

For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form **990** (2017)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

Part of the Sanford Health System, Sanford is committed to the healthcare needs of communities throughout South Dakota, North Dakota, Minnesota and Iowa. Sanford provides a full range of primary and specialty health care services.

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code) (Expenses \$ 3,244,372,653 including grants of \$ 29,328,180) (Revenue \$ 3,769,499,749)
See Additional Data






















4b (Code) (Expenses \$ 24,181,248 including grants of \$) (Revenue \$ 3,873,734)
See Additional Data

4c (Code) (Expenses \$ 25,803,175 including grants of \$ 3,040) (Revenue \$ 4,203,667)
See Additional Data

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

4e Total program service expenses ▶ 3,294,357,076

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No

Part IV Checklist of Required Schedules (continued)

	Yes	No	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22 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? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23 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? If "Yes," complete Schedule J	23	Yes	
24a 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	Yes	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28a	Yes	
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	Yes	
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	Yes	
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	Yes	
37 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? If "Yes," complete Schedule R, Part VI	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	3,195
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	32,693
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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
1a	Enter the number of voting members of the governing body at the end of the tax year	14	
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 in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent	6	
2	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?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	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?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	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 in Schedule O		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed: MN, OR, CA

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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 in Schedule O)

19 Describe in 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.
 ▶ JoAnn Kunkel CFO 2301 East 60th Street Sioux Falls, SD 57104 (605) 333-1000

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

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

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

[illegible]

[illegible]

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 ▶ 2,781

Section B. Independent Contractors

(A) Name and business address	(B) Description of services	(C) Compensation
Owens & Minor Inc 12199 Collection Center Chicago, IL 60693	Medical Services	70,984,503
GE Healthcare 1053 W Grand Ave Chicago, IL 60642	Medical Services	41,838,237
Medtronic USA 710 Medtronic Parkway Minneapolis, MN 55432	Medical Services	41,587,243
Henry Carlson Construction 1205 Russell Street Sioux Falls, SD 57104	Construction	24,870,115
Weatherby Healthcare 6451 North Federal Hwy Suite 700 Fort Lauderdale, FL 33308	Locum Tenens	12,470,321

<p>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 ► 1,107</p>	
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Part VIII **Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a					
	b Membership dues . . .	1b					
	c Fundraising events . . .	1c					
	d Related organizations	1d	43,056,142				
	e Government grants (contributions)	1e	19,860,216				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,784,991				
	g Noncash contributions included in lines 1a-1f \$ 5,112,030						
	h Total. Add lines 1a-1f		72,701,349				
Program Service Revenue			Business Code				
	2a Patient Services		621400	1,939,146,185	1,939,146,185		
	b Medicare/Medicaid		621400	1,539,089,097	1,539,089,097		
	c 340B Revenue		900099	159,110,926	159,110,926		
	d Durable Med Equip Sale		446199	114,564,142	105,143,496	9,420,646	
	e Management Fee		900099	35,151,946		35,151,946	
	f All other program service revenue			57,680,302	28,338,725	22,592,856	
	g Total. Add lines 2a-2f		3,844,742,598				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,149,652			2,149,652	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		157,790			157,790	
	6a Gross rents	(i) Real	(ii) Personal				
		4,845,011					
		b Less rental expenses	1,991,308				
		c Rental income or (loss)	2,853,703				
	d Net rental income or (loss)		2,853,703			2,853,703	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			6,075,808				
		b Less cost or other basis and sales expenses	4,586,908				
		c Gain or (loss)	1,488,900				
	d Net gain or (loss)		1,488,900			1,488,900	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
	b Less direct expenses		b				
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19		a				
	b Less direct expenses		b				
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances . . .		a					
b Less cost of goods sold . . .		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See Instructions		3,924,093,992 3,770,828,429 67,165,448 13,398,766					

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 ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	29,226,624	29,226,624		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	43,613	43,613		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	60,983	60,983		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	32,554,058	28,227,789	4,326,269	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	329,622		329,622	
7 Other salaries and wages.	1,872,038,031	1,623,539,477	248,498,554	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	80,740,429	65,000,431	15,739,998	
9 Other employee benefits.	184,604,087	153,673,259	30,930,828	
10 Payroll taxes.	115,327,562	97,633,077	17,694,485	
11 Fees for services (non-employees):				
a Management.				
b Legal.	12,581,225		12,581,225	
c Accounting.	1,180,761		1,180,761	
d Lobbying.	1,072,254		1,072,254	
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	43,191		43,191	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	192,858,195	162,793,163	30,065,032	
12 Advertising and promotion.	17,464,114	13,710,480	3,753,634	
13 Office expenses.	44,431,322	30,800,976	13,630,346	
14 Information technology.	60,104,165	6,276,991	53,827,174	
15 Royalties.				
16 Occupancy.	90,743,005	70,517,087	20,225,918	
17 Travel.	16,869,498	13,459,344	3,410,154	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	7,133,467	3,616,788	3,516,679	
20 Interest.	39,460,042	39,160,189	299,853	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	164,619,813	136,224,634	28,395,179	
23 Insurance.	14,931,964	12,246,521	2,685,443	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a Medical Supplies.	797,698,843	782,621,590	15,077,253	
b Certificates/Licenses.	7,318,678	5,325,905	1,992,773	
c MinnesotaCare Tax.	6,417,941	6,417,941		
d CME.	5,702,199	5,702,199		
e All other expenses.	15,531,879	8,078,015	7,453,864	
25 Total functional expenses. Add lines 1 through 24e.	3,811,087,565	3,294,357,076	516,730,489	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		32,062,918	1	64,909,066
	2	Savings and temporary cash investments		46,887,242	2	67,766,348
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		503,537,992	4	518,552,739
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		42,248,539	7	47,761,146
	8	Inventories for sale or use		75,876,025	8	79,897,564
	9	Prepaid expenses and deferred charges		34,055,950	9	43,448,694
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	3,299,410,347		
	b	Less: accumulated depreciation	10b	1,587,845,833		
				1,708,586,916	10c	1,711,564,514
	11	Investments—publicly traded securities		2,021,421	11	2,465,285
	12	Investments—other securities. See Part IV, line 11		389	12	0
	13	Investments—program-related. See Part IV, line 11		51,235,834	13	52,629,304
	14	Intangible assets		54,608,534	14	53,816,458
15	Other assets. See Part IV, line 11		209,464,216	15	193,002,088	
16	Total assets. Add lines 1 through 15 (must equal line 34)		2,760,585,976	16	2,835,813,206	
Liabilities	17	Accounts payable and accrued expenses		385,982,229	17	388,864,448
	18	Grants payable		2,004,207	18	1,831,478
	19	Deferred revenue		1,759,629	19	2,167,502
	20	Tax-exempt bond liabilities		933,378,635	20	901,784,327
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		196,029	21	226,634
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		70,004,924	23	58,059,178
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	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		205,332,841	25	200,572,587
	26	Total liabilities. Add lines 17 through 25		1,598,658,494	26	1,553,506,154
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		1,161,916,292	27	1,282,295,862
	28	Temporarily restricted net assets		8,190	28	8,190
	29	Permanently restricted net assets		3,000	29	3,000
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
33	Total net assets or fund balances		1,161,927,482	33	1,282,307,052	
34	Total liabilities and net assets/fund balances		2,760,585,976	34	2,835,813,206	

Part XI Reconciliation of Net AssetsCheck 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	3,924,093,992
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,811,087,565
3	Revenue less expenses Subtract line 2 from line 1	3	113,006,427
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,161,927,482
5	Net unrealized gains (losses) on investments	5	2,134,072
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 in Schedule O)	9	5,239,071
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,282,307,052

Part XII Financial Statements and ReportingCheck 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 in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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		No
b Were the organization's financial statements audited by an independent accountant? 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	Yes	
c 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

Additional Data

Software ID:
Software Version:
EIN: 45-3791176
Name: Sanford Group Return

Form 990 (2017)

Form 990, Part III, Line 4a:

Sanford is the nation's largest not-for-profit integrated rural health system providing medical services at every level from critical access hospitals to tertiary and quaternary care. The Sanford footprint includes over 220,000 square miles with a nine state service area including a network of children's primary care clinic locations across the country and the world. Sanford operates full-time emergency centers and provides emergency care to everyone regardless of their ability to pay. Sanford facilities and clinics provide services to remote and medically underserved areas that would otherwise not have access to even primary care services. Sanford financially supports health and wellness, education and community development activities to improve the quality of life and strengthen communities throughout the region. Each of Sanford's facilities promotes health and healing that responds to the unique needs of the patients in the communities that Sanford serves, ensuring access to comprehensive and specialized services. A recently completed and published community health needs assessment indicated the important need for behavioral health services for our community members. Sanford is meeting this need through an integrated delivery system providing behavioral health within the medical home structure. Please see Schedule H for a description of additional services, community benefit activities, and the full spectrum of charity care that Sanford provides within the community.

Form 990, Part III, Line 4b:

Medical education is an important service for Sanford. Sanford provides the medical community with high quality educational and professional development that is evidence and research based, accredited for physicians, nurses, pharmacists, and Allied Health Professionals and scientists, inclusive of cultural diversity and addresses the need for specialty training. Sanford is dedicated to preparing health care professionals for the future. The Sanford PROMISE program connects students, educators and communities with science and research in health care at a secondary education age. Sanford works in partnership with the University of South Dakota - Sanford School of Medicine, and the University of North Dakota - School of Medicine to provide rotations for medical students, residencies and fellowships. Sanford works in partnership with an extensive group of higher learning organizations to provide student training and learning opportunities in many venues across our region.

Form 990, Part III, Line 4c:

Sanford Research is a non-profit health research organization with more than 200 scientists and staff as well as centers, including Children's Health, focused on pediatric rare diseases and cancer, The Sanford Project, seeking a cure for type 1 diabetes through the body's natural ability to regenerate cells, Health Outcomes and Prevention focusing on sudden infant death syndrome and birth-related disorders at study sites including United States Native American Reservations and South Africa, Genomic and Molecular Medicine with an emphasis on genomics, molecular biology, biobanking and immunotherapy, Edith Sanford Breast Cancer focusing on advanced molecular research and personalized treatment, and Clinical Research including participation in drug and device studies, the National Cancer Institute Community Clinical Oncology Program and the National Community Cancer Center Pilot Project Sanford Research offers exciting challenges for researchers both in well-established projects and ever expanding research opportunities Sanford offers opportunities to participate in clinical trials and to be a part of the changing face of medicine

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Barb Everist Trustee	3 90 1 70	X						725	0	0
Andy North Trustee	5 90 1 70	X						121,718	0	0
Brent Teiken Vice Chair	3 90 1 70	X		X				1,215	0	0
David Beito Past Chair	3 90 1 70	X		X				0	0	0
Don Jacobs Treasurer	3 90 1 70	X		X				0	0	0
Don Morton through 1217 Trustee	3 90 1 70	X						1,353	0	0
James Cain Secretary	3 90 1 70	X		X				0	0	0
Maria Bell MD Trustee/Research Administrator	58 30 1 70	X						789,033	0	29,050
Mark Lundeen MD Trustee/Orthopedics Services Chair	58 40 1 60	X						726,619	0	29,050
Mark Paulson MD Chair/Physician Regional Chair	58 30 1 70	X		X				266,366	0	26,202

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Melissa Hinton Trustee	3 90 1 70	X						0	0	0
Michael LeBeau MD Trustee/Senior VP - Bismarck Clinic	58 40 1 60	X						1,414,632	0	29,050
Patrick Dunck Trustee	3 90 1 70	X						1,177	0	0
Thomas Hruby Trustee	3 90 1 70	X						1,360	0	0
Kelby K Krabbenhoft Sanford President & CEO	46 10 13 90	X		X				2,276,185	0	12,726
Kelby K Krabbenhoft Def Comp Sanford President & CEO	46 10 13 90	X		X				0	0	877,405
JoAnn L Kunkel Chief Financial Officer	46 10 13 90			X				1,020,341	0	43,188
Randy Bury Chief Administrative Officer	40 00 20 00				X			1,072,754	0	28,257
Randy Bury Deferred Comp Chief Administrative Officer	40 00 20 00				X			0	0	15,683
Bill Gassen Chief Human Resources Officer	55 00 5 00				X			663,044	0	28,245

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kim Patrick Chief Legal Officer (through 12/17)	55 00 5 00				X			760,169	0	40,401
Jennifer Grennan Chief Legal Officer	55 00 5 00				X			412,996	0	34,701
Allison Wierda-Suttle MD Sr VP, Chief Med Officer	60 00 0 00				X			844,889	0	35,182
Bill Marlette Treasurer	55 00 5 00				X			941,344	0	1,470
Bill Marlette Def Comp Treasurer	55 00 5 00				X			0	0	211,820
Micah Aberson Chief Global Brand Officer	10 00 50 00				X			539,386	0	39,501
Bryan Nermoe President, Bemidji	60 00 0 00				X			644,061	0	38,481
Craig Lambrecht President, Bismarck	60 00 0 00				X			922,924	0	40,403
Nate White COO, President Fargo	55 00 5 00				X			1,432,723	0	51,351
Michelle Micka Sr VP Finance, Corporate Controller	55 00 5 00				X			466,467	0	35,601

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Michelle Bruhn Sr VP Finance, Health Services	55 00 5 00				X			630,740	0	27,195
Paul Hanson President, Sioux Falls	60 00 0 00				X			915,810	0	44,601
Paul Richard Exec VP Fargo	55 00 5 00				X			931,503	0	26,226
Richard Adcock Chief Innovation Officer	60 00 0 00				X			675,499	0	19,916
William Brunner Physician	60 00 0 00					X		2,668,987	0	29,050
Larry Burris Physician	60 00 0 00					X		2,269,260	0	29,050
Scott Pham Physician	60 00 0 00					X		2,897,398	0	29,050
Adam Stys Physician	60 00 0 00					X		2,475,403	0	29,050
Tomasz Stys Physician	60 00 0 00					X		2,657,592	0	29,050
Daniel Olson Former Exec VP Bemidji	0 00 0 00						X	317,442	0	26,226

SCHEDULE A (Form 990 or 990EZ)	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. ▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .	OMB No 1545-0047
		2017 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization Sanford Group Return	Employer identification number 45-3791176	

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 or 990-EZ))
- 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 **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 in 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

18
- 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		
Total	18					

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	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)						
6	Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2013	(b)2014	(c)2015	(d)2016	(e)2017	(f)Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	

13 First five 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**

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐**b 33 1/3% support test—2016.** 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 **stop here.** The organization qualifies as a publicly supported organization ☐**17a 10%-facts-and-circumstances test—2017.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**b 10%-facts-and-circumstances test—2016.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. 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—2016. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>	1	
2 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>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
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>	3b	
c 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>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
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>	4b	
c 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>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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>	5a	
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 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>	6	
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
9a 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>	9a	
b Did one or more disqualified persons (as defined in 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>	9b	
c Did a disqualified person (as defined in 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>	9c	
10a 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>	10a	
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>	10b	

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		
	11a	
	11b	
	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
	1	
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
	2	

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
	1	

Section D. All Type III Supporting Organizations

	Yes	No
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?		
	1	
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
	2	
3 By reason of the relationship described in (2), 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
	3	

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
	2a	
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
	2b	
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
	3a	
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
	3b	

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

Section A - Adjusted Net Income		(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 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(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)	1		
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 Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI)			
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 1-1/2% 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 .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 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 Distributable Amount. 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

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)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
List of organizations and public charity status	Sanford Health 509(a)(3) Sanford Medical Center 170(b)(1)(A)(iii) Sanford Clinic 170(b)(1)(A)(iii) Sanford Research 170(b)(1)(A)(iii) Sanford Home Health 509(a)(2) Sanford Health Network 170(b)(1)(A)(iii) Sanford World Clinics 170(b)(1)(A)(iii) Sanford North 509(a)(3) Sanford Medical Center Fargo 170(b)(1)(A)(iii) Sanford Clinic North 509(a)(2) Sanford Health Network North 509(a)(3) Sanford Medical Center Thief River Falls 170(b)(1)(A)(iii) Sanford Medical Center Mayville 170(b)(1)(A)(iii) Sanford Medical Center Wheaton 170(b)(1)(A)(ii) Sanford Hillsboro 170(b)(1)(A)(iii) Sanford Health of Northern Minnesota 170(b)(1)(A)(iii) Baker Park, Inc 509(a)(2) Sanford West 509(a)(3) Sanford Bismarck 170(b)(1)(A)(iii) Sanford Living Centers 509(a)(2)

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part I	<p>Part I, Line 12b - Sanford Health, Sanford North, Sanford West and Sanford Health Network North are Type II supporting organizations Detail for Schedule A, Part I Line 12, Column</p> <p>(i) Sanford Medical Center, (ii) 46-0227855, (iii) 170(b)(1)(A)(iii), (iv) Yes, (v) \$38,470,450 Line 12, Column (i) Sanford Clinic, (ii) 46-0447693, (iii) 170(b)(1)(A)(iii), (iv) Yes, (v) \$4,918,559 Line 12, Column (i) Sanford Research, (ii) 46-0450378, (iii) 170(b)(1)(A)(iii), (iv) Yes, (v) \$788,155 Line 12, Column (i) Sanford Home Health, (ii) 46-0282134, (iii) 509(a)(2), (iv) Yes, (v) \$247,870 Line 12, Column (i) Sanford Health Network, (ii) 46-0388596, (iii) 170(b)(1)(A)(iii), (iv) Yes, (v) \$10,830,536 Line 12, Column (i) Sanford Clinic North, (ii) 91-1770748, (iii) 509(a)(2), (iv) Yes, (v) \$5,707,821 Line 12, Column (i) Sanford Medical Center Fargo, (ii) 45-0226909, (iii) 170(b)(1)(A)(iii), (iv) Yes, (v) \$45,166,271 Line 12, Column (i) Sanford Medical Center Thief River Falls, (ii) 41-0709579, (iii) 170(b)(1)(A)(iii), (iv) Yes, (v) \$5,198,542 Line 12, Column (i) Sanford Medical Center Mayville, (ii) 45-0228899, (iii) 170(b)(1)(A)(iii), (iv) Yes, (v) \$582,050 Line 12, Column (i) Sanford Medical Center Wheaton, (ii) 27-2042143, (iii) 170(b)(1)(A)(iii), (iv) Yes, (v) \$500,988 Line 12, Column (i) Sanford Hillsboro, (ii) 45-0230400, (iii) 170(b)(1)(A)(iii), (iv) Yes, (v) \$773,018 Line 12, Column (i) Sanford World Clinics, (ii) 26-2707628, (iii) 170(b)(1)(A)(iii), (iv) Yes, (v) \$325,983 Line 12, Column (i) Sanford Health of Northern Minnesota, (ii) 41-1266009, (iii) 170(b)(1)(A)(iii), (iv) Yes, (v) \$11,278,037 Line 12, Column (i) Baker Park, Inc, (ii) 41-1372480, (iii) 509(a)(2), (iv) Yes, (v) \$25,255 Line 12, Column (i) Sanford Health Foundation North, (ii) 45-0398104, (iii) 170(b)(1)(A)(vi), (iv) Yes, (v) \$347,659 Line 12, Column (i) Sanford Bismarck, (ii) 45-0226700, (iii) 170(b)(1)(A)(iii), (iv) Yes, (v) \$19,386,445 Line 12, Column (i) Sanford Living Centers, (ii) 45-0416454, (iii) 509(a)(2), (iv) Yes, (v) \$0 Line 12, Column (i) Sanford Health Foundation West, (ii) 45-0397196, (iii) 170(b)(1)(A)(vi), (iv) Yes, (v) \$158,665</p>

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part III	<p>Detail for Schedule A, Part III Line 1 - column (a) 625,251, (b) 232,693, (c) 221,829, (d) 159,929, (e) 279,310, (f) 1,519,012 Line 2 - column (a) 195,263,418, (b) 214,359,949, (c) 229,728,673, (d) 205,167,015, (e) 159,680,023 (f) 1,004,199,078 Line 6 - column (a) 195,888,669, (b) 214,592,642, (c) 229,950,502, (d) 205,326,944 , (e) 159,959,333 (f) 1,005,718,090 Line 8 - column (f) 1,005,718,090 Line 9 - column (a) 195,888,669, (b) 214,592,642, (c) 229,950,502, (d) 205,326,944, (e) 159,959,333, (f) 1,005,718,090 Line 10a - column (a) 970,589, (b) 671,284, (c) 718,153, (d) 713,259, (e) 1,664,637, (f) 4,737,922 Line 10c - column (a) 970,589, (b) 671,284, (c) 718,153, (d) 713,259, (e) 1,664,637, (f) 4,737,922 Line 11 - column (a) 279,896, (b) 400,943, (c) 274,195, (d) 410,742, (e) 783,554, (f) 2,149,330 Line 13 - column (a) 197,139,154, (b) 215,664,869, (c) 230,942,850, (d) 206,450,944, (e) 162,407,524, (f) 1,012,605,342 Line 15 99 32% Line 16 99 53% Line 17 0 47% Line 18 0 34% Line 19a X Line 19b X Part IV, Section A Line 1 Yes Line 2 No Line 3a No Line 4a No Line 5a No Line 6 No Line 7 No Line 8 No Line 9a No Line 9b No Line 9c No Line 10a No Line 11a No Line 11b No Line 11c No Part IV, Section C Line 1 Yes</p>

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Political Campaign and Lobbying Activities

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.
▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

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 the organization Sanford Group Return	Employer identification number 45-3791176
--------------------------------------------------	----------------------------------------------

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 (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$
- 3 Volunteer hours for political campaign activities (see instructions) ▶

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-
1				
2				
3				
4				
5				
6				

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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

g Grassroots nontaxable amount (enter 25% of line 1f)

h Subtract line 1g from line 1a If zero or less, enter -0-

i Subtract line 1f from line 1c If zero or less, enter -0-

j 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?

☐ **Yes** ☐ **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.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f 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
1	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			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?	Yes		
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		572,506
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		1,572,003
j	Total. Add lines 1c through 1i			2,144,509
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political 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."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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 expenditure next year?	4	
5 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.

Return Reference	Explanation
Part II-B, Line 1	The filing organization has memberships in the South Dakota Association of Healthcare Organizations, North Dakota Hospital Association, Minnesota Hospital Association, Iowa Hospital Association, American Hospital Association, North Dakota Long Term Care Association, North Dakota Medical Group Management Association, Iowa Alliance in Home Care and Health Policy Consortium. A percentage of membership dues paid to these organizations relate to lobbying expenses. In addition, the organization employs certain individuals, and contracts with various lobbyists, to monitor legislative acts important to all Sanford entities on both state and national levels. Occasionally, Sanford employees send mailings to legislators on issues that may affect healthcare.

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.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Sanford Group Return

Employer identification number
45-3791176

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.

	(a) Donor advised funds	(b) Funds and other accounts
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?

☐ Yes ☐ No

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?

☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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?

☐ Yes ☐ No

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)?

☐ Yes ☐ No

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.

1a If the organization elected, as permitted under SFAS 116 (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

b If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1

► \$

b Assets included in Form 990, Part X

► \$

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 are a 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 programs

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 in 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	60,166,967	62,584,497	58,142,005	54,120,507	48,229,852
b Contributions	4,233,247	-2,436,209	4,442,491	4,007,618	5,316,297
c Net investment earnings, gains, and losses		18,679		25,086	654,694
d Grants or scholarships	751,526				54,813
e Other expenditures for facilities and programs				6,372	6,949
f Administrative expenses				4,834	18,574
g End of year balance	63,648,688	60,166,967	62,584,497	58,142,005	54,120,507

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

100.000 %

c

Temporarily restricted 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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

3b

☐ Yes

☐

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		108,520,505		108,520,505
b Buildings		1,538,272,323	587,600,500	950,671,823
c Leasehold improvements		76,594,247	45,343,171	31,251,076
d Equipment		1,538,836,043	932,904,777	605,931,266
e Other		37,187,229	21,997,385	15,189,844
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				1,711,564,514

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)		
Total. (Column (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)		
Total. (Column (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) Non-operating property	68,250,164
(2) Deferred compensation assets held for investment	116,144,069
(3) Other assets	7,077,737
(4) Enhanced Benefits	1,398,765
(5) Interest Receivable	45,291
(6) Cash Value-Insurance Policies	86,062
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	193,002,088

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	
Deferred compensation liability	136,417,020
Defined benefit pension liability	57,410,705
Other non-current liabilities	5,841,617
Lease Settlement Payable	735,191
Market Value of Int Rate Swap	168,054
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	200,572,587

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 FIN 48 (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.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		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.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		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.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 45-3791176
Name: Sanford Group Return

Supplemental Information

Return Reference	Explanation
Part IV, Line 2b	Long term care facilities hold security deposits for tenants

Supplemental Information	
Return Reference	Explanation
Part V, Line 4	Sanford Health Foundation, Sanford Health Foundation North, Sanford Health Foundation Hill sboro, Sanford Health Foundation of Northern Minnesota, Sandford Health Foundation of Thie f River Falls and Sanford Health Foundation West hold endowment funds on behalf of the fil ing organization to be used for assistance in its activities and for providing health care , medical, or educational services

Supplemental Information

Return Reference	Explanation
Part X, Line 2	<p>Certain controlled organizations are subject to income taxes. Deferred income tax assets and liabilities are recognized for the differences between the financial and income tax reporting basis of assets and liabilities based on enacted tax rates and laws. A tax benefit from an uncertain tax position may be recognized when it is more likely than not that the position will be sustained upon examination. The deferred income tax provision or benefit generally reflects the net change in deferred income tax assets and liabilities during the year. The current income tax provision reflects the tax consequences of revenues and expenses currently taxable or deductible on various income tax returns for the year reported. Sanford Group did not have a material income tax liability at June 30, 2018, some related organizations have established reserves.</p>

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization
Sanford Group Return

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

► Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

45-3791176

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ **Yes** ☐ **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) See Add'l Data					
(2)					
(3)					
(4)					
(5)					
3a Sub-total	0	0			18,367,000
b Total from continuation sheets to Part I					13,000
c Totals (add lines 3a and 3b)	0	0			18,380,000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			East Asia and the Pacific	Subaward of Gray Foundation Grant	60,983	Bank Transfer			Cost
(2)									
(3)									
(4)									

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **1**
- 3 Enter total number of other organizations or entities **0**

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* ☒ Yes ☐ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, do not file with Form 990)* ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, do not file with Form 990)* ☐ Yes ☒ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
Part I, Line 2	Prior to disbursement all grant fund requests are reviewed to ensure the receiving organization and proposed use of funds align with Sanford's mission. Grants are disbursed by the organization only after the expenditure has been made and properly authorized by the organization along with related documentation to ensure the funds are not diverted for non-charitable use.

Additional Data

Software ID:

Software Version:

EIN: 45-3791176

Name: Sanford Group Return

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
East Asia and the Pacific	0	0	Investments	Clinic operations, investment of potential additional clinic sites	903,000
Europe (Including Iceland & Greenland)	0	0	Program Services	Travel, conferences, and purchased goods and services	38,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	0	0	Program Services	Travel, conference, purchased goods and services	14,000
Sub-Saharan Africa	0	0	Investments	Clinic operations and investment in potential additional clinic sites	4,466,000

Form 990 Schedule F Part I - Activities Outside The United States					
(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Central America and the Caribbean	0	0	Investments	Investigation of potential clinic sites, travel	42,000
East Asia and the Pacific	0	0	Program Services	Purchased goods/services, travel	14,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
Europe (Including Iceland & Greenland)	0	0	Investments	Clinic operations, hospital, investigation of clinic sites, travel, purch goods, services	12,888,000
Middle East and North Africa	0	0	Program Services	Purchased Goods/Services	2,000

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
North America	0	0	Investments	Investigation of potential clinic sites, travel	13,000

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SCHEDULE H
(Form 990)

Hospitals

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury

Internal Revenue Service

Name of the organization

Sanford Group Return

Employer identification number

45-3791176

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.

► Attach to Form 990.

► Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Part I

Financial Assistance and Certain Other Community Benefits at Cost

1a

Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a

1a

Yes

1b

If "Yes," was it a written policy?

1b

Yes

2

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year

☒ Applied uniformly to all hospital facilities

☐ Applied uniformly to most hospital facilities

☐ Generally tailored to individual hospital facilities

3

Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year

a

Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care

3a

Yes

b

Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care

3b

Yes

c

If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care

4

Yes

5a

Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?

5a

Yes

b

If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?

5b

Yes

c

If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?

5c

No

6a

Did the organization prepare a community benefit report during the tax year?

6a

Yes

b

If "Yes," did the organization make it available to the public?

6b

Yes

Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H

7 Financial Assistance and Certain Other Community Benefits at Cost						
Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			72,271,034	0	72,271,034	1 900 %
b Medicaid (from Worksheet 3, column a)			516,441,336	343,930,325	172,511,011	4 530 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			588,712,370	343,930,325	244,782,045	6 430 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			10,501,695	789,969	9,711,726	0 250 %
f Health professions education (from Worksheet 5)			24,181,248	3,873,734	20,307,514	0 530 %
g Subsidized health services (from Worksheet 6)			474,169,582	412,809,904	61,359,678	1 610 %
h Research (from Worksheet 7)			32,802,185	18,701,133	14,101,052	0 370 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			19,912,155		19,912,155	0 520 %
j Total. Other Benefits			561,566,865	436,174,740	125,392,125	3 280 %
k Total. Add lines 7d and 7j			1,150,279,235	780,105,065	370,174,170	9 710 %

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 50192T

Schedule H (Form 990) 2017

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing			155		155	0 %
2 Economic development			3,733		3,733	0 %
3 Community support			31,276	4,418	26,858	0 %
4 Environmental improvements						
5 Leadership development and training for community members			1,621		1,621	0 %
6 Coalition building			705,586		705,586	0 020 %
7 Community health improvement advocacy			576,274		576,274	0 020 %
8 Workforce development			31,549		31,549	0 %
9 Other						
10 Total			1,350,194	4,418	1,345,776	0 040 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	50,285,952	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME).	5	881,110,124
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	936,620,572
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-55,510,448
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used.		
<input type="checkbox"/> Cost accounting system	<input type="checkbox"/> Cost to charge ratio	<input checked="" type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI.	9b	Yes	

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 Everist Health	Prevention of heart and cardiovascular disease through unique medical tech	22 840 %	15 340 %	
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Section A. Hospital Facilities

How many hospital facilities did the organization operate during the tax year?

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

See Additional Data Table

Licensed hospital

General medical & surgical

Children's hospital

Teaching hospital

Critical access hospital

Research facility;

EF-24 hours

EFr-other

Other (describe)

Facility reporting group

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
 Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____

		Yes	No
Community Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	No
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>www.sanfordhealth.org/about/community-health-needs-assessment</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input checked="" type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url) <u>www.sanfordhealth.org/about/community-health-needs-assessment</u>	10	Yes
a			
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed		
12a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP	13	Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>225 000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>375 000000000000</u> %			
b <input type="checkbox"/> Income level other than FPG (describe in Section C)			
c <input checked="" type="checkbox"/> Asset level			
d <input checked="" type="checkbox"/> Medical indigency			
e <input checked="" type="checkbox"/> Insurance status			
f <input checked="" type="checkbox"/> Underinsurance discount			
g <input checked="" type="checkbox"/> Residency			
h <input checked="" type="checkbox"/> Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)	15	Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application			
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e <input type="checkbox"/> Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply)	16	Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>see narrative for full url</u>			
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>see narrative for full url</u>			
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url) <u>see narrative for full url</u>			
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention			
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations			
j <input checked="" type="checkbox"/> Other (describe in Section C)			

Part V Facility Information (continued)**Billing and Collections**

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply)		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Facility Reporting Group - A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C

	Yes	No
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? **193**

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.)
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 3c	<p>Sanford Health does not deny care to anyone based on the ability to pay. Sanford's Financial Assistance (charity care) policy provides discounted and free services to patients who lack the resources to be fully responsible for the healthcare they receive. The Financial Assistance Policy is designed to ensure the entire community served by Sanford has access to needed healthcare services. Eligibility for discounted or free services under the Financial Assistance Policy is based on income levels and family size. Generally, individuals earning income of up to 375% of the Federal Poverty Level Income Guidelines are eligible for varying levels of discounts, including full discounts for certain income levels. Applications for coverage under the program may be obtained at any Sanford patient registration area. The primary scope of Sanford's financial assistance matrix considers family income and family size to objectively determine financial need. The family income range varies from 0-225% up to 375% of the Federal Poverty Level (FPL). An applicant over 375% may be eligible for some level of financial assistance based on a review of additional factors such as the size of the account balance, debt-to-income ratio, current assets, current liabilities, IRS food expense allowances, monthly cash flow, etc. Additionally, it is possible for a family to qualify in one segment (based on income and family size alone) but be moved to a more generous (for the patient) segment based on the other financial variables mentioned above. An applicant may be denied if they have substantial assets and applicants are considered on a case-by-case basis. The Amount Generally Billed (AGB) discount percentage is the least amount Sanford can discount for any patient qualifying under the Sanford Financial Assistance Policy. It is the percentage used for the lowest level of assistance granted for those qualifying under the Sanford Financial Assistance Policy as listed on Appendix 1 - Sliding Discount Schedule for Assistance. Anyone else qualifying for assistance at greater levels will receive discount amounts greater than the Sanford AGB discount amount. Part I, Line 5b. Sanford as a whole did exceed its financial assistance budget for FY 2018, however, exceeding that budget did not impact the ability to serve any patients and no patients were disallowed services. The organization provided free or discounted services to patients who were eligible for free or discounted care. Part I, Line 6. Sanford Health's 2017 Community Benefit Annual Report is posted annually on the Sanford website at http://www.sanfordhealth.org/about/community-benefit</p>
Part I, Line 7	<p>The Amount Generally Billed (AGB) discount percentage is the least amount Sanford can discount for any patient qualifying under the Sanford Financial Assistance Policy. It is the percentage used for the lowest level of assistance granted for those qualifying under the Sanford Financial Assistance Policy as listed on Appendix 1 - Sliding Discount Schedule for Assistance. Anyone else qualifying for assistance at greater levels will receive discount amounts greater than the Sanford AGB discount amount. Cost to Charge Ratios are used to calculate the amounts on Line 7a - 7c (Financial Assistance, Medicaid Shortfall, and Other Means-Tested Government Programs) and also Line 7g (Subsidized Health Services) for each of the subsidiaries included in the return. All other amounts for Lines 7e, 7f, 7h and 7i would come from the books and records of specific segments of the organization and would not be based on a Cost to Charge Ratio, or similar cost accounting methodology. These costs still represent the costs to provide benefits.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I, Line 7g	Subsidized health services are clinical services provided to both inpatients and outpatients despite a financial loss to Sanford. Each loss has been calculated after removing losses associated with bad debts, financial assistance and Medicaid. Although these services generate overall losses to Sanford, they continue to meet the needs of the communities served. Various services that generate losses are provided by Sanford through physician practices. For FY 2018, subsidized health services provided through these physician practices generated losses of \$51,308,768.
Part II, Community Building Activities	Sanford Health is a not-for-profit organization dedicated to the work of health and healing for the public good. Sanford is committed to giving back to the communities in which its employees and patients live and work. Sanford invests resources in order to produce the best outcomes for patient care, education, research, and community enrichment, and partners with others to ensure that the community is a welcoming, healthy environment and one that attracts and sustains a diverse Sanford workforce to deliver the best patient care and much needed medical research. Sanford considers requests for funding and in-kind support for new and ongoing programs with all areas supporting the above goals, such as basic human services, education and workforce development by recruiting physicians and other health professionals to medical shortage or underserved areas and collaborating with educational institutions to train and recruit health professionals, advocating community health improvement through efforts to support policies and programs that safeguard or improve public health and help to ensure access to health care services.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 2	Bad debt expense at cost is determined using the same cost to charge ratios that are used to calculate Financial Assistance and Medicaid Shortfall Discounts and allowances are accounted for separately from Bad Debt Expense
Part III, Line 3	It is Sanford's policy to make financial assistance available to patients who fit the financial assistance criteria It is the organization's goal to make certain that Sanford is proactive in identification of the patients who need help with financial concerns Financial counselors make every effort to ensure that financial assistance eligible patients do not progress to bad debt For this reason, a dollar amount for bad debt is not included

