** Public Inspection Copy **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 1 2 Z **Open to Public** . Inspection

Depai Intern	rtment of al Reveni	the Treasury be Service Go to www.irs.gov/Form990 for instructions and	d the latest	information.	Inspection
			ending		
	heck if pplicable:	C Name of organization		D Employer identifica	ation number
X	Address	CHILDREN'S SURGERY INTERNATIONAL			
-	Name change	Doing business as			
	Initial return	E Telephone number			
	Final return/	Number and street (or P.O. box if mail is not delivered to street address) 99 5TH AVENUE NW	100	612-746-4082	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	372,886.
	Amende return	NEW BRIGHTON, MN 55112		H(a) Is this a group ret	urn
	Applica tion	F Name and address of principal officer: Mildan STARKS		for subordinates?	Yes X No
	pending			H(b) Are all subordinates incl	uded? Yes No
		npt status: X 501(c)(3) 501(c)()◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a lis	st. See instructions
		CHILDRENSSURGERYINTL.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other ►	L Year	of formation: 2001 M	State of legal domicile: MN
Pa		Summary			
é		Briefly describe the organization's mission or most significant activities: TO PRO		TALIZED MEDICAL	
anc	-	ND SURGICAL SERVICES AND TO PROMOTE IN-COUNTRY SELF-SUFFICI			
Governance		Check this box F if the organization discontinued its operations or dispose		1 1	ts. 17
30					17
		lumber of independent voting members of the governing body (Part VI, line 1b)			3
ties		otal number of individuals employed in calendar year 2021 (Part V, line 2a)			70
Activities &		otal number of volunteers (estimate if necessary)			0.
Ac		let unrelated business taxable income from Form 990-T, Part I, line 11			0.
			<u></u>	Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)		624,819.	297,593.
Revenue		Program service revenue (Part VIII, line 2g)		19,520.	3,000.
ver		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		75,359.	58,219.
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-53,113.	-28,110.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		666,585.	330,702.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
s		Galaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		136,127.	134,720.
ıse	16 a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses			303.		
ŵ	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		177,289.	49,186.
	18 7	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		313,416.	183,906.
		Revenue less expenses. Subtract line 18 from line 12		353,169.	146,796.
t Assets or d Balances			Be	ginning of Current Year	End of Year
sets alar	20 T	otal assets (Part X, line 16)		1,151,466.	1,319,089.
st As		otal liabilities (Part X, line 26)		0.	20,827.
Eund		let assets or fund balances. Subtract line 21 from line 20		1,151,466.	1,298,262.
	rt II	Signature Block			
		ies of perjury, I declare that I have examined this return, including accompanying schedules			nowledge and belief, it is
true,	correct	and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
_		Signature of officer		Data	
Sigr		, -		Date	
Here	e	MEGAN SPARKS, EXECUTIVE DIRECTOR Type or print name and title			
)ata	DTIN

	Print/Type prepare	r's name	Preparer's signature		Dale	Gneck	FIIN	
Paid	HEIDI TATRO		HEIDI TATRO		10/03/22	self-employed	P01591796	
Preparer	Firm's name	CLIFTONLARSONALLEN LLP			Firr	n's EIN 🕨 👍	1-0746749	
Use Only	Firm's address 🕨	220 S 6TH STREET, SUITE	300					
		MINNEAPOLIS, MN 55402			Pho	one no.612-37	6-4500	
May the IF	RS discuss this ret	turn with the preparer shown abo	ve? See instructions				X Yes	No
132001 12-0	9-21 LHA For	Paperwork Reduction Act Notic	ce, see the separate in	structions.			Form 990) (2021)

