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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
Children's Surgical Associates of NJ Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
34TH STREET CIVIC CENTER BLVD

City or town, state or country, and ZIP + 4
PHILADELPHIA, PA 19104

D Employer identification number
22-3348481

E Telephone number
(215) 590-2700

G Gross receipts $ 8,372,842

F Name and address of principal officer
N SCOTT ADZICK
34TH ST CIVIC CENTER BLVD
PHILADELPHIA, PA 19104

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1995 | **M** State of legal domicile NJ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE MEDICAL AND SURGICAL CARE FOR PATIENTS AND EDUCATIONAL, RESEARCH AND ADMINISTRATIVE SERVICES TO THE CHILDREN'S HOSPITAL OF PHILADELPHIA AND THE UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	4
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	0
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	0
6	Total number of volunteers (estimate if necessary)	**6**	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	0	0
9	Program service revenue (Part VIII, line 2g)	7,672,786	8,206,552
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	276	0
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	90,569	166,290
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	7,763,631	8,372,842
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	7,641,451	8,589,399
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,232,390	1,243,357
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	8,873,841	9,832,756
19	Revenue less expenses Subtract line 18 from line 12	-1,110,210	-1,459,914

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,424,666	5,940,964
21	Total liabilities (Part X, line 26)	1,582,787	3,558,999
22	Net assets or fund balances Subtract line 21 from line 20	3,841,879	2,381,965

Net Assets or Fund Balances

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ Signature of officer — 2013-05-09 Date

▶ N SCOTT ADZICK CHAIRMAN
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ PricewaterhouseCoopers LLP 2001 MARKET ST SUITE 1700 PHILADELPHIA, PA 19103			EIN ▶ Phone no ▶ (267) 330-3000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☐

1 Briefly describe the organization's mission

TO PROVIDE MEDICAL AND SURGICAL CARE FOR PATIENTS AND EDUCATIONAL, RESEARCH AND ADMINISTRATIVE SERVICES TO THE CHILDREN'S HOSPITAL OF PHILADELPHIA AND THE UNIVERSITY OF PENNSYLVANIA SCHOOL OF MEDICINE

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 and section 4947(a)(1) trusts 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 $ 7,411,644 including grants of $) (Revenue $ 8,372,842)

TO PROVIDE PEDIATRIC MEDICAL, SURGICAL, RESEARCH AND TEACHING SERVICES THE ORGANIZATION PROVIDES MEDICAL CARE TO PATIENTS IN ITS SERVICE AREA IRRESPECTIVE OF ABILITY TO PAY THE ORGANIZATION SUPPORTS MEDICAL RESEARCH AND TEACHING MISSIONS OF THE CHILDREN'S HOSPITAL OF PHILADELPHIA

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 7,411,644

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		No
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		No
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		
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, 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		No
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, line10? *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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	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, XII, and XIII 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, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part 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*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *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 a grant selection committee member, or to a person related to such an individual? *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*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
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**		No
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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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**		No
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**		No
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 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	0		
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			
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	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
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 or securities account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
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?	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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a			
b	Enter the aggregate 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 aggregate 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 to any question 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	1a	4		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0		
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?		2		No
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? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6	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?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b		
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		9		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?	10a		No
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	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?	16a		No
b	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?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ NJ

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

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 See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

THOMAS CONCANNON
ONE HUNDRED PENN SQUARE EAST
PHILADELPHIA, PA 19107
(267) 425-9533

Part VII Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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, and **current** key employees 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								0	27,655,336	2,557,399

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 ▶ 0

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**	Yes	

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
THE CHILDREN'S HOSPITAL OF PHILADEL 34TH st CIVIC CENTER BLVD PHILADELPHIA, PA 19104	SUPPORT SERVICES	1,200,236

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		0			
Program Service Revenue			Business Code				
	2a	Net Patient Service Revenue	900099	8,206,552	8,206,552		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		8,206,552			
	3	Investment income (including dividends, interest and other similar amounts)		0			
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)		0			
	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		0			
	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		0			
	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		0			
Other Revenue		Miscellaneous Revenue	Business Code				
	11a	Other Revenue	900099	166,290	166,290		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		166,290			
	12	**Total revenue.** See Instructions		8,372,842	8,372,842		