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 4	The audited financial statements of Sanford do not include a bad debt footnote. Sanford reports bad debt in accordance with generally accepted accounting principles (GAAP).
Part III, Line 8	Per IRS instructions, Sanford has identified the cost associated with providing Medicare services from the Medicare cost report. The Medicare cost report calculations are total expense less expenses deemed "unallowable" per Medicare regulations. The net expense is then used to calculate the cost per day and cost to charge ratios which are multiplied by the Medicare days and ancillary charges to determine the cost of providing Medicare services. If all expenses that Sanford incurred were included on the Medicare cost report, this would show a shortfall of approximately \$246,321,201. Sanford believes this shortfall should be considered community benefit because these services would need to be provided by either another charitable organization or the government if it was not provided by Sanford.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III, Line 9b	<p>Sanford will provide services at no cost or reduced cost to patients who qualify for the program. Patients with incomes at or below 225% of the United States Department of Health and Human Services poverty guideline will receive a 100% reduction of their payment responsibility. Patients with income between 225% - 375% of the poverty guideline will be given a discount based on a sliding scale and assets are considered in the calculation of the income of the patient, with the exception of the patient's principal residence. Patients above 375% of the FPG will be reviewed for additional factors such as size of medical debt before a final determination. Patients must make their financial need known to appropriate personnel and be engaged in filing appropriate and complete applications. The program is available to those patients without health care benefits from any source as well as to those who have coverage for health care costs through a government program, commercial insurance, or other health benefit plan but continue to have a remaining balance after benefits have been applied to the charges. Sanford will not deny financial assistance based on race, creed, sex, national origin, handicap or age. Every effort is made to identify patients with financial need as early as possible in the revenue cycle. Sanford has zero tolerance for abusive, harassing, oppressive, false, deceptive, or misleading language of collections conduct. This zero tolerance applies to internal Sanford staff and third party collection vendors and attorneys. Neither Sanford nor any of its third party collection vendors will take any extraordinary collection efforts until Sanford and the third party collection vendor have made reasonable efforts to determine if a patient is eligible for financial assistance under the Financial Assistance Policy.</p>
Part VI, Line 2	<p>Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgement section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area -Cass County, North Dakota and Clay County, Minnesota, the Bemidji area - Beltrami County in MN, the Bismarck area - Burleigh and Morton counties in ND, and the Sioux Falls area - Minnehaha, Lincoln, Turner and McCook counties in SD. A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3, 5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3, 5 are being addressed by Sanford. However, 3, 5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Community stakeholders helped to determine key priorities for their respective communities. A listing of the community stakeholders can be found in each published CHNA at http://www.sanfordhealth.org/about/community-health-needs-assessment. Public comments and response to the community health needs assessment and the implementation strategies are welcome on the Sanford website under "About Sanford" in the Community Health Needs Assessment section. The only comment received since the publications on the Sanford website was a question asking if a CHNA was conducted in a rural area where Sanford does not have a medical center. The following community leadership members contributed their expertise with the planning, development and analysis of the community health needs assessment: Each member met multiple times during the CHNA process to guide and advise the team -Sioux Falls Public Health- Pennington County Public Health-Beltrami Public Health-Traill County Public Health-Steele County Public Health-City of Halstad-South Dakota Department of Health-Clay County Public Health-South Dakota State University-Center for Social Research, North Dakota State University -Center for Rural Health -Burleigh County Public Health-Fargo Cass Public Health-South Dakota Department of Health-North Dakota Department of Health-North Dakota Public Health Association, in partnership with the American Indian CHNA.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 3	<p>Sanford employs a variety of strategies to make certain that the organization is transparent in the communication of financial assistance guidelines. The staff at Sanford makes every effort to identify patients needing financial assistance as early in the revenue cycle as possible. All Sanford entities display signage in registration areas advising patients of their ability to request financial assistance. The signage was made available in English and Spanish. Financial Assistance applications were available in English or Spanish upon request. All healthcare workers who identify patients with financial need are encouraged to provide patients or their designees a financial application. This may include, but not be limited to the following areas: Administration, Admissions, Patient Financial Services, Financial Counselors, Social Services, Physicians, Nursing, Clinic Director, Reception staff and Human Resources. Financial Counselors are trained to work individually with patients to determine the financial need and recommend appropriate assistance in application for charity care, government programs or discounted services. Sanford's Financial Assistance Program is available to anyone who qualifies for assistance. This program ensures that all people receive the care they need, regardless of their financial situation. Sanford makes Financial Assistance information available to community agencies and referral organizations. Financial Assistance information is also available on the Sanford website at https://www.sanfordhealth.org/patients-and-visitors/billing-and-insurance/financial-assistance-policy.</p>
Part VI, Line 4	<p>Sanford Health is an integrated health system headquartered in the Dakotas. It is one of the largest health systems in the nation with 43 hospitals and nearly 250 clinics in nine states and three countries. Sanford Health's approximately 33,000 employees, including 1,400 physicians, make it the largest employer in the Dakotas. Sanford USD Medical Center - Sioux Falls, South Dakota. Sioux Falls is the largest city in the state of South Dakota and is the County seat of Minnehaha County. Sioux Falls also extends into Lincoln County. The 2017 U.S. Census Bureau estimates a total population of 176,888 for Sioux Falls. According to the 2017 County Health Rankings, the population of Minnehaha County is 84.0% white, 4.5% African American, 2.8% American Indian, 2.0% Asian and 4.9% Hispanic. Sioux Falls is a significant regional health care center. Only 2% of the population is reported to be not proficient in English. The median household income in Sioux Falls is \$55,600. Sanford Medical Center Fargo - Fargo, North Dakota. Fargo is the largest city in North Dakota, accounting for 15% of the state's population. Fargo is also the county seat of Cass County. The 2017 United States Census estimates the population of Fargo was 122,359. According to the 2017 County Health Rankings, the population of Cass County is 87.5% white, 4.0% African American, 1.4% American Indian, 2.8% Asian and 2.6% Hispanic. Only 1% of the population is reported to be not proficient in English. The median household income is \$55,900. Sanford Bemidji Medical Center - Bemidji, Minnesota. Bemidji is located in Beltrami County, Minnesota. Bemidji houses many Native American Services, including the Indian Health Service. The city is the central hub of the Red Lake Indian Reservation, White Earth Indian Reservation, and the Leech Lake Indian Reservation. According to the 2017 United States Census estimates, the population of Bemidji is 15,366. According to the 2017 County Health Rankings, the population of Beltrami County is 73.1% white, 0.8% African American, 21.2% American Indian, 0.7% Asian and 2.0% Hispanic. 0% of the population is reported to be not proficient in English. The median household income is \$46,000. Sanford Bismarck Medical Center - Bismarck, North Dakota. Bismarck is a city located in Burleigh County in central North Dakota. Bismarck is experiencing fast-paced growth as a direct result of oil development throughout the western part of the state. Bismarck is the state capital and is the second largest city in the state of North Dakota with a population 72,865. According to the 2017 County Health Rankings, the population of Burleigh County is 90.1% white, 1.4% African American, 4.2% American Indian, 0.7% Asian and 2.1% Hispanic. 0% of the population is reported to be not proficient in English. The median household income is \$66,100. Sanford Network Hospitals. Sanford Health Network Hospitals is a network of rural hospitals located throughout South Dakota, North Dakota, Minnesota, and Iowa. Sanford Clinics. Sanford Clinic is a multi-specialty clinic comprised of 1,400 physicians providing services in the US as well as internationally.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI, Line 5	Sanford maintains an open medical staff Community Boards - The Sanford Board of Trustees was comprised of 14 members at the end of the fiscal year, including 9 volunteer community members, 4 physicians and the CEO Surplus Funds - Surplus funds are invested back into the community, as well as to resource development and facility development to better serve patients and communities
Part VI, Line 6	<p>Sanford Health is an integrated health system headquartered in the Dakotas It is one of the largest health systems in the nation with 43 hospitals and nearly 250 clinics in nine states and three countries Sanford Health's 27,000 employees, including 1,400 physicians, make it the largest employer in the Dakotas Sanford Health provides services at every level from critical access hospitals to tertiary and quaternary care The Sanford footprint includes over 220,000 square miles with a nine state service area and a network of children's primary care clinic locations across the country and world Sanford Health operates full-time emergency centers and provides emergency care to everyone regardless of their ability to pay Sanford facilities and clinics provide services to remote and medically underserved areas that would otherwise not have access to even primary care services Sanford Health financially supports health and wellness, education and community development activities to improve the quality of life and strengthen communities throughout the region Each facility promotes health and healing that responds to the unique needs of the patients in the community, ensuring access to comprehensive and specialized services</p> <p>Part VI, Line 7 Community benefit reporting is not required and therefore not filed in North Dakota, South Dakota, Nebraska or Iowa Filing in Minnesota is voluntary</p>

Schedule H (Form 990) 2017

Additional Data

Software ID:
Software Version:
EIN: 45-3791176
Name: Sanford Group Return

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>25</u>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Sanford USD Medical Center 1305 W 18th Street Sioux Falls, SD 57117 www.sanfordhealth.org SD 10564	X	X	X	X			X			A
2	Sanford Medical Center Fargo 5225 23rd Avenue S Fargo, ND 58104 www.sanfordhealth.org ND 5070	X	X	X	X			X			A
3	Sanford Broadway Medical Center Fargo 801 Broadway North Fargo, ND 58122 www.sanfordhealth.org ND 5018A	X	X	X	X			X			A
4	Sanford Medical Center South University 1720 South University Fargo, ND 58103 www.sanfordhealth.org ND 5068A	X	X		X						A
5	Sanford Bismarck Medical Center 300 N 7th Street Bismarck, ND 58501 www.sanfordhealth.org ND 5003A	X	X		X			X			A

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 25		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
6	Sanford Bemidji Medical Center 1300 Anne Street NW Bemidji, MN 56601 www.sanfordhealth.org MN 371073	X	X					X			A
7	Sanford Medical Center Thief River Falls 3001 Sanford Parkway Thief River Falls, MN 56701 www.sanfordhealth.org MN 371500	X	X			X		X		Inpatient Mental Health	A
8	Sanford Aberdeen Medical Center 2905 3rd Avenue SE Aberdeen, SD 57401 www.sanfordhealth.org SD 65089	X	X					X			A
9	Sanford Worthington Medical Center 1018 6th Avenue Worthington, MN 56187 www.sanfordhealth.org MN 371449	X	X					X			A
10	Sanford Sheldon Medical Center 118 N 7th Avenue Sheldon, IA 51201 www.sanfordhealth.org IA 161381	X	X			X		X		Nursing Facility	A

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 25											
Name, address, primary website address, and state license number											
11	Sanford Vermillion Medical Center 20 S Plum Street Vermillion, SD 57069 www.sanfordhealth.org SD 53082	X	X			X		X		Nursing Facility	A
12	Sanford Chamberlain Medical Center 300 S Byron Blvd Chamberlain, SD 57325 www.sanfordhealth.org SD 50302	X	X			X		X		Nursing Facility	A
13	Sanford Luverne Medical Center 1600 N Kniss Avenue Luverne, MN 56156 www.sanfordhealth.org MN 371352	X	X			X		X			A
14	Sanford Canby Medical Center 112 St Olaf Avenue S Canby, MN 56220 www.sanfordhealth.org MN 371019	X	X			X		X		Nursing Facility	A
15	Sanford Jackson Medical Center 1430 N Highway Jackson, MN 56143 www.sanfordhealth.org MN 371002	X	X			X		X			A

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 25											
Name, address, primary website address, and state license number											
16	Sanford Tracy Medical Center 251 5th Street E Tracy, MN 56175 www.sanfordhealth.org MN 371440	X	X			X		X			A
17	Sanford Rock Rapids Medical Center 801 S Greene Street Rock Rapids, IA 51246 www.sanfordhealth.org IA 161321	X	X			X		X			A
18	Sanford Hillsboro Medical Center 12 3rd Street SE Hillsboro, ND 58045 www.sanfordhealth.org ND 5026A	X	X			X		X			A
19	Sanford Medical Center Mayville 42 6th Avenue SE Mayville, ND 58257 www.sanfordhealth.org ND 5034A	X	X			X		X			A
20	Sanford Webster Medical Center 1401 W 1st Street Webster, SD 57274 www.sanfordhealth.org SD 10573	X	X			X		X			A

Section A. Hospital Facilities		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 25											
Name, address, primary website address, and state license number											
21	Sanford Medical Center Wheaton 401 12th Street N Wheaton, MN 56296 www.sanfordhealth.org MN 371390	X	X			X		X			A
22	Sanford Bagley Medical Center 203 4th Street NW Bagley, MN 56621 www.sanfordhealth.org MN 371484	X	X			X		X			A
23	Sanford Canton-Inwood Medical Center 440 N Hiawatha Drive Canton, SD 57013 www.sanfordhealth.org SD 51569	X	X			X		X			A
24	Sanford Clear Lake Medical Center 701 3rd Avenue S Clear Lake, SD 57226 www.sanfordhealth.org SD 10533	X	X			X		X			A
25	Sanford Westbrook Medical Center 920 Bell Avenue Westbrook, MN 56183 www.sanfordhealth.org MN 371439	X	X			X		X			A

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Part V, Section B	Facility Reporting Group A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Facility Reporting Group A consists of	- Facility 1 Sanford USD Medical Center, - Facility 3 Sanford Broadway Medical Center Fargo, - Facility 4 Sanford Medical Center South University, - Facility 5 Sanford Bismarck Medical Center, - Facility 6 Sanford Bemidji Medical Center, - Facility 7 Sanford Medical Center Thief River Falls, - Facility 8 Sanford Aberdeen Medical Center, - Facility 9 Sanford Worthington Medical Center, - Facility 10 Sanford Sheldon Medical Center, - Facility 11 Sanford Vermillion Medical Center, - Facility 12 Sanford Chamberlain Medical Center, - Facility 13 Sanford Luverne Medical Center, - Facility 14 Sanford Canby Medical Center, - Facility 15 Sanford Jackson Medical Center, - Facility 16 Sanford Tracy Medical Center, - Facility 17 Sanford Rock Rapids Medical Center, - Facility 18 Sanford Hillsboro Medical Center, - Facility 19 Sanford Medical Center Mayville, - Facility 20 Sanford Webster Medical Center, - Facility 21 Sanford Medical Center Wheaton, - Facility 22 Sanford Bagley Medical Center, - Facility 23 Sanford Canton-Inwood Medical Center, - Facility 24 Sanford Clear Lake Medical Center, - Facility 25 Sanford Westbrook Medical Center, - Facility 2 Sanford Medical Center Fargo

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- Sanford USD Medical Center Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- Sanford USD Medical Center Part V, Section B, line 5	<p>munity stakeholders helped to determine key priorities for their respective communities A listing of the community stakeholders can be found in each published CHNA at http://www.sanfordhealth.org/about/community-health-needs-assessment Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website under "About Sanford" in the Community Health Needs Assessment section The only comment received since the publications on the Sanford website was a question asking if a CHNA was conducted in a rural area where Sanford does not have a medical center The following community leadership members contributed their expertise with the planning, development and analysis of the community health needs assessment Each member met multiple times during the CHNA process to guide and advise the team -Sioux Falls Public Health-Pennington County Public Health-Beltrami Public Health-Trail County Public Health-Steele County Public Health-City of Halstad-South Dakota Department of Health-Clay County Public Health-South Dakota State University-Center for Social Research, North Dakota State University-Center for Rural Health -Burleigh County Public Health-Fargo Cass Public Health-South Dakota Department of Health-North Dakota Department of Health-North Dakota Public Health Association, in partnership with the American Indian CHNA</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 1 -- Sanford USD Medical Center Part V, Section B, line 6a	Sanford Fargo Medical CenterSanford Broadway Medical Center FargoSanford South University Medical CenterSanford Bismarck Medical CenterSanford Bemidji Medical CenterSanford Aberdeen Medical CenterSanford Bagley Medical CenterSanford Canby Medical CenterSanford Canton-Inwood Medical CenterSanford Chamberlain Medical CenterSanford Clear Lake Medical CenterSanford Hillsboro Medical CenterSanford Jackson Medical CenterSanford Luverne Medical CenterSanford Mayville Medical CenterSanford Rock Rapids Medical CenterSanford Sheldon Medical CenterSanford Thief River Falls Medical CenterSanford Tracy Medical CenterSanford Vermillion Medical CenterSanford Webster Medical CenterSanford Westbrook Medical CenterSanford Wheaton Medical CenterSanford Worthington Medical Center

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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Form and Line Reference	Explanation
Group A-Facility 1 -- Sanford USD Medical Center Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

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Form and Line Reference	Explanation
Group A-Facility 1 -- Sanford USD Medical Center Part V, Section B, line 11	<p>The following information is a compilation of the identified priority needs for each community and what Sanford is doing to address the priority needs. In cases where identified needs have not been directly addressed it is because those needs fall outside of Sanford's expertise, or because Sanford is working with community partners to address the needs. The needs not addressed directly by Sanford are listed for each facility. Additional information about what Sanford is doing to address other assessed needs of the community can be found for each hospital facility at http://www.sanfordhealth.org/about/community-health-needs-assessment</p> <p>Priority 1 Crime/Safety - Pharmaceutical Narcotics in the CommunitySanford USD Medical Center will standardize narcotic prescribing protocols across the enterprise to reduce usage. Narcotic prescriptions will be tracked internally and areas for improvement will be identified.</p> <p>Priority 2 Chronic DiseaseSanford is dedicated to improving health outcomes by monitoring BMI through quality metrics and referring to internal/external services to improve the care of patients with overweight or obesity diagnosis. The Sanford fit Pro gram will be available to all local schools, students and families in the area through the classroom modules and the fit website. Sanford will address diabetes by adopting optimal diabetes care for patients ages 18-75 with diabetes. Sanford will standardize hypertension protocols in all primary care settings, and will adopt standardized protocols for optimal vascular care.</p> <p>Addressing of Significant Needs during Current Year</p> <p>Priority 1 Crime/Safety- Reduce Pharmaceutical Narcotics in the CommunitySanford developed strategy to reduce narcotic use across the system by providing alternative pain management methods. Policies and procedures to address the prescription of narcotics have been standardized across the healthcare system. The measureable outcome for this implementation strategy is to track narcotic prescriptions and identify areas for improvement. Pain medication prescriptions are continuously tracked and studied to identify areas for improvement. There has been a 28% reduction in the prescription of narcotics since beginning this initiative in 2017.</p> <p>Priority 2 Chronic DiseasePhysical HealthSanford has set strategy to improve the care of patients with overweight or obesity diagnosis. Patients who are overweight will be referred to internal and external services including registered dietitians, exercise physiologists, and RN Health Coaches. The measureable outcome for this implementation strategy is to track the referrals. From 2017 through Q3 of 2018, the referrals for follow-up interventions have increased. The current rate of referral is 46.2%. The Sanford fit initiative, http://sanfordfit.org/, a childhood obesity prevention initiative, continues to grow and mature while refining the offerings and enabling broad replication and meaningful use. Supported by the clinical experts of Sanford, fit</p>

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Form and Line Reference	Explanation
Group A-Facility 1 -- Sanford USD Medical Center Part V, Section B, line 11	educates, empowers and motivates families to live a healthy lifestyle through a comprehensive suite of resources for children, parents, teachers and clinicians fit is the only initiative focusing equally on the four key contributing factors to childhood obesity Food (nutrition), Move (activity), Mood (behavioral health), and Recharge (sleep) Sanford's fit initiative has come a long way since its inception in 2010 Through fit, healthy lifestyles are actively being promoted in homes, schools, daycares, clinical settings, and throughout the community by way of technology, engaging programs, and utilizing key role models in a child's life Since 2017, Sanford has presented the Sanford fit program to live audiences and has reached 5,075 individuals through interactive engagement Sanford fit is available in classrooms across the Sioux Falls area with 8,179 students currently using the curriculum The Sanford fit online program is available nationwide and has over 22 million views with 198,000 engagements DiabetesSanford has set strategy to provide optimal diabetes care and to measure the outcomes for systolic and diastolic blood pressure, LDL cholesterol, hemoglobin A1C, tobacco use and aspirin use These outcomes are part of the optimal care recommendations for people living with diabetes The measureable outcomes are systolic blood pressure of <140, diastolic blood pressure of <90, LDL per statin indication, HbA1C < 8, tobacco free, and a daily aspirin if ischemic vascular disease Currently at Sanford, 49.4% of patients with diabetes are at optimal outcomes HypertensionSanford has set strategy to address hypertension through standardized protocol, frequent blood pressure monitoring, and referral Outcomes measures include a blood pressure of less than 140/90 for all ages 18-59, and for age 60+ with diabetes, vascular or renal disease For patients 60 or older without diabetes, vascular or renal disease the goal is a blood pressure of 150/90 Eighty-eight percent of patients with hypertension are now under control with a blood pressure of <140/90 Ischemic Vascular DiseaseSanford has set strategy to address ischemic vascular disease by standardizing protocols for optimal vascular care Outcome measures include systolic blood pressure <140, diastolic blood pressure < 90, LDL statin indications, tobacco free recommendations, and a daily use of aspirin Currently at Sanford 63% have met the outcomes for optimal care Identified needs not directly addressed by this facility include Aging - Cost of long term care Child and Youth - Bullying Access to Health Care - Access to affordable health insurance, Access to affordable health, Access to affordable prescription drugs Mental Health - Underage drug use and abuse, Alcohol abuse

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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Form and Line Reference	Explanation
Group A-Facility 1 -- Sanford USD Medical Center Part V, Section B, line 13h	Other factors for calculating amounts charged to patients include balance owed, family size, debt to income ratio, savings and investments, other debt (both medical and non-medical), previous bankruptcies and liens, patient/guarantor involvement in other state and Federal assistance programs, individual circumstances, current employment status, total monthly expenses and third party analytic score

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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Form and Line Reference	Explanation
Group A-Facility 1 -- Sanford USD Medical Center Part V, Section B, line 16j	Other measures to publicize the policy within the community served by the hospital facility include publishing with local public health agencies, collection agencies and submission to law firms that serve the underprivileged population The financial assistance program summary, complete policy and the Sanford Financial Assistance Application are all available at https //www.sanfordhealth.org/patients-and-visitors/billing-and-insurance/financial-assistance-policy

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Form and Line Reference	Explanation
Group A-Facility 3 -- Sanford Broadway Medical Center Fargo Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 3 -- Sanford Broadway Medical Center Fargo Part V, Section B, line 5	<p>munity stakeholders helped to determine key priorities for their respective communities A listing of the community stakeholders can be found in each published CHNA at http://www.sanfordhealth.org/about/community-health-needs-assessment Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website under "About Sanford" in the Community Health Needs Assessment section The only comment received since the publications on the Sanford website was a question asking if a CHNA was conducted in a rural area where Sanford does not have a medical center The following community leadership members contributed their expertise with the planning, development and analysis of the community health needs assessment Each member met multiple times during the CHNA process to guide and advise the team -Sioux Falls Public Health-Pennington County Public Health-Beltrami Public Health-Trail County Public Health-Steele County Public Health-City of Halstad-South Dakota Department of Health-Clay County Public Health-South Dakota State University-Center for Social Research, North Dakota State University-Center for Rural Health -Burleigh County Public Health-Fargo Cass Public Health-South Dakota Department of Health-North Dakota Department of Health-North Dakota Public Health Association, in partnership with the American Indian CHNA</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 3 -- Sanford Broadway Medical Center Fargo Part V, Section B, line 6a	Sanford USD Medical Center Sioux FallsSanford Medical Center FargoSanford South University Medical CenterSanford Bismarck Medical CenterSanford Bemidji Medical CenterSanford Aberdeen Medical CenterSanford Bagley Medical CenterSanford Canby Medical CenterSanford Canton-Inwood Medical CenterSanford Chamberlain Medical CenterSanford Clear Lake Medical CenterSanford Hillsboro Medical CenterSanford Jackson Medical CenterSanford Luverne Medical CenterSanford Mayville Medical CenterSanford Rock Rapids Medical CenterSanford Sheldon Medical CenterSanford Thief River Falls Medical CenterSanford Tracy Medical CenterSanford Vermillion Medical CenterSanford Webster Medical CenterSanford Westbrook Medical CenterSanford Wheaton Medical CenterSanford Worthington Medical Center

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Form and Line Reference	Explanation
Group A-Facility 3 -- Sanford Broadway Medical Center Fargo Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 3 -- Sanford Broadway Medical Center Fargo Part V, Section B, line 11	<p>The following information is a compilation of the identified priority needs for each community and what Sanford is doing to address the priority needs. In cases where identified needs have not been directly addressed it is because those needs fall outside of Sanford's expertise, or because Sanford is working with community partners to address the needs. The needs not addressed directly by Sanford are listed for each facility. Additional information about what Sanford is doing to address other assessed needs of the community can be found for each hospital facility at http://www.sanfordhealth.org/about/community-health-needs-assessment</p> <p>Priority 1 HypertensionSanford Fargo Medical Center will reduce the number of patients with uncontrolled hypertension. Standardized nursing protocol for blood pressure checks and rechecks is a strategy that has been implemented throughout the medical center.</p> <p>Priority 2 DepressionSanford has prioritized depression as a top priority and has implemented strategy to perform assessments for depression and to improve PHQ-9 scores and the severity for patients with depression.</p> <p>Priority 3 Flu Vaccines Sanford has prioritized flu vaccines and has implemented strategy to increase the number of flu vaccines provided to community members. Sanford will develop consumer education materials, and conduct flu blitz clinics at various locations in the community.</p> <p>Addressing of Significant Needs during Current Year</p> <p>Priority 1 HypertensionHypertension is a risk factor for cardiovascular disease, and contributes to premature death from heart attack, stroke, diabetes and renal disease. The North Dakota Department of Health reports that 27.7% of the population in Cass County has been told by their provider that they have hypertension. Sanford prioritized hypertension as a top priority for 2017-2019, and has set strategy to standardize nursing protocol for blood pressure checks and rechecks. The goal is to reduce the number of patients with uncontrolled hypertension. The measureable outcome is the number of patients with blood pressure < 140/90. This goal has been reached for 87.8% of patients with hypertension.</p> <p>Priority 2 DepressionDepression is a common but serious illness that can interfere with daily life. Many people with a depressive illness never seek treatment. However, the majority, even those with the most severe depression, can get better with treatment. The North Dakota Department of Health reports that 11.9% of residents in Cass County have reported fair or poor mental health days. County Health Rankings for Clay County indicate that 11% of the residents have fair or poor mental health. Sanford has prioritized depression as a top priority and has set strategy to perform assessments for depression and to improve PHQ-9 scores for patients who are diagnosed with depression. The goal is to improve PHQ-9 scores for patients with depression. The measurable outcome is the percentage of patients with major depression or dysthymia and an</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 3 -- Sanford Broadway Medical Center Fargo Part V, Section B, line 11	<p>initial PHQ-9 score greater than 9 whose 6-month PHQ-9 score is less than 5 This goal has been reached by 10 7% of patients with a depression diagnosis Priority 3 Flu VaccinesThe CDC states that influenza is a serious disease that can lead to hospitalization and somet imes even death Every flu season is different, and influenza infection can affect people differently Even healthy people can get very sick from the flu and spread it to others T he North Dakota Department of Health reports that 33 5% of adults age 65 and older did not receive a flu vaccine in the past year Respondents to the CHNA generalizable survey repo rt that 26% of children 18 years and younger did not receive a flu vaccine in the past yea r Sanford has prioritized flu vaccines as a top priority and has set strategy to increase the number of flu vaccines provided to community members The goal is to increase the numb er of flu vaccines provided to community members The measurable outcomes are the number o f flu vaccines given to adults each year and the number of flu vaccines given to the pedia tric population each year The combined number of flu vaccines given in FY 2016 was 2675, in FY 2017, it was 2518 and in FY 2018, the total was 2017 Identified needs not directly a ddedressed by this facility include Economics - Availability of affordable housing, Hunger Aging - Cost of long term care, Availability of memory care, Availability of LTC Children and Youth - Bullying, Cost of quality child care, Cost of quality infant care, Availabilit y of quality child care, Availability of quality infant care, Cost of services for at risk youth Safety - Presence of street drugs and alcohol in the community, Presence of drug de alers in the community, Crime, Child abuse and neglect, Domestic violence, Presence of gan g activity in the community, Sex trafficking Health care - Access to affordable health ins urance, Access to affordable health care, Access to affordable prescription drugs, Timely access to substance abuse providers, Cost of affordable dental insurance coverage, Use of emergency room for primary care, Cost of affordable vision insuranceAll assessed needs tha t are healthcare related are being addressed at Sanford Sanford is not developing strateg ies to address the cost of long term care and the availability of long term care and memor y care in the Fargo-Moorhead area Long-term care cost and access is an area of care that Sanford is not directly addressing because there are organizations in the community that a re working on these needs Additional concerns that will not be addressed directly by stra tegy include bullying among children and youth, the cost of quality child care and the cost t of quality infant care The results of the CHNA have been shared with community leaders, and those who have expertise in the areas that are not being addressed directly by Sanfor d Sanford Medical Center Fargo will standardize narcotic prescribing protocols across the enterprise to reduce usage N</p>

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 3 -- Sanford Broadway Medical Center Fargo Part V, Section B, line 11	arcotic prescriptions will be tracked internally and areas for improvement will be identified

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 3 -- Sanford Broadway Medical Center Fargo Part V, Section B, line 13h	Other factors for calculating amounts charged to patients include balance owed, family size, debt to income ratio, savings and investments, other debt (both medical and non-medical), previous bankruptcies and liens, patient/guarantor involvement in other state and Federal assistance programs, individual circumstances, current employment status, total monthly expenses and third party analytic score

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 3 -- Sanford Broadway Medical Center Fargo Part V, Section B, line 16j	Other measures to publicize the policy within the community served by the hospital facility include publishing with local public health agencies, collection agencies and submission to law firms that serve the underprivileged population The financial assistance program summary, complete policy and the Sanford Financial Assistance Application are all available at https //www.sanfordhealth.org/patients-and-visitors/billing-and-insurance/financial-assistance-policy

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Form and Line Reference	Explanation
Group A-Facility 4 -- Sanford Medical Center South University Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

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Form and Line Reference	Explanation
Group A-Facility 4 -- Sanford Medical Center South University Part V, Section B, line 6a	Sanford USD Medical Center Sioux FallsSanford Fargo Medical CenterSanford Broadway Medical Center FargoSanford Bismarck Medical CenterSanford Bemidji Medical CenterSanford Aberdeen Medical CenterSanford Bagley Medical CenterSanford Canby Medical CenterSanford Canton-Inwood Medical CenterSanford Chamberlain Medical CenterSanford Clear Lake Medical CenterSanford Hillsboro Medical CenterSanford Jackson Medical CenterSanford Luverne Medical CenterSanford Mayville Medical CenterSanford Rock Rapids Medical CenterSanford Sheldon Medical CenterSanford Thief River Falls Medical CenterSanford Tracy Medical CenterSanford Vermillion Medical CenterSanford Webster Medical CenterSanford Westbrook Medical CenterSanford Wheaton Medical CenterSanford Worthington Medical Center

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Form and Line Reference	Explanation
Group A-Facility 4 -- Sanford Medical Center South University Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 4 -- Sanford Medical Center South University Part V, Section B, line 11	<p>The following information is a compilation of the identified priority needs for each community and what Sanford is doing to address the priority needs. In cases where identified needs have not been directly addressed it is because those needs fall outside of Sanford's expertise, or because Sanford is working with community partners to address the needs. The needs not addressed directly by Sanford are listed for each facility. Additional information about what Sanford is doing to address other assessed needs of the community can be found for each hospital facility at http://www.sanfordhealth.org/about/community-health-needs-assessment</p> <p>Priority 1 HypertensionSanford Medical Center South University will reduce the number of patients with uncontrolled hypertension. Standardized nursing protocol for blood pressure checks and rechecks is a strategy that has been implemented throughout the medical center.</p> <p>Priority 2 DepressionSanford has prioritized depression as a top priority and has implemented strategy to perform assessments for depression and to improve PHQ-9 scores and the severity for patients with depression. PHQ-9 score is a standardized tool used to assess depression. The goal is to lower the score from the original starting point. Sanford uses the PHQ-9 screening tool in primary care settings across the system.</p> <p>Priority 3 Flu Vaccines Sanford has prioritized flu vaccines and has implemented strategy to increase the number of flu vaccines provided to community members. Sanford will develop consumer education materials, and conduct flu blitz clinics at various locations in the community.</p> <p>Add ressing of Significant Needs during Current Year</p> <p>Priority 1 HypertensionHypertension is a risk factor for cardiovascular disease, and contributes to premature death from heart attack, stroke, diabetes and renal disease. The North Dakota Department of Health reports that 27.7% of the population in Cass County has been told by their provider that they have hypertension. Sanford prioritized hypertension as a top priority for 2017-2019, and has set strategy to standardize nursing protocol for blood pressure checks and rechecks. The goal is to reduce the number of patients with uncontrolled hypertension. The measureable outcome is the number of patients with blood pressure < 140/90. This goal has been reached for 87.8% of patients with hypertension.</p> <p>Priority 2 DepressionDepression is a common but serious illness that can interfere with daily life. Many people with a depressive illness never seek treatment. However, the majority, even those with the most severe depression, can get better with treatment. The North Dakota Department of Health reports that 11.9% of residents in Cass County have reported fair or poor mental health days. County Health Rankings for Clay County indicate that 11% of the residents have fair or poor mental health. Sanford has prioritized depression as a top priority and has set strategy to perform assessments for depression and to improve PH</p>

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Form and Line Reference	Explanation
Group A-Facility 4 -- Sanford Medical Center South University Part V, Section B, line 11	<p>Q-9 scores for patients who are diagnosed with depression The goal is to improve PHQ-9 scores for patients with depression The measurable outcome is the percentage of patients with major depression or dysthymia and an initial PHQ-9 score greater than 9 whose 6-month PHQ-9 score is less than 5 This goal has been reached by 107% of patients with a depression diagnosis Priority 3 Flu VaccinesThe CDC states that influenza is a serious disease that can lead to hospitalization and sometimes even death Every flu season is different, and influenza infection can affect people differently Even healthy people can get very sick from the flu and spread it to others The North Dakota Department of Health reports that 33.5% of adults age 65 and older did not receive a flu vaccine in the past year Respondents to the CHNA generalizable survey report that 26% of children 18 years and younger did not receive a flu vaccine in the past year Sanford has prioritized flu vaccines as a top priority and has set strategy to increase the number of flu vaccines provided to community members The goal is to increase the number of flu vaccines provided to community members The measurable outcomes are the number of flu vaccines given to adults each year and the number of flu vaccines given to the pediatric population each year The combined number of flu vaccines given in FY 2016 was 2675, in FY 2017, it was 2518 and in FY 2018, the total was 2017 Identified needs not directly addressed by this facility include Economics - Availability of affordable housing, Hunger Aging - Cost of long term care, Availability of memory care, Availability of LTC Children and Youth - Bullying, Cost of quality child care, Cost of quality infant care, Availability of quality child care, Availability of quality infant care, Cost of services for at risk youth Safety - Presence of street drugs and alcohol in the community, Presence of drug dealers in the community, Crime, Child abuse and neglect, Domestic violence, Presence of gang activity in the community, Sex trafficking Health care - Access to affordable health insurance, Access to affordable health care, Access to affordable prescription drugs, Timely access to substance abuse providers, Cost of affordable dental insurance coverage, Use of emergency room for primary care, Cost of affordable vision insuranceAll assessed needs that are healthcare related are being addressed at Sanford Sanford is not developing strategies to address the cost of long term care and the availability of long term care and memory care in the Fargo-Moorhead area Long-term care cost and access is an area of care that Sanford is not directly addressing because there are organizations in the community that are working on these needs Additional concerns that will not be addressed directly by strategy include bullying among children and youth, the cost of quality child care and the cost of quality infant care The results of the CHNA have been shared with community</p>

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Form and Line Reference	Explanation
Group A-Facility 4 -- Sanford Medical Center South University Part V, Section B, line 11	y leaders, and those who have expertise in the areas that are not being addressed directly by Sanford Sanford Medical Center South University will standardize narcotic prescribing protocols across the enterprise to reduce usage Narcotic prescriptions will be tracked i nternally and areas for improvement will be identified

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Form and Line Reference	Explanation
Group A-Facility 4 -- Sanford Medical Center South University Part V, Section B, line 13h	Other factors for calculating amounts charged to patients include balance owed, family size, debt to income ratio, savings and investments, other debt (both medical and non-medical), previous bankruptcies and liens, patient/guarantor involvement in other state and Federal assistance programs, individual circumstances, current employment status, total monthly expenses and third party analytic score

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Form and Line Reference	Explanation
Group A-Facility 4 -- Sanford Medical Center South University Part V, Section B, line 16j	Other measures to publicize the policy within the community served by the hospital facility include publishing with local public health agencies, collection agencies and submission to law firms that serve the underprivileged population The financial assistance program summary, complete policy and the Sanford Financial Assistance Application are all available at https //www.sanfordhealth.org/patients-and-visitors/billing-and-insurance/financial-assistance-policy

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Form and Line Reference	Explanation
Group A-Facility 5 -- Sanford Bismarck Medical Center Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

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Form and Line Reference	Explanation
Group A-Facility 5 -- Sanford Bismarck Medical Center Part V, Section B, line 5	<p>munity stakeholders helped to determine key priorities for their respective communities A listing of the community stakeholders can be found in each published CHNA at http://www.sanfordhealth.org/about/community-health-needs-assessment Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website under "About Sanford" in the Community Health Needs Assessment section The only comment received since the publications on the Sanford website was a question asking if a CHNA was conducted in a rural area where Sanford does not have a medical center The following community leadership members contributed their expertise with the planning, development and analysis of the community health needs assessment Each member met multiple times during the CHNA process to guide and advise the team -Sioux Falls Public Health-Pennington County Public Health-Beltrami Public Health-Traill County Public Health-Steele County Public Health-City of Halstad-South Dakota Department of Health-Clay County Public Health-South Dakota State University-Center for Social Research, North Dakota State University-Center for Rural Health -Burleigh County Public Health-Fargo Cass Public Health-South Dakota Department of Health-North Dakota Department of Health-North Dakota Public Health Association, in partnership with the American Indian CHNA</p>