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Form **99(**

	990 (2021) CHILDREN'S SURGERY INTERNATIONAL	41-2013	739 Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission: CHILDREN'S SURGERY INTERNATIONAL (CSI) PROVIDES FREE PEDIATRIC MEDICAL		
	AND SURGICAL SERVICES, ALONG WITH PROFESSIONAL EDUCATION AND TRAINING		
	TO COMMUNITIES IN NEED AROUND THE WORLD.		
2	Did the organization undertake any significant program services during the year which were not lis	ted on the	
2	prior Form 990 or 990-EZ?		Yes X 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 progra	am services?	Yes X No
4	If "Yes," describe these changes on Schedule O.	a convision of management by	0,000000
4	Describe the organization's program service accomplishments for each of its three largest program Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and alloca		
	revenue, if any, for each program service reported.		penses, and
4a	(Code:) (Expenses \$25, 307. including grants of \$	0.) (Revenue \$	0.)
	CSI ONLINE EDUCATION SERIES: THE CSI ONLINE EDUCATION SERIES CONTINUED	/ (norondo +	/
	IN 2021 TO ALLOW OPPORTUNITIES FOR CSI VOLUNTEERS TO CONNECT WITH OUR		
	PARTNERS AROUND THE WORLD TO TRANSFER KNOWLEDGE AND SUSTAIN		
	RELATIONSHIPS. TEN WEBINAR SESSIONS WERE ATTENDED BY OUR PARTNERS IN		
	ETHIOPIA, LIBERIA AND ZAMBIA.		
4b	(Code:) (Expenses \$ 25, 307. including grants of \$	0.) (Revenue \$	0.)
40	SAFE RETURN TO TRAVEL COVID PLANNING: MEDICAL AND NONMEDICAL VOLUNTEERS) (Revenue \$	<u> </u>
	WORKED OVER THE YEAR TO DEVELOP NEW SAFETY PROTOCOLS AND TRIP LOGISTICS		
	TO ALLOW FOR A SAFE RETURN TO TRAVEL		
4c	(Code:) (Expenses \$ 25,306. including grants of \$	0. (Revenue \$	3,000.)
	PLANNING AND PRESCREENING FOR FIRST TRIP IN LIGHT OF COVID PANDEMIC: A		
	TEAM OF VOLUNTEERS WORKED WITH PARTNERS TO PLAN FOR OUR FIRST TRIP		
	SINCE THE PANDEMIC. THIS INCLUDED PRESCREENING 20+ PATIENTS FOR		
	SURGERY.		
4d	Other program services (Describe on Schedule O.)		
_	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 75,920.		
			Form 990 (2021)
132002	12-09-21		
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CHILDREN'S SURGERY INTERNATIONAL Form 990 (2021) CHILDREN'S SURGERY
Part IV Checklist of Required Schedules

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			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		x
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		x
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		x
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		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
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		x
с	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		x
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		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
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		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			1
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			1
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			1
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		x
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	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			1
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		x
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		X
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Form 990 (2021) CHILDREN'S SURGER CHILDREN'S SURGERY INTERNATIONAL

Fai	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
С	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		
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
5	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		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
•	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	200		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	07		x
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	x	
Par		100		
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a		2		
	Litter the number of rollins wind included of the ra. Litter of it not applicable	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	990	(00001
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Form	990 (2021) CHILDREN'S SURGERY INTERNATIONAL 41-201373 t V Statements Regarding Other IRS Filings and Tax Compliance (continued) 41-201373	9	P	age 5
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		100	110
	filed for the calendar year ending with or within the year covered by this return 2a 3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	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		х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		Х
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).			
а	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	х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-		
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)	10		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-		
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	-		
	Enter the amount of reserves on hand			v
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			v
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
4-	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4-		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069. 12-09-21 11	F -	9 90	(000 1)
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	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	ction 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 1a17	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 17	-		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a				
	more members of the governing body?	7a		X
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	• • • •	<u>8a</u>	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		X
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 on Schedule O	9		X
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		X
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	, , , , , , , , , , , , , , , , , , , ,	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?	45		v
	The organization's CEO, Executive Director, or top management official	15a		X X
b	Other officers or key employees of the organization	15b		
10-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
168	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	10-		x
	taxable entity during the year?	<u>16a</u>		
D	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	101		
Sec	exempt status with respect to such arrangements?	16b		
	List the states with which a copy of this Form 990 is required to be filed MN			
17				
40	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3): for public inspection. Indicate how you made these available. Check all that apply.	s only)	avalla	oie
18				
18	X Own website Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schodule O whether (and if so, how) the expension made its governing desumants, conflict of interest active		Jai	
18 19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan		
19	statements available to the public during the tax year.	d finan		
	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records			
19	statements available to the public during the tax year.			

