

The Sanford Health 990 is part of a larger group return encompassing 20 different tax entities. As a result, the 990 document is almost 300 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.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning JUL 1, 2018 **and ending** DEC 31, 2018

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	C Name of organization Sanford Group Return		D Employer identification number 45-3791176
	Doing business as		E Telephone number 605-333-1000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	P.O. Box 5039, Rte 5218		G Gross receipts \$ 2,104,154,676.
City or town, state or province, country, and ZIP or foreign postal code Sioux Falls, SD 57117-5039		H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
F Name and address of principal officer: Kelby Krabbenhoft 2301 East 60th St, Sioux Falls, SD 57104		H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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		H(c) Group exemption number ▶ 5851	
J Website: ▶ www.sanfordhealth.org		L Year of formation:	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile:	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: "Dedicated to the Work of Health and Healing"		
	2 Check this box <input type="checkbox"/> 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)	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 2018 (Part V, line 2a)	5	34256
	6 Total number of volunteers (estimate if necessary)	6	2181
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	33,720,611.
b Net unrelated business taxable income from Form 990-T, line 38	7b	1,494,318.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	72,701,349.	37,218,413.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,844,742,598.	2,061,780,166.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,638,552.	-480,542.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,011,493.	1,444,680.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,924,093,992.	2,099,962,717.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	29,331,220.	23,246,082.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	2,285,593,789.	1,183,284,205.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,496,162,556.	783,394,688.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,811,087,565.	1,989,924,975.
19 Revenue less expenses. Subtract line 18 from line 12	113,006,427.	110,037,742.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	2,835,813,206.	2,880,075,474.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,553,506,154.	1,471,704,281.

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	Signature of officer <i>Bill Marlette</i>	Date 11/7/19			
	Bill Marlette, Treasurer Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Chris Meskimen	Preparer's signature <i>Chris Meskimen</i>	Date 11/6/19	Check if self-employed <input type="checkbox"/>	PTIN P01314196
	Firm's name ▶ Deloitte Tax LLP	Firm's EIN ▶ 86-1065772	Phone no. 612-397-4000		
Firm's address ▶ 50 South Sixth Street, Suite 2800 Minneapolis, MN 55402					

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