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Group A-Facility 5 -- Sanford Bismarck Medical Center Part V, Section B, line 6a	Sanford USD Medical Center Sioux FallsSanford Fargo Medical CenterSanford Broadway Medical Center FargoSanford South University Medical CenterSanford Bemidji Medical CenterSanford Aberdeen Medical CenterSanford Bagley Medical CenterSanford Canby Medical CenterSanford Canton-Inwood Medical CenterSanford Chamberlain Medical CenterSanford Clear Lake Medical CenterSanford Hillsboro Medical CenterSanford Jackson Medical CenterSanford Luverne Medical CenterSanford Mayville Medical CenterSanford Rock Rapids Medical CenterSanford Sheldon Medical CenterSanford Thief River Falls Medical CenterSanford Tracy Medical CenterSanford Vermillion Medical CenterSanford Webster Medical CenterSanford Westbrook Medical CenterSanford Wheaton Medical CenterSanford Worthington Medical Center

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Form and Line Reference	Explanation
Group A-Facility 5 -- Sanford Bismarck Medical Center Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 5 -- Sanford Bismarck Medical Center Part V, Section B, line 11	<p>The following information is a compilation of the identified priority needs for each community and what Sanford is doing to address the priority needs. In cases where identified needs have not been directly addressed it is because those needs fall outside of Sanford's expertise, or because Sanford is working with community partners to address the needs. The needs not addressed directly by Sanford are listed for each facility. Additional information about what Sanford is doing to address other assessed needs of the community can be found for each hospital facility at http://www.sanfordhealth.org/about/community-health-needs-assessment</p> <p>Priority 1 Access to affordable careSanford Bismarck Medical Center is increasing the percentage of community members accessing preventive and acute care in appropriate settings. Sanford is establishing a Family Wellness Center to provide year-round health and wellness opportunities for community members and is also providing education to make patients aware of the best coverage options through a "no wrong door" policy to help community members secure health coverage and/or financial assistance through the Sanford financial assistance (Community Care) program.</p> <p>Priority 2 Substance abuseSanford will work with community stakeholders to identify gaps in the community's substance abuse continuum of care and to improve access to care. Sanford Bismarck Medical Center will standardize narcotic prescribing protocols across the enterprise to reduce usage. Narcotic prescriptions will be tracked internally and areas for improvement will be identified.</p> <p>Addressing of Significant Needs during Current Year</p> <p>Priority 1 Access to Affordable CareTo help uninsured and underinsured patients secure access to care, Sanford integrated full-time, on-site financial advocates help uninsured and underinsured patients apply for health coverage and apply for Sanford's financial assistance program. Sanford worked with local public health officials to help patients in need to access care and prescription medication. Sanford provided support and assistance to underserved and vulnerable populations via community volunteer work, including the Bismarck/Mandan emergency homeless shelter, and provided Medicaid enrollment assistance on site at the Standing Rock Sioux Reservation. Sanford also facilitated MyChart access for Ruth Meiers transitional housing residents. To increase access to services and facilities that foster healthy lifestyles, Sanford completed construction of the Family Wellness Center in 2017, which is a partnership between Sanford and the Missouri Valley Family YMCA. The community facility features more than 70 fitness classes for members of all ages, a gymnasium, indoor track and child watch services. In 2017, more than 2,000 Bismarck-Mandan area individuals and families joined Family Wellness and more than \$12,000 in financial assistance was granted to children and families in need. Sanford hosted the Edith Sanford Run/Walk for Breast C</p>

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Form and Line Reference	Explanation
Group A-Facility 5 -- Sanford Bismarck Medical Center Part V, Section B, line 11	<p>ancer, an annual breast cancer awareness event that features a 5K run and walk as well as a comprehensive education fair that includes information regarding prevention, screening, treatment and community support programs Sanford also established Better Choices, Better Health, a chronic disease self-management program designed to help adults manage the symptoms of diabetes, arthritis, heart disease, stroke, asthma, lung disease, pain, depression and anxiety The evidence-based program is free to patients with chronic disease and caregivers Priority 2 Substance AbuseSanford built partnerships with community stakeholders and donated leadership for one year to launch Face It TOGETHER, a community-based approach to addressing addiction in Bismarck-Mandan Serving as interim director, Sanford leadership focused on increasing community stakeholder awareness of addiction recovery services and securing funding to hire a full-time executive director Sanford served in a community collaborative to bring Caring for Our Community Time to Talk Opioids, a six-part opioid education series designed for healthcare providers and community members, to the provider community and to community key stakeholders Topics include recognizing addiction in the workplace, removing stigma and shame barriers, socioeconomic impact, diversion, strategies to reduce overdose-related deaths, and evidenced-based treatment programs including peer recovery coaching and medication assisted treatment (MAT) During 2016, Sanford executed the Sanford Opioid Stewardship initiative through the Sanford Quality Cabinet to reduce the volume of opioids prescribed to patients experiencing pain while integrating evidence-based, best practice strategies to manage pain effectively From January 2016 to June 2017 Sanford providers reduced the number of opioid prescriptions by 30% Sanford also facilitated a community stakeholder project to eliminate barriers to help law enforcement appropriately triage individuals under the influence of drugs or alcohol Identified needs not directly addressed by this facility include Aging Population - Cost of long term care, Availability of memory care, Availability of long term care, Availability of resources to help elderly stay in their homes, Availability of resources for family/friends caring/making decisions for elders Children and Youth - Cost of quality child care, Availability of quality child care , Cost of quality infant care, Availability of quality infant care, Bullying, Youth crime Crime/Safety - Presence of street drugs, prescription drugs and alcohol, Crime, Presence of drug dealers in the community, Child abuse and neglect, Sex trafficking, Domestic violence, Presence of gang activity, Elder abuse Economics - Availability of affordable housing, Homelessness, Hunger Physical Health - Chronic disease, Inactivity/lack of exercise, Poor nutrition, Obesity Diversity - Access to translators/bilingual providers Mental Health - Depression, Stress, Suicide, O</p>

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Form and Line Reference	Explanation
Group A-Facility 5 -- Sanford Bismarck Medical Center Part V, Section B, line 11	ther psychiatric diagnosis, Dementia and Alzheimer's disease Transportation - Driving habits, Availability of good walking or biking options Environment - Hazardous water, Water qu ality, Air quality, Home septic systems

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 5 -- Sanford Bismarck Medical Center Part V, Section B, line 13h	Other factors for calculating amounts charged to patients include balance owed, family size, debt to income ratio, savings and investments, other debt (both medical and non-medical), previous bankruptcies and liens, patient/guarantor involvement in other state and Federal assistance programs, individual circumstances, current employment status, total monthly expenses and third party analytic score

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 5 -- Sanford Bismarck Medical Center Part V, Section B, line 16j	Other measures to publicize the policy within the community served by the hospital facility include publishing with local public health agencies, collection agencies and submission to law firms that serve the underprivileged population The financial assistance program summary, complete policy and the Sanford Financial Assistance Application are all available at https //www.sanfordhealth.org/patients-and-visitors/billing-and-insurance/financial-assistance-policy

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Form and Line Reference	Explanation
Group A-Facility 6 -- Sanford Bemidji Medical Center Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 6 -- Sanford Bemidji Medical Center Part V, Section B, line 5	<p>munity stakeholders helped to determine key priorities for their respective communities A listing of the community stakeholders can be found in each published CHNA at http://www.sanfordhealth.org/about/community-health-needs-assessment Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website under "About Sanford" in the Community Health Needs Assessment section The only comment received since the publications on the Sanford website was a question asking if a CHNA was conducted in a rural area where Sanford does not have a medical center The following community leadership members contributed their expertise with the planning, development and analysis of the community health needs assessment Each member met multiple times during the CHNA process to guide and advise the team -Sioux Falls Public Health-Pennington County Public Health-Beltrami Public Health-Trail County Public Health-Steele County Public Health-City of Halstad-South Dakota Department of Health-Clay County Public Health-South Dakota State University-Center for Social Research, North Dakota State University-Center for Rural Health -Burleigh County Public Health-Fargo Cass Public Health-South Dakota Department of Health-North Dakota Department of Health-North Dakota Public Health Association, in partnership with the American Indian CHNA</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 6 -- Sanford Bemidji Medical Center Part V, Section B, line 6a	Sanford USD Medical Center Sioux FallsSanford Fargo Medical CenterSanford Broadway Medical Center FargoSanford South University Medical CenterSanford Bismarck Medical CenterSanford Aberdeen Medical CenterSanford Bagley Medical CenterSanford Canby Medical CenterSanford Canton-Inwood Medical CenterSanford Chamberlain Medical CenterSanford Clear Lake Medical CenterSanford Hillsboro Medical CenterSanford Jackson Medical CenterSanford Luverne Medical CenterSanford Mayville Medical CenterSanford Rock Rapids Medical CenterSanford Sheldon Medical CenterSanford Thief River Falls Medical CenterSanford Tracy Medical CenterSanford Vermillion Medical CenterSanford Webster Medical CenterSanford Westbrook Medical CenterSanford Wheaton Medical CenterSanford Worthington Medical Center

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Form and Line Reference	Explanation
Group A-Facility 6 -- Sanford Bemidji Medical Center Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

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Form and Line Reference	Explanation
Group A-Facility 6 -- Sanford Bemidji Medical Center Part V, Section B, line 11	<p>The following information is a compilation of the identified priority needs for each community and what Sanford is doing to address the priority needs. In cases where identified needs have not been directly addressed it is because those needs fall outside of Sanford's expertise, or because Sanford is working with community partners to address the needs. The needs not addressed directly by Sanford are listed for each facility. Additional information about what Sanford is doing to address other assessed needs of the community can be found for each hospital facility at http://www.sanfordhealth.org/about/community-health-needs-assessment</p> <p>Priority 1 Behavioral healthSanford Bemidji Medical Center has set strategy to reduce mortality and morbidity from chemical addiction and mental health disease by participating in a community partnership to develop a continuum of care for behavioral health services and to offer psychiatry and psychology services in the ambulatory setting. Sanford will also enhance the level of behavioral health services available in the inpatient setting. Sanford Bemidji Medical Center will standardize narcotic prescribing protocols across the enterprise to reduce usage. Narcotic prescriptions will be tracked internally and areas for improvement will be identified.</p> <p>Priority 2 Children and YouthSanford has set strategy to reduce the number of infants born to mothers who are opioid users by developing a case management system to work with pregnant women and to also coordinate medical assisted therapy options for pregnant women at risk of opioid use. Additionally, Sanford will enhance the level of care available to high risk infants born in Sanford Bemidji Medical Center. Sanford will also provide the Sanford fit program to the local schools and make the program available to families in the area through the fit website.</p> <p>Addressing of Significant Needs during Current Year</p> <p>Priority 1 Behavioral Health</p> <p>Goal 1 Participate in the planning for development of a community-based continuum of behavioral health services. A community collaborative of 15-20 individuals in several community service organizations has been working on a mental health service inventory, a gap analysis, a prioritization of community needs and program start-up. Since the inception of this effort in 2016, Sanford has been part of the start-up of an Assertive Community Treatment program for mentally ill adults, the expansion of several other mental health programs, the start-up of a Medication Therapy Program and the associated chemical dependency treatment services, and the development of a residential treatment center and detoxification beds. The plan developed by the collaborative calls for the development of added CD treatment, youth programs and other community-based programs. The ACT program, which now serves over 40 people with serious and persistent mental illness, affected the community by providing a host of supportive services so individuals can live in their own homes.</p>

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Form and Line Reference	Explanation
Group A-Facility 6 -- Sanford Bemidji Medical Center Part V, Section B, line 11	<p>es, secure jobs, avoid readmission to acute psychiatric medical centers, and stay out of jail and emergency rooms. The individuals served through these services report that their quality of life is much improved.</p> <p>Goal 2 Offer psychiatry and psychology services in the ambulatory setting. In 2017 and 2018, Sanford Bemidji has added three psychiatric nurse practitioners, four psychologists and several other independent licensed therapists. Recruitment of psychiatry remains a high priority and telemedicine psychiatry is available for inpatients and clinic patients on a scheduled basis.</p> <p>Goal 3 Enhance the level of behavioral health services available to patients hospitalized at Sanford Bemidji Medical Center. The implementation of scheduled tele-psychiatry for inpatients has improved the ability to evaluate and treat inpatients at Sanford Bemidji Medical Center appropriately. With the affiliation with Upper Mississippi Mental Health Center, the access to the mobile crisis team has improved by placement of this staff directly in the medical center, allowing them to respond to behavioral health crises both in the ER and in the inpatient units.</p> <p>Priority 2 Children and Youth</p> <p>Goal 1 Reduce the number of infants born addicted to opioids. With the support of a grant from PrimeWest, Sanford Bemidji implemented a program entitled First Steps to Healthy Newborns, providing education, prevention, early intervention and support for opioid exposed newborns and mothers. In addition to the development of community educational material, this program includes chemical dependency counseling, case management and medication-assisted therapy for pregnant women using opioids. Although it is early in the program's existence, First Steps to Healthy Newborns saw an impact. For the first time in several years, the number of opioid exposed babies born at Sanford Bemidji Medical Center did not increase but remained flat during 2017. The program is currently expanding to include other adults, not just pregnant women.</p> <p>Goal 2 Enhance the level of care available for high-risk infants born in Sanford Bemidji Medical Center. The volume of high-risk deliveries in the Sanford Bemidji Medical Center is high in proportion to the number of total deliveries. The population served by Sanford Bemidji has several high-risk factors. The need to assure fast, safe access to cesarean section capabilities and immediate access to a higher level of nursery care for infants were two identified strategies to improve care for infants and mothers. In 2017, a new Level 2 nursery was constructed, offering individual nursery bays, expanded nutritional services and other secondary services to support lower weight infants born in Bemidji. In June of 2018, Sanford Bemidji Medical Center opened a surgical suite on its obstetrics floor, dedicated to performing C-section deliveries and other OB-related procedures. This new OR suite assures faster, safer, more responsive care for babies and for families requiring C-section.</p>

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Form and Line Reference	Explanation
Group A-Facility 6 -- Sanford Bemidji Medical Center Part V, Section B, line 11	<p>deliveries Goal 3 Improve the availability of programs for youth across the communityIn 2 017, Sanford affiliated with the Upper Mississippi Mental Health Center to better support the development and growth of mental health programs in the region This has allowed Sanfo rd to add new staff to better serve children in the local schools by growing the resources in Sanford children's mental health programs In 2018, Sanford sponsored a program called No Hungry Child, funding meals and underwriting costs for the area schools to provide meal s year round to children and, in summer months, their families, so no child goes without f ood Sanford also underwrote the expansion of a program called Backpack Buddies to all loc al schools, where backpacks with healthy meals are sent home on Fridays with students who might otherwise not have food over the weekend Additionally, Sanford is exploring the feas ibility of a community Sports and Wellness Center to offer children and families an enviro nment for healthy physical activities, educational programs on healthy living and cooking, wellness and fitness classes, as well as a recreational sports and swimming venue This p roject is still in the evaluation stage and does not have a target completion date Identif ied needs not directly addressed by this facility include</p> <p>Economics - Availability of aff ordable housing Transportation - Availability of public transportation Aging - Cost of lon g term care, Availability of long term care, Availability of resources for caregivers maki ng decisions, Availability of memory care, Availability of resources to help the elderly s tay in their homes, Availability of resources for grandparent caregivers for grandchildren , Understanding of advanced care directives Safety - Child abuse and neglect, Crime, Prese nce of street drugs, prescription drugs and alcohol, Presence of drug dealers, Domestic vi olence, Presence of gang activity, Elder abuse, Safe places for outdoor youth activities, Sex trafficking Health care - Access to affordable health insurance, Access to affordable health care, Access to affordable prescription drugs, Cost of affordable dental insurance, Use of emergency services for primary care, Cost of affordable vision insurance, Timely a ccess to mental health/behavioral health providers, Availability of non-traditional hours, Timely access to physician specialists, Coordination of care between providers and servic es Physical Health - Cancer, Inactivity, Obesity Chronic disease, Poor nutrition Preventiv e Health - Flu shots</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Group A-Facility 6 -- Sanford Bemidji Medical Center Part V, Section B, line 13h	Other factors for calculating amounts charged to patients include balance owed, family size, debt to income ratio, savings and investments, other debt (both medical and non-medical), previous bankruptcies and liens, patient/guarantor involvement in other state and Federal assistance programs, individual circumstances, current employment status, total monthly expenses and third party analytic score

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Group A-Facility 6 -- Sanford Bemidji Medical Center Part V, Section B, line 16j	Other measures to publicize the policy within the community served by the hospital facility include publishing with local public health agencies, collection agencies and submission to law firms that serve the underprivileged population The financial assistance program summary, complete policy and the Sanford Financial Assistance Application are all available at https //www.sanfordhealth.org/patients-and-visitors/billing-and-insurance/financial-assistance-policy

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Form and Line Reference	Explanation
Group A-Facility 7 -- Sanford Medical Center Thief River Falls Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

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Form and Line Reference	Explanation
Group A-Facility 7 -- Sanford Medical Center Thief River Falls Part V, Section B, line 5	community stakeholders helped to determine key priorities for their respective communities A listing of the community stakeholders can be found in each published CHNA at http://www.sanfordhealth.org/about/community-health-needs-assessment Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website under "About Sanford" in the Community Health Needs Assessment section The only comment received since the publications on the Sanford website was a question asking if a CHNA was conducted in a rural area where Sanford does not have a medical center The following community leadership members contributed their expertise with the planning, development and analysis of the community health needs assessment Each member met multiple times during the CHNA process to guide and advise the team -Sioux Falls Public Health-Pennington County Public Health-Beltrami Public Health-Traill County Public Health-Steele County Public Health-City of Halstad-South Dakota Department of Health-Clay County Public Health-South Dakota State University-Center for Social Research, North Dakota State University-Center for Rural Health -Burleigh County Public Health-Fargo Cass Public Health-South Dakota Department of Health-North Dakota Department of Health-North Dakota Public Health Association, in partnership with the American Indian CHNA

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Form and Line Reference	Explanation
Group A-Facility 7 -- Sanford Medical Center Thief River Falls Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

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Form and Line Reference	Explanation
Group A-Facility 7 -- Sanford Medical Center Thief River Falls Part V, Section B, line 11	<p>The following information is a compilation of the identified priority needs for each community and what Sanford is doing to address the priority needs. In cases where identified needs have not been directly addressed it is because those needs fall outside of Sanford's expertise, or because Sanford is working with community partners to address the needs. The needs not addressed directly by Sanford are listed for each facility. Additional information about what Sanford is doing to address other assessed needs of the community can be found for each hospital facility at http://www.sanfordhealth.org/about/community-health-needs-assessment</p> <p>Priority 1 Mental Health/Behavioral HealthSanford Thief River Falls Medical Center has set strategy for the Behavioral Health Center to become CMS certified as a free-standing psychiatric hospital. Sanford will also develop a partial hospitalizations program and work to develop partnerships with regional behavioral health organizations</p> <p>Priority 2 Physical HealthSanford will expand the wellness center and focus on a Kids Unite wellness center. Sanford will Partner with community organizations to plan and develop a self-sustaining community center. Additionally, Sanford will provide Sanford Fit program was introduced to local schools and child care organizations and will continue to enroll patients into the Medical Home.</p> <p>Addressing of Significant Needs during Current Year</p> <p>Priority 1 Mental Health/Behavioral HealthIn October 2015, Sanford Thief River Falls moved into the newly renovated space for the Sanford Behavioral Health Center, a 16-bed freestanding psychiatric medical center and the only one in the Sanford Enterprise. In order to receive payments from Federal and commercial payors it was necessary to become certified by the Centers for Medicare and Medicaid Services (CMS). The survey was conducted in January 2016 and the center received Federal certification in April 2016. Federal surveyors contracted by CMS rather than the Minnesota Department of Health surveyors performed the survey. The reason for this was because there are so few freestanding psychiatric medical centers in Minnesota that the Department of Health cannot maintain surveyor proficiency and competencies. Obtaining certification was an arduous process but well worth the effort - bringing a higher level of behavioral and mental health services to the region. It has also enabled Sanford to recruit more professionals to the area, improving access and services available to the region that is served.</p> <p>After an extensive analysis of the regulatory requirements, reimbursement systems for the partial hospitalization program and the elements required to provide a quality program of care, it was determined that at this point in time a partial hospitalization program would not be economically feasible. This initiative has been tabled for review in the future.</p> <p>The Sanford Behavioral Health Center has worked very hard since certification to develop partnerships</p>

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Form and Line Reference	Explanation
Group A-Facility 7 -- Sanford Medical Center Thief River Falls Part V, Section B, line 11	<p>with other local, regional and state programs, and agencies having a role in delivering behavioral and mental health services. The term "partnership" is used rather loosely as it is often more akin to developing relationships that provide additional resources to Sanford's patient population, whether on an inpatient or outpatient basis. Critical or high priority relationships continue to be cultivated with the surrounding county social service agencies, as they most often have reasons to interface with a large proportion of the individuals seeking behavioral or mental healthcare. These relationships are crucial to delivering high quality, high impact services throughout the region.</p> <p>Priority 2 Physical HealthGoal 1 Expanded Wellness CenterSince 2016 Sanford Thief River Falls has expanded the physical footprint of the Wellness Center by 30,000 square feet, making it the largest wellness center in Thief River Falls and within a 60-mile radius as well. The most significant expansion project was the addition of a kid's area, funded entirely through the Sanford Foundation on Thief River Falls which contributed nearly \$300,000 for this initiative. The Wellness Center now has an area that is the best in this region, specifically focused on children and addressing all levels of fitness, through integrated play systems, instructor-led classes and space for relaxation. Memberships, both family and individual, have also grown significantly (by nearly 33%) since the opening of the kid's fitness area. The Wellness Center currently has over 1,600 members, doubling from 800 members when moving into the current space in September 2014. Growth has been steady.</p> <p>Goal 2 Develop a community centerThis initiative requires the collaboration of many local/regional organizations as well as governmental agencies if Thief River Falls is ever to see a community center developed. Since 2016 interest in developing a community center in Thief River Falls has lost traction among the needed partners and as such has not progressed. This initiative is still very much on the minds of the community, undoubtedly surfacing in the years to come with Sanford Thief River Falls ready to partner with the community when the time comes.</p> <p>Goal 3 Improve the availability for exercise and nutrition education across the communityThe primary impact Sanford has had on this goal has been through the relocation and expansion of the Wellness Center. As noted above, memberships have doubled in four years with no slowing in momentum. The interest in exercise, individual as well as group classes, has exceeded expectations and has required a number of additions to the teaching staff. Sanford has a number of dietetic nutrition counselors in the primary care clinic, working hand in hand with providers, providing nutrition counseling and education for patients and families.</p> <p>Goal 4 Continued growth of Sanford Medical HomeThis is an area where Sanford Thief River Falls has not seen as much growth in as previously</p>

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Group A-Facility 7 -- Sanford Medical Center Thief River Falls Part V, Section B, line 11	<p>predicted The focus initially has been on patients with chronic conditions However, with the recent transition to team-based care in the primary clinic there is an opportunity to expand this emphasis to every patient Identified needs not directly addressed by this facility include Economics - Availability of affordable housing Transportation - Availability of good walking or biking paths Aging - Cost of long term care, Availability of memory care, Availability of resources to help the elderly stay safe in their homes Children and Youth - Availability of quality infant care, Availability of quality child care, Availability of activities for children and youth, Cost of activities for children and youth, Cost of quality infant care, Bullying, Cost of quality child care, Teen pregnancy, Availability of services for at-risk youth Safety - Presence of street drugs and alcohol in the community, Presence of drug dealers in the community, Domestic violence Health care - Access to affordable health insurance, Access to affordable prescription drugs, Access to affordable health care, Availability of non-traditional hours, Cost of affordable dental insurance coverage, Use of emergency services for primary care Preventive health - Flu shots, Immunizations, Not seeing a health care provider or dentist within the past year Sanford will not directly develop strategy to address the availability of affordable housing, walking and biking paths, the availability and cost of quality infant and child care, the availability and cost of activities for children and youth (except for the Sanford fit Program), bullying, teen pregnancy, services for at-risk youth, the presence of street drugs, drug dealers in the community, and domestic violence However, Sanford serves as a partner in many community groups that have the expertise to address these unmet needs Sanford has shared the findings of the CHNA and the needs with community leaders and public health agencies in the area Sanford Medical Center Thief River Falls will standardize narcotic prescribing protocols across the enterprise to reduce usage Narcotic prescriptions will be tracked internally and areas for improvement will be identified</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
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Form and Line Reference	Explanation
Group A-Facility 7 -- Sanford Medical Center Thief River Falls Part V, Section B, line 13h	Other factors for calculating amounts charged to patients include balance owed, family size, debt to income ratio, savings and investments, other debt (both medical and non-medical), previous bankruptcies and liens, patient/guarantor involvement in other state and Federal assistance programs, individual circumstances, current employment status, total monthly expenses and third party analytic score

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 7 -- Sanford Medical Center Thief River Falls Part V, Section B, line 16j	Other measures to publicize the policy within the community served by the hospital facility include publishing with local public health agencies, collection agencies and submission to law firms that serve the underprivileged population The financial assistance program summary, complete policy and the Sanford Financial Assistance Application are all available at https //www.sanfordhealth.org/patients-and-visitors/billing-and-insurance/financial-assistance-policy

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Form and Line Reference	Explanation
Group A-Facility 8 -- Sanford Aberdeen Medical Center Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 8 -- Sanford Aberdeen Medical Center Part V, Section B, line 5	<p>munity stakeholders helped to determine key priorities for their respective communities A listing of the community stakeholders can be found in each published CHNA at http://www.sanfordhealth.org/about/community-health-needs-assessment Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website under "About Sanford" in the Community Health Needs Assessment section The only comment received since the publications on the Sanford website was a question asking if a CHNA was conducted in a rural area where Sanford does not have a medical center The following community leadership members contributed their expertise with the planning, development and analysis of the community health needs assessment Each member met multiple times during the CHNA process to guide and advise the team -Sioux Falls Public Health-Pennington County Public Health-Beltrami Public Health-Trail County Public Health-Steele County Public Health-City of Halstad-South Dakota Department of Health-Clay County Public Health-South Dakota State University-Center for Social Research, North Dakota State University-Center for Rural Health -Burleigh County Public Health-Fargo Cass Public Health-South Dakota Department of Health-North Dakota Department of Health-North Dakota Public Health Association, in partnership with the American Indian CHNA</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 8 -- Sanford Aberdeen Medical Center Part V, Section B, line 6a	Sanford USD Medical Center Sioux FallsSanford Fargo Medical CenterSanford Broadway Medical Center FargoSanford South University Medical CenterSanford Bismarck Medical CenterSanford Bemidji Medical CenterSanford Bagley Medical CenterSanford Canby Medical CenterSanford Canton-Inwood Medical CenterSanford Chamberlain Medical CenterSanford Clear Lake Medical CenterSanford Hillsboro Medical CenterSanford Jackson Medical CenterSanford Luverne Medical CenterSanford Mayville Medical CenterSanford Rock Rapids Medical CenterSanford Sheldon Medical CenterSanford Thief River Falls Medical CenterSanford Tracy Medical CenterSanford Vermillion Medical CenterSanford Webster Medical CenterSanford Westbrook Medical CenterSanford Wheaton Medical CenterSanford Worthington Medical Center

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Form and Line Reference	Explanation
Group A-Facility 8 -- Sanford Aberdeen Medical Center Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

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Form and Line Reference	Explanation
Group A-Facility 8 -- Sanford Aberdeen Medical Center Part V, Section B, line 11	<p>The following information is a compilation of the identified priority needs for each community and what Sanford is doing to address the priority needs. In cases where identified needs have not been directly addressed it is because those needs fall outside of Sanford's expertise, or because Sanford is working with community partners to address the needs. The needs not addressed directly by Sanford are listed for each facility. Additional information about what Sanford is doing to address other assessed needs of the community can be found for each hospital facility at http://www.sanfordhealth.org/about/community-health-needs-assessment</p> <p>Priority 1 Physical Health/ObesitySanford Aberdeen Medical Center will provide the Sanford fit Program to all students and families through classroom modules and the fit website</p> <p>Priority 2 Mental Health/DepressionSanford is committed to improving the care of patients with depression diagnosis and will perform depression assessments, and implement health coaches and primary care staff into the care process</p> <p>Addressing of Significant Needs during Current Year</p> <p>Priority 1 Physical Health/ObesitySanford Aberdeen Medical Center focused on the pediatrics population by providing Sanford fit program materials to area schools and childcare centers and promoting health and wellness. Sanford fit is available to all students and families through classroom and/or online through the Sanford fit website. In addition, Sanford continues to offer educational sessions for the community. Cooking classes and nutrition education to student athletes</p> <p>Nutrition presentations to groups with cancer and other chronic conditions (breast cancer, COPD, diabetes, etc.)</p> <p>Participation in community health fairs</p> <p>Nutrition education for pregnant women and new moms (B4 Baby)</p> <p>Introduction of Solids (nutrition class series) for new parents</p> <p>Participation in TV, radio, and newspaper interviews regarding nutrition topics in the news</p> <p>Diabetes Prevention Program</p> <p>Cooking with the Cardiologist for community members to attend</p> <p>Participation in various community youth events through the schools (middle school/high school) promoting good nutrition</p> <p>Priority 2 Mental Health/DepressionSanford developed a depression assessment tool for patients to complete during a clinic visit. Sanford Aberdeen Medical Center also added an Integrated Health Therapist (IHT) to the team as a resource along with RN Health Coaches and a care coordination assistant</p> <p>The Integrated Health Therapist (IHT) serves as an integral core team member within the patient-centered Medical Home. The IHT works with the physician, advanced practice provider, RN Health Coach, nurses, care coordinator assistant, peer support advocate and community partners, all of whom work collaboratively to provide the best care to patients. The IHT is an important resource for patients and team members for issues related to mental and behavioral health, chemical health, psychosocial aspects of health and disease, and lifestyle management.</p>

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Form and Line Reference	Explanation
Group A-Facility 8 -- Sanford Aberdeen Medical Center Part V, Section B, line 11	<p>gement to support optimal patient functioning Identified needs not directly addressed by this facility include Economics - Availability of affordable housing Environment - Good water quality Aging - Cost of long term care, Availability of memory care Children and Youth - Bullying, Cost of quality infant care Safety - Presence of street drugs and alcohol in the community, Domestic violence, Child abuse Health care - Access to affordable health insurance Sanford will not directly develop strategy to address the availability of affordable housing, good water quality, the cost of long term care and the availability of memory care, the cost of quality infant care, and the presence of street drugs and alcohol in the community However, Sanford serves as a partner in many community groups that have the expertise to address these unmet needs Sanford has shared the results of the CHNA and the unmet needs with community leaders Sanford Aberdeen Medical Center will standardize narcotic prescribing protocols across the enterprise to reduce usage Narcotic prescriptions will be tracked internally and areas for improvement will be identified</p>

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Form and Line Reference	Explanation
Group A-Facility 8 -- Sanford Aberdeen Medical Center Part V, Section B, line 13h	Other factors for calculating amounts charged to patients include balance owed, family size, debt to income ratio, savings and investments, other debt (both medical and non-medical), previous bankruptcies and liens, patient/guarantor involvement in other state and Federal assistance programs, individual circumstances, current employment status, total monthly expenses and third party analytic score

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Group A-Facility 8 -- Sanford Aberdeen Medical Center Part V, Section B, line 16j	Other measures to publicize the policy within the community served by the hospital facility include publishing with local public health agencies, collection agencies and submission to law firms that serve the underprivileged population The financial assistance program summary, complete policy and the Sanford Financial Assistance Application are all available at https //www.sanfordhealth.org/patients-and-visitors/billing-and-insurance/financial-assistance-policy

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Form and Line Reference	Explanation
Group A-Facility 9 -- Sanford Worthington Medical Center Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgement section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

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Form and Line Reference	Explanation
Group A-Facility 9 -- Sanford Worthington Medical Center Part V, Section B, line 5	<p>munity stakeholders helped to determine key priorities for their respective communities A listing of the community stakeholders can be found in each published CHNA at http://www.sanfordhealth.org/about/community-health-needs-assessment Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website under "About Sanford" in the Community Health Needs Assessment section The only comment received since the publications on the Sanford website was a question asking if a CHNA was conducted in a rural area where Sanford does not have a medical center The following community leadership members contributed their expertise with the planning, development and analysis of the community health needs assessment Each member met multiple times during the CHNA process to guide and advise the team -Sioux Falls Public Health-Pennington County Public Health-Beltrami Public Health-Trail County Public Health-Steele County Public Health-City of Halstad-South Dakota Department of Health-Clay County Public Health-South Dakota State University-Center for Social Research, North Dakota State University-Center for Rural Health -Burleigh County Public Health-Fargo Cass Public Health-South Dakota Department of Health-North Dakota Department of Health-North Dakota Public Health Association, in partnership with the American Indian CHNA</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 9 -- Sanford Worthington Medical Center Part V, Section B, line 6a	Sanford USD Medical Center Sioux FallsSanford Fargo Medical CenterSanford Broadway Medical Center FargoSanford South University Medical CenterSanford Bismarck Medical CenterSanford Bemidji Medical CenterSanford Aberdeen Medical CenterSanford Bagley Medical CenterSanford Canby Medical CenterSanford Canton-Inwood Medical CenterSanford Chamberlain Medical CenterSanford Clear Lake Medical CenterSanford Hillsboro Medical CenterSanford Jackson Medical CenterSanford Luverne Medical CenterSanford Mayville Medical CenterSanford Rock Rapids Medical CenterSanford Sheldon Medical CenterSanford Thief River Falls Medical CenterSanford Tracy Medical CenterSanford Vermillion Medical CenterSanford Webster Medical CenterSanford Westbrook Medical CenterSanford Wheaton Medical Center

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Group A-Facility 9 -- Sanford Worthington Medical Center Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

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Group A-Facility 9 -- Sanford Worthington Medical Center Part V, Section B, line 11	the plant's workforce. A relationship developed with the plant human resources department , union officials, and health plan agents. A need was identified for improved education ab out health topics. To meet this need, Sanford Worthington and JBS developed a health topic kiosk in employee break areas. This central location was used to deliver a health topic e ducation during break times at the plant. JBS human resources and Sanford Worthington work ed together to provide medical information on the kiosk in several languages to bring heal th education to those who were unable to obtain information from other sources due to a la nguage barrier. Sanford Worthington offered 16 health topic education messages on the kios k during this assessment cycle. Sanford Worthington clinic staff were on site twice per mo nth at the plant to offer services to employees including educational presentations, assis ting plant employee health leaders with employee blood draws, and participating in health fair programming. Sanford Worthington Medical Center assisted with the drawing, processing and distribution of up to 1,000 individual employee's annual health assessment data. This goal will continue as the collaboration with JBS continues which will result in improved access for its employees. Priority 2: Physical Health and Mental HealthSanford Worthington embarked on a journey to revamp its care delivery system for primary care. Sanford Worthin gton participated as a pilot site for the Medical Home model of care delivery. Primary car e physicians and advance practice providers joined with nurses and clinical care assistant s, RN Health Coaches and Integrated Health Therapists to provide a comprehensive care mode l for patients. Sanford Worthington achieved certification as a Medical Home during the 20 16 cycle period, and has recently achieved recertification and recognition for the advance ment of the care delivery model over the past three years. Patients with the chronic disea ses of hypertension and diabetes, as well as patients at risk for developing diabetes, wer e offered behavior modification programs and personal care management with RN Health Coach es. The comorbid factor of mental health was also addressed for many patients in one setti ng through the use of the Integrated Health Therapist into the patient's primary care appo intment. Evidence of the advantage of this model of care include improved performance in c ommunity healthcare measures including colorectal screening. Colorectal screening increase d from 65% to 68% during this time frame. A colorectal screening performance improvement p roject was also undertaken to improve patient scheduling processes to make it more conveni ent to schedule a screening exam. Sanford Worthington Medical Center also entered into an agreement with the Minnesota Department of Health to be a SAGE Scopes provider for free co lorectal screening. Through this grant program community residents who are underinsured an d uninsured can access care wi

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Form and Line Reference	Explanation
Group A-Facility 9 -- Sanford Worthington Medical Center Part V, Section B, line 11	thout a burden of cost Sanford Worthington hired a Licensed Independent Social Worker to p rovide integrated care in collaboration with medical providers at the clinic The objectiv e of this Integrated Health Therapist (IHT) position was to be present and available to ph ysician and patient on an as-needed basis for rapid assessment and collaboration of care On a daily basis, the IHT maintains a visible presence to all clinic staff and functions a s point of contact for any questions/issues related to behavioral/chemical health They we re available for immediate team "handoffs" of patients requiring immediate assessment or i ntervention They triaged patients with high-risk behavioral profiles and coordinating ser vices with specialty care resources, performed brief, limited follow-up visits with select ed patients using behavioral or problem solving strategies for symptom reduction, and acte d as a consultant to the clinic as it relates to universal screening procedures, outcome d ata management, and fidelity measures Sanford Worthington offered an intensive behavior th erapy program for weight loss to assist patients to overcome poor eating habits and develo p better lifelong habits Providers and RN Health Coaches were able to refer patients to t he program with positive outcomes for the patients During this assessment cycle, 71 inten sive behavior therapy sessions were completed for program enrollees Sanford Worthington in troduced the Sanford fit website to local school teachers and childcare centers in the com munity School nurses employed by Sanford Worthington created a collaboration to bring hea lthy habit education to young children when health habits are developing Sanford Worthing ton Employee Health and Marketing coordinated an education session in the spring of 2017 t o provide education to elementary school nurses and physical education teachers about Sanf ord fit This education has the potential to reach over 3,000 students in public and priva te education in Nobles County Identified needs not directly addressed by this facility inc lude Economics - Availability of affordable housing Transportation - Availability of publ ic transportation Environment - Water quality Aging - Cost of long term care, Availability of memory care, Availability of long term care, Availability of resources for family frie nds/ caring for and making decisions for elders, Availability of resources to help the eld erly stay safe in their homes Children and Youth - Availability of quality infant care, Av ailability of quality child care, Bullying, Cost of quality child care, Cost of quality in fant care, Availability of activities for children and youth, Teen pregnancy, Cost of acti vities for children and youth, Availability of services for at risk youth, Teen births Saf ety - Presence of street drugs and alcohol in the community, Domestic violence, Presence o f drug dealers in the community, Child abuse