Form 990 (2	021) CHILDREN'S SURGERY INTERNATIONAL	41-2013739	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complet	e this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organizatior	n's tax year.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless pers		person is both an			compensation	compensation	amount of
	week		officer and a director/trustee)		from	from related	other			
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	truste		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) MEGAN SPARKS	25.00				Ť	1 0	<u> </u>			
EXECUTIVE DIRECTOR		1		x				60,000.	0.	0.
(2) SIVA CHINNADURAI	2.00									
CHAIR		х		х				0.	0.	0.
(3) AMY FISCHER	1.00									
CO-CHAIR		Х		Х				0.	0.	0.
(4) PETER FALKER	1.00									
TREASURER		Х		х				0.	0.	0.
(5) NEAL PETERSON	1.00									
SECRETARY		Х		X				0.	0.	0.
(6) DAVID TETZLAFF	1.00									
MEDICAL DIRECTOR				Х				0.	0.	0.
(7) DOROTHY BARR	1.00									
DIRECTOR		Х						0.	0.	0.
(8) JASON DESHAW	1.00									
DIRECTOR		Х						0.	0.	0.
(9) KAREN HICK	1.00									
DIRECTOR		Х						0.	0.	0.
(10) LORA KOPPEL	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MELANIE MCCALL	1.00									
DIRECTOR		Х						0.	0.	0.
(12) CONRAD NGUYEN	1.00									
DIRECTOR		Х						0.	0.	0.
(13) LYNN RANDALL	1.00									
DIRECTOR		Х						0.	0.	0.
(14) BRIANNE ROBY	1.00									
DIRECTOR		Х						0.	0.	0.
(15) ZINDA SCHAEFER	1.00									
DIRECTOR		Х						0.	0.	0.
(16) LINDA SEDGWICK	1.00									
DIRECTOR		х						0.	0.	0.
(17) TODD STINSON	1.00									
DIRECTOR		Х						٥.	0.	0.
132007 12-00-21										Form 990 (2021)

132007 12-09-21

Form 990 (2021)

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Form 990 (2021) CHILDREN'S SU	JRGERY INTE	RNA	TIO	NAL					41-203	13739	9	Р	'age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
(A)	(B)				C)			(D)	(E)			(F)	
Name and title	Average			Pos	ition			Reportable	Reportable		F	stimate	ed
	hours per					than c s both		compensation	compensation	n I		nount	
	week					r/trus		from	from related	I		other	
	(list any	tor						the	organizations	I	com	pensa	
	hours for	direc				-		organization	(W-2/1099-MIS			om th	
	related	e or	stee			nsate		(W-2/1099-MISC/	1099-NEC)			anizat	
	organizations	ruste	Itra		/ee	mper		1099-NEC)			•	d relat	
	below	dual t	ltion		lploy	st co iyee	5	,				anizati	
	line)	ndividual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				5		
(18) DAVID VANDERSTEEN	1.00	_	-		×	1 0	-						
DIRECTOR		x						0.		٥.			Ο.
(19) NORIE WILSON	1.00							·.		<u> </u>			
	1.00												•
DIRECTOR		х						0.		0.			0.
(20) JAMES ZIMMERMAN	1.00												
DIRECTOR		Х						٥.		0.			0.
		1											
										-+			
			<u> </u>			-				\rightarrow			
										$ \rightarrow $			
		1											
										-+			
								60,000.		0.			0.
1b Subtotal													
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								60,000.		0.			0.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				
compensation from the organization													0
												Yes	No
3 Did the organization list any former officer,	director. trust	ee. k	ev e	ampl	ove	e. or	hia	hest compensated emp	lovee on	ſ			
line 1a? If "Yes," complete Schedule J for s	-			•	-		Ŭ	•	•		3		x
For any individual listed on line 1a, is the su										····	<u> </u>		
													x
and related organizations greater than \$150										·····	4		
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or sı	ıch r	oers	on .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nder	nt co	ontra	actor	rs th	nat received more than \$	100,000 of comp	ensat	ion fro	om	
the organization. Report compensation for t	the calendar ye	ear e	endir	ng w	ith c	or wit	thin	the organization's tax y	ear.				
(A)								(B)			(0))	
Name and business	address	NO	NE					Description of s	ervices	С		nsatio	n
							_						
							_						
										_			
2 Total number of independent contractors (ir	actuding but p	nt lin	nitor	1 to 1	thor		tod	above) who received m	ore than				
		JUII	inte() D	.eu	above, who received me					
\$100,000 of compensation from the organiz	Lauon 🗩					-							

Form **990** (2021)