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) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question 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 governments and organizations in the United States See Part IV, line 21	0			
2 Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,990,862	2,938,908	51,954	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	5,598,537	3,270,118	2,328,419	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	9,776		9,776	
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	4,725		4,725	
12 Advertising and promotion	0			
13 Office expenses	19,021		19,021	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	5,487	5,487		
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	5,597		5,597	
23 Insurance	244,695	244,695		
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a OTHER EXPENSES	41,442	39,822	1,620	
b FACILITY EXPENSE	912,614	912,614		
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	9,832,756	7,411,644	2,421,112	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		0	1	0
	2	Savings and temporary cash investments		4,492,648	2	4,407,415
	3	Pledges and grants receivable, net		0	3	0
	4	Accounts receivable, net		666,211	4	769,491
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		0	8	0
	9	Prepaid expenses and deferred charges		25,777	9	24,882
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 78,446			
	b	Less accumulated depreciation	10b 75,647	8,396	10c	2,799
	11	Investments—publicly traded securities		0	11	0
	12	Investments—other securities See Part IV, line 11		0	12	0
	13	Investments—program-related See Part IV, line 11		0	13	0
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11		231,634	15	736,377
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,424,666	16	5,940,964
Liabilities	17	Accounts payable and accrued expenses		99,510	17	116,247
	18	Grants payable		0	18	0
	19	Deferred revenue		0	19	0
	20	Tax-exempt bond liabilities		0	20	0
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0
	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		1,483,277	25	3,442,752
	26	**Total liabilities.** Add lines 17 through 25		1,582,787	26	3,558,999
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,841,879	27	2,381,965
	28	Temporarily restricted net assets		0	28	0
	29	Permanently restricted net assets		0	29	0
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		3,841,879	33	2,381,965
	34	Total liabilities and net assets/fund balances		5,424,666	34	5,940,964

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	8,372,842
2	Total expenses (must equal Part IX, column (A), line 25)	2	9,832,756
3	Revenue less expenses Subtract line 2 from line 1	3	-1,459,914
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	3,841,879
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,381,965

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ 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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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?	3a		No
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 . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Children's Surgical Associates of NJ Inc

Employer identification number
22-3348481

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 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

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 organization that normally receives (1) more than 331/3% 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 331/3% 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the 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—2011.** 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 IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2010.** 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 IV 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 IRC 509(a)(2)**
(Complete only if you checked the box on line 9 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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	4,694,889	5,777,404	7,044,294	7,672,786	8,206,552	33,395,925
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	4,694,889	5,777,404	7,044,294	7,672,786	8,206,552	33,395,925
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)						33,395,925

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	4,694,889	5,777,404	7,044,294	7,672,786	8,206,552	33,395,925
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	124,959	42,361	910	276		168,506
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	124,959	42,361	910	276		168,506
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 IV)	237,656			90,569	166,290	494,515
13 **Total support** (Add lines 9, 10c, 11 and 12)	5,057,504	5,819,765	7,045,204	7,763,631	8,372,842	34,058,946

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	98 053 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	97 960 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	0 495 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	0 950 %

19a **33 1/3% support tests—2011.** 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—2010.** 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 **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Children's Surgical Associates of NJ Inc

Employer identification number
22-3348481

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate 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 may 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" to 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items

a Revenues included in 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 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 XIV

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" to 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 XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. 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				
b Buildings				
c Leasehold improvements				
d Equipment		78,446	75,647	2,799
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				2,799

Part VII Investments—Other Securities. 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		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DUE FROM AFFILIATES	736,377
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	736,377

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
DUE TO AFFILIATES	3,328,212
DUE TO CHOP	114,540
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	3,442,752

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,372,842
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,832,756
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,459,914
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,459,914

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	8,372,842
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	8,372,842
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	8,372,842

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	9,832,756
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 XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	9,832,756
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 XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	9,832,756

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Children's Surgical Associates of NJ Inc

Employer identification number
22-3348481

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ 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 orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☐ Written employment contract ☐ Independent compensation consultant ☐ Compensation survey or study ☐ Form 990 of other organizations ☐ Approval by the board or compensation committee			
4	During the year, did any person listed in 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?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	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) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in 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?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in 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, columns (D) and (E) for that individual

(A) Name	**(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 reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
SCHEDULE J, PART I, Line 4B		SOME OFFICERS, DIRECTORS, AND KEY EMPLOYEES LISTED IN PART VII PARTICIPATE IN SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS ("SERPS") ANY SERP PAYMENTS ARE REPORTED IN COLUMN (B)(III)
SCHEDULE J, PART I, LINE 7		FOR EXECUTIVES AND PHYSICIANS/SCIENTISTS, THE INCENTIVE PLAN IS BASED ON ACHIEVEMENT OF ORGANIZATION AND INDIVIDUAL GOALS TYPICALLY RELATED TO QUALITY, OPERATING AND FINANCIAL PERFORMANCE, AS WELL AS OTHER SIGNIFICANT CLINICAL, QUALITY AND SCIENTIFIC ACHIEVEMENTS PAYMENT OF INCENTIVES IS DEPENDENT UPON ACHIEVING A SUFFICIENT OPERATING MARGIN TO FUND THE INCENTIVES
SCHEDULE J, PART III - OTHER INFORMATION		CHILDREN'S SURGICAL ASSOCIATES, OF NJ IS A SUBSIDIARY OF THE CHILDREN'S HOSPITAL OF PHILADELPHIA OUR PHYSICIANS, WHO ARE COMMON LAW EMPLOYEES, ARE W-2 EMPLOYEES OF EITHER THE UNIVERSITY OF PENNSYLVANIA (AN UNRELATED ENTITY) OR CHILDREN'S SURGICAL ASSOCIATES (A RELATED ENTITY) COMPENSATION REPORTED MAY INCLUDE COMPENSATION FOR SERVICES TO OTHER RELATED ORGANIZATIONS SEE SCHEDULE O FOR INFORMATION REGARDING THE AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 22-3348481
Name: Children's Surgical Associates of NJ Inc