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 9 -- Sanford Worthington Medical Center Part V, Section B, line 13h	Other factors for calculating amounts charged to patients include balance owed, family size, debt to income ratio, savings and investments, other debt (both medical and non-medical), previous bankruptcies and liens, patient/guarantor involvement in other state and Federal assistance programs, individual circumstances, current employment status, total monthly expenses and third party analytic score

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Form and Line Reference	Explanation
Group A-Facility 9 -- Sanford Worthington Medical Center Part V, Section B, line 16j	Other measures to publicize the policy within the community served by the hospital facility include publishing with local public health agencies, collection agencies and submission to law firms that serve the underprivileged population The financial assistance program summary, complete policy and the Sanford Financial Assistance Application are all available at https //www.sanfordhealth.org/patients-and-visitors/billing-and-insurance/financial-assistance-policy

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Group A-Facility 10 -- Sanford Sheldon Medical Center Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

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Form and Line Reference	Explanation
Group A-Facility 10 -- Sanford Sheldon Medical Center Part V, Section B, line 6a	Sanford USD Medical Center Sioux FallsSanford Fargo Medical CenterSanford Broadway Medical Center FargoSanford South University Medical CenterSanford Bismarck Medical CenterSanford Bemidji Medical CenterSanford Aberdeen Medical CenterSanford Bagley Medical CenterSanford Canby Medical CenterSanford Canton-Inwood Medical CenterSanford Chamberlain Medical CenterSanford Clear Lake Medical CenterSanford Hillsboro Medical CenterSanford Jackson Medical CenterSanford Luverne Medical CenterSanford Mayville Medical CenterSanford Rock Rapids Medical CenterSanford Thief River Falls Medical CenterSanford Tracy Medical CenterSanford Vermillion Medical CenterSanford Webster Medical CenterSanford Westbrook Medical CenterSanford Wheaton Medical CenterSanford Worthington Medical Center

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Form and Line Reference	Explanation
Group A-Facility 10 -- Sanford Sheldon Medical Center Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

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Form and Line Reference	Explanation
Group A-Facility 10 -- Sanford Sheldon Medical Center Part V, Section B, line 11	<p>The following information is a compilation of the identified priority needs for each community and what Sanford is doing to address the priority needs. In cases where identified needs have not been directly addressed it is because those needs fall outside of Sanford's expertise, or because Sanford is working with community partners to address the needs. The needs not addressed directly by Sanford are listed for each facility. Additional information about what Sanford is doing to address other assessed needs of the community can be found for each hospital facility at http://www.sanfordhealth.org/about/community-health-needs-assessment</p> <p>Priority 1 Mental Health/Behavioral HealthSanford Sheldon Medical Center has developed strategy to reduce mortality and morbidity from chemical addiction and mental health diseases by recruiting a triage therapist, and working to reduce drug and alcohol abuse in the community. Sanford will work with the high school counselor to enhance curriculum to include abuse issues. Sanford Sheldon Medical Center will standardize narcotic prescribing protocols across the enterprise to reduce usage. Narcotic prescriptions will be tracked internally and areas for improvement will be identified.</p> <p>Priority 2 Children and YouthSanford has developed strategy to support the youth in the community by enhancing the community environment through structured after school programming, day care expansion, and education sessions for youth and parents.</p> <p>Addressing of Significant Needs during Current Year</p> <p>Priority 1 Mental Health/Behavioral HealthSanford Sheldon Medical Center has increased the availability of mental health counseling with the addition of an Integrated Health Therapist. The IHT addresses the immediate need for mental health counseling at Sanford Clinic Sheldon.</p> <p>Priority 2 Children and YouthSanford Sheldon Medical Center provides 75 backpacks to the Shop with a Cop program, which provides children in need with the opportunity to go back to school with new school supplies. Sanford supports the summer lunch program that is facilitated at a local church and provides meals to students in need during the summer months when school is not in session. A farm safety course is taught to all children in the second grade at all Sheldon schools. Sanford invites third grade students from all Sheldon schools and other nearby community schools to tour the medical facility. The tour helps to increase the students' comfort level with the facility and staff. Sanford hosts events such as the Glow Walk that is promoted as a family fun wellness event.</p> <p>Identified needs not directly addressed by this facility include:</p> <ul style="list-style-type: none"> Aging - Cost of long term care Safety - Presence of street drugs, prescription drugs and alcohol in the community, Child abuse and neglect, Domestic violence Health Care - Use of emergency services for primary health care, Access to affordable health insurance, Timely access to physician specialists, Availability of non-traditional hours, Tim

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Group A-Facility 10 -- Sanford Sheldon Medical Center Part V, Section B, line 11	ely access to doctors, PAs or NPs, Timely access to mental health providers Physical Health - Cancer, Chronic disease, Obesity, Poor nutrition, Inactivity Preventive Health - Flu s hots, Immunizations

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Group A-Facility 11 -- Sanford Vermillion Medical Center Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

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Group A-Facility 11 -- Sanford Vermillion Medical Center Part V, Section B, line 11	<p>y at the Sanford Clinic Vermillion Sanford Vermillion also credentialed and added to their allied health staff a Licensed Addiction Counselor to assist with patients in need of evaluation and/or rehabilitation services in the clinic, emergency room and inpatient setting. Sanford Vermillion has the equipment and medical staff credentialed to provide psychiatric outreach services via telemedicine services through the facility and Sanford USD Medical Center as another strategy to increase availability of services in the community and also collaborates with USD through the student health contract to offer the USD students counseling services on campus at the USD Counseling Center and the USD Psychological Services Center.</p> <p>Priority 2 Physical HealthFor reducing obesity in the community, several strategies have been established. For children, Sanford Vermillion has been working with the Vermillion School district for several years implementing the Sanford fit initiative. This initiative continues to grow and has reached approximately 750 children this past year in grades kindergarten through fifth grade. It has been very well received in the community. Supported by clinical experts of Sanford, fit is the only initiative focusing equally on the four key contributing factors to childhood obesity: Food/nutrition, Move/activity, Mood/behavioral health and Recharge/sleep. Sanford's fit initiative has come a long way since its inception in 2010. Through Sanford fit, healthy lifestyles are actively being promoted in homes, schools, and throughout the community by way of technology, engaging programs and utilizing key role models in a child's life. For Sanford Vermillion, the athletic trainer is being utilized to implement the program in the schools. Sanford Vermillion also continues to encourage the Vermillion community to engage in all forms of exercise including sponsoring and hosting a number of events throughout the year such as Relay for Life. The annual community Great Strides walking program is hosted every spring for 6 weeks where 200 to 300 community members participate. The RN Health Coach at Sanford Clinic Vermillion also continues to work with the diabetic and hypertension patients proactively to ensure they come in for their health maintenance visits and labs. Sanford has set strategies to provide optimal diabetic care and to measure outcomes for systolic and diastolic blood pressures, LDL cholesterol, hemoglobin A1c, tobacco use, and aspirin use for people living with diabetes. Sanford Vermillion has also set strategies to address hypertension through a standardized protocol, frequent blood pressure monitoring, and referral as appropriate for patients with hypertension. Outcome measures include a blood pressure of less than 140/90 for all ages 18-59 and for age 60+ with diabetes, vascular or renal disease. For patients age 60 or older without diabetes, vascular or renal disease the goal is blood pressure of 150/90 or less. Sanford Vermillion is currently</p>

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Form and Line Reference	Explanation
Group A-Facility 11 -- Sanford Vermillion Medical Center Part V, Section B, line 11	ntly meeting this goal with 92 1% of hypertension patients having blood pressure of less t han 140/90 The Sanford Vermillion wellness program also makes over 3,000 community contact s per year through its various health screening and community vaccination events The annu al health fair with free and reduced health screenings and a variety of reduced laboratory tests is available along with a wealth of community educational offerings in which approx imately 350 community members attend annually Educating the community on healthy nutrition was another strategy that Sanford Vermillion implemented by working with the on-site diet itian and a visiting cardiologist Identified needs not directly addressed by this facility include Economics - Availability of affordable housing Aging - Cost of long term care, A vailability of memory care Children and Youth - Bullying Safety - Presence of street drugs and alcohol in the community, Child abuse and neglect Health Care - Access to affordable health insurance, Cost of affordable vision insurance, Access to affordable health care, C ost of affordable dental insurance coverage

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 11 -- Sanford Vermillion Medical Center Part V, Section B, line 13h	Other factors for calculating amounts charged to patients include balance owed, family size, debt to income ratio, savings and investments, other debt (both medical and non-medical), previous bankruptcies and liens, patient/guarantor involvement in other state and Federal assistance programs, individual circumstances, current employment status, total monthly expenses and third party analytic score

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 11 -- Sanford Vermillion Medical Center Part V, Section B, line 16j	Other measures to publicize the policy within the community served by the hospital facility include publishing with local public health agencies, collection agencies and submission to law firms that serve the underprivileged population The financial assistance program summary, complete policy and the Sanford Financial Assistance Application are all available at https //www.sanfordhealth.org/patients-and-visitors/billing-and-insurance/financial-assistance-policy

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Form and Line Reference	Explanation
Group A-Facility 12 -- Sanford Chamberlain Medical Center Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 12 -- Sanford Chamberlain Medical Center Part V, Section B, line 5	<p>munity stakeholders helped to determine key priorities for their respective communities A listing of the community stakeholders can be found in each published CHNA at http://www.sanfordhealth.org/about/community-health-needs-assessment Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website under "About Sanford" in the Community Health Needs Assessment section The only comment received since the publications on the Sanford website was a question asking if a CHNA was conducted in a rural area where Sanford does not have a medical center The following community leadership members contributed their expertise with the planning, development and analysis of the community health needs assessment Each member met multiple times during the CHNA process to guide and advise the team -Sioux Falls Public Health-Pennington County Public Health-Beltrami Public Health-Trail County Public Health-Steele County Public Health-City of Halstad-South Dakota Department of Health-Clay County Public Health-South Dakota State University-Center for Social Research, North Dakota State University-Center for Rural Health -Burleigh County Public Health-Fargo Cass Public Health-South Dakota Department of Health-North Dakota Department of Health-North Dakota Public Health Association, in partnership with the American Indian CHNA</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 12 -- Sanford Chamberlain Medical Center Part V, Section B, line 6a	Sanford USD Medical Center Sioux FallsSanford Fargo Medical CenterSanford Broadway Medical Center FargoSanford South University Medical CenterSanford Bismarck Medical CenterSanford Bemidji Medical CenterSanford Aberdeen Medical CenterSanford Bagley Medical CenterSanford Canby Medical CenterSanford Canton-Inwood Medical CenterSanford Clear Lake Medical CenterSanford Hillsboro Medical CenterSanford Jackson Medical CenterSanford Luverne Medical CenterSanford Mayville Medical CenterSanford Rock Rapids Medical CenterSanford Sheldon Medical CenterSanford Thief River Falls Medical CenterSanford Tracy Medical CenterSanford Vermillion Medical CenterSanford Webster Medical CenterSanford Westbrook Medical CenterSanford Wheaton Medical CenterSanford Worthington Medical Center

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Form and Line Reference	Explanation
Group A-Facility 12 -- Sanford Chamberlain Medical Center Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 12 -- Sanford Chamberlain Medical Center Part V, Section B, line 11	<p>The following information is a compilation of the identified priority needs for each community and what Sanford is doing to address the priority needs. In cases where identified needs have not been directly addressed it is because those needs fall outside of Sanford's expertise, or because Sanford is working with community partners to address the needs. The needs not addressed directly by Sanford are listed for each facility. Additional information about what Sanford is doing to address other assessed needs of the community can be found for each hospital facility at http://www.sanfordhealth.org/about/community-health-needs-assessment</p> <p>Priority 1 Physical HealthSanford Chamberlain Medical Center has developed strategy to help the community improve their physical health and chronic health conditions. The Medical Home model will be fully integrated into the clinic setting, and quality measures for patients with diabetes, elevated lipids and asthma will be monitored. A patient advisory council will convene to improve patient and clinic communications. Sanford fit will be offered to the local school districts, and resources will be available to students, families, and leaders.</p> <p>Priority 2 Mental Health/Behavioral HealthSanford will integrate the Medical Home model into the clinic primary care setting and will utilize PHQ-9 assessments to evaluate for depression. Health coaches and a Master's prepared social worker will be dedicated to mental health/behavioral health services. The facilitated support group will be a focus for additional patient engagement.</p> <p>Addressing of Significant Needs during Current Year</p> <p>Priority 1 Physical HealthSanford Family FIT night was established with the Chamberlain School District. Sanford Chamberlain staff are on site during parent teacher conferences at the elementary school (K-5), where Sanford hosts various booths discussing healthy lifestyle choices, teaching the children and parents the importance of mental health in young people, avoiding drug use, promoting an active lifestyle, and heart health. The community prescription take-back program is also promoted.</p> <p>Camp FUEL, held every summer as a three-day camp, is free of charge and focuses on the importance of healthy eating, healthy lifestyle choices and physical exercise.</p> <p>Priority 2 Mental Health/Behavioral HealthSanford Chamberlain works with Indian Health Services (IHS) and tribal leaders to participate in health fairs, providing hands-on education about substance abuse, mental health, healthy eating, and also conducts blood pressure and cholesterol checks.</p> <p>Identified needs not directly addressed by this facility include:</p> <ul style="list-style-type: none"> Safety - Presence of street drugs and alcohol in the community, Presence of drug dealers in the community, Child abuse and neglect Substance Use and Abuse - Drug use and abuse, Underage drug use and abuse, Alcohol use and abuse, Under age drinking, Smoking and tobacco use Children and Youth - Bullying, Youth crime, Availability of quality child care, Av

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Form and Line Reference	Explanation
Group A-Facility 12 -- Sanford Chamberlain Medical Center Part V, Section B, line 11	<p>ailability of quality infant care, High rates of teen births Health Care - Access to affordable health care, Need for medical care, Need for prescription medications, Unmet mental health needs Sanford will not develop strategy to address the presence of street drugs and alcohol in the community, the presence of drug dealers, and child abuse However, Sanford serves as a partner in many community groups that have the expertise to address these unmet needs Sanford shared the findings of the CHNA research and these unmet needs with community leaders and community stakeholders Sanford Chamberlain Medical Center will standardize narcotic prescribing protocols across the enterprise to reduce usage Narcotic prescriptions will be tracked internally and areas for improvement will be identified</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 12 -- Sanford Chamberlain Medical Center Part V, Section B, line 13h	Other factors for calculating amounts charged to patients include balance owed, family size, debt to income ratio, savings and investments, other debt (both medical and non-medical), previous bankruptcies and liens, patient/guarantor involvement in other state and Federal assistance programs, individual circumstances, current employment status, total monthly expenses and third party analytic score

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Group A-Facility 12 -- Sanford Chamberlain Medical Center Part V, Section B, line 16j	Other measures to publicize the policy within the community served by the hospital facility include publishing with local public health agencies, collection agencies and submission to law firms that serve the underprivileged population The financial assistance program summary, complete policy and the Sanford Financial Assistance Application are all available at https //www sanfordhealth org/patients-and-visitors/billing-and-insurance/financial-assistance-policy

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Form and Line Reference	Explanation
Group A-Facility 13 -- Sanford Luverne Medical Center Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

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Form and Line Reference	Explanation
Group A-Facility 13 -- Sanford Luverne Medical Center Part V, Section B, line 5	<p>munity stakeholders helped to determine key priorities for their respective communities A listing of the community stakeholders can be found in each published CHNA at http://www.sanfordhealth.org/about/community-health-needs-assessment Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website under "About Sanford" in the Community Health Needs Assessment section The only comment received since the publications on the Sanford website was a question asking if a CHNA was conducted in a rural area where Sanford does not have a medical center The following community leadership members contributed their expertise with the planning, development and analysis of the community health needs assessment Each member met multiple times during the CHNA process to guide and advise the team -Sioux Falls Public Health-Pennington County Public Health-Beltrami Public Health-Trail County Public Health-Steele County Public Health-City of Halstad-South Dakota Department of Health-Clay County Public Health-South Dakota State University-Center for Social Research, North Dakota State University-Center for Rural Health -Burleigh County Public Health-Fargo Cass Public Health-South Dakota Department of Health-North Dakota Department of Health-North Dakota Public Health Association, in partnership with the American Indian CHNA</p>

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Form and Line Reference	Explanation
Group A-Facility 13 -- Sanford Luverne Medical Center Part V, Section B, line 6a	Sanford USD Medical Center Sioux FallsSanford Fargo Medical CenterSanford Broadway Medical Center FargoSanford South University Medical CenterSanford Bismarck Medical CenterSanford Bemidji Medical CenterSanford Aberdeen Medical CenterSanford Bagley Medical CenterSanford Canby Medical CenterSanford Canton-Inwood Medical CenterSanford Chamberlain Medical CenterSanford Clear Lake Medical CenterSanford Hillsboro Medical CenterSanford Jackson Medical CenterSanford Mayville Medical CenterSanford Rock Rapids Medical CenterSanford Sheldon Medical CenterSanford Thief River Falls Medical CenterSanford Tracy Medical CenterSanford Vermillion Medical CenterSanford Webster Medical CenterSanford Westbrook Medical CenterSanford Wheaton Medical CenterSanford Worthington Medical Center

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Form and Line Reference	Explanation
Group A-Facility 13 -- Sanford Luverne Medical Center Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

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Form and Line Reference	Explanation
Group A-Facility 13 -- Sanford Luverne Medical Center Part V, Section B, line 11	<p>The following information is a compilation of the identified priority needs for each community and what Sanford is doing to address the priority needs. In cases where identified needs have not been directly addressed it is because those needs fall outside of Sanford's expertise, or because Sanford is working with community partners to address the needs. The needs not addressed directly by Sanford are listed for each facility. Additional information about what Sanford is doing to address other assessed needs of the community can be found for each hospital facility at http://www.sanfordhealth.org/about/community-health-needs-assessment</p> <p>Priority 1 Physical HealthSanford Luverne Medical Center will address chronic disease management and monitor MN community measure scores for improvement. Sanford will engage the community around wellness, healthy eating and dental health.</p> <p>Priority 2 Mental HealthSanford has developed strategy to improve access to mental health and substance abuse resources. PHQ-9 scores will be monitored and referrals to behavioral health triage therapists, care coordinators and chemical dependency staff will be made as determined by assessment.</p> <p>Addressing of Significant Needs during Current Year</p> <p>Priority 1 Physical HealthSanford Luverne set a strategic goal focused on improving chronic disease management. Throughout the past three years, the core team focused on using Healthy Planet population registries to ensure patients are receiving all recommended preventive care. The team is focusing on asthma, diabetes and mental health/depression. The quality scores in each of these areas have demonstrated improvements.</p> <p>Depression remission scores at 6 months measured 5.6% in July 2015, and as of July 2018, 18.1% patients noted they were in remission at 6 months and 25.1% at 12 months. Optimal diabetes management was reported for 36% of patients in December 2014, and as of July 2018, 53.6% of patients have met the goals for optimal diabetes management. In July 2015, 45.2% of patients had an asthma control test completed. In July 2018, 63.5% of patients had an asthma action plan in place - noting that metrics for measurement changed during this time period. In addition, Sanford Luverne's registered dietician has utilized a variety of platforms to bring forward education on healthy eating options, including the local senior meal site. Sanford Luverne has supported the efforts of the City of Luverne to expand the Luverne LOOP walking trail. Sanford Luverne partnered with the City on a task force looking at wellness within the community, and has sponsored several wellness challenges. Despite this focus (and following national trends), higher obesity rates are prevailing but Sanford's strategies will continue to focus on diet and exercise. Sanford Luverne leadership reached out to bring dental services to the community through mobile services, but the request was denied. A task force is now working to address dental access, such as bringing dental s</p>

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Form and Line Reference	Explanation
Group A-Facility 13 -- Sanford Luverne Medical Center Part V, Section B, line 11	<p>screenings into the school and bringing more access within the community as part of the Bladwin poverty initiative Priority 2 Mental HealthSanford Luverne employs a part-time therapist to assist with treatment and triage of mental health issues for patients. Additionally, a second Integrative Health Therapist has joined the Sanford Luverne staff, providing additional access for Medicare beneficiaries. The Sanford Luverne therapists work closely with local mental health providers. In addition, the facility sponsored mental health first aid training for the community. Sanford's therapist has completed the training to become a Mental Health First Aid trainer. Sanford Luverne was awarded a grant to look at mental health services and care coordination and has developed a release of information form that allows for greater care coordination across all entities. This form was reviewed and approved by all agencies involved. Sanford Luverne has seen an improvement in depression remission scores over the past three years. Sanford Luverne is in the process of implementing tele-psychiatry for improved access. The Sanford Luverne substance use program has actively been involved in Rock, Nobles, Pipestone, and Murray drug courts and is actively engaged in providing community education and serving on various community boards to decrease substance use issues within the county. Identified needs not directly addressed by this facility include:</p> <ul style="list-style-type: none"> Aging - Cost of long term care, Availability of memory care Children and Youth - Availability of quality infant care, Availability of quality child care Safety - Presence of street drugs and alcohol in the community Health Care - Access to affordable health insurance Preventive Health - Flu shots, Immunizations <p>Sanford will not develop strategy to address the cost of long term care, the availability of memory care, the availability of quality infant and child care and the presence of street drugs in the community. However, Sanford shared the results of the CHNA research with community leaders and agencies with expertise to the identified needs. Sanford serves as a partner in many community groups that have the expertise to address these unmet needs. Sanford Luverne Medical Center will standardize narcotic prescribing protocols across the enterprise to reduce usage. Narcotic prescriptions will be tracked internally and areas for improvement will be identified.</p>

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Form and Line Reference	Explanation
Group A-Facility 13 -- Sanford Luverne Medical Center Part V, Section B, line 13h	Other factors for calculating amounts charged to patients include balance owed, family size, debt to income ratio, savings and investments, other debt (both medical and non-medical), previous bankruptcies and liens, patient/guarantor involvement in other state and Federal assistance programs, individual circumstances, current employment status, total monthly expenses and third party analytic score

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Form and Line Reference	Explanation
Group A-Facility 13 -- Sanford Laverne Medical Center Part V, Section B, line 16j	Other measures to publicize the policy within the community served by the hospital facility include publishing with local public health agencies, collection agencies and submission to law firms that serve the underprivileged population The financial assistance program summary, complete policy and the Sanford Financial Assistance Application are all available at https //www.sanfordhealth.org/patients-and-visitors/billing-and-insurance/financial-assistance-policy

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Form and Line Reference	Explanation
Group A-Facility 14 -- Sanford Canby Medical Center Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

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Form and Line Reference	Explanation
Group A-Facility 14 -- Sanford Canby Medical Center Part V, Section B, line 5	<p>munity stakeholders helped to determine key priorities for their respective communities A listing of the community stakeholders can be found in each published CHNA at http //www s anfordhealth org/about/community-health-needs-assessment Public comments and response to t he community health needs assessment and the implementations strategies are welcome on the Sanford website under "About Sanford" in the Community Health Needs Assessment section T he only comment received since the publications on the Sanford website was a question aski ng if a CHNA was conducted in a rural area where Sanford does not have a medical center T he following community leadership members contributed their expertise with the planning, d evelopment and analysis of the community health needs assessment Each member met multiple times during the CHNA process to guide and advise the team -Sioux Falls Public Health-Pen nington County Public Health-Beltrami Public Health-Trail County Public Health-Steele Cou nty Public Health-City of Halstad-South Dakota Department of Health-Clay County Public Hea lth-South Dakota State University-Center for Social Research, North Dakota State Universit y-Center for Rural Health -Burleigh County Public Health-Fargo Cass Public Health-South Da kota Department of Health-North Dakota Department of Health-North Dakota Public Health Ass ociation, in partnership with the American Indian CHNA</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 14 -- Sanford Canby Medical Center Part V, Section B, line 6a	Sanford USD Medical Center Sioux FallsSanford Fargo Medical CenterSanford Broadway Medical Center FargoSanford South University Medical CenterSanford Bismarck Medical CenterSanford Bemidji Medical CenterSanford Aberdeen Medical CenterSanford Bagley Medical CenterSanford Canton-Inwood Medical CenterSanford Chamberlain Medical CenterSanford Clear Lake Medical CenterSanford Hillsboro Medical CenterSanford Jackson Medical CenterSanford Luverne Medical CenterSanford Mayville Medical CenterSanford Rock Rapids Medical CenterSanford Sheldon Medical CenterSanford Thief River Falls Medical CenterSanford Tracy Medical CenterSanford Vermillion Medical CenterSanford Webster Medical CenterSanford Westbrook Medical CenterSanford Wheaton Medical CenterSanford Worthington Medical Center

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Form and Line Reference	Explanation
Group A-Facility 14 -- Sanford Canby Medical Center Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

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Form and Line Reference	Explanation
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Form and Line Reference	Explanation
Group A-Facility 14 -- Sanford Canby Medical Center Part V, Section B, line 13h	Other factors for calculating amounts charged to patients include balance owed, family size, debt to income ratio, savings and investments, other debt (both medical and non-medical), previous bankruptcies and liens, patient/guarantor involvement in other state and Federal assistance programs, individual circumstances, current employment status, total monthly expenses and third party analytic score

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Form and Line Reference	Explanation
Group A-Facility 14 -- Sanford Canby Medical Center Part V, Section B, line 16j	Other measures to publicize the policy within the community served by the hospital facility include publishing with local public health agencies, collection agencies and submission to law firms that serve the underprivileged population The financial assistance program summary, complete policy and the Sanford Financial Assistance Application are all available at https //www.sanfordhealth.org/patients-and-visitors/billing-and-insurance/financial-assistance-policy

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Form and Line Reference	Explanation
Group A-Facility 15 -- Sanford Jackson Medical Center Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

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Group A-Facility 15 -- Sanford Jackson Medical Center Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

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Group A-Facility 15 -- Sanford Jackson Medical Center Part V, Section B, line 11	<p>The following information is a compilation of the identified priority needs for each community and what Sanford is doing to address the priority needs. In cases where identified needs have not been directly addressed it is because those needs fall outside of Sanford's expertise, or because Sanford is working with community partners to address the needs. The needs not addressed directly by Sanford are listed for each facility. Additional information about what Sanford is doing to address other assessed needs of the community can be found for each hospital facility at http://www.sanfordhealth.org/about/community-health-needs-assessment</p> <p>Priority 1 Children and YouthSanford Jackson Medical Center will utilize Sanford Fit tools at the Family Fun nights and will bring the curriculum to the area schools. Priority 2 Mental Health Sanford has developed strategy to reduce drug abuse by educating the public on the take back program in the community. Additionally, Sanford will consider the availability of the mobile mental health unit in Jackson County as a collaborative partnership for mental health services. Sanford Jackson Medical Center will standardize narcotic prescribing protocols across the enterprise to reduce usage. Narcotic prescriptions will be tracked internally and areas for improvement will be identified.</p> <p>Addressing of Significant Needs during Current Year</p> <p>Priority 1 Children and YouthSanford Jackson Medical Center leadership distributed the Sanford fit program information to the schools and day care centers in the Jackson/Lakefield area. In May of 2016, 2017 and 2018, the Sanford fit program was promoted at the annual Family Fun Night. Over 300 parents and children attended this event each year. The annual Sanford Tri for Health for youth celebrated its 10th year in 2018 with over 120 youth ages 4-14 participating. Sanford Jackson Medical Center continued to support free activities in the community such as Jackson Food 4 Kids, which provides weekly food packs for food insecure children, summer library programs, and the free summer lunch program. With the financial support of Sanford Jackson and Sanford Sioux Falls, Sanford committed to a multi-year pledge in support of building a splash pad in Jackson. The splash pad will provide free admission May-September each year.</p> <p>Priority 2 Mental HealthSanford Jackson Medical Center developed strategies to meet the needs for mental health and substance abuse services. A licensed counselor is now available to provide mental health services. The added service provides for immediate access when a crisis presents. When under age drug use and abuse was identified as a community concern, Sanford Jackson committed to providing education on the topic of the Take Back program. An Ask the Expert column in the local newspaper featured this program. Another successful tactic in relation to mental health collaboration was facility leadership participation in the Integrated Behavioral Health Strategic Planning session.</p>

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Group A-Facility 15 -- Sanford Jackson Medical Center Part V, Section B, line 11	with community partners A community task force was started and meets quarterly Current accomplishments include a decrease from 47% to 23% for the behavioral health patients discharged from the emergency room to inpatient behavioral health facilities Additionally, the length of stay in the emergency room for patients with behavioral health primary encounter diagnoses has dropped from 4 38 hours to 2 45 hours Identified needs not directly addressed by this facility include Economics - Availability of affordable housing Aging - Cost of long term care, Availability of memory care, Availability of resources for family/friends caring for and making decisions for elders Safety - Presence of street drugs and alcohol in the community, Presence of drug dealers in the community, Child abuse and neglect, Domestic violence, Violent crime Health Care - Availability of non-traditional hours, Access to affordable health insurance, Access to affordable health care, Access to affordable prescription drugs, Cost of affordable dental insurance coverage Physical Health - Cancer, Inactivity or lack of exercise, Poor nutrition, Obesity, Chronic disease Preventive Health - Flu shots, Not seeing a health care provider or dentist in the past year

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Group A-Facility 16 -- Sanford Tracy Medical Center Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

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Group A-Facility 16 -- Sanford Tracy Medical Center Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

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Form and Line Reference	Explanation
Group A-Facility 16 -- Sanford Tracy Medical Center Part V, Section B, line 11	<p>ve (exercise), mood, and recharge (sleep/rest) In addition, the students had weekly challenge cards they took home to complete during the remainder of the week By bringing back completed challenge cards, students worked their way towards end-of-year prizes, but also took home activities and exposed their families to fit The program completed its second year in May of 2018 After a successful pilot year, at the beginning of the 2018 program, the students completed a fitClub "test" The students would take this test again in May after 19 weeks of learning about fit The students increased their correct answers by more than 24% from the first test to the last Each week, the Sanford Tracy staff could see the students engaging and absorbing the information through the fun activities The program received positive feedback by the Tracy Area Elementary School physical education teacher and principal and will continue into the coming years Identified needs not directly addressed by this facility include Aging - Cost of long term care Safety - Presence of drug dealers in the community, Presence of street drugs and alcohol in the community Health Care - Cost of affordable dental insurance coverage, Access to affordable health insurance Preventive Health - Flu shots, Immunizations, STDs</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 16 -- Sanford Tracy Medical Center Part V, Section B, line 13h	Other factors for calculating amounts charged to patients include balance owed, family size, debt to income ratio, savings and investments, other debt (both medical and non-medical), previous bankruptcies and liens, patient/guarantor involvement in other state and Federal assistance programs, individual circumstances, current employment status, total monthly expenses and third party analytic score

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 16 -- Sanford Tracy Medical Center Part V, Section B, line 16j	Other measures to publicize the policy within the community served by the hospital facility include publishing with local public health agencies, collection agencies and submission to law firms that serve the underprivileged population The financial assistance program summary, complete policy and the Sanford Financial Assistance Application are all available at https //www.sanfordhealth.org/patients-and-visitors/billing-and-insurance/financial-assistance-policy

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 17 -- Sanford Rock Rapids Medical Center Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 17 -- Sanford Rock Rapids Medical Center Part V, Section B, line 5	<p>munity stakeholders helped to determine key priorities for their respective communities A listing of the community stakeholders can be found in each published CHNA at http://www.sanfordhealth.org/about/community-health-needs-assessment Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website under "About Sanford" in the Community Health Needs Assessment section The only comment received since the publications on the Sanford website was a question asking if a CHNA was conducted in a rural area where Sanford does not have a medical center The following community leadership members contributed their expertise with the planning, development and analysis of the community health needs assessment Each member met multiple times during the CHNA process to guide and advise the team -Sioux Falls Public Health-Pennington County Public Health-Beltrami Public Health-Trail County Public Health-Steele County Public Health-City of Halstad-South Dakota Department of Health-Clay County Public Health-South Dakota State University-Center for Social Research, North Dakota State University-Center for Rural Health -Burleigh County Public Health-Fargo Cass Public Health-South Dakota Department of Health-North Dakota Department of Health-North Dakota Public Health Association, in partnership with the American Indian CHNA</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 17 -- Sanford Rock Rapids Medical Center Part V, Section B, line 6a	Sanford USD Medical Center Sioux FallsSanford Fargo Medical CenterSanford Broadway Medical Center FargoSanford South University Medical CenterSanford Bismarck Medical CenterSanford Bemidji Medical CenterSanford Aberdeen Medical CenterSanford Bagley Medical CenterSanford Canby Medical CenterSanford Canton-Inwood Medical CenterSanford Chamberlain Medical CenterSanford Clear Lake Medical CenterSanford Hillsboro Medical CenterSanford Jackson Medical CenterSanford Luverne Medical CenterSanford Mayville Medical CenterSanford Sheldon Medical CenterSanford Thief River Falls Medical CenterSanford Tracy Medical CenterSanford Vermillion Medical CenterSanford Webster Medical CenterSanford Westbrook Medical CenterSanford Wheaton Medical CenterSanford Worthington Medical Center

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Form and Line Reference	Explanation
Group A-Facility 17 -- Sanford Rock Rapids Medical Center Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 17 -- Sanford Rock Rapids Medical Center Part V, Section B, line 11	<p>The following information is a compilation of the identified priority needs for each community and what Sanford is doing to address the priority needs. In cases where identified needs have not been directly addressed it is because those needs fall outside of Sanford's expertise, or because Sanford is working with community partners to address the needs. The needs not addressed directly by Sanford are listed for each facility. Additional information about what Sanford is doing to address other assessed needs of the community can be found for each hospital facility at http://www.sanfordhealth.org/about/community-health-needs-assessment</p> <p>Priority 1 Mental Health/Behavioral HealthSanford Rock Rapids Medical Center will enhance access to mental health and substance abuse resources, and access to resources to help the elderly stay in their homes. Behavioral health triage therapists and mental health providers will be added to improve access for mental health and behavioral health. Additionally, Sanford will work with local facilities and pharmacists on discharge to home and home options to ensure independence and safety at home. Sanford Rock Rapids Medical Center will standardize narcotic prescribing protocols across the enterprise to reduce usage. Narcotic prescriptions will be tracked internally and areas for improvement will be identified.</p> <p>Priority 2 Physical Health/Chronic DiseaseSanford will focus on the MN Community Measures Scores, continue the disease registry, and expand beyond diabetes to target evolving needs. Medication management, community education, and the promotion of physical activity in the community will be addressed. Sanford will also work with local dentists and mobile dental services to seek options to increase the availability of dental services that accept Medicaid.</p> <p>Addressing of Significant Needs during Current Year</p> <p>Priority 1 Enhanced Access to Mental Health and Substance Abuse Resources and Services for SeniorsSanford Rock Rapids is partnering with area mental health services and refers patients to outpatient services. Sanford is also partnering with area providers to bring consulting services to patients who are in a mental health crisis in the emergency room. Sanford Rock Rapids is also in process of moving forward with telehealth mental health services. Sanford Rock Rapids is partnering with area nursing homes and home health services to refer patients who need additional care after discharge. Sanford Rock Rapids provides follow-up phone calls to patients after discharge. Patients are scheduled for follow-up provider visits prior to discharge, either within 7 days or within 14 days, depending on the risk for potential readmission. Readmission scores to this Sanford facility are currently 7.7%, with a goal of under 7%. This number has trended down over the past three years. The Sanford Rock Rapids pharmacist provides medication management and partners with the RN Health Coach and dietician to review high-risk patient cases.</p>

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Form and Line Reference	Explanation
Group A-Facility 17 -- Sanford Rock Rapids Medical Center Part V, Section B, line 11	<p>nd implement the best management to prevent a medical center admission Priority 2 Physical Health/Chronic Disease Sanford Rock Rapids has worked hard to improve quality metrics for chronic conditions over the past three years In January 2015, 32 5% of diabetic patients had optimal management, and in June of 2018, this grew to 50 6% Optimal vascular was at 53% in January 2015, and is now at 57 1% In June of 2015, 84 5% of hypertension patients had optimal management and today the optimal management is at 90 5% Breast cancer screening was completed on 70 4% of eligible women in January 2015, and this indicator has seen improvements with a current score of 73 3% Colorectal screening has also increased from 65 4% to 71 8% Sanford Rock Rapids will continue to focus on obesity and will continue to be a community partner to promote individual and community health Identified needs not directly addressed by this facility include Economics - Availability of affordable housing Aging - Cost of long term care, Availability of memory care, Availability of resources to help the elderly stay safe in their homes Children and Youth - Bullying, Availability of quality infant care, Cost of quality infant care, Availability of quality child care Safety - Presence of street drugs, prescription drugs and alcohol in the community Health Care - Access to affordable health insurance, Access to affordable prescription drugs, Cost of affordable dental insurance, Access to affordable health care, Cost of affordable vision insurance Preventive Health - Flu shots, Immunizations Sanford will not directly develop strategy to address the availability of affordable housing, bullying among children and youth, and the cost and availability of infant and child care However, Sanford serves as a partner in many community groups that have the expertise to address these unmet needs Sanford will share the concerns and the results of the CHNA with community leaders who do have expertise in their areas</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 17 -- Sanford Rock Rapids Medical Center Part V, Section B, line 13h	Other factors for calculating amounts charged to patients include balance owed, family size, debt to income ratio, savings and investments, other debt (both medical and non-medical), previous bankruptcies and liens, patient/guarantor involvement in other state and Federal assistance programs, individual circumstances, current employment status, total monthly expenses and third party analytic score