132008 12-09-21

		(2021) CHILDREN'S SURGERY	INTERNATIONAL	L		41-201373	9 Page 9
Pa	rt VI	II Statement of Revenue					
		Check if Schedule O contains a response of	or note to any line		(5)	(<u>)</u>	
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	k						
ng G	c		28,648.				
àifts ar A	c	Related organizations 1d					
s, G mila	e						
iöi	f	All other contributions, gifts, grants, and					
the		similar amounts not included above 1f	268,945.				
dOtri	ç	Noncash contributions included in lines 1a-1f					
S e	ł	Total. Add lines 1a-1f	>	297,593.			
			Business Code				
e	2 8	TEAM FEES	900099	3,000.	3,000.		
e vic	k						
n Se	c						
Program Service Revenue	c	I					
бg	e						
٩	f	1 0					
				3,000.			
	3	Investment income (including dividends, interes		E9 010			E9 010
		other similar amounts)		58,219.			58,219.
	4	Income from investment of tax-exempt bond pr	· · · ·				
	5	Royalties	(ii) Personal				
	6.4		(ii) i cisonai				
	6 a						
	k						
		· · · · · ·					
		Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ł	Less: cost or other basis					
e	-	and sales expenses 7b					
venue	c	Gain or (loss)					
d)		Net gain or (loss)					
Other R		Gross income from fundraising events (not					
đ		including \$ 28,648. of					
		contributions reported on line 1c). See					
		Part IV, line 18	12,400.				
	k	b Less: direct expenses 8b	40,586.				
		Net income or (loss) from fundraising events	►	-28,186.			-28,186.
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a	1,600.				
		9 Less: direct expenses	0.	4 606			1 (0)
		Net income or (loss) from gaming activities	▶	1,600.			1,600.
	10 a	Gross sales of inventory, less returns	74				
		and allowances 10a					
		Less: cost of goods sold10b	±,550.	-1,524.			-1,524.
-	(Net income or (loss) from sales of inventory	Business Code	1,524.			1,524.
sn	11 -		Dusiness Ould				
oeu	11 a k						
cellaneo Revenue	с С						
Miscellaneous Revenue		All other revenue					
Σ		• Total. Add lines 11a-11d					
	12	Total revenue. See instructions		330,702.	3,000.	0.	30,109.
132009	9 12-0		i	-	-		Form 990 (2021)

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Form 990 (2021) CHILDREN'S SURGERY INTERNA Part IX Statement of Functional Expenses CHILDREN'S SURGERY INTERNATIONAL

	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	60,000.	24,000.	18,000.	18,000
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	64,867.	25,947.	19,460.	19,460
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
	Payroll taxes	9,853.	3,941.	2,956.	2,956
1	Fees for services (nonemployees):				
а	Management				
	Legal				
	Accounting	2,258.	903.	678.	67
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
-	column (A), amount, list line 11g expenses on Sch 0.)	1,100.	440.	330.	330
2	Advertising and promotion				
	Office expenses	16,296.	6,518.	4,889.	4,889
	Information technology	13,362.	5,344.	4,009.	4,009
	Royalties				· · · ·
	Occupancy	4,598.	4,598.		
	Travel		,		
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
0	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization				
3	Insurance	7,868.	3,147.	2,361.	2,360
	Other expenses. Itemize expenses not covered	, -	, -	,	,
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	2,622.			2,622
-	MISSION SUPPLIES	559.	559.		2,521
~	EQUIPMENT	382.	382.		
•	FREIGHT	141.	141.		
ŭ		±±±.			
	All other expenses	183,906.	75,920.	52,683.	55,303
	Total functional expenses. Add lines 1 through 24e	103,900.	, , , , , , , , , , , , , , , , , , , ,	52,005.	55,50.
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

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2021.04030 CHILDREN'S SURGERY INTERN 053-2061

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Form 990 (2021) CHILDREN'S SURGERY INTERNATIONAL
Part X	Balance Sheet
	Check if Schedule O contains a response or note to any line in this Part X
1	Cash - non-interest-bearing
2	Savings and temporary cash investments
3	Pledges and grants receivable, net
4	Accounts receivable, net

