The Sanford Health 990 is part of a larger group return encompassing 20 different tax entities. As a result, the 990 document is over 500 pages in length and is not distributed with grant applications.

However, if a funder requests a copy, we would be happy to share the document via email.

Thank you for understanding.
Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2017, or tax year beginning JUL 1, 2017, and ending JUN 30, 2018

Name of exempt organization: Sanford Group Return

Employer identification number: 45-3791176

Part I

Type of Return and Return Information (Whole Dollars Only)

Check the box for the type of return being filed with Form 8453-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line of the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0). If you entered -0 on the return, then enter -0 on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here □ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .................................................. 1b 3,924,595,992
2a Form 990-EZ check here □ b Total revenue, if any (Form 990-EZ, line 8) ........................................................................ 2b
3a Form 1120-POL check here □ b Total tax (Form 1120-POL, line 22) ................................................................. 3b
4a Form 990-PF check here □ b Tax based on investment income (Form 990-PF, Part VI, line 5) .......................... 4b
5a Form 8868 check here □ b Balance due (Form 8868, line 3c) ................................................................................. 5b

Part II

Declaration of Officer

I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/990-PF (as specifically identified in Part I above) to the selected state agency(ies).

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return, I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERD) to send the organization's return to the IRS and to receive from the IRS:

(a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund.

X
Sign Here □
Signature of officer
Date 5/13/2019
Treasurer

Title

Part III

Declaration of Electronic Return Originator (ERD) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-File Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization’s return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERD's Use Only

ERD's signature □
Firm's name (or yours if self-employed), address, and ZIP code □
Tax ID □
Check if also paid preparer □
Check if self-employed □
ERD's SSN or PTIN □

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer Use Only

Preparer's name □
Preparer's signature □
Date 5/10/2019
Check if self-employed □
PTIN □
Firm's EIN □
Firm's name □
Firm's address □
Firm's phone number □
Preparer's phone number □

LHA For Privacy Act and Paperwork Reduction Act Notice, see back of form.
Form 990
Department of the Treasury
Internal Revenue Service

Extended to May 15, 2019
Return of Organization Exempt From Income Tax
Under section 501(c), 627, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 calendar year, or tax year beginning JUL 1, 2017 and ending JUN 30, 2018

B Check if available:
Address change
Name change
Initial return
Final return
Terminated return
Amended return
Application pending

C Name of organization
Sanford Group Return
Doing business as

D Employer identification number
45-3791176

E Telephone number
605-333-1000

F Name and address of principal officer:
Kelby Krabbenhoft
2011 East 60th St, Sioux Falls, SD 57104

G Gross receipts
3,930,772,208

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No

J Website: www.sanfordhealth.org

K Form of organization: Corporation Trust Association Other

L Year of formation:

M State of legal domicile:

Part I Summary
1 Briefly describe the organization's mission or most significant activities: "Dedicated to the Work of Health and Healing"

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16c Professional fundraising fees (Part IX, column (A), line 11c)

16b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24a)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses. Subtract line 16 from line 12

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances. Subtract line 21 from line 20

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.

Sign Here:

Bill Marlette, Treasurer

Print/Type preparer's name
Chris Moenkh

Preparer's name
Deloitte Tax LLP

Preparer's signature

Firm's EIN
86-1065772

Use Only

Firm's address
50 South Sixth Street, Suite 2800
Minneapolis, MN 55402

Phone no. 612-397-4000

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form 990 (2017)