

The Sanford Health 990 is part of a larger group return encompassing 20 different tax entities. As a result, the 990 document is over 400 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.

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

**A For the 2019 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> Sanford Group Return <b>Doing business as</b> Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. Box 5039, Rte 5218 City or town, state or province, country, and ZIP or foreign postal code Sioux Falls, SD 57117-5039 <b>F Name and address of principal officer:</b> Kelby Krabbenhoft 2301 East 60th St, Sioux Falls, SD 57104	<b>D Employer identification number</b> 45-3791176 <b>E Telephone number</b> 605-333-1000 <b>G Gross receipts \$</b> 4,427,626,494. <b>H(a)</b> Is this a group return Stmt 1 for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶ 5851
<b>I Tax-exempt status:</b> <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 Website:</b> ▶ <a href="http://www.sanfordhealth.org">www.sanfordhealth.org</a>		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> <b>M State of legal domicile:</b>

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: "Dedicated to sharing God's love through the work of health, healing and comfort."		
<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>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	12
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	5
<b>5</b>	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	2855
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	1994
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	82,045,367.
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 39	<b>7b</b>	2,206,149.
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	37,218,413.	75,717,791.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,061,780,166.	4,340,390,961.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-480,542.	1,264,847.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,444,680.	967,825.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,099,962,717.	4,418,341,424.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	23,246,082.	32,126,097.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	1,183,284,205.	2,485,262,586.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	783,394,688.	1,697,083,177.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,989,924,975.	4,214,471,860.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	110,037,742.	203,869,564.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	2,880,075,474.	2,975,394,335.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	1,471,704,281.	1,409,187,225.
		1,408,371,193.	1,566,207,110.

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

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