		Check in Schedule O contains a response of hot	o to any i		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			207,133.	1	323,016.
	2	Savings and temporary cash investments			241,672.	2	442,231.
	3	Pledges and grants receivable, net	236,572.	3	30,093.		
	4	Accounts receivable, net	· · · · ·	4			
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				5	
	6	Loans and other receivables from other disqualif					
	-	under section 4958(f)(1)), and persons described		6			
6	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,000.	8	3,000.
As	9	Prepaid expenses and deferred charges			18,290.	9	18,290.
		Land, buildings, and equipment: cost or other			,		, ,
		basis. Complete Part VI of Schedule D	10a	141,263.			
	h	Less: accumulated depreciation		141,263.	0.	10c	0.
	11	Investments - publicly traded securities		/	444,799.	11	502,459.
	12	Investments - other securities. See Part IV, line 1	1	12			
	13	Investments - program-related. See Part IV, line -		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	1,151,466.	16	1,319,089.		
	17	Accounts payable and accrued expenses	0.	17	927.		
	18	Grants payable		18			
	19	Deferred revenue	0.	19	19,900.		
	20	Tax-exempt bond liabilities		20	· · · ·		
	21	Escrow or custodial account liability. Complete F				21	
	22	Loans and other payables to any current or form					
tie		trustee, key employee, creator or founder, subst					
Liabilities		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela		Γ		23	
	24	Unsecured notes and loans payable to unrelated		· · · · · · · · · · · · · · · · · · ·		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D		· .		25	
	26				0.	26	20,827.
		Organizations that follow FASB ASC 958, che					
ses		and complete lines 27, 28, 32, and 33.					
anc	27	Net assets without donor restrictions		1,151,466.	27	1,298,262.	
Bal	28	Net assets with donor restrictions		28			
pd		Organizations that do not follow FASB ASC 9					
Fu		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29			
set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			1,151,466.	32	1,298,262.
	33	Total liabilities and net assets/fund balances			1,151,466.	33	1,319,089.

Form **990** (2021)