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
THOMAS L SPRAY MD	(I)	0	0	0	0	0	0	0
	(II)	1,350,000	100,000	236,932	522,050	16,625	2,225,607	0
N SCOTT ADZICK MD	(I)	0	0	0	0	0	0	0
	(II)	831,943	368,842	132,477	122,050	17,472	1,472,784	0
J WILLIAM GAYNOR MD	(I)	0	0	0	0	0	0	0
	(II)	850,000	200,000	498,886	122,050	20,827	1,691,763	0
JOHN FLYNN MD	(I)	0	0	0	0	0	0	0
	(II)	550,000	746,472	3,801	22,050	24,149	1,346,472	0
THEODORE GANLEY MD	(I)	0	0	0	0	0	0	0
	(II)	525,000	339,251	6,943	22,050	20,969	914,213	0
LESLIE SUTTON MD	(I)	0	0	0	0	0	0	0
	(II)	598,207	380,000	0	22,050	10,695	1,010,952	0
KEN KAZAHAYA MD	(I)	0	0	0	0	0	0	0
	(II)	375,000	555,000	14,921	22,050	18,233	985,204	0
RALPH WETMORE MD	(I)	0	0	0	0	0	0	0
	(II)	500,000	492,500	7,965	22,050	8,715	1,031,230	0
IAN JACOBS MD	(I)	0	0	0	0	0	0	0
	(II)	375,450	544,550	19,076	22,050	22,660	983,786	0
SCOTT BARTLETT MD	(I)	0	0	0	0	0	0	0
	(II)	400,000	900,000	163,519	22,050	22,663	1,508,232	0
JOHN P DORMANS MD	(I)	0	0	0	0	0	0	0
	(II)	650,000	612,439	3,713	22,050	20,935	1,309,137	0
LAWRENCE TOM MD	(I)	0	0	0	0	0	0	0
	(II)	275,000	540,000	5,831	22,050	16,687	859,568	0
STEVEN HANDLER MD	(I)	0	0	0	0	0	0	0
	(II)	325,000	477,313	2,647	22,050	18,959	845,969	0
RICHARD DAVIDSON MD	(I)	0	0	0	0	0	0	0
	(II)	475,000	182,247	40,242	22,050	20,969	740,508	0
DOUGLAS CANNING MD	(I)	0	0	0	0	0	0	0
	(II)	291,915	366,835	3,965	122,050	20,278	805,043	0
MICHAEL CARR MD	(I)	0	0	0	0	0	0	0
	(II)	288,420	295,173	7,187	122,050	21,895	734,725	0
WILLIAM POTSIC MD	(I)	0	0	0	0	0	0	0
	(II)	510,000	25,000	30,362	22,050	21,064	608,476	0
ALAN FLAKE MD	(I)	0	0	0	0	0	0	0
	(II)	358,352	237,500	0	122,050	20,747	738,649	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
EDWARD DOOLIN MD	(I)	0	0	0	0	0	0	0
	(II)	294,280	352,500	0	22,050	20,827	689,657	0
MICHAEL NANCE MD	(I)	0	0	0	0	0	0	0
	(II)	298,066	352,500	0	22,050	5,591	678,207	0
JAMES KATOWITZ MD	(I)	0	0	0	0	0	0	0
	(II)	317,186	176,985	58,043	6,920	5,941	565,075	0
BEN CHANG MD	(I)	0	0	0	0	0	0	0
	(II)	0	560,355	0	0	0	560,355	0
HOLLY HEDRICK MD	(I)	0	0	0	0	0	0	0
	(II)	254,263	250,000	0	22,050	21,809	548,122	0
MONTE MILLS MD	(I)	0	0	0	0	0	0	0
	(II)	333,567	114,971	0	22,050	21,542	492,130	0
STEPHEN ZDERIC MD	(I)	0	0	0	0	0	0	0
	(II)	242,747	178,927	6,091	22,050	21,794	471,609	0
MARK JOHNSON MD	(I)	0	0	0	0	0	0	0
	(II)	321,113	110,000	0	22,050	23,719	476,882	0
DAVID LOW MD	(I)	0	0	0	0	0	0	0
	(II)	0	431,658	0	0	0	431,658	0
MICHAEL BEBBINGTON MD	(I)	0	0	0	0	0	0	0
	(II)	233,171	90,000		22,050	8,981	354,202	0
HOWARD SNYDER MD	(I)	0	0	0	0	0	0	0
	(II)	96,000	22,623	1,114	2,003	30,131	151,871	0
GRAHAM QUINN MD	(I)	0	0	0	0	0	0	0
	(II)	165,169	35,030		18,813	21,968	240,980	0
LINDA FLOCCO	(I)	0	0	0	0	0	0	0
	(II)	152,461	51,650	6,157	4,593	25,413	240,274	0
THOMAS CONCANNON	(I)	0	0	0	0	0	0	0
	(II)	120,258	28,150	5,319	3,962	22,206	179,895	0
DEIRDRE BRACISZEWSKI	(I)	0	0	0	0	0	0	0
	(II)	100,091	21,650	4,620	2,196	24,643	153,200	0
PETER MATTEI MD	(I)	0	0	0	0	0	0	0
	(II)	253,662	277,500		22,050	22,949	576,161	0
THOMAS KOLON MD	(I)	0	0	0	0	0	0	0
	(II)	241,574	163,482	9,012	22,050	22,160	458,278	0
PHILIP STORM MD	(I)	0	0	0	0	0	0	0
	(II)	567,417	255,000		22,050	19,044	863,511	0

