

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

2017

Department of the Treasury
Internal Revenue Service

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

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	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	3,924,093,992.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	

Part II Declaration of Officer

6 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 (ERO) 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** Ben Marlitt | 5/13/2019 | Treasurer
Signature of officer Date Title

Part III Declaration of Electronic Return Originator (ERO) 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.

ERO's Use Only	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's SSN or PTIN
	Firm's name (or yours if self-employed), address, and ZIP code				EIN Phone no.

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	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Chris Meskimen	<u>Chris Meskimen</u>	5/10/2019		P01314196
	Firm's name	Firm's EIN			86-1065772
	Deloitte Tax LLP				
	Firm's address			Phone no.	
	50 South Sixth Street, Suite 2800 Minneapolis, MN 55402			612-397-4000	

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), 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 for instructions and the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

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

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization Sanford Group Return</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. Box 5039, Rte 5210</p> <p>City or town, state or province, country, and ZIP or foreign postal code Sioux Falls, SD 57117 5039</p> <p>F Name and address of principal officer: Kelby Krabbenhoft 2301 East 60th St, Sioux Falls, SD 57104</p>	<p>D Employer identification number 45-3791176</p> <p>E Telephone number 605-333-1000</p>
<p>I 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</p> <p>J Website: www.sanfordhealth.org</p>		<p>G Gross receipts \$ 3,930,672,208.</p> <p>H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶ 5851</p>
<p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p> <p>L Year of formation: M State of legal domicile:</p>		

Part I Summary			
Activities & Governance	<p>1 Briefly describe the organization's mission or most significant activities: "Dedicated to the Work of Health and Healing"</p> <p>2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.</p>		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	32693
	6 Total number of volunteers (estimate if necessary)	6	2105
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	67,165,448.
	7b Net unrelated business taxable income from Form 990-T, line 34	7b	1,487,885.
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	70,015,308.	72,701,349.
	9 Program service revenue (Part VIII, line 2g)	3,669,768,613.	3,844,742,598.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-1,365,155.	3,638,552.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,059,111.	3,011,493.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,741,477,877.	3,924,093,992.
Expenses		Prior Year	Current Year
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	22,990,888.	29,331,220.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,181,401,280.	2,285,593,789.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,398,380,656.	1,496,162,556.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,602,772,824.	3,811,087,565.
	19 Revenue less expenses. Subtract line 18 from line 12	138,705,053.	113,006,427.
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	2,760,585,976.	2,835,813,206.
	21 Total liabilities (Part X, line 26)	1,598,658,494.	1,553,506,154.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,161,927,482.	1,282,307,052.

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	<p>Signature of officer: <i>Bill Marlette</i></p> <p>Bill Marlette, Treasurer</p> <p>Type or print name and title</p>	<p>Date: 5/13/2019</p>	
Paid Preparer Use Only	<p>Print/Type preparer's name: Chris Meskimen</p> <p>Firm's name: Deloitte Tax LLP</p> <p>Firm's address: 50 South Sixth Street, Suite 2800, Minneapolis, MN 55402</p>	<p>Preparer's signature: <i>Chris Meskimen</i></p> <p>Date: 5/10/2019</p> <p>Firm's EIN: 86-1065772</p> <p>Phone no.: 612-397-4000</p>	<p>Check if self-employed <input type="checkbox"/></p> <p>PTIN: P01314196</p>

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