132011 12-09-21

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total revenue (must equal Part VII, column (A), line 12) 1 2 Total expenses (must equal Part IX, column (A), line 25) 2 3 146,799 4 1,151,460 5 5 6 5 7 8 8 6 7 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances (explain on Schedule O) 9 0ther changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 0ther changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1, 298, 265 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 1 Accounting method used to prepare the Form 990: Cash	Form	1990 (2021) CHILDREN'S SURGERY INTERNATIONAL	41-201373	39	Pa	_{ge} 12	
1 Total revenue (must equal Part VIII, column (A), line 12) 1 330, 70: 2 Total expenses (must equal Part IX, column (A), line 25) 2 183, 90: 3 Revenue less expenses. Subtract line 2 from line 1 3 146, 79: 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1, 151, 46: 5 6 5 6 6 7 8 Prior period adjustments 6 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 1, 298, 26: 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 1, 298, 26: 7 10 1, 298, 26: 10 Part XIII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 0 1, 298, 26: 9 Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 11 Acc						2	
2 Total expenses (must equal Part IX, column (A), line 25) 183,900 3 Revenue less expenses. Subtract line 2 from line 1 3 146,790 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,151,460 5 6 6 7 6 7 7 6 7 7 6 7 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1, 298, 265 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0 1 10 1, 298, 265 10 1, 298, 265 10 1, 298, 265 9 0 10 1, 298, 265 10 1, 298, 265 10 1, 298, 265 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 16 the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X X		Check if Schedule O contains a response or note to any line in this Part XI					
2 Total expenses (must equal Part IX, column (A), line 25) 183,900 3 Revenue less expenses. Subtract line 2 from line 1 3 146,790 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,151,460 5 6 6 7 6 7 7 6 7 7 6 7 8 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1, 298, 265 9 0ther changes in net assets or fund balances (explain on Schedule O) 9 0 1 10 1, 298, 265 10 1, 298, 265 10 1, 298, 265 9 0 10 1, 298, 265 10 1, 298, 265 10 1, 298, 265 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 16 the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X X							
3 Revenue less expenses. Subtract line 2 from line 1 3 146,794 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,151,460 5 Net unrealized gains (losses) on investments 5 6 6 0nated services and use of facilities 6 7 7 8 Prior period adjustments 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,298,263 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,298,263 Part XII Financial Statements and Reporting 1 Yes N 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X If "Yes," chec	1	Total revenue (must equal Part VIII, column (A), line 12)	1		330,	702.	
3 Revenue less expenses. Subtract line 2 from line 1 3 146,794 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,151,460 5 5 6 6 6 6 0.00000000000000000000000000000000000	2	Total expenses (must equal Part IX, column (A), line 25)	2		183,	906.	
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 1,151,460 5 6 7 6 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,298,262 Part XII Financial Statements and Reporting 10 1,298,262 Check if Schedule O contains a response or note to any line in this Part XII Yes N 1 Accounting method used to prepare the Form 990: Cash X Accrual Other, " explain on Schedule O. 2a Were the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X	3		3		146,	796.	
6 Donated services and use of facilities 7 6 7 Investment expenses 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,298,261 11 Accounting method used to prepare the Form 990: 12 Cash 12 Accrual 13 Accounting method used to prepare the Form 990: 14 Cash 15 Accrual 16 1 17 1 20 20 21 22 22 23 23 24 24 24 25 24	4		4	1	,151,	466.	
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 1,298,265 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Cash X Accrual Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? 2b X	5	Net unrealized gains (losses) on investments	5				
7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 10 1,298,265 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: 1 Cash X Accrual Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis b Were the organization's financial statements audited by an independent accountant? 2b X	6	Donated services and use of facilities	6				
 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1, 298, 263 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 	7		7				
 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 1,298,265 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? 2b X 	8		8				
10 1,298,263 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes N 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Vers N 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Vers N 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Vers N 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis 2b X b Were the organization's financial statements audited by an independent accountant? 2b X	9		9			٥.	
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Vere the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis 2a X b Were the organization's financial statements audited by an independent accountant? 2b X	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
Check if Schedule O contains a response or note to any line in this Part XII Yes N 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves N 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Ves N 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis 2a X b Were the organization's financial statements audited by an independent accountant? 2b X		column (B))					
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 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a If the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b					Yes	No	
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2a X b Were the organization's financial statements audited by an independent accountant? 2b X	1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: If the the organization is financial statements audited basis If "Yes," check a box below to indicate whether the financial statements are basis, consolidated basis, or both: If the the organization is financial statements audited basis If the the organization is financial statements audited by an independent accountant? If the the organization is financial statements audited basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
separate basis, consolidated basis, or both: Image: Separate basis Image: Separate basis	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х	
Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b		If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a				
b Were the organization's financial statements audited by an independent accountant?		separate basis, consolidated basis, or both:					
		Separate basis Consolidated basis Both consolidated and separate basis					
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,	b	· · · · · · · · · · · · · · · · · · ·				X	
		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
consolidated basis, or both:							
Separate basis Consolidated basis Both consolidated and separate basis		Separate basis Consolidated basis Both consolidated and separate basis					
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,	С						
review, or compilation of its financial statements and selection of an independent accountant?		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 on Schedule O.		f the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
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	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	igle Audit			1	
				3a		X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b					1	
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2021)

Department of the Treasury Internal Revenue Service

(Form 990)

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047	
2021	

Nan	ne of t	he organization							identification number	
_			EN'S SURGERY IN						41-2013739	
Pa	irt I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	IS.		
The	organ	ization is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	in sectio	n 170(b) (1	1)(A)(i).			
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)								
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).			
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	on 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). (C	Complete Part II.)							
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).			
7	\square	An organization that norma	-					ne general r	oublic described in	
		section 170(b)(1)(A)(vi). (C	-		5			5 1		
8		A community trust describe		1)(A)(vi). (Complete Par	EIL)					
9	\square	An agricultural research org				ed in coniu	unction with a	land-grant	college	
Ũ		or university or a non-land-g	-			-		-	-	
		university:	frank conogo or agino			lamo, ony	, and state of	and domogo		
10	X	An organization that norma	Ilv receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns membersh	in fees and	aross receipts from	
		activities related to its exem						•	•	
		income and unrelated busir		-					-	
		See section 509(a)(2). (Con				000 00401		janization a		
11		An organization organized a	-	vely to test for public sat	atv See	section 5(19(a)(4)			
12	\square	An organization organized a	-	•	•			rny out the	nurnoses of one or	
12		more publicly supported or	-	-				•		
			-							
_		lines 12a through 12d that	• •					-	niu in a	
a		Type I. A supporting orga	-	-	• • • •	-				
		the supported organization			majority d	or the direc	cors or truste	es or the su	ipporting	
	_	organization. You must o	-							
b		Type II. A supporting org	-				•		-	
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	oorted	
		organization(s). You mus	-							
C		Type III functionally inte	• •					ly integrate	d with,	
		its supported organization		-						
C		Type III non-functionally						-		
		that is not functionally int			•		-	l an attentiv	reness	
		requirement (see instructi								
e		Check this box if the orga	anization received a v	written determination from	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally integrated, or	Type III non-function	nally integrated supporting	ng organiz	ation.				
f	Ente	er the number of supported o	organizations							
<u> </u>		vide the following information			(iv) Is the ora:	anization listed				
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount o support (see in	-	(vi) Amount of other support (see instructions)	
		organization		above (see instructions))	Yes	No	support (see ii	Istructions)	support (see instructions)	
								ľ		
								ľ		
Tota	al									
LHA	For P	aperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	132021 01-	04-22	Sche	dule A (Form 990) 2021	