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
PASQUALE CASALE MD	(I)	0	0	0	0	0	0	0
	(II)	367,100	324,709	14,593	122,050	20,643	849,095	0
BRIAN FORBES MD	(I)	0	0	0	0	0	0	0
	(II)	203,573	151,513	0	22,050	18,439	395,575	0
LAWRENCE WELLS MD	(I)	0	0	0	0	0	0	0
	(II)	425,000	150,139	1,795	22,050	25,769	624,753	0
LARRY LEVIN MD	(I)	0	0	0	0	0	0	0
	(II)	0	185,062	0	0	0	185,062	0

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Children's Surgical Associates of NJ Inc

Employer identification number
22-3348481

Identifier	Return Reference	Explanation
FORM 990, PART IV, LINE 12		AN AUDIT IS PERFORMED ON AN OBLIGATED GROUP WHICH COMPRISES THE CHILDREN'S HOSPITAL OF PHILADELPHIA, THE CHILDREN'S HOSPITAL OF PHILADELPHIA FOUNDATION, AND FIRST MEDICAL INSURANCE COMPANY AN AUDIT IS ALSO PERFORMED ON A CONSOLIDATED BASIS WHICH INCLUDES THE OBLIGATED GROUP, PGH DEVELOPMENT CORPORATION, CHILDREN'S ANESTHESIOLOGY ASSOCIATES, LTD , CHILDREN'S ANESTHESIOLOGY ASSOCIATES OF NJ, INC , CHILDREN'S HEALTH CARE ASSOCIATES, INC , CHILDREN'S HEALTH CARE ASSOCIATES OF NJ, CHILDREN'S SURGICAL ASSOCIATES LTD , CHILDREN'S SURGICAL ASSOCIATES OF NJ, INC , SURGICAL RESEARCH AND EDUCATION FOUNDATION AND RADIOLOGY ASSOCIATES OF CHILDREN'S HOSPITAL, INC

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		THE CHAIRPERSON IS THE SOLE CORPORATE MEMBER OF CHILDREN'S SURGICAL ASSOCIATES OF NJ, INC

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		ASSOCIATES VOTE ON SLATE OF OFFICERS PRESENTED FOR BOARD OF DIRECTORS POSITIONS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		CERTAIN ACTIONS OF THE BOARD OF DIRECTORS OF THE ORGANIZATION, SUCH AS AMENDMENT OF THE BYLAWS, ARE SUBJECT TO APPROVAL BY THE CHILDREN'S HOSPITAL OF PHILADELPHIA PRACTICE ASSOCIATION (CHOPPA), A SECTION 501(C)(3) AFFILIATE THAT COORDINATES MANY OF THE PRACTICE PLAN ACTIVITIES

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 8B		THERE ARE NO COMMITTEES WITH THE AUTHORITY TO ACT ON BEHALF OF THE BOARD

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B		A COPY OF THIS RETURN WAS REVIEWED BY THE CHILDREN'S SURGICAL ASSOCIATES OF NJ, INC BOARD OF DIRECTORS FOLLOWED BY THE CHILDREN'S HOSPITAL OF PHILADELPHIA BOARD AUDIT AND COMPLIANCE COMMITTEE PRIOR TO ITS BEING FILED, THE FORM 990 WAS ALSO MADE AVAILABLE TO THE ENTIRE GOVERNING BODY THROUGH AN ACCESSIBLE SHARED COMPUTER NETWORK DRIVE MAINTAINED BY THE CHILDREN'S HOSPITAL OF PHILADELPHIA