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Form and Line Reference	Explanation
Group A-Facility 17 -- Sanford Rock Rapids Medical Center Part V, Section B, line 16j	Other measures to publicize the policy within the community served by the hospital facility include publishing with local public health agencies, collection agencies and submission to law firms that serve the underprivileged population The financial assistance program summary, complete policy and the Sanford Financial Assistance Application are all available at https //www.sanfordhealth.org/patients-and-visitors/billing-and-insurance/financial-assistance-policy

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Form and Line Reference	Explanation
Group A-Facility 18 -- Sanford Hillsboro Medical Center Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

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Form and Line Reference	Explanation
Group A-Facility 18 -- Sanford Hillsboro Medical Center Part V, Section B, line 5	<p>munity stakeholders helped to determine key priorities for their respective communities A listing of the community stakeholders can be found in each published CHNA at http://www.sanfordhealth.org/about/community-health-needs-assessment Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website under "About Sanford" in the Community Health Needs Assessment section The only comment received since the publications on the Sanford website was a question asking if a CHNA was conducted in a rural area where Sanford does not have a medical center The following community leadership members contributed their expertise with the planning, development and analysis of the community health needs assessment Each member met multiple times during the CHNA process to guide and advise the team -Sioux Falls Public Health-Pennington County Public Health-Beltrami Public Health-Trail County Public Health-Steele County Public Health-City of Halstad-South Dakota Department of Health-Clay County Public Health-South Dakota State University-Center for Social Research, North Dakota State University-Center for Rural Health -Burleigh County Public Health-Fargo Cass Public Health-South Dakota Department of Health-North Dakota Department of Health-North Dakota Public Health Association, in partnership with the American Indian CHNA</p>

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Form and Line Reference	Explanation
Group A-Facility 18 -- Sanford Hillsboro Medical Center Part V, Section B, line 6a	Sanford USD Medical Center Sioux FallsSanford Fargo Medical CenterSanford Broadway Medical Center FargoSanford South University Medical CenterSanford Bismarck Medical CenterSanford Bemidji Medical CenterSanford Aberdeen Medical CenterSanford Bagley Medical CenterSanford Canby Medical CenterSanford Canton-Inwood Medical CenterSanford Chamberlain Medical CenterSanford Clear Lake Medical CenterSanford Jackson Medical CenterSanford Luverne Medical CenterSanford Mayville Medical CenterSanford Rock Rapids Medical CenterSanford Sheldon Medical CenterSanford Thief River Falls Medical CenterSanford Tracy Medical CenterSanford Vermillion Medical CenterSanford Webster Medical CenterSanford Westbrook Medical CenterSanford Wheaton Medical CenterSanford Worthington Medical Center

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Form and Line Reference	Explanation
Group A-Facility 18 -- Sanford Hillsboro Medical Center Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

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Form and Line Reference	Explanation
Group A-Facility 18 -- Sanford Hillsboro Medical Center Part V, Section B, line 11	<p>The following information is a compilation of the identified priority needs for each community and what Sanford is doing to address the priority needs. In cases where identified needs have not been directly addressed it is because those needs fall outside of Sanford's expertise, or because Sanford is working with community partners to address the needs. The needs not addressed directly by Sanford are listed for each facility. Additional information about what Sanford is doing to address other assessed needs of the community can be found for each hospital facility at http://www.sanfordhealth.org/about/community-health-needs-assessment</p> <p>Priority 1 Physical Health Sanford Hillsboro Medical Center will focus on exercise programs for community members, including walking clubs, biking clubs and fitness challenges in partnership with the local wellness center and the medical center's therapy department. Sanford will also provide the Sanford fit program to the local schools and childcare providers.</p> <p>Priority 2 Mental Health Services Sanford will implement the PHQ-9 assessment to identify patients with depression and develop plans to reduce the severity of depression. Sanford will also distribute a directory of available resources to patients, local groups and entities to create awareness in the community.</p> <p>Sanford Hillsboro Medical Center will standardize narcotic prescribing protocols across the enterprise to reduce usage. Narcotic prescriptions will be tracked internally and areas for improvement will be identified.</p> <p>Addressing of Significant Needs during Current Year</p> <p>Priority 1 Physical Health Sanford Hillsboro developed strategy to increase physical activity for the Hillsboro community. Sanford staff presented the Sanford fit program to the three area schools within the Hillsboro service area. Sanford fit is an online curriculum that is available for all students, faculty and community members. Sanford also supports the annual 5/10K run that the Hillsboro Running Club puts on during Hillsboro Days.</p> <p>Priority 2 Mental Health Sanford Hillsboro Medical Center developed strategy to address mental health in the community. The Sanford Hillsboro Clinic has implemented a comprehensive behavioral health screening tool (BHS6) for all new patients and for all patients receiving comprehensive physicals.</p> <p>Sanford Hillsboro Medical Center has added availability of an Integrated Health Therapist through visits by telehealth. This service is available during all clinic hours.</p> <p>Identified needs not directly addressed by this facility include:</p> <ul style="list-style-type: none"> Aging - Cost of long term care, Availability of memory care Children and Youth - Bullying, Availability of activities for children and youth, Cost of activities for children and youth Safety - Seat belt usage, Presence of street drugs and alcohol in the community Health Care - Access to affordable health insurance, Cost of affordable vision insurance, Access to affordable prescription drugs, Cost of affordable dental insurance coverage Prevention

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 18 -- Sanford Hillsboro Medical Center Part V, Section B, line 11	entive Health - Flu shots, ImmunizationsSanford will not develop strategy to address the c ost of long term care and the availability of memory care because the state of North Dakot a through the Department of Human Services controls the cost Memory care cannot be added to the LTC facility Safety issues such as seat belt usage and the presence of street drug s are issues that the city council and the sheriff's office are issues that the community stakeholders are addressing Sanford serves as a partner in many community groups that hav e the expertise to address these unmet needs

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Form and Line Reference	Explanation
Group A-Facility 18 -- Sanford Hillsboro Medical Center Part V, Section B, line 13h	Other factors for calculating amounts charged to patients include balance owed, family size, debt to income ratio, savings and investments, other debt (both medical and non-medical), previous bankruptcies and liens, patient/guarantor involvement in other state and Federal assistance programs, individual circumstances, current employment status, total monthly expenses and third party analytic score

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Group A-Facility 18 -- Sanford Hillsboro Medical Center Part V, Section B, line 16j	Other measures to publicize the policy within the community served by the hospital facility include publishing with local public health agencies, collection agencies and submission to law firms that serve the underprivileged population The financial assistance program summary, complete policy and the Sanford Financial Assistance Application are all available at https //www.sanfordhealth.org/patients-and-visitors/billing-and-insurance/financial-assistance-policy

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Form and Line Reference	Explanation
Group A-Facility 19 -- Sanford Medical Center Mayville Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

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Form and Line Reference	Explanation
Group A-Facility 19 -- Sanford Medical Center Mayville Part V, Section B, line 5	<p>munity stakeholders helped to determine key priorities for their respective communities A listing of the community stakeholders can be found in each published CHNA at http://www.sanfordhealth.org/about/community-health-needs-assessment Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website under "About Sanford" in the Community Health Needs Assessment section The only comment received since the publications on the Sanford website was a question asking if a CHNA was conducted in a rural area where Sanford does not have a medical center The following community leadership members contributed their expertise with the planning, development and analysis of the community health needs assessment Each member met multiple times during the CHNA process to guide and advise the team -Sioux Falls Public Health-Pennington County Public Health-Beltrami Public Health-Trail County Public Health-Steele County Public Health-City of Halstad-South Dakota Department of Health-Clay County Public Health-South Dakota State University-Center for Social Research, North Dakota State University-Center for Rural Health -Burleigh County Public Health-Fargo Cass Public Health-South Dakota Department of Health-North Dakota Department of Health-North Dakota Public Health Association, in partnership with the American Indian CHNA</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 19 -- Sanford Medical Center Mayville Part V, Section B, line 6a	Sanford USD Medical Center Sioux FallsSanford Fargo Medical CenterSanford Broadway Medical Center FargoSanford South University Medical CenterSanford Bismarck Medical CenterSanford Bemidji Medical CenterSanford Aberdeen Medical CenterSanford Bagley Medical CenterSanford Canby Medical CenterSanford Canton-Inwood Medical CenterSanford Chamberlain Medical CenterSanford Clear Lake Medical CenterSanford Hillsboro Medical CenterSanford Jackson Medical CenterSanford Luverne Medical CenterSanford Rock Rapids Medical CenterSanford Sheldon Medical CenterSanford Thief River Falls Medical CenterSanford Tracy Medical CenterSanford Vermillion Medical CenterSanford Webster Medical CenterSanford Westbrook Medical CenterSanford Wheaton Medical CenterSanford Worthington Medical Center

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Form and Line Reference	Explanation
Group A-Facility 19 -- Sanford Medical Center Mayville Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 19 -- Sanford Medical Center Mayville Part V, Section B, line 11	<p>The following information is a compilation of the identified priority needs for each community and what Sanford is doing to address the priority needs. In cases where identified needs have not been directly addressed it is because those needs fall outside of Sanford's expertise, or because Sanford is working with community partners to address the needs. The needs not addressed directly by Sanford are listed for each facility. Additional information about what Sanford is doing to address other assessed needs of the community can be found for each hospital facility at http://www.sanfordhealth.org/about/community-health-needs-assessment</p> <p>Priority 1 Physical Health Sanford Mayville Medical Center will improve the availability of nutrition and exercise programs for community members. Additionally, the Sanford Fit Program will be available to all students and families through classroom curriculum and through the Sanford Fit website.</p> <p>Priority 2 Mental Health Services Sanford will implement the PHQ-9 assessment to identify patients with depression and develop plans to reduce the severity of depression. Sanford will also distribute a directory of available resources to patients, local groups and entities to create awareness in the community. Sanford Medical Center Mayville will standardize narcotic prescribing protocols across the enterprise to reduce usage. Narcotic prescriptions will be tracked internally and areas for improvement will be identified.</p> <p>Addressing of Significant Needs during Current Year</p> <p>Priority 1 Physical Health Sanford Mayville Medical Center staff developed strategies to address physical health in the community. The Sanford fit program was made available to the four area schools within the Sanford Mayville service area. Teachers and school administration have found the fit program to be a very positive addition. Sanford Mayville's dietitian presented mini-seminars on Better Nutrition for Better Living at the Mayville Senior Center.</p> <p>Priority 2 Mental Health Sanford Mayville Medical Center determined that mental health was a top priority for the community. Sanford Mayville Clinic has implemented a comprehensive behavioral health screening tool (BHS6) for all new patients and for patients who are scheduled for comprehensive physicals. Additionally, Integrated Health Therapists are immediately available through telehealth services. Sanford Mayville has a pilot project, Bridging Health and Home, which is a free service to complement clinical services.</p> <p>Identified needs not directly addressed by this facility include:</p> <ul style="list-style-type: none"> Aging - Cost of long term care, Availability of memory care Children and Youth - Bullying, Availability of activities for children and youth, Cost of activities for children and youth Safety - Seat belt usage, Presence of street drugs and alcohol in the community Health Care - Access to affordable health insurance, Cost of affordable vision insurance, Access to affordable prescription drugs, Cost of affordable dental insurance coverage

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Form and Line Reference	Explanation
Group A-Facility 19 -- Sanford Medical Center Mayville Part V, Section B, line 11	ge Preventive Health - Flu shots, ImmunizationsSanford will not directly develop strategy to address the cost of long term care and the availability of memory care because the stat e of North Dakota through the Department of Human Services controls the cost Sanford has deferred to the local nursing home which does have an Alzheimer's unit Safety issues such as seat belt usage and the presence of street drugs are issues that the city council and the sheriff's office are addressing Sanford serves as a partner in many community groups that have the expertise to address these unmet needs

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 19 -- Sanford Medical Center Mayville Part V, Section B, line 13h	Other factors for calculating amounts charged to patients include balance owed, family size, debt to income ratio, savings and investments, other debt (both medical and non-medical), previous bankruptcies and liens, patient/guarantor involvement in other state and Federal assistance programs, individual circumstances, current employment status, total monthly expenses and third party analytic score

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Form and Line Reference	Explanation
Group A-Facility 19 -- Sanford Medical Center Mayville Part V, Section B, line 16j	Other measures to publicize the policy within the community served by the hospital facility include publishing with local public health agencies, collection agencies and submission to law firms that serve the underprivileged population The financial assistance program summary, complete policy and the Sanford Financial Assistance Application are all available at https //www.sanfordhealth.org/patients-and-visitors/billing-and-insurance/financial-assistance-policy

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 20 -- Sanford Webster Medical Center Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

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Form and Line Reference	Explanation
Group A-Facility 20 -- Sanford Webster Medical Center Part V, Section B, line 5	<p>munity stakeholders helped to determine key priorities for their respective communities A listing of the community stakeholders can be found in each published CHNA at http://www.sanfordhealth.org/about/community-health-needs-assessment Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website under "About Sanford" in the Community Health Needs Assessment section The only comment received since the publications on the Sanford website was a question asking if a CHNA was conducted in a rural area where Sanford does not have a medical center The following community leadership members contributed their expertise with the planning, development and analysis of the community health needs assessment Each member met multiple times during the CHNA process to guide and advise the team -Sioux Falls Public Health-Pennington County Public Health-Beltrami Public Health-Trail County Public Health-Steele County Public Health-City of Halstad-South Dakota Department of Health-Clay County Public Health-South Dakota State University-Center for Social Research, North Dakota State University-Center for Rural Health -Burleigh County Public Health-Fargo Cass Public Health-South Dakota Department of Health-North Dakota Department of Health-North Dakota Public Health Association, in partnership with the American Indian CHNA</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 20 -- Sanford Webster Medical Center Part V, Section B, line 6a	Sanford USD Medical Center Sioux FallsSanford Fargo Medical CenterSanford Broadway Medical Center FargoSanford South University Medical CenterSanford Bismarck Medical CenterSanford Bemidji Medical CenterSanford Aberdeen Medical CenterSanford Bagley Medical CenterSanford Canby Medical CenterSanford Canton-Inwood Medical CenterSanford Chamberlain Medical CenterSanford Clear Lake Medical CenterSanford Hillsboro Medical CenterSanford Jackson Medical CenterSanford Luverne Medical CenterSanford Mayville Medical CenterSanford Rock Rapids Medical CenterSanford Sheldon Medical CenterSanford Thief River Falls Medical CenterSanford Tracy Medical CenterSanford Vermillion Medical CenterSanford Westbrook Medical CenterSanford Wheaton Medical CenterSanford Worthington Medical Center

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Form and Line Reference	Explanation
Group A-Facility 20 -- Sanford Webster Medical Center Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

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Form and Line Reference	Explanation
Group A-Facility 20 -- Sanford Webster Medical Center Part V, Section B, line 11	<p>The following information is a compilation of the identified priority needs for each community and what Sanford is doing to address the priority needs. In cases where identified needs have not been directly addressed it is because those needs fall outside of Sanford's expertise, or because Sanford is working with community partners to address the needs. The needs not addressed directly by Sanford are listed for each facility. Additional information about what Sanford is doing to address other assessed needs of the community can be found for each hospital facility at http://www.sanfordhealth.org/about/community-health-needs-assessment</p> <p>Priority 1 SafetySanford Webster Medical Center will address safety by offering MOAB (management of aggressive behavior) training for employees and to local schools, businesses and the public. Sanford will present a DUI drama program to high school juniors and seniors to reduce the number of alcohol and drug related accidents among teens. Sanford will conduct an annual sports power program to discourage drug and alcohol abuse.</p> <p>Priority 2 Physical Health Sanford will offer the use of PT equipment for the public to increase physical health. Sanford will also increase the number of nutrition consults and provide American Cancer Society referral cards for clinic and hospital visitors and patients. Sanford Webster Medical Center will standardize narcotic prescribing protocols across the enterprise to reduce usage. Narcotic prescriptions will be tracked internally and areas for improvement will be identified.</p> <p>Addressing of Significant Needs during Current Year</p> <p>Priority 1 SafetyAccording to the CDC, every day, 28 people in the United States die in motor vehicle accidents in the United States. Sanford Webster Medical Center decided to combat this community concern by working with the local Key Club and giving presentations to this community audience. Sanford's Lola Pollard, PA, who is also the Key Club President, gave presentations and education sessions about the local accident rate and how to combat those situations. Local law enforcement also continues to do DUI checkpoints in the county to help with these statistics and to keep the population safe. As drug use and violence continues to increase in this area, South Dakota and the United States, Sanford's staff took the MOAB training. MOAB training presents principles, techniques, and skills for recognizing, reducing and managing violent and aggressive behavior. As Sanford continues to work in and care for this population, the training has been helpful in many of the situations that are faced on a daily basis.</p> <p>Priority 2 Physical HealthSanford Webster's strategy of opening up the physical therapy equipment to the community has been a definite success. On average there have been around 15-20 community members each week who use the equipment. The Sanford physical therapy staff has also offered Better Balance classes in the community to help people who are struggling with physical</p>

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Form and Line Reference	Explanation
Group A-Facility 20 -- Sanford Webster Medical Center Part V, Section B, line 11	cal health or those who want to maintain their physical status The Sanford Webster dietitian meets with patients and individuals on a referral basis in the clinic This has been a very successful program for those who need the services The dietitian meets with people who are experiencing chronic conditions, and with patients who need overall healthy lifestyle management and medical nutrition therapy Medical nutrition therapy is an important service for patients and the Webster community Identified needs not directly addressed by this facility include Aging - Cost of long term care Children and Youth - Bullying, Availability of activities for children and youth Health Care - Access to affordable health insurance, Cost of affordable dental insurance, Cost of affordable vision insurance, Access to affordable health care, Access to affordable prescription drugs Mental Health - Underage drug use and abuse, Alcohol use and abuse, Drug use and abuse, Underage drinking, Smoking and tobacco use, Stress, Depression

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Form and Line Reference	Explanation
Group A-Facility 20 -- Sanford Webster Medical Center Part V, Section B, line 13h	Other factors for calculating amounts charged to patients include balance owed, family size, debt to income ratio, savings and investments, other debt (both medical and non-medical), previous bankruptcies and liens, patient/guarantor involvement in other state and Federal assistance programs, individual circumstances, current employment status, total monthly expenses and third party analytic score

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Form and Line Reference	Explanation
Group A-Facility 20 -- Sanford Webster Medical Center Part V, Section B, line 16j	Other measures to publicize the policy within the community served by the hospital facility include publishing with local public health agencies, collection agencies and submission to law firms that serve the underprivileged population The financial assistance program summary, complete policy and the Sanford Financial Assistance Application are all available at https //www.sanfordhealth.org/patients-and-visitors/billing-and-insurance/financial-assistance-policy

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Form and Line Reference	Explanation
Group A-Facility 21 -- Sanford Medical Center Wheaton Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

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Form and Line Reference	Explanation
Group A-Facility 21 -- Sanford Medical Center Wheaton Part V, Section B, line 5	<p>munity stakeholders helped to determine key priorities for their respective communities A listing of the community stakeholders can be found in each published CHNA at http //www s anfordhealth org/about/community-health-needs-assessment Public comments and response to t he community health needs assessment and the implementations strategies are welcome on the Sanford website under "About Sanford" in the Community Health Needs Assessment section T he only comment received since the publications on the Sanford website was a question aski ng if a CHNA was conducted in a rural area where Sanford does not have a medical center T he following community leadership members contributed their expertise with the planning, d evelopment and analysis of the community health needs assessment Each member met multiple times during the CHNA process to guide and advise the team -Sioux Falls Public Health-Pen nington County Public Health-Beltrami Public Health-Trail County Public Health-Steele Cou nty Public Health-City of Halstad-South Dakota Department of Health-Clay County Public Hea lth-South Dakota State University-Center for Social Research, North Dakota State Universit y-Center for Rural Health -Burleigh County Public Health-Fargo Cass Public Health-South Da kota Department of Health-North Dakota Department of Health-North Dakota Public Health Ass ociation, in partnership with the American Indian CHNA</p>

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Form and Line Reference	Explanation
Group A-Facility 21 -- Sanford Medical Center Wheaton Part V, Section B, line 6a	Sanford USD Medical Center Sioux FallsSanford Fargo Medical CenterSanford Broadway Medical Center FargoSanford South University Medical CenterSanford Bismarck Medical CenterSanford Bemidji Medical CenterSanford Aberdeen Medical CenterSanford Bagley Medical CenterSanford Canby Medical CenterSanford Canton-Inwood Medical CenterSanford Chamberlain Medical CenterSanford Clear Lake Medical CenterSanford Hillsboro Medical CenterSanford Jackson Medical CenterSanford Luverne Medical CenterSanford Mayville Medical CenterSanford Rock Rapids Medical CenterSanford Sheldon Medical CenterSanford Thief River Falls Medical CenterSanford Tracy Medical CenterSanford Vermillion Medical CenterSanford Webster Medical CenterSanford Westbrook Medical CenterSanford Worthington Medical Center

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Form and Line Reference	Explanation
Group A-Facility 21 -- Sanford Medical Center Wheaton Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

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Form and Line Reference	Explanation
Group A-Facility 21 -- Sanford Medical Center Wheaton Part V, Section B, line 11	<p>The following information is a compilation of the identified priority needs for each community and what Sanford is doing to address the priority needs. In cases where identified needs have not been directly addressed it is because those needs fall outside of Sanford's expertise, or because Sanford is working with community partners to address the needs. The needs not addressed directly by Sanford are listed for each facility. Additional information about what Sanford is doing to address other assessed needs of the community can be found for each hospital facility at http://www.sanfordhealth.org/about/community-health-needs-assessment</p> <p>Priority 1 Mental HealthSanford Medical Center Wheaton will expand Medical Home patients who have a PHQ-9 assessment indicating depression. Evidence-based guidelines for mental health will be implemented, and Sanford will work with the TRF psychiatry team and the Traverse County mental health providers to increase the number of available appointments for services. Sanford will also promote the early identification of mental health needs through early childhood wellness exams. Sanford will support parents with healthy social and emotional development tools.</p> <p>Priority 2 SafetySanford will work with law enforcement to provide safe collection sites for unused drugs.</p> <p>Priority 3 Children and YouthSanford will increase access to healthy food options to decrease hunger among children in the community, and support the development of local 4-H groups.</p> <p>Sanford Medical Center Wheaton will standardize narcotic prescribing protocols across the enterprise to reduce usage. Narcotic prescriptions will be tracked internally and areas for improvement will be identified.</p> <p>Add ressing of Significant Needs during Current Year</p> <p>Priority 1 Mental HealthWith the increasing need for mental health services, Sanford Wheaton worked with the Sanford Thief River Falls psychiatry team and Traverse County Mental Health providers to increase the number of available appointments for services and decrease ER visits. Telehealth visits were utilized to provide these services so no one had to drive out of town for services and children did not need to miss a large amount of school time. Sanford Wheaton has added another mental health group, Peterson Medical Clinic that will see all ages of patients and has availability for emergency needs. These services are provided by telehealth. Appointments are available weekly and for emergency cases. Psychiatrist services that are readily available have helped the family practice providers with prescription management. Another strategy was to expand the Medical Home and utilization of an RN Health Coach to provide follow-up for those patients who have PHQ-9 scores that indicate depression. Additional screening tools at timed intervals assess the need for follow-up or demonstrates improvement. A panel specialist will utilize the report for those who are not meeting the PHQ-9 goals for improvement or who are due for re-screen.</p>

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Form and Line Reference	Explanation
Group A-Facility 21 -- Sanford Medical Center Wheaton Part V, Section B, line 11	<p>ening Quality scores for depression have improved from 2 3 to 4 3 The goal is 5 In addit ion to the PHQ-9 assessment, Sanford Wheaton implemented evidence-based practice guideline s for patients seen for mental health Early identification of mental health needs is impo rtant and has become standard practice within Sanford To assist in identifying mental hea lth needs Sanford will work to increase the number of wellness exams and to make them more timely Sports physicals are now considered well exams and have been expanded with the ne cessary tools for screening and early detection of mental health issues Parents of at-risk children also need to have extra support in understanding how to work with and develop he althy social and emotional development skills During well exams, children and parents are presented with an age-appropriate Reach Out and Read book Priority 2 SafetySanford Wheat on worked with law enforcement agencies and the Drug Enforcement Agency (DEA) to provide s afe collection sites in the community for unused drugs These sites were established and t he amounts that are being turned in are much larger than anticipated Sanford as a system has taken on the task of reducing opioid prescriptions in an attempt to have less drugs in the community, reduce the number of chronic opioid drug users, and reduce the number of d rug seekers in the community Priority 3 Children and YouthSanford Wheaton's third goal wa s to provide children with access to healthy food when they are not able to have meals at the school A large majority of children did not have healthy food from Friday at lunch un til they came back on Monday morning for breakfast Increased access to food was needed to decrease the hunger among children as there are many proven studies that enforce the fact that children who are adequately fed improve their success at school both in learning and behavior Sanford Wheaton started a food backpack program and worked with the school offi cials to help identify the individuals who needed food and then proceeded to distribute th e bags Sanford was careful to protect the privacy of families The program started with d istribution during the school year but it was found that the program was going to be neede d during the summer also Current distribution numbers are at 60 on a regular basis A foc us is to have presence at the back-to-school events to make sure that all parents and thei r families are aware of the food program and to provide some samples of the products so th ey feel comfortable about registering to receive them Sanford also supports local 4-H grou ps in their projects for community gardens, education activities, and financial support to encourage participation in the county fair and other community projects Sanford also dis cusses drug abuse and the need for healthy food choices and availability of the food backp ack program at the wellness exams Identified needs not directly addressed by this facility include Aging - Cost of long</p>

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Form and Line Reference	Explanation
Group A-Facility 21 -- Sanford Medical Center Wheaton Part V, Section B, line 11	term care, Availability of memory care Physical Health - Cancer, Inactivity or lack of ex ercise, Obesity Preventive Health - Flu shots

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 21 -- Sanford Medical Center Wheaton Part V, Section B, line 13h	Other factors for calculating amounts charged to patients include balance owed, family size, debt to income ratio, savings and investments, other debt (both medical and non-medical), previous bankruptcies and liens, patient/guarantor involvement in other state and Federal assistance programs, individual circumstances, current employment status, total monthly expenses and third party analytic score

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 21 -- Sanford Medical Center Wheaton Part V, Section B, line 16j	Other measures to publicize the policy within the community served by the hospital facility include publishing with local public health agencies, collection agencies and submission to law firms that serve the underprivileged population The financial assistance program summary, complete policy and the Sanford Financial Assistance Application are all available at https //www.sanfordhealth.org/patients-and-visitors/billing-and-insurance/financial-assistance-policy

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Form and Line Reference	Explanation
Group A-Facility 22 -- Sanford Bagley Medical Center Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

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Form and Line Reference	Explanation
Group A-Facility 22 -- Sanford Bagley Medical Center Part V, Section B, line 5	<p>munity stakeholders helped to determine key priorities for their respective communities A listing of the community stakeholders can be found in each published CHNA at http://www.sanfordhealth.org/about/community-health-needs-assessment Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website under "About Sanford" in the Community Health Needs Assessment section The only comment received since the publications on the Sanford website was a question asking if a CHNA was conducted in a rural area where Sanford does not have a medical center The following community leadership members contributed their expertise with the planning, development and analysis of the community health needs assessment Each member met multiple times during the CHNA process to guide and advise the team -Sioux Falls Public Health-Pennington County Public Health-Beltrami Public Health-Trail County Public Health-Steele County Public Health-City of Halstad-South Dakota Department of Health-Clay County Public Health-South Dakota State University-Center for Social Research, North Dakota State University-Center for Rural Health -Burleigh County Public Health-Fargo Cass Public Health-South Dakota Department of Health-North Dakota Department of Health-North Dakota Public Health Association, in partnership with the American Indian CHNA</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 22 -- Sanford Bagley Medical Center Part V, Section B, line 6a	Sanford USD Medical Center Sioux FallsSanford Fargo Medical CenterSanford Broadway Medical Center FargoSanford South University Medical CenterSanford Bismarck Medical CenterSanford Bemidji Medical CenterSanford Aberdeen Medical CenterSanford Canby Medical CenterSanford Canton-Inwood Medical CenterSanford Chamberlain Medical CenterSanford Clear Lake Medical CenterSanford Hillsboro Medical CenterSanford Jackson Medical CenterSanford Luverne Medical CenterSanford Mayville Medical CenterSanford Rock Rapids Medical CenterSanford Sheldon Medical CenterSanford Thief River Falls Medical CenterSanford Tracy Medical CenterSanford Vermillion Medical CenterSanford Webster Medical CenterSanford Westbrook Medical CenterSanford Wheaton Medical CenterSanford Worthington Medical Center

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Form and Line Reference	Explanation
Group A-Facility 22 -- Sanford Bagley Medical Center Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group A-Facility 22 -- Sanford Bagley Medical Center Part V, Section B, line 11	<p>The following information is a compilation of the identified priority needs for each community and what Sanford is doing to address the priority needs. In cases where identified needs have not been directly addressed it is because those needs fall outside of Sanford's expertise, or because Sanford is working with community partners to address the needs. The needs not addressed directly by Sanford are listed for each facility. Additional information about what Sanford is doing to address other assessed needs of the community can be found for each hospital facility at http://www.sanfordhealth.org/about/community-health-needs-assessment</p> <p>Priority 1 Children and YouthSanford Bagley Medical Center has made children and youth a significant priority and has developed strategies to improve the health of newborns and young children, and to enhance the level of care that is available for high risk infants. Sanford clinic nurses will communicate with providers and other staff members about the services that are available to at-risk youth in the community. Sanford Ambassadors will provide educational materials and Text 4 Life bracelets at community events. Additionally, Sanford Fit is an on-line community health activation initiative created by Sanford Health that provides engaging programs and resources to kids, families, leaders and role models across numerous settings to promote and activate healthy choices.</p> <p>Priority 2 Mental Health Sanford has developed strategies to reduce mortality and morbidity from tobacco use, and has set strategies for suicide prevention. Sanford will not directly develop strategy to address the availability of affordable housing and public transportation. However, Sanford serves as a partner in many community groups that have the expertise to address these unmet needs. Sanford will share the formally assessed issues with community leaders who have expertise in these areas. Sanford Bagley Medical Center will standardize narcotic prescribing protocols across the enterprise to reduce usage. Narcotic prescriptions will be tracked internally and areas for improvement will be identified.</p> <p>Addressing of Significant Needs during Current Year</p> <p>Priority 1 Children and YouthSanford Bagley Medical Center placed a great deal of emphasis on getting resources and materials to children and their parents to help them to become more aware of health goals and wellness options. The Bagley Ambassadors group holds 4-5 events per year that provide interaction and learning opportunities for youth. These include booths at the county fair and high school events, a Teddy Bear Clinic, Spring Fling, and Haunted Hallway. The goal of these programs is to engage the youth in the community to make wellness a conversation and to make health care a familiar, non-threatening part of their lives. The information provided at these events reaches hundreds of individuals. This work is ongoing and will continue to be a priority for the community.</p> <p>Priority 2 Mental HealthSanfor</p>

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Form and Line Reference	Explanation
Group A-Facility 22 -- Sanford Bagley Medical Center Part V, Section B, line 11	d Bagley Medical Center's goal of adding tobacco cessation services and providing Test4Life bracelets serves as a constant reminder of the importance of seeking mental health services for optimal mental health. These services provide the community with the opportunity to have tobacco cessation services available at the local level. The strategic goals have been met, and Sanford will continue to provide services for the community. Identified needs not directly addressed by this facility include: Economics - Availability of affordable housing; Transportation - Availability of public transportation; Aging - Cost of long term care, Availability of long term care, Availability of resources for caregivers making decisions, Availability of memory care, Availability of resources to help the elderly stay in their homes, Availability of resources for grandparent caregivers for grandchildren, Understanding of advanced care directives; Safety - Child abuse and neglect, Crime, Presence of street drugs, prescription drugs and alcohol, Presence of drug dealers, Domestic violence, Presence of gang activity, Elder abuse, Safe places for outdoor youth activities, Sex trafficking; Health Care - Access to affordable health insurance, Access to affordable health care, Access to affordable prescription drugs, Cost of affordable dental insurance, Use of emergency services for primary care, Cost of affordable vision insurance, Timely access to mental health/behavioral health providers, Availability of non-traditional hours, Timely access to physician specialists, Coordination of care between providers and services; Physical Health - Cancer, Inactivity, Obesity; Chronic disease, Poor nutrition; Preventive Health - Flu shots.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 23 -- Sanford Canton-Inwood Medical Center Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Com

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Form and Line Reference	Explanation
Group A-Facility 23 -- Sanford Canton-Inwood Medical Center Part V, Section B, line 5	<p>munity stakeholders helped to determine key priorities for their respective communities A listing of the community stakeholders can be found in each published CHNA at http://www.sanfordhealth.org/about/community-health-needs-assessment Public comments and response to the community health needs assessment and the implementations strategies are welcome on the Sanford website under "About Sanford" in the Community Health Needs Assessment section The only comment received since the publications on the Sanford website was a question asking if a CHNA was conducted in a rural area where Sanford does not have a medical center The following community leadership members contributed their expertise with the planning, development and analysis of the community health needs assessment Each member met multiple times during the CHNA process to guide and advise the team -Sioux Falls Public Health-Pennington County Public Health-Beltrami Public Health-Trail County Public Health-Steele County Public Health-City of Halstad-South Dakota Department of Health-Clay County Public Health-South Dakota State University-Center for Social Research, North Dakota State University-Center for Rural Health -Burleigh County Public Health-Fargo Cass Public Health-South Dakota Department of Health-North Dakota Department of Health-North Dakota Public Health Association, in partnership with the American Indian CHNA</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Form and Line Reference	Explanation
Group A-Facility 23 -- Sanford Canton-Inwood Medical Center Part V, Section B, line 6a	Sanford USD Medical Center Sioux FallsSanford Fargo Medical CenterSanford Broadway Medical Center FargoSanford South University Medical CenterSanford Bismarck Medical CenterSanford Bemidji Medical CenterSanford Aberdeen Medical CenterSanford Bagley Medical CenterSanford Canby Medical CenterSanford Chamberlain Medical CenterSanford Clear Lake Medical CenterSanford Hillsboro Medical CenterSanford Jackson Medical CenterSanford Luverne Medical CenterSanford Mayville Medical CenterSanford Rock Rapids Medical CenterSanford Sheldon Medical CenterSanford Thief River Falls Medical CenterSanford Tracy Medical CenterSanford Vermillion Medical CenterSanford Webster Medical CenterSanford Westbrook Medical CenterSanford Wheaton Medical CenterSanford Worthington Medical Center

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Form and Line Reference	Explanation
Group A-Facility 23 -- Sanford Canton-Inwood Medical Center Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

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Form and Line Reference	Explanation
Group A-Facility 23 -- Sanford Canton-Inwood Medical Center Part V, Section B, line 11	<p>The following information is a compilation of the identified priority needs for each community and what Sanford is doing to address the priority needs. In cases where identified needs have not been directly addressed it is because those needs fall outside of Sanford's expertise, or because Sanford is working with community partners to address the needs. The needs not addressed directly by Sanford are listed for each facility. Additional information about what Sanford is doing to address other assessed needs of the community can be found for each hospital facility at http://www.sanfordhealth.org/about/community-health-needs-assessment</p> <p>Priority 1: Children and Youth Sanford Canton-Inwood Medical Center will implement the Sanford Fit Program curriculum in the local schools and childcare facilities, and will make the program available for families through the website.</p> <p>Priority 2: Physical Health Sanford will develop a wellness challenge, create a community health fair and bike rodeo to increase opportunities to improve physical health in the community. Sanford Canton-Inwood Medical Center will standardize narcotic prescribing protocols across the enterprise to reduce usage. Narcotic prescriptions will be tracked internally and areas for improvement will be identified.</p> <p>Addressing of Significant Needs during Current Year</p> <p>Priority 1: Children and Youth With the growing obesity epidemic, the Sanford Canton-Inwood Medical Center Leadership team worked closely with the City of Canton and the Canton School System on strategies to give families more opportunities to be physically fit. Sanford Canton-Inwood Medical Center explored how to enhance youth activities. Work began on improving the summer recreation plan for youth ages 5 to 12 years. The group tailored the 2018 summer recreation program based on the feedback from parents and families. The enrollment for the 2018 recreation program increased to 148 youth participants. Changes were made to incorporate more activities like baseball, ultimate Frisbee, football, kickball and volleyball, but also adding Friday field trips to state parks, museums, and other local attractions. Sanford's community Board of Directors was supportive of this project and provided over \$6,000 in funding to help purchase the equipment needed for the new programs and to sponsor some of the field trips for the children and their families. Sanford also worked with the Canton schools to increase activities by providing the Canton Elementary School, which includes approximately 300 students (K-5), with a Sanford Fit program that help kids understand and manage moods, eat better, enhance their energy, and include physical activity in their healthy lifestyle. The Sanford Canton-Inwood Medical Center Board of Directors invested in funding a strength and conditioning coach for the local schools. The new position started in July 2018 and was geared not only toward student athletes, but also to those students wanting to build confidence and become healthy.</p>

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Form and Line Reference	Explanation
Group A-Facility 23 -- Sanford Canton-Inwood Medical Center Part V, Section B, line 11	<p>althier Priority 2 Physical HealthThe Sanford Canton-Inwood Medical Center staff and Board of Directors have joined forces with the Canton Chamber of Commerce on a community wellness challenge. The program was developed as a competition and gives points to the individuals on each team for things like eating vegetables, fruits, exercising, attending community events, volunteering, and many other things. Each week the results are tallied and posted for teams to see how they compare to each other. The length of the competition has been anywhere from 6 weeks up to 10 weeks in duration.</p> <p>Identified needs not directly addressed by this facility include:</p> <ul style="list-style-type: none"> Economics - Availability of affordable housing Transportation - Availability of good walking or biking options Aging - Cost of long term care, Availability of memory care, Availability of long term care, Availability of resources to help the elderly stay safe in their homes, Availability of activities for seniors, Availability of resources for family/friends caring for and making decisions for elders, Cost of activities for seniors Safety - Presence of street drugs and alcohol in the community, Presence of drug dealers in the community Health Care - Access to affordable health insurance, Cost of affordable vision insurance, Use of the emergency room services for primary health care Mental Health/Behavioral Health - Underage drug use and abuse, Underage drinking, Depression, Smoking and tobacco use, Stress, Dementia and Alzheimer's disease, Binge drinking <p>Sanford will not develop strategy to address the need for affordable housing or the availability of good walking and biking option. However, Sanford serves as a partner in many community groups that have the expertise to address these unmet needs. Sanford has convened community leaders to learn of the findings of the formalized assessment and the unmet needs in the community.</p>

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Group A-Facility 23 -- Sanford Canton-Inwood Medical Center Part V, Section B, line 13h	Other factors for calculating amounts charged to patients include balance owed, family size, debt to income ratio, savings and investments, other debt (both medical and non-medical), previous bankruptcies and liens, patient/guarantor involvement in other state and Federal assistance programs, individual circumstances, current employment status, total monthly expenses and third party analytic score

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Form 990 Part V Section C Supplemental Information for Part V, Section B.