	A (Form 990)) 2021
Part II	Suppor	t Sc

Support Schedule for Organizations Described in Sections 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.)

See	ction A. Public Support			-	_	_	-			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")									
2	Tax revenues levied for the organ-									
	ization'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	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.									
See	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4									
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10									
12										
13										
	organization, check this box and stop									
See	ction C. Computation of Publi	<u>c Support Per</u>	rcentage			<u> </u>				
14	Public support percentage for 2021 (I	ine 6, column (f), c	livided by line 11,	column (f))		14	%			
15										
16a	16a 33 1/3% support test - 2021. 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	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box									
	and stop here. The organization qual									
17a	10% -facts-and-circumstances test	-	-							
	and if the organization meets the fact					VI how the organiz	zation			
_	meets the facts-and-circumstances te	-								
b	10% -facts-and-circumstances test	-	-				10% or			
	more, and if the organization meets th						. —			
	organization meets the facts-and-circu									
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a					
						Schedule A	(Form 990) 2021			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support **(a)** 2017 Calendar year (or fiscal year beginning in) 🕨 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 404,156. 482,253 725,912 624,819. 297,593 include any "unusual grants.") 2,534,733. 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the 20,470. 17,074. 37,544. organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 6,400. 9,292. 7,700 13,470. 36,862. Tax revenues levied for the organ-4 ization'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 411,856 488,653, 735,204 658,759, 314,667, 2,609,139. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 107,000 42,698 86,316 428,764. 75,204 739,982. 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 0. c Add lines 7a and 7b 107,000 42,698 86,316 428,764, 75,204 739 982 ,869,157. 1 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 (d) 2020 (e) 2021 (f) Total 9 Amounts from line 6 411,856 488,653 735,204 658,759 314,667 2,609,139. 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, 45,913 24,618 12,998 75,359, 58,219, 217,107. and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 45,913 24,618 12,998 75,359 58,219 217,107. c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 457,769. 513,271. 748,202. 734,118. 372,886, 2,826,246. 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► Section C. Computation of Public Support Percentage 66.14 % 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 72.19 16 Public support percentage from 2020 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage 7.68 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 % 17 6.05 18 Investment income percentage from 2020 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2021. 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 ► X 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 - 2020. 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 Schedule A (Form 990) 2021 132023 01-04-22

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^{2021.04030} CHILDREN'S SURGERY INTERN 053-2061

1

2

3a

3b

3c

4a

4b

4c

5a

5b

<u>5c</u>

6

7

8

9a

9b

9c

10a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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132024 01-04-21

| 10b | | Schedule A (Form 990) 2021

Schedule A (Form	n 990) 2021	
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CHILDREN'S SURGERY INTERNATIONAL

41-2013739 Page 5

> Yes No

1

2

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

Supporting Organi

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s)</i> effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	
2	Did the organization operate for the benefit of any supported organization other than the supported	

organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the superiod experience (1		

ation(s) organ Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to sat	sfy the Integral Par	t Test during the year	(see instructions).
	Check the DOX hext to the method that the organization used to sat	אין נוופ ווונפעומו רמו	l rest during the year	

- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. h

c [The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruc	tion <u>s).</u>
------------	--	---	--	-----------------

23

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard. 132025 01-04-22

3b Schedule A (Form 990) 2021

2a

2b

3a

Yes No

Part IV Supporting Organizations (continued)

Sche	edule A (Form 990) 2021 CHILDREN'S SURGERY INTERNATIONAL			41-2013739	Page 6	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgai	nizations			
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (<i>explain in</i> Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations mus					
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
a	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
C	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
_2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
_7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Y	'ear	
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functiona	ally integrat	ted Type III supporting or	ganization (see		

Schedule A (Form 990) 2021

132026 01-04-22

instructions).