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12		THE ORGANIZATION HAS ADOPTED THE CONFLICTS OF INTEREST POLICY OF THE CHILDREN'S HOSPITAL OF PHILADELPHIA THE CHILDREN'S HOSPITAL OF PHILADELPHIA MAINTAINS A WRITTEN CONFLICTS OF INTEREST POLICY THAT APPLIES TO, INTER ALIA, ALL OF ITS TRUSTEES, OFFICERS, EMPLOYEES, MEMBERS OF THE MEDICAL STAFF AND RESEARCHERS OF THE CHILDREN'S HOSPITAL OF PHILADELPHIA AND ITS AFFILIATES THE POLICY REQUIRES ANNUAL CONFLICTS OF INTEREST STATEMENTS FROM TRUSTEES AND OFFICERS OF THE HOSPITAL AND ITS AFFILIATES, THE PRESIDENT AND OTHERS IN SENIOR MANAGEMENT, ADMINISTRATIVE PERSONNEL SERVING AT THE LEVEL OF MANAGER AND ABOVE AND CERTAIN OTHER CATEGORIES OF EMPLOYEES DEFINED IN THE CONFLICTS OF INTEREST POLICY (SUCH AS PERSONS KNOWN TO PLACE ORDERS WITH VENDORS), DEPARTMENT CHAIRS, DIVISION CHIEFS AND OTHER MEMBERS OF THE MEDICAL STAFF (EXCEPT THAT MEMBERS OF THE MEDICAL STAFF WHO ARE NOT BASED AT THE HOSPITAL ARE ONLY REQUIRED TO SUBMIT STATEMENTS BI-ANNUALLY), MEMBERS OF THE HOSPITAL RESEARCH STAFF, DESIGNATED EMPLOYEES OF PRACTICE PLANS AFFILIATED WITH THE HOSPITAL, AND OTHER PERSONS DESIGNATED BY MANAGEMENT THE STATEMENT TRACKS THE CONFLICTS OF INTEREST POLICY, REQUIRING EACH PERSON TO DISCLOSE INFORMATION FOR THE REPORTING PERIOD REGARDING THE EXISTENCE AND NATURE OF GIFTS, OUTSIDE INTERESTS, OUTSIDE ACTIVITIES AND OTHER MATTERS CONSTITUTING A POTENTIAL, PERCEIVED OR ACTUAL CONFLICT OF INTEREST, AND TO CERTIFY THAT THEY HAVE READ THE POLICY AND ANSWERED FULLY, ACCURATELY AND TO THE BEST OF THEIR KNOWLEDGE AFTER CONFIRMATION THAT ALL QUESTIONS HAVE BEEN ANSWERED, THE STATEMENTS ARE REVIEWED BY THE RELEVANT VICE PRESIDENT, DEPARTMENT CHAIR OR OTHER EXECUTIVE (OR THEIR DESIGNEE), TRACKED BY THE OFFICE OF COMPLIANCE AND PRIVACY (OC&P), AND ALL STATEMENTS DISCLOSING POTENTIAL, PERCEIVED OR ACTUAL CONFLICTS ARE FORWARDED TO THE OC&P AS WELL AS THE OFFICE OF GENERAL COUNSEL (OGC) FOR FURTHER REVIEW AND FOLLOW-UP AS NEEDED THE CONFLICTS STATEMENTS SUBMITTED BY TRUSTEES OF THE HOSPITAL AND FOUNDATION, AND MEMBERS OF SENIOR MANAGEMENT, ARE REVIEWED BY THE OGC AND OC&P AND THE DISCLOSURES ARE SUMMARIZED IN MEMORANDA DISTRIBUTED TO AND REVIEWED BY THE MEMBERS OF THE AUDIT AND COMPLIANCE COMMITTEE OF THE HOSPITAL AND FOUNDATION BOARDS THE REMAINING CONFLICTS STATEMENTS CONTAINING AFFIRMATIVE DISCLOSURES ARE REVIEWED BY STAFF IN THE OGC AND OC&P IN REVIEWING ANNUAL STATEMENTS WHERE AN ACTUAL, PERCEIVED OR POTENTIAL CONFLICT IS DISCLOSED, WHERE PROBLEMS ARE IDENTIFIED THAT NEED TO BE ADDRESSED, THE GOAL IS TO ELIMINATE OR MANAGE