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Group A-Facility 24 -- Sanford Clear Lake Medical Center Part V, Section B, line 7d	Sanford invited community partners to attend presentations and discussions of the results Community stakeholders and community councils were included

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Form and Line Reference	Explanation
Group A-Facility 24 -- Sanford Clear Lake Medical Center Part V, Section B, line 11	<p>The following information is a compilation of the identified priority needs for each community and what Sanford is doing to address the priority needs. In cases where identified needs have not been directly addressed it is because those needs fall outside of Sanford's expertise, or because Sanford is working with community partners to address the needs. The needs not addressed directly by Sanford are listed for each facility. Additional information about what Sanford is doing to address other assessed needs of the community can be found for each hospital facility at http://www.sanfordhealth.org/about/community-health-needs-assessment</p> <p>Priority 1 Mental Health/Behavioral HealthThrough the Medical Home program, RN Health Coach, and PHQ-9 screening, Sanford offers/refers to mental health services for patients with scores indicative of depression. The goal was to evaluate 100% of Medical Home patients for mental health needs. Sanford has met this goal, and continues to complete the PHQ-9 screening every six months for patients with a depression diagnosis, as well as diabetes diagnosis, and those who are a part of Medical Home. Additionally, screenings occur with well child checks including athletic physicals for children and youth age 12 and older. The Columbia Suicide Screening tool is also used to identify patients at risk for suicide. Sanford has worked to identify patients with mental health needs who do not have a primary care provider (PCP) listed in the EMR. This strategy has been successful and a formal process has been implemented. When patients present for a visit, the registrar discusses the PCP and inquires with the patient if a PCP can be named in the EMR. If the patient agrees, the patient is registered with a provider at Sanford Clear Lake Medical Center allowing us to address preventive health maintenance. With the limited mental health resources available in the Clear Lake community, research was conducted to develop and distribute a Clear Lake Area Resource Directory. This strategy has been successful for addressing both mental and physical health within the population. The directory not only includes resources to address mental and physical health, but also resources such as employment, financial assistance, housing, nutrition, pre-planning, protective services, support groups, education, just to name a few. The resource directory is readily available for patients in the clinic setting when these needs are identified. Additionally, the directory is distributed to each medical center patient upon admission.</p> <p>Priority 2 Physical HealthSanford Clear Lake Medical Center projected a positive impact for the community by increasing compliance with preventive screening recommendations. Sanford's strategy for meeting this goal included describing the various preventive services available to 100% of its patients. Through the use of the EMR, 100% of Sanford's patients with overdue health maintenance screenings are easily identified. The clinic su</p>

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Group A-Facility 24 -- Sanford Clear Lake Medical Center Part V, Section B, line 11	<p>support nurse reviews overdue health maintenance with patients and offers these services at each visit. The nurse prepares orders as patients agree to the services. If a patient refuses, a gap sheet indicating the patient's refusal is given to the provider to use as a tool to educate the patient on the importance of preventive health and encourage the patient to complete the preventive health maintenance. Providers are involved in the improvements and progress made through performance improvement and quality assurance studies and Sanford Clear Lake is helping patients manage their optimal health. Addressing of Significant Needs during Current Year:</p> <p>Priority 1: Mental Health/Behavioral Health The medical home patients are reviewed each month and all clinic patients are screened using the PHQ9. The counseling services available in our area are listed in the community resources book. Tele-health is available for counseling.</p> <p>Priority 2: Physical Health Fit test kits for colon cancer screening were provided during influenza vaccine clinics at Sanford Clear Lake. Working with health coach and clinic nursing on preventative health screenings. Identified needs not directly addressed by this facility include:</p> <ul style="list-style-type: none"> Aging - Cost of long term care, Availability of resources for family/friends caring for and making decisions for elders, Availability of memory care. Children and Youth - Bullying, Availability of activities for children and youth, Cost of activities for children and youth, Children living in poverty, Children in single parent households. Health Care - Access to affordable health insurance, Cost of affordable vision insurance, Cost of affordable dental insurance coverage, Access to affordable prescription drugs, Access to affordable health care, Unmet medical needs, Unmet mental health needs, Need prescription medications. Safety - Presence of street drugs and alcohol in the community. Substance Use and Abuse - Underage drinking, Underage drug use and abuse, Smoking and tobacco use, Alcohol use and abuse. Preventive Health - Flu shots, Immunizations, Not seeing a health care provider or dentist in the past year.

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Form and Line Reference	Explanation
Group A-Facility 24 -- Sanford Clear Lake Medical Center Part V, Section B, line 13h	Other factors for calculating amounts charged to patients include balance owed, family size, debt to income ratio, savings and investments, other debt (both medical and non-medical), previous bankruptcies and liens, patient/guarantor involvement in other state and Federal assistance programs, individual circumstances, current employment status, total monthly expenses and third party analytic score

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Form and Line Reference	Explanation
Group A-Facility 24 -- Sanford Clear Lake Medical Center Part V, Section B, line 16j	Other measures to publicize the policy within the community served by the hospital facility include publishing with local public health agencies, collection agencies and submission to law firms that serve the underprivileged population The financial assistance program summary, complete policy and the Sanford Financial Assistance Application are all available at https //www.sanfordhealth.org/patients-and-visitors/billing-and-insurance/financial-assistance-policy

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Form and Line Reference	Explanation
Group A-Facility 25 -- Sanford Westbrook Medical Center Part V, Section B, line 5	Sanford conducted a community health needs assessment during FY 2016 in 24 communities throughout the enterprise. Sanford Health worked in partnership with Public Health Units across the organization's footprint to develop the methodology for the 2016 CHNA. Sanford requested input from community and county leaders, public health administration, physicians, nurses, representatives from the community and representatives of diverse populations through a series of community stakeholder meetings. Sanford extended a good faith effort to engage all of the aforementioned community representatives in the CHNA process. The names of community stakeholders who participated in the CHNA process are listed in the acknowledgment section for each medical center's CHNA report. A generalizable survey was conducted of residents in the Fargo area (Cass County, North Dakota and Clay County, Minnesota), the Bemidji area (Beltrami County in MN), the Bismarck area (Burleigh and Morton counties in ND), and the Sioux Falls area (Minnehaha, Lincoln, Turner and McCook counties in SD). A stratified random sample was obtained through a qualified vendor, to ensure that appropriate proportions from each of the counties were included. A non-generalizable on-line survey was conducted for all of the Sanford Medical Centers through a partnership between Sanford and the Center for Social Research (CSR) at North Dakota State University. The purpose of this non-generalizable survey of community leaders was to learn about the perceptions of area community leaders regarding community health, their personal health, preventive health, and the prevalence of disease. This group included community leaders, legislators, and agency leaders representing chronic disease and disparity. A Likert scale was developed to determine the respondent's highest concerns. Needs ranking 3.5 and above were included in the needs to be addressed and prioritized. Many of the identified needs that ranked below 3.5 are being addressed by Sanford. However, 3.5 and above was used as a focus for the purpose of the required prioritization. Asset mapping was conducted by reviewing the data and identifying the unmet needs from the various surveys and data sets. The process implemented in this work was based on the McKnight Foundation model - Mapping Community Capacity. Each identified need was researched to determine what resources are available in the community to address the needs. An informal gap analysis was conducted to determine what needs remained after resources were researched through asset mapping. Each Sanford Health Medical Center invited community stakeholders to meet, review the findings of the research, develop the asset/resources map, and determine the key priorities to address by implementation strategies during FY 2017-2019. Individuals who were invited to attend included county commissions, city council members, school board members, and agencies representing the chronic disease groups and disparity. Community

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Group A-Facility 25 -- Sanford Westbrook Medical Center Part V, Section B, line 11	<p>ession The students learned all about Sanford fit and making good, healthy choices regard ing their food, move (exercise), mood and recharge (sleep/rest) In addition, the students had weekly challenge cards they took home to complete during the remainder of the week T he completed challenge cards were placed in a drawing and students worked their way toward s end-of-year prizes, but also took home activities and exposed their families' to fit Th e program completed its second year in May of 2018 After a successful pilot year, at the beginning of the 2018 program the students completed a fitclub "test and were tested again at the end of the year The students increased their correct answers by more than 24% fro m the first test to the last Each week, the Sanford Westbrook staff could see the student s engaging and absorbing the information through the fun activities The program received positive feedback by the Westbrook Walnut Grove Elementary School physical education teach er and principal and will continue into the coming years Identified needs not directly add ressed by this facility include Aging - Cost of long term care, Availability of memory ca re, Availability of resources for family/friends caring for and making decisions for elder s Children and Youth - Bullying Safety - Presence of street drugs and alcohol in the commu nity Health Care - Access to affordable health insurance, Access to affordable health care , Access to affordable prescription drugs</p>

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Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 1 - Sanford Clinic Aberdeen 3015 3rd Avenue SE Aberdeen, SD 57401	Medical Clinic
1 2 - Sanford Clinic Aberdeen Surgical Center 3015 3rd Avenue SE Aberdeen, SD 57401	Ambulatory Surgery Center
2 3 - Sanford Health Adrian Clinic 201 Maine Ave Adrian, SD 56110	Rural Health Clinic
3 4 - Sanford Health Broadway Clinic 1527 Broadway Street Alexandria, MN 56308	Medical Clinic
4 5 - Sanford Health Easton Place Clinic 510 - 22nd Avenue E Suite 602 Alexandria, MN 56308	Medical Clinic
5 6 - Sanford Bagley Clinic 1656 Central St W Bagley, MN 56621	Rural Health Clinic
6 7 - Sanford Bagley Eye Center & Optical 14 2nd St NE Bagley, MN 56621	Eye Care Center
7 8 - Sanford Tracy Balaton Clinic 551 Highway 14 E Balaton, MN 56115	Medicare Certified Rural Health Clinic
8 9 - Sanford Health Bassett Family Clinic 103 Clark St Bassett, NE 68714	Medical Clinic
9 10 - Sanford Health Baudette Eye Center 103 Main St Baudette, MN 56623	Eye Care Center
10 11 - Baker Park Inc 803 Dewey Avenue Bemidji, MN 56601	Assisted Living Center
11 12 - Edith Sanford Breast Center Bemidji 1233 34th St NW Bemidji, MN 56601	Women's Health
12 13 - Sanford Bemidji 1611 Anne St Clinic 1611 Anne St NW Bemidji, MN 56601	Medical Clinic
13 14 - Sanford Bemidji 1705 Ann St Clinic 1705 Anne St NW Bemidji, MN 56601	Medical Clinic
14 15 - Sanford Bemidji Downtown Eye Center & Op 506 Beltrami Ave NW Bemidji, MN 56601	Eye Care Center

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How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
16 16 - Sanford Bemidji Home Care & Hospice 3201 Pine Ridge Ave NW Bemidji, MN 56601	Home Care and Hospice
1 17 - Sanford Bemidji Main Clinic 1233 34th St NW Bemidji, MN 56601	Medical Clinic
2 18 - Sanford Dialysis Bemidji 1300 Anne Street NW Bemidji, MN 56601	Dialysis
3 19 - Sanford Health Neilson Place 1000 Anne St NW Bemidji, MN 56601	Skilled Nursing Facility
4 20 - Sanford Health Trillium 930 Anne Street NW Bemidji, MN 56601	Assisted Living Center
5 21 - Sanford Health Windsong 1010 Anne Street N Bemidji, MN 56601	Assisted Living Center
6 22 - Sanford Joe Lueken Cancer Center 1233 34th St NW Bemidji, MN 56601	Cancer Center
7 23 - Sanford Clinic Beresford 600 W Cedar Street Beresford, SD 57004	Rural Health Clinic
8 24 - Bismarck Cancer Center 500 N 8th Street Bismarck, ND 58501	Cancer Center
9 25 - Sanford Birth Center 300 N 7th Street Bismarck, ND 58501	Birth Center
10 26 - Sanford Cancer Center Bismarck 300 N 7th Street Bismarck, ND 58501	Cancer Center
11 27 - Sanford Tom & Frances Leach Bismarck Dia 209 N 7th Street Bismarck, ND 58501	Dialysis Center
12 28 - Sanford Clinic 222 N 7th Street Bismarck, ND 58501	Medical Clinic
13 29 - Sanford Children's North Clinic 765 W Interstate Ave Bismarck, ND 58503	Children's Clinic
14 30 - Sanford Bemidji Blackduck Clinic 81 1st St NW Blackduck, MN 56630	Medical Clinic

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Name and address	Type of Facility (describe)
31 31 - Sanford Boyden Clinic 3971 320th St Boyden, IA 51234	Medical Clinic
1 32 - Sanford Brandon Family Medicine Clinic 1105 E Holly Blvd Brandon, SD 57005	Medical Clinic
2 33 - Sanford Health Brookings Clinic 922 - 22nd Avenue S Brookings, SD 57006	Medical Clinic
3 34 - Sanford Canby Clinic 112 St Olaf Avenue Canby, MN 56220	Medicare Certified Rural Health Clinic
4 35 - Sanford Canby Dental Clinic 11 St Olaf Ave S Canby, MN 56220	Dental Clinic
5 36 - Sanford Canby Dialysis Unit 112 St Olaf Avenue S Canby, MN 56220	Medicare Certified End Stage Renal Dialysis
6 37 - Sanford Canby Medical Center 112 St Olaf Avenue S Canby, MN 56220	Medicare Certified Home Health Agency
7 38 - Sanford Canby Medical Center 112 St Olaf Avenue S Canby, MN 56220	Class F Home Care Provider
8 39 - Sanford Health Canby Sylvan Place 212 St Olaf Avenue S Canby, MN 56220	Housing with Services
9 40 - Sanford Health CanistotaUSD Clinic 320 W Main St Canistota, SD 57012	Rural Health Clinic
10 41 - Sanford Canton Clinic 400 N Hiawatha Drive Canton, SD 57013	Rural Health Clinic
11 42 - Sanford Health Canton Hiawatha Heights 398 N Hiawatha Drive Canton, SD 57013	Assisted Living Center
12 43 - Sanford Bemidji Cass Lake Clinic 219 Grant Utley Ave NW Cass Lake, MN 56633	Medical Clinic
13 44 - Sanford Chamberlain Clinic 300 S Byron Blvd Chamberlain, SD 57325	Rural Health Clinic
14 45 - Sanford Health Chamberlain Care Center 300 S Byron Blvd Chamberlain, SD 57325	Nursing Facility

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Name and address	Type of Facility (describe)
46 46 - Sanford Home Health & Hospice Chamberlain 110 W Beebe Ave Chamberlain, SD 57325	Home Health Care & Hospice
1 47 - Sanford Health Clark Clinic 211 N Commercial Street Clark, SD 57225	Rural Health Clinic
2 48 - Sanford Clear Lake Clinic 701 3rd Avenue S Clear Lake, SD 57226	Rural Health Clinic
3 49 - Sanford Clear Lake Medical Center 701 3rd Avenue S Clear Lake, SD 57226	Home Health Care
4 50 - Sanford Bagley Clearbrook Clinic 22 Elm Street Clearbrook, MN 56634	Rural Health Clinic
5 51 - Sanford Health Dakota Dunes Clinic 350 Oak Tree Ln Dakota Dunes, SD 57049	Medical Clinic
6 52 - Sanford Health Dell Rapids Orchard Hills 200 W 10th Street Dell Rapids, SD 57022	Assisted Living Center
7 53 - Sanford Dialysis 114 Frazee St E Detroit Lakes, MN 56501	Dialysis Center
8 54 - Sanford Health Detroit Lakes Clinic & Sam 1245 Washington Avenue Detroit Lakes, MN 56501	Ambulatory Surgery Center/Clinic
9 55 - Sanford Health Detroit Lakes Eye Center 1245 Washington Avenue Detroit Lakes, MN 56501	Eye Care Center
10 56 - Sanford Health West Dickinson Clinic 2615 Fairway Street Dickinson, ND 58601	Medical Clinic
11 57 - Sanford Health East Dickinson Clinic 33 9th St W Dickinson, ND 58601	Medical Clinic
12 58 - Sanford Health Hearing Center Dickinson 1531 W Villard St Dickinson, ND 58601	Hearing Center
13 59 - Sanford Health 621 DeMers Ave Clinic 621 DeMers Ave NW East Grand Forks, MN 56721	Medical Clinic
14 60 - Sanford Health 929 Central Ave Clinic 929 Central Ave East Grand Forks, MN 56721	Medical Clinic

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
61 61 - Sanford Health EGF Dermatology Clinic 625 DeMers Ave NW East Grand Forks, MN 56721	Medical Clinic
1 62 - Sanford Home Care East Grand Forks 404 DeMers Ave East Grand Forks, MN 56721	Home Health Care
2 63 - Sanford Health Edgeley Clinic 506 2nd St Edgeley, ND 58433	Medical Clinic
3 64 - Sanford Luverne Edgerton Clinic 733 Main Ave Edgerton, MN 56128	Rural Health Clinic
4 65 - Sanford Health Ellendale Clinic 141 Main St Ellendale, ND 58436	Rural Health Clinic
5 66 - Sanford Health Enderlin Clinic 201 4th Avenue Enderlin, ND 58027	Rural Health Clinic
6 67 - Sanford Clinic Estelline 305 Hospital Drive Estelline, SD 57234	Rural Health Clinic
7 68 - Edith Sanford Breast Center Fargo 737 Broadway N Fargo, ND 58102	Women's Health
8 69 - Sanford 1711 Medical Building 1711 University Drive S Fargo, ND 58103	Medical Clinic
9 70 - Sanford 1717 Medical Building 1717 Medical Buildingq Fargo, ND 58103	Medical Clinic
10 71 - Sanford Broadway Clinic 801 Broadway N Fargo, ND 58102	Medical Clinic
11 72 - Sanford Children's Broadway Clinic 737 Broadway Fargo, ND 58102	Medical Clinic
12 73 - Sanford Dialysis Fargo 2801 S University Drive Fargo, ND 58122	Dialysis
13 74 - Sanford I-94 Clinic 5225 23rd Avenue South Fargo, ND 58104	Medical Clinic
14 75 - Sanford Home Care Fargo 100 4th Street S Fargo, ND 58103	Home Health Agency

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
76 76 - Sanford Roger Maris Cancer Center 840 4th Street N Fargo, ND 58102	Cancer Center
1 77 - Sanford South University Eye Center & Op 1717 S University Dr Fargo, ND 58103	Eye Care Center
2 78 - Sanford Children's Southwest Clinic 2701 13th Ave S Fargo, ND 58103	Children's Clinic
3 79 - Sanford Southpointe Eye Center & Optical 2400 32nd Ave S Fargo, ND 58103	Eye Care Center
4 80 - Sanford Health Finley Clinic 407 Washington Ave Finley, ND 58230	Rural Health Clinic
5 81 - Sanford Health Forman Clinic 336 Main St SW Forman, ND 58032	Rural Health Clinic
6 82 - Sanford Dialysis Fort Yates 100 N River Road Fort Yates, ND 58538	Dialysis Center
7 83 - Sanford Health Fosston Eye Center & Opti 111 2nd St NE Fosston, MN 56542	Eye Care Center
8 84 - Sanford Rock Rapids George Clinic 101 N Main George, IA 51237	Rural Health Clinic
9 85 - Sanford Health Gwinner Clinic 69 ND 13 Gwinner, ND 58040	Rural Health Clinic
10 86 - Sanford Health Halstad Clinic 445 1st Street E Halstad, MN 56548	Rural Health Clinic
11 87 - Sanford Health Hartford Clinic 905 N Oaks Ave Hartford, SD 57033	Medical Clinic
12 88 - Sanford Sheldon Hartley Clinic 512 3rd St NE Hartley, IA 51346	Medical Clinic
13 89 - Sanford Hawley Clinic 1412 Main St Hawley, MN 56549	Medical Clinic
14 90 - Sanford Health Comstock Corner 12 3rd Street SE Hillsboro, ND 58045	Hospital Based-Nursing Facilities

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
91 91 - Sanford Health Hillsboro Clinic 315 East Caledonia Hillsboro, ND 58045	Rural Health Clinic
1 92 - Sanford Health Dialysis Hospers 112 Sunrise Drive Hospers, IA 51238	End Stage Renal Dialysis
2 93 - Sanford Health International Falls Eye C 1400 Highway 71 International Falls, MN 56649	Eye Care Center
3 94 - Sanford Health Inwood Clinic 303 E Jefferson St Inwood, IA 51240	Medical Clinic
4 95 - Sanford Clinic Ipswich 110 5th Avenue Ipswich, SD 57451	Rural Health Clinic
5 96 - Sanford Jackson Clinic 1430 North Highway Jackson, MN 56143	Medicare Certified Rural Health Clinic
6 97 - Sanford Dialysis Jamestown 300 2nd Avenue NE Jamestown, ND 58401	Dialysis Center
7 98 - Sanford Health Hearing Center Jamestown 904 5th Ave NE Jamestown, ND 58401	Hearing Center
8 99 - Sanford Health Jamestown 2nd Ave Clinic 300 2nd Avenue NE Jamestown, ND 58401	Medical Clinic
9 100 - Sanford Health Jamestown 5th Ave Clinic 904 5th Ave NE Jamestown, ND 58401	Medical Clinic
10 101 - Sanford Health Kelliher Clinic 243 Clark Ave N Kelliher, MN 56650	Medical Clinic
11 102 - Sanford Chamberlain Kimball Clinic 101 S Main St Kimball, SD 57355	Rural Health Clinic
12 103 - Sanford Children's Clinic 3001 Daggett St Klamath Falls, OR 97601	Medical Clinic
13 104 - Sanford Health Lake Norden Clinic 512 Main Ave Lake Norden, SD 57248	Rural Health Clinic
14 105 - Sanford Jackson Lakefield Clinic 209 Main Street Lakefield, MN 56150	Medicare Certified Rural Health Clinic

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
106 106 - Sanford Health LaMoure Clinic 101 1st Ave SW LaMoure, ND 58458	Rural Health Clinic
1 107 - Sanford Health Lennox Clinic 108 S Main Lennox, SD 57039	Rural Health Clinic
2 108 - Sanford Health Lidgerwood Clinic 21 Wiley Ave S Lidgerwood, ND 58053	Rural Health Clinic
3 109 - Sanford Health Lisbon Clinic 102 10th Ave W Lisbon, ND 58054	Rural Health Clinic
4 110 - Sanford Home Care Lisbon 404 Forest St Lisbon, ND 58054	Home Health Care
5 111 - Sanford Home Health Luverne 304 N McKenzie St Luverne, MN 56156	Home Health Care
6 112 - Sanford Luverne Clinic 1601 Sioux Valley Dr Luverne, MN 56156	Medical Clinic
7 113 - Sanford Luverne Hospice 217 N Oakley St Luverne, MN 56156	Medicare Certified Hospice
8 114 - Sanford Dialysis 323 SW 10th Street Madison, SD 57042	End Stage Renal Dialysis
9 115 - Sanford Hospice Madison 900 2nd Avenue Madison, MN 56256	Hospice (licensed in SD)
10 116 - Sanford Health Mahanomen Clinic 410 W 4th St Mahanomen, MN 56557	Rural Health Clinic
11 117 - Sanford Home Care Mahanomen 414 W Jefferson Ave Mahanomen, MN 56557	Home Health Care
12 118 - Sanford Home Care Bismarck 910 18th Street NW Mandan, ND 58554	Home Health Agency
13 119 - Sanford East Mandan Clinic 102 Mandan Ave Mandan, ND 58554	Medical Clinic
14 120 - Sanford Home Care Mayville 49 7th Ave SE Mayville, ND 58257	Home Health Care

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
121 121 - Sanford Mayville Clinic 600 1st St SE Mayville, ND 58257	Rural Health Clinic
1 122 - Sanford Health Highway 2 Clinic 801 21st Ave SE Minot, ND 58701	Medical Clinic
2 123 - Sanford Health Northwest Clinic 1500 21st Ave NW Minot, ND 58701	Medica
3 124 - Sanford Health Minneota Clinic 700 N Monroe St Minneota, MN 56264	Rural Health Clinic
4 125 - Sanford Health Mitchell Clinic 2100 Highland Way Mitchell, SD 57301	Medical Clinic
5 126 - Sanford Dialysis Morris 400 1st Street East Morris, MN 56267	Dialysis
6 127 - Sanford Health Mountain Lake Clinic 308 N 8th Street Mountain Lake, MN 56159	Medicare Certified Rural Health Clinic
7 128 - Sanford Health Oakes Clinic 420 7th St S Oakes, ND 58474	Medical Clinic
8 129 - Sanford Children's Clinic 3605 Vista Way Oceanway, CA 92056	Children's Clinic
9 130 - Sanford Health Park Rapids Clinic 110 7th St W Park Rapids, MN 56470	Medical Clinic
10 131 - Sanford Health Parkers Prairie Clinic 115 E Soo Street Parkers Prairie, MN 56361	Rural Health Clinic
11 132 - Sanford Health Pelican Rapids Clinic 211 East Mill Street Pelican Rapids, MN 56572	Rural Health Clinic
12 133 - Sanford Home Care Pelican Rapids 211 East Mill Street Pelican Rapids, MN 56572	Home Health Care
13 134 - Sanford Health Pierre Clinic 521 E Sioux Ave Pierre, SD 57501	Medical Clinic
14 135 - Sanford Dialysis Red Lake 24760 Hospital Drive Red Lake, MN 56671	Dialysis

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
136 136 - Sanford Rock Rapids Clinic 803 South Green Street Rock Rapids, IA 51246	Rural Health Clinic
1 137 - Sanford Sheldon Sanborn Clinic 321 Main Street Sanborn, IA 51248	Medical Clinic
2 138 - Sanford Health Sheldon Care Center 118 North Seventh Avenue PO Box 250 Sheldon, IA 51201	Home Health Agency and Hospice
3 139 - Sanford Senior Care Sheldon 118 North Seventh Avenue PO Box 250 Sheldon, IA 51201	Hospital Based-Nursing Facilities
4 140 - Sanford Sheldon Clinic 800 Oak Street Sheldon, IA 51201	Rural Health Clinic
5 141 - Ava's House 1320 W 17th Street Sioux Falls, SD 57104	Nursing Facility
6 142 - Sanford 10th & Phillips Acute Care & Ort 136 S Phillips Ave Sioux Falls, SD 57104	Medical Clinic
7 143 - Sanford 27th & Sycamore Family Medicine 4405 E 26th St Sioux Falls, SD 57103	Medical Clinic
8 144 - Sanford 32nd & Ellis Clinic 2601 S Ellis Road Sioux Falls, SD 57106	Medical Clinic
9 145 - Sanford Family Medicine 34th & Kiwanis 2701 S Kiwanis Ave Sioux Falls, SD 57105	Medical Clinic
10 146 - Sanford 49th & Oxbow Family Medicine 3401 W 49th Street Sioux Falls, SD 57106	Medical Clinic
11 147 - Sanford 4th & Sycamore Family Medicine 600 N Sycamore Ave Sioux Falls, SD 57110	Medical Clinic
12 148 - Sanford Cancer Center 1309 W 17th St Sioux Falls, SD 57104	Cancer Center
13 149 - Sanford Children's MB2 Clinic 1205 S Grange Ave Sioux Falls, SD 57105	Children's Clinic
14 150 - Sanford Children's Residency Clinic 6101 S Louise Ave Sioux Falls, SD 57108	Children's Clinic

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
151 151 - Sanford Children's Specialty Clinic 1605 W 22nd St Sioux Falls, SD 57117	Children's Clinic
1 152 - Sanford Dialysis Sioux Falls 1321 W 22nd Street Sioux Falls, SD 57117	Dialysis Center
2 153 - Sanford Eye Center & Optical 1621 S Minnesota Ave Sioux Falls, SD 57105	Eye Care Center
3 154 - Sanford Fetal Care Center 1500 W 22nd Street Sioux Falls, SD 57105	Birth Center
4 155 - Sanford Health Midtown Family Planning C 1205 S Grange Ave Sioux Falls, SD 57105	Medical Clinic
5 156 - Sanford Hospice 2710 West 12th Street Sioux Falls, SD 57104	Hospice (licensed in MN and SD)
6 157 - Sanford Imagenetics 1321 W 22nd Street Sioux Falls, SD 57117	Genetics
7 158 - Sanford Home Health Sioux Falls 2710 West 12th Street Sioux Falls, SD 57104	Home Health Care
8 159 - The Birth Place 1305 W 18th Street Sioux Falls, SD 57105	Birth Center
9 160 - Northern Lights Community Residence 324 E 10th St Thief River Falls, MN 56701	Community Residence
10 161 - Pathfinder Children's Treatment Center 921 Atlantic Ave N Thief River Falls, MN 56701	Treatment Center
11 162 - Sanford Behavioral Health Outpatient Cli 120 Labree Avenue S Thief River Falls, MN 56701	Behavioral Health Treatment Center
12 163 - Sanford Dialysis Thief River Falls 120 Labree Avenue S Thief River Falls, MN 56701	Dialysis
13 164 - Sanford Health Thief River Falls Eye Cen 1720 Highway 59 S Thief River Falls, MN 56701	Eye Care Center
14 165 - Sanford Medical Center Thief River Falls 1720 Highway 59 S Thief River Falls, MN 56701	Medical Clinic

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
166 166 - Sanford Health Tracy O'Brien Court 410 State Street Tracy, MN 56175	Housing with Services
1 167 - Sanford Tracy Clinic 249 Fifth Street E Tracy, MN 56175	Medicare Certified Rural Health Clinic
2 168 - Shetek Medical Services 251 5th St E Tracy, MN 56175	Medical Clinic
3 169 - Sanford Health Twin Valley Clinic 501 2nd St NW Twin Valley, MN 56584	Rural Health Clinic
4 170 - Sanford Health Ulen Clinic 108 Viking Avenue W Ulen, MN 56585	Rural Health Clinic
5 171 - Sanford Health Valley City Clinic 520 Chautauqua Blvd Valley City, ND 58072	Medical Clinic
6 172 - Sanford Health Vermillion Clinic 20 S Plum Street Vermillion, SD 56069	Medical Clinic
7 173 - Sanford Health Vermillion Dakota Gerdens 126 S Plum Street Vermillion, SD 57069	Residential Living Center
8 174 - Sanford Hospice 848 East Cherry Street Vermillion, SD 57069	Hospice
9 175 - Sanford Vermillion Care Center 20 S Plum Street Vermillion, SD 57069	Nursing Facility
10 176 - Sanford Dialysis 111 Washington Ave NW Wagner, SD 57380	Dialysis Center
11 177 - Sanford Clinic Wahpeton 332 2nd Ave N Wahpeton, ND 58075	Medical Clinic
12 178 - Sanford Health Wahpeton Eye Center & Opt 332 2nd Ave N Wahpeton, ND 58075	Eye Care Center
13 179 - Sanford Health Walker Clinic 614 Michigan Avenue Walker, MN 56484	Rural Health Clinic
14 180 - Sanford Tracy Walnut Grove Clinic 810 8th St Walnut Grove, MN 56180	Medicare Certified Rural Health Clinic

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility	
(list in order of size, from largest to smallest)	
How many non-hospital health care facilities did the organization operate during the tax year? _____	
Name and address	Type of Facility (describe)
181 181 - Sanford Health Watertown Clinic 901 4th Street NW Watertown, SD 57201	Medical Clinic
1 182 - Sanford Webster Clinic 101 Peabody Drive Webster, SD 57274	Rural Health Clinic
2 183 - Sanford Health Westbrook Peterson Estates 1012 9th Street Westbrook, MN 56183	Housing with Services
3 184 - Sanford Westbrook Clinic 920 Bell Avenue Westbrook, MN 56183	Medicare Certified Rural Health Clinic
4 185 - Sanford Home Care Wheaton 405 12th St N Wheaton, MN 56926	Home Health Care
5 186 - Sanford Wheaton Clinic 401 12th St N Wheaton, MN 56926	Medical Clinic
6 187 - Sanford Clinic Windom 591 2nd Avenue N Windom, MN 56101	Medicare Certified Rural Health Clinic
7 188 - Sanford Hospice Winner 745 E 8th Street Winner, SD 57580	Hospice
8 189 - Sanford Dialysis 1018 Sixth Avenue Worthington, MN 56187	Dialysis Center
9 190 - Sanford Health Cancer Center 1018 Sixth Avenue Worthington, MN 56187	Cancer Center
10 191 - Sanford Hospice 1151 Ryans Road Suite 100 Worthington, MN 56187	Hospice (licensed in SD)
11 192 - Sanford Worthington Clinic 1680 Diagonal Road Worthington, MN 56187	Medical Clinic
12 193 - Sanford Worthington Medical Center 1018 Sixth Avenue Worthington, MN 56187	Medicare Certified End Stage Renal Dialysis

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493135055549	
Schedule I (Form 990)		Grants and Other Assistance to Organizations, Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990. ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990 .			OMB No 1545-0047
					2017
					Open to Public Inspection
Department of the Treasury Internal Revenue Service				Employer identification number	
Name of the organization Sanford Group Return				45-3791176	

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	223
3	Enter total number of other organizations listed in the line 1 table	15

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Donation to parent for child receiving treatment	2	25,000			
(2) Donation - State Powerlifting Championships	1	10,000			
(3) Donation - Dakota United Rugby Club	1	8,613	0		
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Part I, Line 2	Prior to disbursement all grant fund requests are reviewed to ensure the receiving organization and proposed use of funds align with Sanford's mission

Additional Data

Software ID:
Software Version:
EIN: 45-3791176
Name: Sanford Group Return

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABERDEEN CATHOLIC SCHOOL 1400 N Dakota Street Aberdeen, SD 57401	46-0334005	501(c)(3)	27,850				GENERAL SUPPORT
ABERDEEN DEVELOPMENT CORP 416 Production St N Aberdeen, SD 57401	46-6011831	501(c)(6)	8,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABERDEEN FAMILY YMCA 5 South State Street Aberdeen, SD 57401	46-0255779	501(c)(3)	20,500				PLEDGE
ABERDEEN PUBLIC SCHOOLS FOUNDATION 1224 3rd St South Aberdeen, SD 57401	46-0423109	501(c)(3)	40,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABERDEEN SCHOOL DISTRICT 1224 3rd St South Aberdeen, SD 57401	46-6000912	115	5,300				KNIGHT FOR A PRINCESS DONATIO
ALEXANDER MITCHELL PUBLIC LIBRARY 519 S Kline Street Aberdeen, SD 57401	46-0428183	501(c)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMERS ASSOCIATION 1000 N West Avenue Ste 250 Sioux Falls, SD 57104	13-3039601	501(c)(3)	9,000				GENERAL SUPPORT
AMERICAN FOUNDATION FOR SUICIDE 1040 N Main Ave Unit D Tea, SD 57064	13-3393329	501(c)(3)	7,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION INC 7272 Greenville Ave Dallas, TX 75231	13-5613797	501(c)(3)	124,000				GENERAL SUPPORT
AMERICAN LEGION 1701 W Legion Dr Sioux Falls, SD 57104	38-6902131	501(c)(3)	6,620				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 808 West Ave Sioux Falls, SD 57104	53-0196605	501(c)(3)	30,000				GENERAL SUPPORT
AMERICAN CANCER SOCIETY 4904 S Technopolis Dr Sioux Falls, SD 57106	41-0724036	501(c)(3)	294,400				SUPPORT ACS EVENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN GOLD GYMNASTICS 2001 17th Ave S Fargo, ND 58103	45-0333196	501(c)(3)	22,250				GOLF SCRAMBLE TEE BOX SPONSOR
ARTHRITIS FOUNDATION - UPPER MIDWEST REGION PO Box 1208 Fargo, ND 58107	39-0860526	501(c)(3)	30,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARTS PARTNERSHIP 1104 2nd Ave S Suite 315 Fargo, ND 58103	23-7108936	501(c)(3)	25,500				CREATING GOOD DONATION
AUGSBURG COLLEGE 2211 Riverside Ave Minneapolis, MN 55454	41-0694721	501(c)(3)	7,500				ADVANCEMENT PEACE ACTION SPON

