b>Totals</b>            |                     | 0.  |                                  | 0.  |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |  |   |  |
|---|--|---|--|
| 1 | Description of exploited activity: _____   |   |  |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....                                    | 2 |  |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....                  | 3 |  |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....                   | 4 |  |
| 5 | Gross income from activity that is not unrelated business income .....   | 5 |  |
| 6 | Expenses attributable to income entered on line 5 .....  | 6 |  |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 ..... | 7 |  |

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A
- B
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

|   |  | A | B | C | D |    |
|---|--|---|---|---|---|----|
| 2 | Gross advertising income .....   |   |   |   |   |    |
|   | Add columns A through D. Enter here and on Part I, line 11, column (A) ..... |   |   |   |   | 0. |

|          |  |  |  |  |  |    |
|----------|--|--|--|--|--|----|
| <b>a</b> |  |  |  |  |  |    |
| 3        | Direct advertising costs by periodical .....                                 |  |  |  |  |    |
| <b>a</b> | Add columns A through D. Enter here and on Part I, line 11, column (B) ..... |  |  |  |  | 0. |

|          |   |  |  |  |  |    |
|----------|---|--|--|--|--|----|
|          |   |  |  |  |  |    |
| 4        | Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 ..... |  |  |  |  |    |
| 5        | Readership costs .....  |  |  |  |  |    |
| 6        | Circulation income .....  |  |  |  |  |    |
| 7        | Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....  |  |  |  |  |    |
| 8        | Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....  |  |  |  |  |    |
| <b>a</b> | Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....   |  |  |  |  | 0. |

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name   | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|---|--|
| (1)   |          | %   |  |
| (2)   |          | %   |  |
| (3)   |          | %   |  |
| (4)   |          | %   |  |
| <b>Total.</b> Enter here and on Part II, line 1 ..... |          |   | 0.   |

**Part XI Supplemental Information** (see instructions)

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**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](http://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.

|  |   |   |
|--|---|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>LifeFlight of Maine, LLC</b>                    | Taxpayer identification number (TIN)<br><b>01-0518516</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>189 Odlin Road</b>                     |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>Bangor, ME 04401</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 7

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 1041-A                       | 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          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |
| 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.

**1** I request an automatic 6-month extension of time until **May 15, 2024**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2022**, and ending **JUN 30, 2023**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | 0. |
| <b>b</b> 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. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**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.