THE CONFLICT GOING FORWARD AND ENSURE THAT, AS TO EMPLOYEES OR OTHERS ON THE MEDICAL OR RESEARCH STAFF, THE RELEVANT SUPERVISOR IS AWARE OF THE ISSUE SUMMARY INFORMATION ABOUT COMPLIANCE WITH THE POLICY'S REQUIREMENT TO SUBMIT ANNUAL STATEMENTS AND DISCLOSURES CONTAINED THEREIN IS PROVIDED IN MEMORANDA TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARDS IN ADDITION, IF ANY MATTER INVOLVING A POTENTIAL VIOLATION OF THE CONFLICT OF INTEREST POLICY IS BROUGHT TO THE ATTENTION OF MANAGEMENT DURING THE COURSE OF THE YEAR, A REVIEW IS CONDUCTED BY EITHER THE RELEVANT DEPARTMENT'S MANAGEMENT, OGC OR OC&P, AS APPROPRIATE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15		THE COMPENSATION OF EXECUTIVES AND PHYSICIANS/SCIENTISTS IS REVIEWED AND APPROVED BY AN INDEPENDENT COMPENSATION COMMITTEE OF THE BOARDS OF TRUSTEES THE COMMITTEE REVIEWS AND APPROVES IN ADVANCE THE COMPENSATION TO BE PROVIDED TO THE CEO, ALL VICE PRESIDENTS (INCLUDING EXECUTIVE AND SENIOR VP LEVELS), CLINICAL DEPARTMENT CHAIRS, AND ALL FACULTY PHYSICIANS AND SCIENTISTS FOR EACH SUCH PERSON, THIS PROCESS WAS LAST PERFORMED IN 2011 IN MAKING ITS DETERMINATIONS, THE COMMITTEE CONSIDERS THE PERFORMANCE OF THE ORGANIZATION AND THAT OF THE COVERED INDIVIDUALS AS WELL AS RELATED BUSINESS JUDGMENT FACTORS IT ALSO CONSIDERS MARKET COMPARISON REPORTS PREPARED BY AN EXTERNAL INDEPENDENT COMPENSATION CONSULTANT WITH SIGNIFICANT EXPERIENCE IN PERFORMING EXECUTIVE AND PHYSICIAN COMPENSATION ASSESSMENTS FOR NOT-FOR-PROFIT HEALTHCARE ORGANIZATIONS THE COMMITTEE'S PROCESS IS DESIGNED TO QUALIFY FOR THE REBUTTABLE PRESUMPTION OF REASONABLENESS FOR THOSE INDIVIDUALS WHO ARE DISQUALIFIED PERSONS THE PEER GROUP FOR EXECUTIVES GENERALLY INCLUDES LARGE AND COMPLEX ACADEMIC MEDICAL CENTERS AND HEALTH SYSTEMS FOR PHYSICIANS AND SCIENTISTS, THE PEER GROUP GENERALLY INCLUDES ACADEMIC MEDICAL CENTERS INFORMATION FROM OTHER ORGANIZATIONS MAY ALSO BE CONSIDERED WHERE APPROPRIATE FOR THE POSITION FOR THOSE INDIVIDUALS LISTED IN PART VII THAT ARE PAID BY CHILDREN'S SURGICAL ASSOCIATES, LTD , ADMINISTRATIVE COMPENSATION PLAN SETS THE MEDIAN RATE AT OR ABOUT THE SEVENTY-FIFTH PERCENTILE OF THE MARKET FOR LIKE POSITIONS THE ANNUAL EVALUATION COMPONENT FOR MANAGEMENT AND SENIOR LEADERSHIP IS A BONUS OF UP TO TWENTY PERCENT OF BASE ADDITIONAL BONUSES MAY BE PROVIDED BASED ON PRODUCTIVITY/PERFORMANCE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19		FORM 990 AND FINANCIAL STATEMENTS ARE MADE AVAILABLE UPON REQUEST THE CONFLICTS OF INTEREST POLICY IS AVAILABLE ON THE CHILDREN'S HOSPITAL OF PHILADELPHIA'S WEBSITE