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGUSTANA UNIVERSITY 2001 S Summit Ave Sioux Falls, SD 57197	46-0224588	501(c)(3)	1,515,818				DONATION
BEMIDJI BLUE OX MARATHON PO Box 633 Bemidji, MN 56619	46-1700357	501(c)(3)	15,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEMIDJI STATE UNIVERSITY 1500 Birchmont Dr NE Bemidji, MN 56601	23-7044156	501(c)(3)	74,625				GENERAL SUPPORT
BEMIDJI YOUTH LEAGUE INC PO Box 1677 Bemidji, MN 56619	41-1763981	501(c)(3)	5,500				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF AMERICA 2502 n Rocky Point Dr Tampa, FL 33607	23-1365190	501(c)(3)	10,000				GENERAL SUPPORT
BISMARCK EVENT CENTER 315 S 5th St Bismarck, ND 58504	45-6002036	115	5,804				SANFORD CLASSIC TOURNEY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BISMARCK RECREATION COUNCIL 400 E Front Ave Bismarck, ND 58504	45-0384442	501(C)(3)	10,000				ICE EXPANSION -BRC
BISMARCK PUBLIC SCHOOLS 806 N Washington St Bismarck, ND 58501	45-0442960	501(c)(3)	104,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BISMARCK STATE COLLEGE FOUNDATION PO Box 5587 Bismarck, ND 58506	45-0358929	501(c)(3)	523,718				GENERAL SUPPORT
BOYS & GIRLS CLUB 824 E 14th St Sioux Falls, SD 57104	46-0399482	501(c)(3)	41,334				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRANDON VALLEY BASEBALL ASSOC PO Box 605 Brandon, SD 57005	46-0401362	501(c)(3)	28,000				LEGENDS 2017 GRANT FENCING
BRANDON VALLEY BOOSTER CLUB PO Box 572 Brandon, SD 57005	46-6002577	501(c)(6)	10,500				DONATION SCOREBOARD 2

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRANDON VALLEY FOOTBALL 301 S Splitrock Blvd Brandon, SD 57005	46-6002577	501(c)(6)	5,015				2017 LEGENDS FB GRANT
BRANDON VALLEY SCHOOL PO Box 572 Brandon, SD 57005	46-6002577	501(c)(6)	14,800				YEARLY DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKINGS HEALTH SYSTEM FOUNDATION 300 22nd Ave Brookings, SD 57006	27-1785343	501(c)(3)	20,000				GENERAL SUPPORT
CANTON INWOOD AREA HEALTH PO Box 292 Canton, SD 57013	46-0210400	501(c)(3)	5,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC COMMUNITY FOUNDATION 523 N Duluth Ave Sioux Falls, SD 57104	46-6068924	501(C)(3)	10,000				GENERAL SUPPORT
45CENTRAL CASS PUBLIC SCHOOLS 802 5th St N Casselton, ND 58012	45-6000306	115	20,000				WELLNESS CTR DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL LYON SCHOOL DISTRICT 104 Riverview Dr Rock Rapids, IA 51246	42-1515405	501(c)(3)	15,500				DIGITAL BOARD SPONSORSHIP
CHAD GREENWAY FOUNDATION 59 Cavalier Blvd Ste 310 Florence, KY 41042	26-1782419	501(c)(3)	18,400				SPONSOSHIP-CELEB WAITER/FOOTB

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAMBER OF COMMERCE 200 N Phillips Ave Sute 200 Sioux Falls, SD 57104	46-0189300	501(c)(6)	35,755				DONATION
CHAMBER OF COMMERCE BIS-MAN PO Box 1675 Bismarck, ND 58502	45-0116753	501(c)(6)	5,935				2018 TRC CAMPAIGN SPONSOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHAMBER OF COMMERCE FMWF PO Box 2443 Fargo, ND 58108	45-0448041	501(c)(6)	47,755				105 HOMETOWN HERO SPONSOR
CHARIS MINISTRY PARTNERS 1300 E 10th Street Sioux Falls, SD 57103	38-3775128	501(c)(3)	7,000				DONATION TO HEALTHY RIDES MIN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN OF THE NATIONS PO Box 3970 Silverdale, WA 98383	91-1702551	501(c)(3)	12,500				DONATION
CHILDRENS HOME SOCIETY OF SD 801 N Sycamore Ave Sioux Falls, SD 57110	46-0224542	501(c)(3)	12,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITAL LOS ANGELES 4650 Sunset Blvd Los Angeles, CA 90027	95-1690977	501(c)(3)	212,500				CONSORTIUM COLLABORATION FUND
CHILDRENS WORLD 1221 E 6th St Sheldon, IA 51201	42-1036015	501(c)(3)	6,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF FARGO PO Box 1607 Fargo, ND 58107	45-6002069	115	10,000				GENERAL SUPPORT
CITY OF SHELDON 416 9th Street PO Box 276 Sheldon, IA 51201	42-6005194	115	50,000				DONATION PLEDGE PAYMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES FOUNDATION OF OKLAHOMA PO Box 21210 Oklahoma City, OK 73156	73-1396320	115	10,000				GENERAL SUPPORT
COMMUNITY INDOOR TENNIS CENTER 4210 N Bobhalla Dr Sioux Falls, SD 57107	45-2784394	501(c)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY MEMORIAL HOSPITAL PO Box 319 Burke, SD 57523	46-0219795	501(c)(3)	25,000				GENERAL SUPPORT
CONCORDIA COLLEGE 901 8th St Moorhead, MN 56560	41-0693977	501(c)(3)	1,388,100				TED HEIMARCK PROFESSOR PLEDGE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CYSTIC FIBROSIS FOUNDATION 8011 34th Ave S Ste 116 Bloomington, MN 55425	13-1930701	501(c)(3)	36,750				SUPPORT CORKS & KEGS DONATION
DAKOTA ALLIANCE SOCCER CLUB 401 W 39th Street Sioux Falls, SD 57105	46-0359817	501(c)(3)	61,000				CONTRACT DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAKOTA BOYS AND GIRLS RANCH PO Box 5007 Minot, ND 58702	45-0333670	501(c)(3)	15,000				DONATION
DAKOTA MEDICAL FOUNDATION 4141 28th Ave S Fargo, ND 58104	45-6012318	501(c)(3)	25,000				DONATION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAKOTA SCHOOLERS 1809 W Oak Street Sioux Falls, SD 57105	20-3452350	501(c)(3)	37,500				DONATION CONTRACT PAYMENT
DAKOTA STATE UNIVERSITY 820 N Washington Ave Madison, SD 57042	46-6000364	501(c)(3)	6,000				GALA 2018 SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DETROIT MOUNTAIN Po Box 1039 Detroit Lakes, MN 56502	27-2089583	501(c)(3)	10,000				GENERAL SUPPORT
DICKINSON STATE UNIVERSITY PO Box 19 Dickinson, ND 58602	47-5378716	501(c)(3)	10,000				MULTIPURPOSE RM NAMING RIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DILWORTH GLYNDON FELTON PUBLIC SCHOOLS 513 Parke Ave Glyndon, MN 56547	06-1400159	115	5,050				NEW SCOREBOARD DONATION
DOW RUMMEL 1321 West Dow Rummel St Sioux Falls, SD 57104	46-0271277	501(c)(3)	25,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUNCAN REGIONAL HEALTH (OK) 1407 Whisenant Dr Duncan, OK 73533	20-2772056	501(c)(3)		2,234,776	FMV	CLINIC BUILDING	DONATION OF CLINIC
Edith Sanford Breast Cancer Foundation P O Box 5039 Rte 5218 Sioux Falls, SD 571175039	45-0404126	501(c)(3)	8,382				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL RIAD SHRINERS 510 S Phillips Ave PO Box 1203 Sioux Falls, SD 571011203	46-0129703	501(c)(3)	8,300				DONATION
EMBE 300 West 11th Street Sioux Falls, SD 571046306	46-0234998	501(c)(3)	15,250				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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EMERGING PRAIRIE 4141 28th Ave S Fargo, ND 58104	20-0520386	501(c)(3)	30,000				TEDX 2017 SPONSORSHIP
FACE IT TOGETHER 231 S Phillips Ave No 201 Sioux Falls, SD 57104	27-2501220	501(c)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FAMILY ADVOCACY CENTER OF NORTHERN MINNESOTA 800 Bemidji Ave N Ste 4 Bemidji, MN 56601	20-2102302	501(C)(3)	32,000				GENERAL SUPPORT
FAMILY HEALTHCARE CENTER 301 NP Avenue Fargo, ND 58102	45-0430628	501(c)(3)	10,130				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FARGO MARATHON 405 W Main Ave No 1D West Fargo, ND 58078	43-2043293	501(c)(3)	92,500				EDITH BRANDING DONATION
FARGO PARK DISTRICT FOUNDATION 701 Main Ave Fargo, ND 58103	47-1248968	501(c)(3)	8,143				LEAGUE TEAM FEE DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FARGO SCHOOLS 415 4th St N Fargo, ND 57192	45-6012318	501(c)(3)	11,000				SIGN SPONSORSHIP
FARGO HOCKEY ASSOCIATION 831 17TH Ave N Fargo, ND 58102	36-3548649	501(C)(3)	12,250				HOCKEY NIGHT IN FARGO 2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FEEDING SOUTH DAKOTA 3511 N 1st Avenue Sioux Falls, SD 57104	36-3293534	501(c)(3)	10,000				DONATION
FELLOWSHIP OF CHRISTIAN ATHLETES 8701 Leeds Rd Kansas City, MO 64129	44-0610626	501(c)(3)	7,500				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FIRST TEE OF SOUTH DAKOTA 4809 W 41st St Suite 202 Sioux Falls, SD 57106	46-0449824	501(c)(3)	90,000				DONATION
FM SYMPHONY 808 3rd Ave S Ste 300 Fargo, ND 58103	45-0275135	501(c)(3)	20,000				2017-2018 SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FORWARD SIOUX FALLS PO Box 907 Sioux Falls, SD 57101	46-0396647	501(c)(6)	350,000				GENERAL SUPPORT
FRIENDS OF THE ND GOVERNORS RESIDENCE PO Box 2024 Bismarck, ND 58502	36-3646958	501(c)(3)	150,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FRIENDS OF THE UNIV OF STELLENBOSCH FOUNDATION 1000 N West St Suite 1200 Wilmington, DE 19801	13-4091453	501(c)(3)	100,000				GENERAL SUPPORT
GIRL SCOUTS 1101 S Marion Road Sioux Falls, SD 57106	46-0250744	501(c)(3)	11,500				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GIRLS ON THE RUN 300 West 11th Street Sioux Falls, SD 571046306	46-0234998	501(c)(3)	6,000				GENERAL SUPPORT
GLOBAL HEALTH CORPS INC 1 Penn Plaza Suite 6271 New York, NY 10119	80-0512336	501(c)(3)	1,000,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD SAMARITAN CENTER (SOCIETY) 401 W 2nd St Sioux Falls, SD 57104	46-0349951	501(c)(3)	26,500				ANNL CONFERENCE
GOVERNORS OFFICE OF ECONOMIC DEVELOPMENT 711 E Wells Ave Pierre, SD 57501	46-6000364	115	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREAT PLAINS FOOD BANK 1720 3rd Ave N Fargo, ND 58102	45-0226421	501(c)(3)	25,000				FEED THE FUTURE
GREAT PLAINS ZOO 805 S Kiwanis Ave Sioux Falls, SD 57104	46-6015015	501(c)(3)	195,317				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GREAT RIDES FARGO 425 Broadway N Fargo, ND 58102	46-1849025	501(c)(3)	15,000				GENERAL SUPPORT
Greater Fargo Moorhead Economic Development Corporation 51 Broadway Suite 500 Fargo, ND 58102	45-6011769	501(c)(6)	40,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GROUND WORKS 201 N Weber Ste 201 Sioux Falls, SD 57103	45-2767053	501(c)(3)	17,500				TEACHING GARDEN EXPANS DONATE
HEALING HOPE MINISTRIES 30185 475th Ave Alcester, SD 57001	81-2069424	501(c)(3)	27,500				DONATION OPERATING EXPENSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HELPLINE CENTER INC 1000 N West Ave Suite 310 Sioux Falls, SD 57104	23-7424387	501(c)(3)	21,000				2018 CORPORATE CONTRIBUTION
HILLSBORO PUBLIC SCHOOLS 128 4th St NE PO Box 579 Hillsboro, ND 58045	45-6001736	501(c)(3)	6,250				SPORTS COMPLEX SPONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOPE HAVEN INC PO Box 70 Rock Valley, IA 51247	42-0890017	501(c)(3)	7,500				DESSERT AUCTION & GOLF BNFT
HOSPICE OF MURRAY COUNTY 36 Park Dr Slayton, MN 56172	41-1593410	501(c)(3)	8,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HUNGRY HEARTS 4701 E 54TH ST SIOUX FALLS, SD 57110	47-4744673	501(c)(3)	10,000				DONATION SF SCHOOL LUNCH
ICE SPORTS ASSOCIATION 108 S Dakota Ave Sioux Falls, SD 57104	27-1234271	501(c)(3)	155,600				1984 ZAMBONI ICE RESURFACER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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IMPACT FOUNDATION 4141 28th Ave S Fargo, ND 58104	20-0520386	501(c)(3)	12,500				DONATION
INDEPENDENT SCHOOL DISTRICT FARGO 415 N 4th Street Fargo, ND 58102	45-6000294	115	15,000				VETERANS MEM CTR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JAMESTOWN PARK & RECREATION FOUNDATION 1002 2ND Ave SE Jamestown, ND 58401	75-1597713	501(C)(3)	5,700				TWO RIVERS ACTIVITY CENTER
JDRF 2301 East 60th St North Sioux Falls, SD 57104	23-1907729	501(c)(3)	25,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JEREMIAH PROGRAM 615 1st Ave NE No 210 Minneapolis, MN 55413	41-1801834	501(c)(3)	5,500				JOURNEY FOR HOPE DONATION
JUNIOR ACHIEVEMENT 1000 N West Ave No 110 Sioux Falls, SD 57104	46-0306352	501(c)(3)	37,950				DONATION MATCHING GIFTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KIDS CHANCE OF SOUTH DAKOTA 300 S Main Ave Sioux Falls, SD 57104	47-4439997	501(c)(3)	8,000				DONATION SCHOLARSHIP FUNDING
LEADERSHIP SOUTH DAKOTA PO Box 675 Platte, SD 57369	46-0398115	501(c)(3)	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Legends Of Gold Inc Box 287 Beresford, SD 57004	27-3794971	501(c)(3)	21,425				GENERAL SUPPORT
LEWIS & CLARK FORT MANDAN FDTN PO Box 607 Washburn, ND 58577	36-4012431	501(c)(3)	6,500				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HI-LINE HEALTH FOUNDATION INCLIBERTY MEDICAL CENTER PO Box 705 Chester, MT 59522	81-0453568	501(c)(3)	9,000				GENERAL SUPPORT
LIFESCAPE 2501 W 26th St Sioux Falls, SD 57105	46-5151247	501(c)(3)	51,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFESOURCE 2225 West River Road N Minneapolis, MN 55411	36-3584029	501(c)(3)	15,000				GENERAL SUPPORT DONATION
LINCOLN HIGH SCHOOL 201 E 38th Street Sioux Falls, SD 57105	46-6002586	501(c)(3)	34,960				ANNL CONTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LUTHERAN SCHOOLS 308 W 37th St Sioux Falls, SD 57105	46-0343381	501(c)(3)	3,000,000				GENERAL SUPPORT
LUTHERAN SOCIAL SERVICES 705 East 41st Street Ste 200 Sioux Falls, SD 571056048	46-0224731	501(c)(3)	15,250				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAKE A WISH 1400 W 17th St Sioux Falls, SD 57104	46-0375953	501(c)(3)	25,280				DONATION
MANDAN PUBLIC SCHOOLS 901 Division St NW Mandan, ND 58554	45-6001098	115	15,000				ATHLETIC DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MAYVILLE STATE UNIVERSITY 330 3rd St NE Mayville, ND 58257	45-6002485	501(c)(3)	10,000				CORP AD PROGRAM
MCCROSSAN BOYS RANCH 47135 260th Street Sioux Falls, SD 57107	46-0311913	501(c)(3)	11,000				BANQUET AUCTION DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MCKENZIE COUNTY HEALTHCARE SYS 516 N Main Watford City, ND 58854	77-0637498	501(c)(3)	100,000				CONTRIBUTION CONTRACT PAYMENT
Metro Area Tournament Committee 415 4th St N Fargo, ND 58102	45-0458883	501(c)(3)	14,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MHCH Foundation (Matson Halverson Christiansen Hamilton) 201 S Main Street PO Box 84 Kimball, SD 57355	46-0461691	501(c)(3)	15,000				GENERAL SUPPORT
MIKE MILLER FOUNDATION 2107 Quiett Lane Mitchell, SD 57301	30-0015773	501(c)(3)	10,000				MIKE MILLER CLASSIC DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MN STATE UNIVERSITY MANKATO FOUNDATION 236 Wigley Administration Center Mankato, MN 56001	41-6033423	501(c)(3)	250,000				GENERAL SUPPORT
MOORHEAD BUSINESS ASSOC PO Box 612 Moorhead, MN 56560	27-4254782	501(c)(6)	5,750				OHS AND AHS 4TH OF JULY EVENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOORHEAD PUBLIC SCHOOLS 2300 4th Ave S Moorhead, MN 56560	26-2502312	501(c)(3)	5,555				GAME DAY PROGRAM AD
MSUM 1104 7th Ave S Moorhead, MN 56563	23-7106061	501(c)(3)	205,200				FY18 PLEDGE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MUSCULAR DYSTROPHY ASSOC 7401 Metro Blvd 325 Edina, MN 55439	13-1665552	501(c)(3)	7,500				GENERAL SUPPORT DONATION
NAMI SD PO Box 88808 Sioux Falls, SD 57109	36-3593027	501(c)(3)	6,000				DONATION DANCING W/STARS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATL KIDNEY FOUNDATION 30 E 33rd St New York, NY 10016	13-1673104	501(c)(3)	28,250				DONATION PAY PLEDGE
NATL MS SOCIETY 733 3rd Ave New York, NY 10017	13-5661935	501(c)(3)	25,000				2017-18 DONATION PLEDGE PYMNT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAVY LEAGUE OF THE US SD COUNC 201 S Phillips Ave Ste 790 Sioux Falls, SD 57104	81-3858674	501(c)(3)	25,000				USS SD SSN 790 COMSG COMTE
ND HOSPITAL ASSOC PO Box 7340 Bismarck, ND 58507	45-0274165	501(c)(6)	10,000				2017 CONV SPONSOR DIAMOND LVL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ND SAFETY COUNCIL 1710 Canary Ave Suite A Bismarck, ND 58501	45-0353009	501(c)(3)	15,000				GENERAL SUPPORT
NDSCS FOUNDATION 800 6TH ST NO Wahpeton, ND 58076	45-0407617	501(c)(3)	24,300				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NDSU PO Box 6050 NDSU Dept 1200 Fargo, ND 58108	45-6014085	501(c)(3)	1,459,600				SUSTAINING PARTNER
NICKLAUS CHILDRENS HOSPITAL FOUNDATION 3100 SW 62nd Ave Miami, FL 33155	59-0638499	501(c)(3)	1,000,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NICKLAUS CHILDRENS HEALTH CARE FOUNDATION 11770 US Highway 1 No 308 North Palm Beach, FL 33408	57-1154352	501(c)(3)	250,000				GENERAL SUPPORT
NORTHERN STATE UNIVERSITY FOUNDATION 620 15th Ave SE Aberdeen, SD 57401	23-7002314	501(c)(3)	558,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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Northland Comm & Tech College Foundation 1101 Highway One East Thief River Falls, MN 56701	41-1287038	501(c)(3)	10,000				GENERAL SUPPORT
NORTHWESTERN COLLEGE 101 7th Street SW Orange City, IA 51041	42-0698196	501(c)(3)	50,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NSIC 2999 County Rd 42 West Suite 136 Burnsville, MN 55306	41-1783486	501(c)(3)	240,000				GENERAL SUPPORT
OAK GROVE LUTHERAN SCHOOL 124 North Terrace Fargo, ND 58102	45-0226473	501(c)(3)	11,250				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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OUTDOOR ADVENTURE FOUNDATION 415 38th St S Suite E Fargo, ND 58103	27-0192316	501(c)(3)	12,500				DREAMMAKERS DONATION SUPPORT
PEACEMAKER RESOURCES 2301 Johanneson Dr NW Suite 106 Bemidji, MN 56601	45-0507287	501(c)(3)	16,750				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PHEASANTS FOREVER 1783 Buerkle Cir St Paul, MN 55110	41-1429149	501(c)(3)	41,500				GENERAL SPRT DONATION 2017
PHILANTHROPY PROMOTIONS INC 2601 W 60th Street North Sioux Falls, SD 57107	87-0695596	501(c)(3)	20,000				DONATION HOT HARLEY NIGHTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PLAINS ART MUSEUM PO Box 2338 Fargo, ND 58108	41-1260780	501(c)(3)	22,500				PLAINSART4ALL PLEDGE
PRESIDENTS BOWL 201 East 38th Street Sioux Falls, SD 57105	46-6002586	501(c)(3)	10,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT PREP OLYMPIC DEVELOP PROGRAM PO Box 385970 6101 Old Shakopee Rd Bloomington, MN 55438	04-3644163	501(c)(3)	12,500				GENERAL SUPPORT
PROJECT SCHOOL SAFE ASSOC 43407 218th St De Smet, SD 57231	47-3199527	501(c)(3)	24,000				PROJECT STAND UP DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RADY CHILDRENS HOSPITAL FOUNDA 3020 Childrens Way MC 5001 San Diego, CA 92123	33-0170626	501(c)(3)	287,500				CONSORTIUM COLLABORATION FUND
REACH 629 S Minnesota Ave Sioux Falls, SD 57104	46-0396579	501(c)(3)	6,000				DONATION BREWHAHA FUNDRAISING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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REALTORS FOR KIDS 2415 W 57th St Sioux Falls, SD 57108	26-2681308	501(c)(3)	6,000				DONATION AUCTION FUNDRAISER
RED RIVER CHILDRENS ADVOCACY 100 S 4th St No 302 Fargo, ND 58103	20-1095721	501(c)(3)	25,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RED RIVER ZOOLOGICAL SOCIETY 4255 23rd Avenue S Fargo, ND 58104	36-3938878	501(c)(3)	25,000				SANTA CLAUS 2017 SPONSORSHIP
REINBOWS INC 43341 480th Avenue Windom, MN 56101	20-8775427	501(c)(3)	6,000				GENERAL Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ROCK RAPIDS KIDS CLUB 309 North Story Street Rock Rapids, IA 51246	20-5156803	501(c)(3)	10,080				DONATION
ROGER MARIS CELEBRITY GOLF Po Box 3202 Fargo, ND 58108	45-0425333	501(c)(3)	10,000				MAJOR SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RONALD MCDONALD HOUSE 825 S Lake Ave Sioux Falls, SD 57104	46-0371152	501(c)(3)	140,000				DONATION PLEDGE PAYMENT
ROOSEVELT HIGH SCHOOL 201 E 38th Street Sioux Falls, SD 57105	46-6002586	501(c)(3)	51,457				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SAMARITANS FEET INTERNATIONAL PO Box 78992 Charlotte, NC 28271	14-1880905	501(c)(3)	6,500				HURRICANE HARVEY RELIEF DONAT
SANFORD HEALTH FOUNDATION NORTH P O Box 5039 Rte 5218 Sioux Falls, SD 571175039	45-0398104	501(c)(3)	15,200				MAYVILLE COUPLES GOLF TOURN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SD BASKETBALL COACHES ASSOC 1404 Yosemite Ln Brookings, SD 57706	81-1379554	501(c)(3)	7,500				DONATION
SD BIOTECH ASSOC 2329 N Career Ave Ste 115 Sioux Falls, SD 57107	37-1518658	501(c)(6)	9,500				DONATION 2018 MEMBER DUES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SD CATTLEMANS ASSOC 215 E Prospect PO Box 29 Pierre, SD 57501	46-2773322	501(c)(3)	15,000				DONATION
SD CHORALE 300 S Minnesota Avenue Sioux Falls, SD 57104	45-2709374	501(c)(3)	25,000				3RD/FINAL PAYMENT CONTRACT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SD CORN GROWERS ASSOCIATION 4712 S Technopolis Dr Sioux Falls, SD 57106	46-0392991	501(c)(5)	6,000				DONTATION
SD GOLF ASSOCIATION 4809 W 41st St Suite 202 Sioux Falls, SD 57106	46-0310847	501(c)(4)	11,500				DONATION 1ST TEE OF SD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SD HALL OF FAME 1480 S Main Ave Chamberlain, SD 57325	46-0324210	501(c)(3)	50,000				PLEDGE PAY #1 OF 5 SUPPORT
SD HIGH SCHOOL ACTIVITIES PO Box 1217 804 North Euclid Ave Ste 102 Pierre, SD 575011217	46-0226882	501(c)(3)	125,000				ATTN DR DAN SWARTOS -SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SD HIGH SCHOOL COACHES ASSOC 801 W Eagle Ridge St Sioux Falls, SD 57108	23-7297479	501(c)(3)	10,000				DONATION
SD LAW ENFORCEMENT CHARITIES 5214 Sweetbriar Court Sioux Falls, SD 57108	46-0440378	501(c)(3)	10,000				SUPPORT CHARITY FUNDRAISING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SD PARKS & WILDLIFE FOUNDATION 523 E Capitol Ave Pierre, SD 57501	46-0387968	501(c)(3)	10,000				BLOOD RUN
SD STATE UNIVERSITY 815 Medary Ave PO Box 525 Brookings, SD 57007	46-0273801	501(c)(3)	2,619,990				DONATION 11112017

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SD SYMPHONY ORCHESTRA 300 North Dakota Ave Ste 116 Sioux Falls, SD 57104	46-6017026	501(c)(3)	57,400				DONATION
SD SYNOD 2001 S Summit Ave Sioux Falls, SD 57197	36-3512774	501(c)(3)	265,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SF AREA COMMUNITY FOUNDATION 200 N Cherapa Place Sioux Falls, SD 57103	31-1748533	501(c)(3)	57,000				DONATION
SF CHRISTIAN HIGH SCHOOL 6120 Charger Circle Sioux Falls, SD 571091110	46-0340024	501(c)(3)	18,500				PLEDGE AGEREMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SF CYCLONES PO Box 361 Sioux Falls, SD 57101	27-4705069	501(c)(3)	31,727				LEGENDS GOLF BAG ASSISTANCE
SF JAZZ & BLUES SOCIETY 123 S Main Ave Ste 204 Sioux Falls, SD 57104	46-0418356	501(c)(3)	15,000				CHILDRENS JAZZ QUEST DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SF Jr Stampede (Hat Trick Hockey Corp) 3213 Nicann Ct Sioux Falls, SD 57103	47-1795011	501(c)(3)	15,000				GENERAL SUPPORT
SF LITTLE LEAGUE JUNIOR DIV PO Box 91921 Sioux Falls, SD 57109	35-2590301	501(c)(3)	7,000				GENERAL SUPPORT DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SF SWIM TEAM INC PO Box 2736 Sioux Falls, SD 571012736	46-0452453	501(c)(3)	25,000				DONATION
SF YOUTH HOCKEY ASSOC 4235 West Mesa Pass Sioux Falls, SD 57106	46-0427805	501(c)(3)	27,000				SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHEYENNE VALLEY COMMUNITY FOUNDATION 250 West Main ST Valley City, ND 58072	46-4371645	501(c)(3)	6,000				GENERAL SUPPORT
SHILOH CHRISTIAN SCHOOL 1915 Shiloh Dr Bismarck, ND 58503	45-0348120	501(c)(3)	72,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Sioux Council Boy Scouts Of America Inc 800 N West Avenue Sioux Falls, SD 57104	46-0224599	501(c)(3)	5,500				GENERAL SUPPORT
SIOUX EMPIRE ARTS COUNCIL PO Box 1165 Sioux Falls, SD 57101	20-8535871	501(c)(3)	10,000				2017 GENERAL DONATION PLEDGE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIOUX EMPIRE YOUTH WRESTLING 3509 S Genevieve Ave Sioux Falls, SD 57103	82-2705107	501(c)(3)	35,000				DONATION
SIOUX FALLS CATHOLIC SCHOOLS 3100 W 41st St Sioux Falls, SD 57105	46-0413591	501(c)(3)	65,500				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FamilyFest LLC P O Box 90646 Sioux Falls, SD 57109	20-3789203	501(c)(3)	10,000				GENERAL SUPPORT
SIOUX FALLS AREA CASA PROGRAM 300 N Dakota Ave Suite 609 Sioux Falls, SD 57104	46-0430647	501(c)(3)	10,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIOUX FALLS FIREFIGHTERS PO Box 340 Sioux Falls, SD 57101	68-0589701	501(c)(3)	7,500				STEP UP FOR HEROES 0917
SIOUX FALLS SCHOOL DISTRICT 201 E 38th Street Sioux Falls, SD 57105	46-6002586	501(c)(3)	83,275				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIOUX FALLS SPORTS AUTHORITY 200 N Phillips Ave No 304 Sioux Falls, SD 57104	20-5850491	501(c)(3)	2,453,000				GOLF TOURNAMENT AND MARATHON
SIOUX FALLS WOMEN RUN LLC 5235 S Sweetbriar Ct Sioux Falls, SD 57108	81-3518734	501(c)(6)	10,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEAST EDUCATION COOP 1305 9th Ave S Fargo, ND 58103	47-5548763	501(c)(3)	15,000				DONATION
SOUTHEAST TECHNICAL INSTITUTE 2320 N Career Ave Sioux Falls, SD 57107	36-4112897	501(c)(3)	10,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPECIAL OLYMPICS 305 W 39th St Sioux Falls, SD 57105	46-0359776	501(c)(3)	19,750				DONATION
SPECIAL OLYMPICS SOUTH DAKOTA 800 E I-90 Lane Sioux Falls, SD 57104	46-0359776	501(c)(3)	6,500				LEGENDS GRANT EQUIPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MARYS FOUNDATION 1027 Washington Ave Detroit Lakes, MN 56501	27-1984704	501(c)(3)	25,000				DETROIT LAKES HELIPAD
STEM FOR LIFE FOUNDATION 420 Lexington Ave Sute 350 New York, NY 10170	26-1150435	501(c)(3)	500,000				stem for life contribution

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STOCKYARDS AG EXPERIENCE PO Box 2042 Sioux Falls, SD 57101	46-5391991	501(c)(3)	25,000				SUPPORT CHAMBER APPEALS 10F3
SUSAN G KOMEN BREAST CANCER 5005 LBJ Freeway Suite 526 Dallas, TX 75244	75-1835298	501(c)(3)	35,000				RACE FOR CURE SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BANQUET 900 E 8th St Sioux Falls, SD 57103	46-0387495	501(c)(3)	5,260				RUN FOR FOOD
THEODORE ROOSEVELT PRESIDENTIAL LIBRARY AND MUSEUM PO Box 700 Dickinson, ND 58602	47-1324043	501(c)(3)	100,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TNT KIDS FITNESS 2800 Main Ave Fargo, ND 58103	20-3459549	501(c)(3)	21,500				BREAK BARRIERS PARTNER SPONS
TRI CITY STORM SOCCER CLUB 1323 23rd St S Ste A Fargo, ND 58103	36-3346894	501(c)(3)	10,000				2017-2018 SPONSORSHIP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TUITION4TECHSTUDENTS 101 N Main Ave Ste 321 Sioux Falls, SD 57104	82-2410074	501(c)(3)	25,000				DONATION INITIATED MEASURE
UCODEGIRL 325 5th St N Fargo, ND 58102	81-2623993	501(c)(3)	6,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY 1000 North West Ave 120 Sioux Falls, SD 571041314	46-0233701	501(c)(3)	278,600				DONATION
UNIV OF ND FOUNDATION 3501 University Ave Grand Forks, ND 58202	45-0348296	501(c)(3)	100,100				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIV OF SD FOUNDATION 1110 N Dakota Po Box 5555 Vermillion, SD 57069	46-6018891	501(c)(3)	500,000				GENERAL SUPPORT
UNIV OF SIOUX FALLS 1101 W 22nd St Sioux Falls, SD 57105	46-0224600	501(c)(3)	10,000				HYVEE/SANFORD LEGENDS SCHOLAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
University Of South Dakota FoundationUniversity of South Dakota 414 E Clark Vermillion, SD 57069	46-6018891	501(c)(3)	186,753				GENERAL SUPPORT
University Of Wisconsin Foundation 600 Highland Ave K4/646 Madison, WI 53792	39-0743975	501(c)(3)	154,100				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF JAMESTOWN 6088 College Lane Jamestown, ND 58405	45-0231180	501(c)(3)	15,000				GENERAL SUPPORT
UNIVERSITY OF MARY 7500 University Dr Bismarck, ND 58504	45-0273403	501(c)(3)	10,000				HYVEE/SANFORD LEGENDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UP AQUATICS INC 3740 Aspyn Ln N Fargo, ND 58102	27-1181382	501(c)(3)	30,000				2018 PLEDGE 3RD YR
USD SCHOOL OF MEDICINE 1400 W 22nd Street Sioux Falls, SD 57105	46-0418678	501(c)(3)	55,796				Dr Freeman Neuro Ed Service

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY CITY STATE UNIVERSITY FOUNDATION 101 College St SW Valley City, ND 58072	23-7178785	501(c)(3)	5,500				GENERAL SUPPORT
VILLAGE FAMILY SERVICE CENTER PO Box 9859 Fargo, ND 58106	45-0226423	501(c)(3)	101,000				BOBCAT OPEN HOLE SIGN SPONSOR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS OF AMERICA DAKOTAS 1309 W 51st St Sioux Falls, SD 57105	23-7353508	501(c)(3)	20,500				GENERAL SUPPORT DONATION
WAHPETON SCHOOLS 1021 N 11th St Wahpeton, ND 58074	45-6001462	115	5,350				SPONSORSHIP 2017-2018

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON HIGH SCHOOL 501 N Sycamore Ave Sioux Falls, SD 57110	46-6002586	501(c)(3)	6,005				HEATHER WALKER - DONATION
WASHINGTON PAVILION 301 S Main Ave PO Box 984 Sioux Falls, SD 57101	46-0435791	501(c)(3)	79,272				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WATERTOWN COMMUNITY FOUNDATION PO Box 116 Watertown, SD 57201	46-0350319	501(c)(3)	20,000				GENERAL SUPPORT
WATERTOWN DEVELOPMENT COMPANY PO Box 332 Watertown, SD 57201	47-0813269	501(c)(3)	15,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAVE 513 Main St Webster, SD 57274	20-1307620	501(c)(3)	15,000				PLEDGE
WEST CENTRAL BASEBALL ASSOC 904 Nordic Cir Hartford, SD 57033	46-4596999	501(c)(3)	5,160				LEGENDS SCOREBOARD

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST FARGO SCHOOLS 801 9th St E West Fargo, ND 58078	45-6000298	115	7,200				7TH GR TEAM ZEN DONATION
WESTERN GOVERNORS FOUNDATION 1600 Broadway Suite 1700 Denver, CO 80202	74-2368923	501(c)(3)	15,000				WORKSHOP

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WESTERN ND AREA HEALTH EDUC P O Box 615 Hettinger, ND 58639	45-6002485	501(c)(3)	12,000				FUTURE HEALTH PROFESSIONALS
WHEATON AREA SCHOOLS 1700 3rd Ave S Wheaton, MN 56296	41-6004390	501(c)(3)	10,050				TRACK DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINDOM YOUTH HOCKEY PO Box 41 Windom, MN 56101	41-1290460	501(c)(3)	8,333				GENERAL SUPPORT
WINNER REGIONAL HEALTHCARE CTR 745 E 8th St Winner, SD 57580	46-0274380	501(c)(3)	101,000				DONATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOUNDED WARRIOR PROJECT 4899 Belfort Road Suite 300 Jacksonville, FL 32256	20-2370934	501(c)(3)	8,500				DONATION
YELLOW JACKET FOUNDATION 1200 University St No 9506 Spearfish, SD 57799	51-0151319	501(c)(3)	50,000				PLEDGE PAYMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA SIOUX FALLS REGION 230 S Minnesota Ave Sioux Falls, SD 57104	46-0225021	501(c)(3)	35,500				PLEDGE
YOUTH VILLAGESJANIES FUND 3320 Brother Blvd Memphis, TN 38133	62-1652079	501(c)(3)	205,000				DONATION-STEVEN TYLER FUNDRAISER

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
Sanford Group Return

Employer identification number
45-3791176

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input checked="" type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If "Yes," on line 5a or 5b, describe in Part III

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," on line 6a or 6b, describe in Part III

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b Yes

2 Yes

4a No

4b Yes

4c Yes

5a No

5b No

6a Yes

6b No

7 Yes

8 No

9

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Line 1a	On Part I, Questions Regarding Compensation, Sanford checked several of the items as provided to listed persons. First Class or Charter Travel - Charter travel for business purposes is provided for individuals as needed and as cost appropriate, in accordance with written policies. These costs are not included in the W-2's of the individuals as they are incurred for business purposes of Sanford. Travel for Companions - Limited travel for companions is required for certain annual meetings. These costs are not included in the W-2's of the individuals as they are incurred for business purposes of Sanford. Tax Indemnification and gross-up payments - Certain compensation may be grossed up to include appropriate tax amounts. Health or social club dues or initiation fees - All Sanford employees are eligible for discounted wellness memberships, a portion of these discounts and other club dues are included as fringe benefits, and taxed as such. Part I, Line 3. The Executive Compensation Committee of the Sanford Board of Trustees directly engages a nationally recognized independent compensation consulting firm annually to review the total compensation arrangements of the officers and executives of the organization, including the CEO, and to report the findings to them for deliberation and action. The deliberations and actions are recorded in the minutes of the Sanford Board of Trustees. The most recent study was completed in 2018.
Part I, Lines 4b-c	Part I, Line 4b. Certain executives participate in a defined contribution SERP Plan. Part I, Line 4c. Certain executives participate in a KEYSOP Plan.
Part I, Line 6	Sanford physicians are compensated based on the professional services they perform within the clinic in which they provide care. Generally, the model is based on production.
Part I, Line 7	Certain employees are eligible for a discretionary incentive bonus. Bonuses are paid based on the achievement of financial and other goals.