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME N SCOTT ADZICK MD TITLE CHAIRMAN, DIRECTOR HOURS 44

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RALPH WETMORE MD TITLE PRESIDENT, DIRECTOR HOURS 41

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DOUGLAS CANNING MD TITLE SECRETARY/TREASURER, DIRECTOR HOURS 41

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MONTE MILLS MD TITLE VICE PRESIDENT, DIRECTOR HOURS 41

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS L SPRAY MD TITLE ASST SECRETARY HOURS 41

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME J WILLIAM GAYNOR MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN FLYNN MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THEODORE GANLEY MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LESLIE SUTTON MD TITLE ASST SECRETARY HOURS 41

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME KEN KAZAHAYA MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME IAN JACOBS MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME SCOTT BARTLETT MD TITLE ASST SECRETARY HOURS 41

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JOHN P DORMANS MD TITLE ASST SECRETARY HOURS 41

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LAWRENCE TOM MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STEVEN HANDLER MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME RICHARD DAVIDSON MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL CARR MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME WILLIAM POTSIC MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME ALAN FLAKE MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME EDWARD DOOLIN MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL NANCE MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME JAMES KATOWITZ MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BEN CHANG MD TITLE ASST SECRETARY HOURS 21

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME HOLLY HEDRICK MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STEPHEN ZDERIC MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MARK JOHNSON MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DAVID LOW MD TITLE ASST SECRETARY HOURS 21

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME MICHAEL BEBBINGTON MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME HOWARD SNYDER MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LINTON WHITAKER MD TITLE ASST SECRETARY HOURS 19

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME GRAHAM QUINN MD TITLE ASST SECRETARY HOURS 27

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LINDA FLOCCO TITLE EXECUTIVE DIRECTOR HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS CONCANNON TITLE DIRECTOR OF FINANCE HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DEIRDRE BRACISZEWSKI TITLE CONTROLLER HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DON LAROSSA MD TITLE ASST SECRETARY HOURS 21

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME DENIS DRUMMOND MD TITLE Asst Secretary HOURS 27

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PETER MATTEI MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME THOMAS KOLON MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PHILIP STORM MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME PASQUALE CASALE MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME BRIAN FORBES MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LAWRENCE WELLS MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME STEVEN SOBOL MD TITLE ASST SECRETARY HOURS 40

Identifier	Return Reference	Explanation
HOURS DEVOTED FOR RELATED ORGANIZATION	FORM 990 PART VII	NAME LARRY LEVIN MD TITLE ASST SECRETARY HOURS 40

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493130017833

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Children's Surgical Associates of NJ Inc

Employer identification number
22-3348481

Part I **Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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.)

(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 organization	
						Yes	No
See Additional Data Table							

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization 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 **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to related organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from related organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for related organization(s)	**1d**	**No**
e	Loans or loan guarantees by related organization(s)	**1e**	**No**
f	Sale of assets to related organization(s)	**1f**	**No**
g	Purchase of assets from related organization(s)	**1g**	**No**
h	Exchange of assets with related organization(s)	**1h**	**No**
i	Lease of facilities, equipment, or other assets to related organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from related organization(s)	**1j**	**Yes**
k	Performance of services or membership or fundraising solicitations for related organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by related organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	**1m**	**Yes**
n	Sharing of paid employees with related organization(s)	**1n**	**Yes**
o	Reimbursement paid to related organization(s) for expenses	**1o**	**Yes**
p	Reimbursement paid by related organization(s) for expenses	**1p**	**Yes**
q	Other transfer of cash or property to related organization(s)	**1q**	**No**
r	Other transfer of cash or property from related organization(s)	**1r**	**No**

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 22-3348481
Name: Children's Surgical Associates of NJ Inc

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 501(c)(3))	(f) Direct Controlling Entity	g Section 512(b)(13) controlled organization	
CHOP FOUNDATION 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 19104 23-2237932	SUPPORT	PA	501(C)(3)	7	NA		No
THE CHILDREN'S HOSPITAL OF PHILADELPHIA 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 19104 23-1352166	HEALTHCARE	PA	501(C)(3)	3	CHOP FND		No
CHILDREN'S SURGICAL ASSOCIATES LTD 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 19104 23-2589322	HEALTHCARE	PA	501(C)(3)	9	CHOP		No
SURGICAL ASSOCIATES RESEARCH & EDUCATION 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 19104 23-2181768	RESEARCH	PA	501(C)(3)	11 III - F1	CHOP		No
RADIOLOGY ASSOCIATES OF CHOP 100 PENN SQUARE EAST PHILADELPHIA, PA 19107 23-2665855	HEALTHCARE	PA	501(C)(3)	9	CHOP		No
CHILDREN'S HEALTH CARE ASSOCIATES INC 100 PENN SQ E 9TH FL PHILADELPHIA, PA 19107 22-2785804	HEALTHCARE	PA	501(C)(3)	9	CHOP		No
CHILDREN'S HEALTH CARE ASSOCIATES OF NJ 51 HADDONFIELD ROAD CHERRY HILL, NJ 08002 23-3036699	HEALTHCARE	NJ	501(C)(3)	9	CHOP		No
CHILDREN'S ANESTHESIOLOGY ASSOC OF NJ 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 19104 22-3405673	HEALTHCARE	NJ	501(C)(3)	9	CHOP		No
CHILDREN'S ANESTHESIOLOGY ASSOC LTD 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 19104 23-2592835	HEALTHCARE	PA	501(C)(3)	9	CHOP		No
PGH DEVELOPMENT CORPORATION 426 CURIE BLVD PHILADELPHIA, PA 19104 23-2351015	SUPPORT	PA	501(C)(3)	11 III - F1	NA		No
FIRST MEDICAL INSURANCE COMPANY (RRG) C/O MARSH MANAGEMENT SERVICES BURLINGTON, VT 05401 01-0719207	SELF INSURANC	VT	501(C)(3)	11 III - F1	CHOP		No
CHOP PRACTICE ASSOCIATION 34TH ST CIVIC CENTER BLVD PHILADELPHIA, PA 19104 23-2311482	HEATHCARE	PA	501(C)(3)	9	CHOP		No
CHOP CLINICAL ASSOCIATES INC C/O CHOP 34TH ST CIVIC CTR PHILADELPHIA, PA 19104 22-3548970	HEALTHCARE	NJ	501(C)(3)	9	CHOP		No

Additional Data

Software ID:
Software Version:
EIN: 22-3348481
Name: Children's Surgical Associates of NJ Inc

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	(C) Position (check all that apply)						(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			
N SCOTT ADZICK MD CHAIRMAN, DIRECTOR	10	X		X				0	1,333,262	139,522
RALPH WETMORE MD PRESIDENT, DIRECTOR	10	X		X				0	1,000,465	30,765
DOUGLAS CANNING MD SECRETARY/TREASURER, DIRECTOR	10	X		X				0	662,715	142,328
MONTE MILLS MD VICE PRESIDENT, DIRECTOR	10	X		X				0	448,538	43,592
THOMAS L SPRAY MD ASST SECRETARY	10			X				0	1,686,932	538,675
J WILLIAM GAYNOR MD ASST SECRETARY	10			X				0	1,548,886	142,877
JOHN FLYNN MD ASST SECRETARY	10			X				0	1,300,273	46,199
THEODORE GANLEY MD ASST SECRETARY	10			X				0	871,194	43,019
LESLIE SUTTON MD ASST SECRETARY	10			X				0	978,207	32,745
KEN KAZAHAYA MD ASST SECRETARY	10			X				0	944,921	40,283
IAN JACOBS MD ASST SECRETARY	10			X				0	939,076	44,710
SCOTT BARTLETT MD ASST SECRETARY	10			X				0	1,463,519	44,713
JOHN P DORMANS MD ASST SECRETARY	10			X				0	1,266,152	42,985
LAWRENCE TOM MD ASST SECRETARY	10			X				0	820,831	38,737
STEVEN HANDLER MD ASST SECRETARY	10			X				0	804,960	41,009
RICHARD DAVIDSON MD ASST SECRETARY	10			X				0	697,489	43,019
MICHAEL CARR MD ASST SECRETARY	10			X				0	590,780	143,945
WILLIAM POTSIC MD ASST SECRETARY	10			X				0	565,362	43,114
ALAN FLAKE MD ASST SECRETARY	10			X				0	595,852	142,797
EDWARD DOOLIN MD ASST SECRETARY	10			X				0	646,780	42,877
MICHAEL NANCE MD ASST SECRETARY	10			X				0	650,566	27,641
JAMES KATOWITZ MD ASST SECRETARY	10			X				0	552,214	12,861
BEN CHANG MD ASST SECRETARY	10			X				0	560,355	0
HOLLY HEDRICK MD ASST SECRETARY	10			X				0	504,263	43,859
STEPHEN ZDERIC MD ASST SECRETARY	10			X				0	427,765	43,844

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	(C) Position (check all that apply)						(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			
MARK JOHNSON MD ASST SECRETARY	1 0			X				0	431,113	45,769
DAVID LOW MD ASST SECRETARY	1 0			X				0	431,658	0
MICHAEL BEBBINGTON MD ASST SECRETARY	1 0			X				0	323,171	31,031
HOWARD SNYDER MD ASST SECRETARY	1 0			X				0	119,737	32,134
LINTON WHITAKER MD ASST SECRETARY	1 0			X				0	116,640	772
GRAHAM QUINN MD ASST SECRETARY	1 0			X				0	200,199	40,781
LINDA FLOCCO EXECUTIVE DIRECTOR	1 0			X				0	210,268	30,006
THOMAS CONCANNON DIRECTOR OF FINANCE	1 0			X				0	153,727	26,168
DEIRDRE BRACISZEWSKI CONTROLLER	1 0			X				0	126,361	26,839
DON LAROSSA MD ASST SECRETARY	1 0			X				0	17,057	396
DENIS DRUMMOND MD Asst Secretary	1 0			X				0	50,000	4,188
PETER MATTEI MD ASST SECRETARY	1 0			X				0	531,162	44,999
THOMAS KOLON MD ASST SECRETARY	1 0			X				0	414,068	44,210
PHILIP STORM MD ASST SECRETARY	1 0			X				0	822,417	41,094
PASQUALE CASALE MD ASST SECRETARY	1 0			X				0	706,402	142,693
BRIAN FORBES MD ASST SECRETARY	1 0			X				0	355,086	40,489
LAWRENCE WELLS MD ASST SECRETARY	1 0			X				0	576,934	47,819
STEVEN SOBOL MD ASST SECRETARY	1 0			X				0	22,917	1,895
LARRY LEVIN MD ASST SECRETARY	1 0			X				0	185,062	0