Additional Data

Software ID:
Software Version:
EIN: 45-3791176
Name: Sanford Group Return

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Maria Bell MD Trustee/Research Administrator	(i)	775,124	10,000	3,909	0	29,050	818,083	0
	(ii)	0	0	0	0	0	0	0
1Mark Lundeen MD Trustee/Orthopedics Services Chair	(i)	725,227	0	1,392	0	29,050	755,669	0
	(ii)	0	0	0	0	0	0	0
2Mark Paulson MD Chair/Physician Regional Chair	(i)	268,457	0	-2,091	0	26,202	292,568	0
	(ii)	0	0	0	0	0	0	0
3Michael LeBeau MD Trustee/Senior VP - Bismarck Clinic	(i)	1,342,178	3,000	69,454	0	29,050	1,443,682	0
	(ii)	0	0	0	0	0	0	0
4Kelby K Krabbenhoft Sanford President & CEO	(i)	1,644,254	542,500	89,431	0	12,726	2,288,911	0
	(ii)	0	0	0	0	0	0	0
5Kelby K Krabbenhoft Def Comp Sanford President & CEO	(i)	0	0	0	877,405	0	877,405	0
	(ii)	0	0	0	0	0	0	0
6JoAnn L Kunkel Chief Financial Officer	(i)	703,270	202,500	114,571	21,375	21,813	1,063,529	0
	(ii)	0	0	0	0	0	0	0
7Randy Bury Chief Administrative Officer	(i)	724,232	225,000	123,522	21,375	6,882	1,101,011	0
	(ii)	0	0	0	0	0	0	0
8Randy Bury Deferred Comp Chief Administrative Officer	(i)	0	0	0	15,683	0	15,683	0
	(ii)	0	0	0	0	0	0	0
9Bill Gassen Chief Human Resources Officer	(i)	458,075	130,500	74,469	13,275	14,970	691,289	0
	(ii)	0	0	0	0	0	0	0
10Kim Patrick Chief Legal Officer (through 12/17)	(i)	510,765	150,083	99,321	14,175	26,226	800,570	0
	(ii)	0	0	0	0	0	0	0
11Jennifer Grennan Chief Legal Officer	(i)	306,150	72,500	34,346	8,475	26,226	447,697	0
	(ii)	0	0	0	0	0	0	0
12Allison Wierda-Suttle MD Sr VP, Chief Med Officer	(i)	617,672	150,000	77,217	18,405	16,777	880,071	0
	(ii)	0	0	0	0	0	0	0
13Bill Marlette Treasurer	(i)	621,534	180,000	139,810	0	1,470	942,814	0
	(ii)	0	0	0	0	0	0	0
14Bill Marlette Def Comp Treasurer	(i)	0	0	0	211,820	0	211,820	0
	(ii)	0	0	0	0	0	0	0
15Micah Aberson Chief Global Brand Officer	(i)	395,781	86,250	57,355	13,275	26,226	578,887	0
	(ii)	0	0	0	0	0	0	0
16Bryan Nermoe President, Bemidji	(i)	457,008	112,500	74,553	12,255	26,226	682,542	0
	(ii)	0	0	0	0	0	0	0
17Craig Lambrecht President, Bismarck	(i)	658,075	162,500	102,349	18,375	22,028	963,327	0
	(ii)	0	0	0	0	0	0	0
18Nate White COO, President Fargo	(i)	861,156	363,500	208,067	25,125	26,226	1,484,074	0
	(ii)	0	0	0	0	0	0	0
19Michelle Micka Sr VP Finance, Corporate Controller	(i)	347,118	83,750	35,599	9,375	26,226	502,068	0
	(ii)	0	0	0	0	0	0	0

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees								
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
21 Michelle Bruhn Sr VP Finance, Health Services	(i)	456,739	112,500	61,501	12,225	14,970	657,935	0
	(ii)	0	0	0	0	0	0	0
1 Paul Hanson President, Sioux Falls	(i)	650,764	160,000	105,046	18,375	26,226	960,411	64,318
	(ii)	0	0	0	0	0	0	0
2 Paul Richard Exec VP Fargo	(i)	650,764	160,000	120,739	0	26,226	957,729	0
	(ii)	0	0	0	0	0	0	0
3 Richard Adcock Chief Innovation Officer	(i)	425,765	184,500	65,234	0	19,916	695,415	0
	(ii)	0	0	0	0	0	0	0
4 William Brunner Physician	(i)	2,671,215	0	-2,228	0	29,050	2,698,037	0
	(ii)	0	0	0	0	0	0	0
5 Larry Burris Physician	(i)	2,270,657	0	-1,397	0	29,050	2,298,310	0
	(ii)	0	0	0	0	0	0	0
6 Scott Pham Physician	(i)	2,899,659	0	-2,261	0	29,050	2,926,448	0
	(ii)	0	0	0	0	0	0	0
7 Adam Stys Physician	(i)	2,470,741	0	4,662	0	29,050	2,504,453	0
	(ii)	0	0	0	0	0	0	0
8 Tomasz Stys Physician	(i)	2,656,360	0	1,232	0	29,050	2,686,642	0
	(ii)	0	0	0	0	0	0	0
9 Daniel Olson Former Exec VP Bemidji	(i)	285,238	300	31,904	0	26,226	343,668	0
	(ii)	0	0	0	0	0	0	0

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Sanford Group Return

Employer identification number
45-3791176

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Part I Bond Issues											
(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) Pool financing	
						Yes	No	Yes	No	Yes	No
A South Dakota Health and Educational Facilities Authority	46-0315509	83755VHY3	09-14-2004	70,073,989	2004 New construction of healthcare facilities		X		X		X
B South Dakota Health and Educational Facilities Authority	46-0315509	83755VNZ3	09-29-2009	71,015,042	2009 New construction and remodeling of healthcare facilities		X		X		X
C City of Fargo	45-6002069	307479CK9	02-09-2011	134,069,821	2011 Refunding bonds issued 12/5/1996, 11/8/2000, and 6/18/2002		X		X		X
D South Dakota Health and Educational Facilities Authority	46-0315509	83755VVM3	11-01-2012	128,733,641	2012E New construction and remodeling of healthcare facilities		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	55,565,000		6,545,000		37,020,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	71,581,953		71,393,241		134,069,821		129,135,779	
4	Gross proceeds in reserve funds	237,887		543		1,389		616	
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	764,068		997,167				1,470,647	
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	70,817,885		70,396,074				127,665,132	
11	Other spent proceeds					134,069,821			
12	Other unspent proceeds								
13	Year of substantial completion	2006		2012		2012		2013	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X	X			X
15	Were the bonds issued as part of an advance refunding issue?		X		X	X			X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use											
				A		B		C		D	
				Yes	No	Yes	No	Yes	No	Yes	No
1	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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?				X		X		X		

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
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?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d 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?								
4 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 ▶	0 %		0 %		0 %			
5 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 ▶	0 %		0 %		0 %			
6 Total of lines 4 and 5	0 %		0 %		0 %			
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are mediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X		X
b Exception to rebate?		X		X		X	X	
c No rebate due?	X		X		X			X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X			X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		X

Part V Procedures To Undertake Corrective Action

	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 is not available under applicable regulations?		X		X		X		X

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
Date Rebate Computation Performed	Issuer Name South Dakota Health and Educational Facilities Authority Date the Rebate Computation was Performed 09/14/2006 Issuer Name South Dakota Health and Educational Facilities Authority Date the Rebate Computation was Performed 09/29/2012 Issuer Name City of Fargo Date the Rebate Computation was Performed 02/09/2016 Issuer Name South Dakota Health and Educational Facilities Authority Date the Rebate Computation was Performed 03/29/2013

Return Reference	Explanation
Schedule K, Part I, Bond Issues	Entity 3, Bond Issue A, (c) CUSIP # 83755VXF6 and 83755VXE9 Entity 1, Bond Issue A, (c) CUSIP # 83755VHY3 and 83755VHZ0

Return Reference	Explanation
Part I, Column e and Part II, Line 3	Differences between the issue price (Part I, column e) and total proceeds (Part II, line 3) are due to investment earnings

Return Reference	Explanation
Part II, Line 4	The amounts shown here consist of debt service fund deposits

Return Reference	Explanation
Part III	Part III has not been completed for the 2013 City of Fargo bonds or for the 3/29/2012 South Dakota Health and Educational Facilities Authority bonds These bonds refunded pre-2003 debt that does not have to be reported

Return Reference	Explanation
Part IV, Line 6	With respect to the 2011 City of Fargo bonds and the 3/29/2012 and 10/21/2015 South Dakota Health and Educational Facilities Authority bonds, this question is being answered without regard to a yield- restricted advance refunding escrow financed with proceeds of bonds

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As Filed Data -

DLN: 93493135055549

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
Sanford Group Return

Employer identification number
45-3791176

Part I Bond Issues											
(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) Pool financing	
						Yes	No	Yes	No	Yes	No
A City of Chamberlain	46-0000094	000000000	12-30-2010	4,000,000	2010 Chamb New construction of long-term care facilities		X		X		X
B South Dakota Health and Educational Facilities Authority	46-0315509	000000000	03-29-2012	66,185,000	2012AB Refunding bonds issued 9/12/2001 and 10/15/2002		X		X		X
C South Dakota Health and Educational Facilities Authority	46-0315509	000000000	06-14-2012	45,000,000	2012D Refinance taxable indebtedness used to construct healthcare facility		X		X		X
D South Dakota Health and Educational Facilities Authority	46-0315509	83755VWA8	08-05-2014	52,083,720	2014A Current refund 2004A issued 9/14/2004		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	1,659,955		13,660,000		8,910,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	4,000,000		66,185,000		45,000,000		52,083,720	
4	Gross proceeds in reserve funds							221	
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds			24,356					
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	4,000,000				45,000,000			
11	Other spent proceeds			66,160,644				52,083,720	
12	Other unspent proceeds								
13	Year of substantial completion	2010		2012		2012		2014	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X	X			X	X	
15	Were the bonds issued as part of an advance refunding issue?		X	X			X		X
16	Has the final allocation of proceeds been made?	X		X		X		X	
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
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?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d 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?								
4 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 ▶	0 %		0 %		0 %			
5 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 ▶	0 %		0 %		0 %			
6 Total of lines 4 and 5	0 %		0 %		0 %			
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are mediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X		X		X	X	
b Exception to rebate?	X			X	X			X
c No rebate due?		X	X			X		X
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X		X		X			X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		X

Part V Procedures To Undertake Corrective Action

	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 is not available under applicable regulations?		X		X		X		X

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization
Sanford Group Return

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

45-3791176

Part I Bond Issues											
(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) Pool financing	
						Yes	No	Yes	No	Yes	No
A South Dakota Health and Educational Facilities Authority	46-0315509	83755VXE9	10-28-2014	207,014,209	2014B New construction and remodeling of healthcare facilities		X		X		X
B South Dakota Health and Educational Facilities Authority	46-0315509	83755VZW7	10-21-2015	192,641,206	2015 New construction & advanced refunding of bonds issued 4/19/07, 5/22/07		X		X		X
C South Dakota Health and Educational Facilities Authority	46-0315509	000000000	10-28-2016	50,000,000	2016 New Construction, equipment and improvements		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired			5,460,000		5,000,000			
2	Amount of bonds legally defeased								
3	Total proceeds of issue	207,081,359		192,707,024		50,000,000			
4	Gross proceeds in reserve funds	1,293		1,294					
5	Capitalized interest from proceeds	31,874							
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,906,127		1,431,628		150,032			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	205,143,359		110,529,233		49,849,968			
11	Other spent proceeds			80,746,163					
12	Other unspent proceeds								
13	Year of substantial completion	2017		2017		2017			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?		X	X			X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	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		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
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?	X		X		X			
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d 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?								
4 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 ▶	0 %		0 %		0 %			
5 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 ▶	0 %		0 %		0 %			
6 Total of lines 4 and 5	0 %		0 %		0 %			
7 Does the bond issue meet the private security or payment test? . . .		X		X		X		
8a Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . .								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are mediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?	X		X		X			
b Exception to rebate?		X		X		X		
c No rebate due?		X		X		X		
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X	X			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V Procedures To Undertake Corrective Action

	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 is not available under applicable regulations?		X		X		X		

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Schedule L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
► Attach to Form 990 or Form 990-EZ.
► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Sanford Group Return

Employer identification number
45-3791176

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 ► \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total						► \$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
See Additional Data Table					

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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Additional Data

Software ID:
Software Version:
EIN: 45-3791176
Name: Sanford Group Return

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Kathryn Nermoe	B Nermoe - family relationship	93,220	Compensation		No
(1) Annette White	N White - family relationship	428,392	Compensation		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(3) Paige Campbell	P Richard - family relationship	53,520	Compensation		No
(1) Melinda Anderson	M Paulson - family relationship	68,310	Compensation		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(5) Michael Kunkel	J Kunkel - family relationship	115,801	Compensation		No
(1) John Durick	P Durick - family relationship	105,195	Compensation		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons					
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(7) Louis Krabbenhoft	K Krabbenhoft - family relationship	93,174	Compensation		No
(1) Megan Hemmelgarn	M Paulson - family relationship	37,935	Compensation		No

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(9) Barb Everist	Joint Venture in Everist Health	6,000,000	Sanford contributed \$4M into Everist Health during the previous fiscal year. During the current fiscal year, Sanford contributed an additional \$2M. As a result, Sanford and Barb Everist both owned more than a 10% interest in this company.		No
(1) Andy North	Business Relationship-Consultant for business and relationship development	120,000	Independent Contractor		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Sanford Group Return

Employer identification number
45-3791176

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .				
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .	X	2	5,112,030	FMV
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts . . .				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

30a

Yes

No

No

b If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

b If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I, Column (b)	The organization is reporting the number of contributions
Part I, Line 32b	The organization uses third parties for real estate transactions, for appraisals, title work, closings in the normal course of business

SCHEDULE N
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization
Sanford Group Return

Liquidation, Termination, Dissolution, or Significant Disposition of Assets

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.
▶ Attach certified copies of any articles of dissolution, resolutions, or plans.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule N (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
Sanford Group Return

Employer identification number
45-3791176

Part I Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36.
Part I can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
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See Additional Data Table

2 Did or will any officer, director, trustee, or key employee of the organization

a Become a director or trustee of a successor or transferee organization?

b Become an employee of, or independent contractor for, a successor or transferee organization?

c Become a direct or indirect owner of a successor or transferee organization?

d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ▶

	Yes	No
2a	Yes	
2b	Yes	
2c		No
2d		No

Part I Liquidation, Termination, or Dissolution (continued)**Note.** If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26 (Total liabilities), should equal -0-

	Yes	No
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III	3 Yes	
4a Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	4a Yes	
b If "Yes," did the organization provide such notice?	4b Yes	
5 Did the organization discharge or pay all of its liabilities in accordance with state laws?	5 Yes	
6a Did the organization have any tax-exempt bonds outstanding during the year?	6a	No
b If "Yes" on line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?	6b	
c If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III		

Part II Sale, Exchange, Disposition, or Other Transfer of More Than 25% of the Organization's Assets.

Complete this part if the organization answered "Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.

1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity

	Yes	No
2 Did or will any officer, director, trustee, or key employee of the organization		
a Become a director or trustee of a successor or transferee organization?	2a	
b Become an employee of, or independent contractor for, a successor or transferee organization?	2b	
c Become a direct or indirect owner of a successor or transferee organization?	2c	
d Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	2d	
e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III ►		

Part III **Supplemental Information.**

Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

Return Reference	Explanation
Schedule N, Part I, line 2e	The following Trustees, and Officers are Trustees, and Officers of Sanford Health Network North (the successor organization) Barb Everist, Trustee Andy North, Trustee Brent Teiken, Vice Chair David Beito, Past Chair Don Jacobs, Treasurer James Cain, Secretary Maria Bell, MD, Trustee Mark Lundeen, MD, Trustee Mark Paulson, MD, Trustee Melissa Hinton, Trustee Michael LeBeau, MD, Trustee Patrick Durick, Trustee Thomas Hruby, Trustee Kelby Krabbenhoft, Sanford President & CEO, Officer JoAnn Kunkel, Chief Financial Officer, Officer

Additional Data

Software ID:
Software Version:
EIN: 45-3791176
Name: Sanford Group Return

Form 990, Schedule N, Part I - Liquidation, Termination or Dissolution

1	(a) Description of asset(s) distributed or transactional expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transactional expenses	(d) Method of determining FMV for asset(s) distributed or transactional expenses	(e) Ein of recipient	(f) Name and address of recipient	(g) IRC Code section recipient(s) (if tax-exempt) or type of entity
	Sanford Medical Center Thief River Falls 41-0709579 - Cash	02-01-2018	-7,864	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Medical Center Thief River Falls 41-0709579 - ST Investments	02-01-2018	543,353	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Medical Center Thief River Falls 41-0709579 - Accounts Receivable (Net)	02-01-2018	9,217,782	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Medical Center Thief River Falls 41-0709579 - Inventory	02-01-2018	656,103	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Medical Center Thief River Falls 41-0709579 - Prepaid Expenses	02-01-2018	240,631	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Medical Center Thief River Falls 41-0709579 - Property & Equipment	02-01-2018	67,882,316	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Medical Center Thief River Falls 41-0709579 - Other Assets	02-01-2018	8,520,620	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Medical Center Mayville 45-0228899 - Cash	02-01-2018	13,109	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Medical Center Mayville 45-0228899 - ST Investments	02-01-2018	153,474	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Medical Center Mayville 45-0228899 - Accounts Receivable (Net)	02-01-2018	868,701	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Medical Center Mayville 45-0228899 - Inventory	02-01-2018	96,322	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Medical Center Mayville 45-0228899 - Prepaid Expenses	02-01-2018	4,668	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Medical Center Mayville 45-0228899 - Assets Whose Use is Limited BDI	02-01-2018	16	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Medical Center Mayville 45-0228899 - Property & Equipment	02-01-2018	2,368,266	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Medical Center Wheaton 27-2042143 - Cash	02-01-2018	273,644	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Medical Center WheatonSanford Medical Center Wheaton 27-2042143 - ST Investments	02-01-2018	9,045	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Medical Center Wheaton 27-2042143 - Accounts Receivable (Net)	02-01-2018	847,502	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Medical Center Wheaton 27-2042143 - Inventory	02-01-2018	115,894	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Medical Center Wheaton 27-2042143 - Prepaid Expenses	02-01-2018	20,896	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Medical Center Wheaton 27-2042143 - Assets Whose Use is Limited BDI	02-01-2018	1	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)

Form 990, Schedule N, Part I - Liquidation, Termination or Dissolution

1	(a) Description of asset(s) distributed or transactional expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transactional expenses	(d) Method of determining FMV for asset(s) distributed or transactional expenses	(e) Ein of recipient	(f) Name and address of recipient	(g) IRC Code section recipient(s) (if tax-exempt) or type of entity
	Sanford Medical Center Wheaton 27-2042143 - Property & Equipment	02-01-2018	2,099,889	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Medical Center Wheaton 27-2042143 - Other Assets	02-01-2018	251,376	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Hillsboro 45-0230400 - Cash	02-01-2018	1,264,765	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Hillsboro 45-0230400 - Accounts Receivable (Net)	02-01-2018	1,323,567	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Hillsboro 45-0230400 - Inventory	02-01-2018	38,211	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Hillsboro 45-0230400 - Prepaid Expenses	02-01-2018	20,456	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)
	Sanford Hillsboro 45-0230400 - Property & Equipemnt	02-01-2018	6,485,604	Book Value	45-0409348	Sanford Health Network North PO Box 5039 Rte 5218 Sioux Falls, SD 571175039	501(c)(3)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
~~Internal Revenue Service~~

Name of the organization
Sanford Group Return

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

45-3791176

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part V, Line 3a	Sanford Health, Sanford Medical Center, Sanford North, Sanford Medical Center Fargo, Sanford Clinic North, Sanford Clinic and Sanford Bismarck have unrelated business gross income over \$1,000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Part V, Line 4a	Sanford World Clinics has an interest in financial accounts in the foreign countries of Ghana, China and Germany

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	The following officers, board members, and key employees are employees of Sanford or its related organizations. Many of these employees also serve on other related Sanford boards, or have business relationships with each other that span the organization as a whole. Allison Wierda-Suttle, Bill Gassen, Bill Marlette, Bryan Nermoe, Craig Lambrecht, Jennifer Grennan, JoAnn Kunkel, Kelby Krabbenhoft, Maria Bell, Mark Lundeen, Mark Paulson, Micah Abers on, Michael LeBeau, Michelle Bruhn, Michelle Micka, Nate White, Paul Hanson, Randy Bury

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 6	<p>Sanford is governed by a Board of Trustees (BOT) that has ultimate strategic and decision making authority. The BOT delegates certain activities and responsibilities to Boards of each of Sanford's primary operating subsidiaries. The unique nature and complexity of the subsidiaries requires each to have a delegated Board with a singular entity focus. Such bodies, referred to as Boards of Directors and Boards of Governors, address matters such as credentialing, accreditation standards, developing budgets, programs and facilities on an entity-specific basis, and generally consist of individuals distinct from the BOT. These Boards function much like committees in a traditional corporate structure. The BOT then acts as a holding company Board, synthesizing and reconciling each entity's programs and budgets into a system-wide strategic plan. This structure of governance produces a significant number of trustees, governors and directors. Subsidiaries included within this group tax return consist of Sanford Health, Sanford North, Sanford Medical Center, Sanford Medical Center Fargo, Sanford Clinic, Sanford Clinic North, Sanford Health Network, Sanford Health Network North, Sanford Medical Center Thief River Falls, Sanford Medical Center Mayville, Sanford Medical Center Wheaton, Sanford Home Health, Sanford Research, Sanford World Clinics, Sanford Hillsboro, Sanford Health of Northern Minnesota, Baker Park, Inc., Sanford West, Sanford Bismarck and Sanford Living Centers. The Board of Trustees of Sanford is also the Board of Trustees for Sanford Health, Sanford North and Sanford West, and Sanford is the sole corporate member of these entities. These entities, in turn, are the sole corporate members of the subsidiaries. The actions approved by a subsidiary's Board of Directors are then approved by the Sanford Board of Trustees.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7a	The Sanford Board of Trustees appoints the board members for the Boards of Directors and Boards of Governors of the subsidiary entities

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 7b	The Sanford Board of Trustees approves the actions approved by the Boards of Directors and Boards of Governors of the subsidiary entities Form 990, Part VI, Section B, line 10b S anford North, Sanford Clinic and Sanford Health Network have local chapters, branches or a ffiliates over which the organization has the legal authority to exercise direct or indire ct supervision and control

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	The Form 990 is prepared internally by Finance and reviewed by executive management. An external accounting firm reviews the return and prepares return highlights and key disclosures for the Board of Trustees meeting prior to the return filing date. Before the return is filed, a complete copy is provided to the current Board of Trustees.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	<p>The annual Conflict of Interest disclosure process is managed by the Chief Compliance Officer (CCO). The CCO is responsible for assuring that all completed forms are returned in a timely and complete manner. Conflict of Interest questionnaires are sent to System Trustees, members of the governing boards of subsidiary entities, officers, and key employees for all entities subject to the IRS Form 990 filings. The disclosures are summarized for review by the executive committee of the Board of Trustees, pursuant to policy. This review allows:</p> <ol style="list-style-type: none">1) The Board to acquire an awareness of financial relationships of board members and key management employees and can invoke the recusal process on a case-by-case basis if potential conflicts are implicated in Board decisions and deliberations, and,2) Gives the Board the opportunity to seek additional information and clarification about disclosures to determine potential conflicts of interest, and how to manage them.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 15	<p>The Executive Compensation Committee of the Sanford Board of Trustees directly engages a nationally recognized independent compensation consulting firm annually to review the total compensation arrangements of the officers and executives of the organization, including the CEO, and to report the findings to them for deliberation and action. The deliberations and actions are recorded in the minutes of the Sanford Board of Trustees. The most recent study was completed in 2018. Part VI, Line 16a. Sanford Health, Sanford Medical Center, Sanford Clinic and Sanford Clinic North have participated in joint ventures with taxable entities.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section C, line 19	Although the organization does not maintain a website where the public can access these documents, it would respond individually to any requests or inquiries from the public for these documents

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section A	The Sanford Board of Trustees has ultimate goverance responsibilities for each major operating entity within Sanford. In addition, a Board of Directors is established for each major operating entity. This Board has specific responsibilities delegated from the Board of Trustees. Generally these responsibilities are related to the oversight of the day to day operations of that entity.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VII, Section B	Amounts listed as compensation for the five highest compensated independent contractors include payments for both materials and services

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, line 9	Net payroll and other expenses paid on behalf of parent/affiliates -35,020,517 Transfer of f Sanford House to Sanford Health 9,781,329 Transfer of restricted funds raised for Sanfo rd House 2,324,421 Liquidation of SAS into Sanford West 1,913,776 Transfer of Restricted Funds for Ava's House 2,939,681 Net Assets released from restrictions for acquisition of property and equip 5,797,290 Pension Plan related changes other than net periodic plan e xpense 16,441,716 Swap Valuation Change 377,125 Change in Net Assets due to Acquisition 684,250

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990 Elections	<p>Form 990, Page 1, Line H(a) - Listing of Subordinate Organizations Names, Addresses, and EINs Sanford Health 1305 W 18th Street, PO Box 5039 Sioux Falls, SD 57117-5039 EIN 31-1527032 Sanford USD Medical Center 1305 W 18th Street, PO Box 5039 Sioux Falls, SD 57117-5039 EIN 46-0227855 Sanford Home Health 1305 W 18th Street, PO Box 5039 Sioux Falls, SD 57117-5039 EIN 46-0282134 Sanford Health Network 1305 W 18th Street Sioux Falls, SD 57105 EIN 46-0388596 Sanford Clinic 1305 W 18th Street, PO Box 5039 Sioux Falls, SD 57117-5039 EIN 46-0447693 Sanford Research 2301 E 60th Street N Sioux Falls, SD 57104 EIN 46-0450378 Sanford World Clinics 1305 W 18th Street Sioux Falls, SD 57105 EIN 26-2707628 Sanford North 801 Broadway Drive, PO Box 2010 Fargo, ND 58122 EIN 45-0385890 Sanford Clinic North 801 Broadway Drive, PO Box 2010 Fargo, ND 58122 EIN 91-1770748 Sanford Medical Center Fargo 801 Broadway Drive, PO Box 2010 Fargo, ND 58122 EIN 45-0226909 Sanford Health Network North 801 Broadway Drive, PO Box 2010 Fargo, ND 58122 EIN 45-0409348 Sanford Medical Center Thief River Falls 3001 Sanford Parkway Thief River Falls, MN 56701 EIN 41-0709579 Sanford Medical Center Mayville 801 Broadway Drive, PO Box 2010 Fargo, ND 58122 EIN 45-0228899 Sanford Medical Center Wheaton 401 12th Street N Wheaton, MN 56296 EIN 27-2042143 Sanford Hillsboro 12 3rd Street SE, PO Box 609 Hillsboro, ND 58045 EIN 45-0230400 Sanford Health of Northern Minnesota 1300 Anne Street NW Bemidji, MN 56601 EIN 41-1266009 Baker Park, Inc 803 Dewey Avenue NW Bemidji, MN 56601 EIN 41-1372480 Sanford West 300 N 7th Street Bismarck, ND 58501 EIN 45-0397195 Sanford Bismarck 300 N 7th Street Bismarck, ND 58501 EIN 45-0226700 Sanford Living Centers 1000 18th Street NW, Suite 1 Mandan, ND 58554 EIN 45-0416454</p>

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As Filed Data -

DLN: 93493135055549

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Sanford Group Return

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.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Employer identification number

45-3791176

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
See Additional Data Table					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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.							
See Additional Data Table							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) National Student Housing-South Dakota LLC 100 S Phillips Ave Sioux Falls, SD 57104 20-2129839	Investment	SD	Sanford Health	Related	-2,656	3,919,813		No			No	99.990 %
(2) RAC Rentals LLC 100 S Phillips Ave Sioux Falls, SD 57104 26-1961077	Investment	SD	Sanford Health	Related	-18,872	3,895,099		No			No	99.990 %

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
See Additional Data Table									

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

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Additional Data

Software ID:
Software Version:
EIN: 45-3791176
Name: Sanford Group Return

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Total income	(e) End-of-year assets	(f) Direct Controlling Entity
Lincoln County Real Estate Trust 100 S Phillips Ave Sioux Falls, SD 57104 46-6126929	Real Estate	SD	0	586,468	Sanford Health
PPK Family Trust 100 S Phillips Ave Sioux Falls, SD 57104 20-7317570	Rental Real Estate	SD	23,732	2,367,386	Sanford Health
Lynx Trust PO Box 5186 Sioux Falls, SD 57117 26-6167201	Investment	SD	0	1	Sanford Health
National Student Housing Trust-SD PO Box 5186 Sioux Falls, SD 57117 20-6831968	Investment	SD	0	737	Sanford Health
Sanford HealthCare Accessories LLC 3223 32nd Ave SW Fargo, ND 58103 20-2404179	Sales of Durable Medical Equip	ND	31,243,055	13,277,787	Sanford North
Healthcare Environmental Services LLC PO Box 2010 Fargo, ND 58122 20-5236701	Retail Enterprises	ND	1,965,664	5,545,056	Sanford North
North Country Senior Living LLC 1000 Anne St NW Bemidji, MN 56601 26-3862586	Senior Housing	CO	3,373,136	7,481,083	Sanford Health of Northern Minnesota
1527 Broadway LLC 1527 Broadway Alexandria, MN 56308 41-1336392	Real Estate	MN	554,268	6,584,557	Sanford Clinic North
Medequip One LLC 626 N 6th Street Bismarck, ND 58501 45-0452639	Durable medical equipment, products, and services	ND	0	0	Sanford West
Shetek Medical Services LLC 251 5th Street E Tracy, MN 56175 41-2004685	Home Health Services	MN	433,111	168,133	Sanford Health Network
Sanford Health Mobile Med LLC 2603 E Broadway Avenue Bismarck, ND 58501 47-1209528	Mobile Healthcare	ND	0	644,118	Sanford Health
Southwest MN Radiation Center LLC 1018 6th Avenue Worthington, MN 56187 46-0447693	Radiation Services	MN	1,093,670	76,896	Sanford Health Network

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
P O Box 5039 Rte 5218 Sioux Falls, ND 58122 27-1218956	Supporting Organization	ND	501(c)(3)	12-II			No
P O Box 5039 Rte 5218 Sioux Falls, SD 571175039 36-3297853	Foundation	SD	501(c)(3)	12-II	Sanford Health	Yes	
P O Box 5039 Rte 5218 Sioux Falls, SD 571175039 45-0404126	Foundation	ND	501(c)(3)	12-II	Sanford Health	Yes	
P O Box 5039 Rte 5218 Sioux Falls, SD 571175039 45-0344371	EMT	ND	501(c)(4)		Sanford North	Yes	
P O Box 5039 Rte 5218 Sioux Falls, SD 571175039 45-0398104	Foundation	ND	501(c)(3)	7	Sanford North	Yes	
P O Box 5039 Rte 5218 Sioux Falls, SD 571175039 36-3542187	Foundation	ND	501(c)(3)	7	Sanford Hillsboro	Yes	
P O Box 5039 Rte 5218 Sioux Falls, SD 571175039 41-1389317	Foundation	MN	501(c)(3)	12-II	Sanford Health of Northern Minnesota	Yes	
P O Box 5039 Rte 5218 Sioux Falls, SD 571175039 45-0397196	Foundation	ND	501(c)(3)	7	Sanford Bismarck	Yes	
P O Box 5039 Rte 5218 Sioux Falls, SD 571175039 23-7293043	Supporting Organization	ND	501(c)(3)	12-II	Sanford Bismarck	Yes	
P O Box 5039 Rte 5218 Sioux Falls, SD 571175039 45-0346132	Insurance	ND	501(c)(4)		Sanford Health Plan	Yes	
P O Box 5039 Rte 5218 Sioux Falls, SD 571175039 41-1761135	Foundation	MN	501(c)(3)	7	Sanford Medical Center Thief River Falls	Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
Sanford Home Medical Equipment Inc 2710 W 12th Street Sioux Falls, SD 57105 46-0388597	Healthcare Equipment	SD	Sanford Health	C	2,847,331	17,612,055	100 000 %	Yes	
Sanford Health Plan 300 Cherapa Place Sioux Falls, SD 57103 91-1842494	Insurance	SD	Sanford Health	C	11,876,501	268,175,876	100 000 %	Yes	
Sanford Health Plan of MN 300 Cherapa Place Sioux Falls, SD 57103 46-0445852	Insurance	MN	Sanford Health	C	-76,275	2,340,884	100 000 %	Yes	
Sanford Frontiers 1305 W 18th Street PO Box 5039 Sioux Falls, SD 571175039 45-5436599	Weight Loss Management	SD	Sanford Health	C	-10,929,316	92,863,190	100 000 %	Yes	
SOB Inc 2701 S Minnesota Avenue Suite 2 Sioux Falls, SD 57105 46-0442628	Air Transportation	SD	N/A	C				Yes	
Sanford Affiliated Services Inc 300 N 7th Street Bismarck, ND 58501 45-0403146	Investment Activity	ND	Sanford West	C	-5,884		100 000 %	Yes	
Sanford World Clinics - Ghana Sarbah Road Tantri Lorry Station Cape Coast GH	Healthcare	GH	Sanford World Clinics	C	-2,496,643	4,635,496	100 000 %	Yes	
Shanghai Sanford Healthcare Management Consulting Co Ltd 188 Yesheng Road Room A-862 Guoma Shanghai CH	Healthcare	CH	Sanford World Clinics	C	-322,053	515,952	100 000 %	Yes	
Sanford International - Munich GmbH Nymphenburger Strasse 3 Munich GM	Healthcare	GM	Sanford World Clinics	C	-531,206	11,906,793	100 000 %	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Sanford Health Foundation	C	38,512,577	Cash Basis
Sanford Health Foundation North	C	2,954,631	Cash Basis
Sanford Health Foundation West	C	375,062	Cash Basis
Edith Sanford Breast Cancer Foundation	C	258,630	Cash Basis
Sanford Health Foundation Hillsboro	C	177,262	Cash Basis
Sanford Health Foundation Thief River Falls	C	536,832	Cash Basis
Sanford Health Foundation of Northern Minnesota	C	77,733	Cash Basis
Sanford Heart of America Health Plan	P	495,788	Cash Basis
Sanford Heart of America Health Plan	Q	430,357	Cash Basis
Sanford Health Foundation	R	7,325,611	Cost
Sanford Health Foundation North	R	1,706,594	Cost
Sanford Health Foundation Thief River Falls	R	419,094	Cost
Sanford Health Foundation of Northern Minnesota	R	498,956	Cost
Sanford Health Foundation Hillsboro	R	102,030	Cost
Sanford Health Plan	R	8,500,000	Cost
SOB Inc	R	67,622	Cash Basis
F-M Ambulance Service Inc	S	4,336,222	Cost
Sanford Frontiers	S	26,775,345	Cash Basis
Sanford Health Foundation Thief River Falls	S	535,909	Cost
Edith Sanford Breast Cancer Foundation	B	799,493	Cost