Sched	lule A	(⊦orm	990) 20

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported							
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	ne organization is responsive						
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2021 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
		(i)	(ii)		(iii)			
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	IS	Distributable Amount for 2021			
_1	Distributable amount for 2021 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2021 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2021							
a	From 2016							
b	From 2017							
C	From 2018							
d	From 2019							
e	From 2020							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2021 distributable amount							
i	Carryover from 2016 not applied (see instructions)							
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2021 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
b	Applied to 2021 distributable amount							
C	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2021, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
a	Excess from 2017							
b	Excess from 2018							
C	Excess from 2019							
d	Excess from 2020							
е	Excess from 2021							

Schedule A (Form 990) 2021

132027 01-04-22

Schedule A	(Form 990) 2021 CHILDREN'S SURGERY INTERNATIONAL	41-2013739	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition	and 2; Part IV, Section , Section B, line 1e; Pa	с,
	(See instructions.)		
132028 01-04-2	2 26	Schedule A (Form 9	90) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2021

Employer identification number

CHI	LDREN'S SURGERY INTERNATIONAL	41-2013739
Organization type (check or	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions $e_{XClusively}$ for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an $e_{XClusively}$ religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \dots \blacktriangleright \$______

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

(a)	(b)	(c)	(d)			
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution			
1		\$51,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
2		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
3		\$21,648.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
4		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
5		\$10,000.	PersonXPayrollNoncash(Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
6		\$6,000.	Person X Payroll Noncash (Complete Part II for			

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

CHILDREN'S SURGERY INTERNATI	ONAL
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Schedule B (Form 990) (2021) Name of organization

Part I

Employer identification number

41 - 2013739

noncash contributions.) Schedule B (Form 990) (2021)

Page 2

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123452 11-11-21

15061003 131839 053-206155

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$5,400.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$5,200.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$5,100.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

Employer identification number

41-2013739

noncash contributions.) Schedule B (Form 990) (2021)

Noncash (Complete Part II for

26

15061003 131839 053-206155

2021.04030 CHILDREN'S SURGERY INTERN 053-2061

Name of organization

Part I

Schedule B (Form 990) (2021)

	3 (Form 990) (2021)		Page 3
Name of o	rganization		Employer identification number
CHILDREN	'S SURGERY INTERNATIONAL		41-2013739
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	f additional space is needed	l.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		- - - - \$\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		_ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions	
		_ _ _ _ \$	

123453 11-11-21

Schedule B (Form 990) (2021)

15061003 131839 053-206155

|--|

Name of or	ganization		Employer identification number
HILDREN	'S SURGERY INTERNATIONAL		41-2013739
Part III		a) through (e) and the following line ent charitable, etc., contributions of \$1,000 or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(b) Fulpose of gift		
_		(e) Transfer of gif	 t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(s) - a pose of gift		
ŀ	·	(e) Transfer of gif	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	[
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
F		(e) Transfer of gift	 t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
123454 11-11-	-21	I	Schedule B (Form 990) (202

	HEDULE D		al Financial Statements		OMB No. 1545-0047	
(Forr	n 990)	► Complete if the orga Part IV, line 6, 7, 8, 9, 10	anization answered "Yes" on Form 990, , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		ZUZ 1	
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest information.		Open to Public Inspection	
-	e of the organizat			Em	ployer identification number	
	-	CHILDREN'S SURGERY INTERNAT			41-2013739	
Pa		-	d Funds or Other Similar Funds or Ac	cour	nts. Complete if the	
	organizatio	on answered "Yes" on Form 990, Part IV, lin		(1-) [ale and atleas accounts	
	Tatal www.hawata		(a) Donor advised funds	(D) Fur	ids and other accounts	
1 2		nd of year of contributions to (during year)				
2		of grants from (during year)				
4		at end of year				
5			writing that the assets held in donor advised func	ds		
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No	
6	Did the organizati	on inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used o	nly		
			r donor advisor, or for any other purpose conferr	0		
Pa	impermissible priv		ganization answered "Yes" on Form 990, Part IV,			
1		servation easements held by the organization				
•		n of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	orically	important land area	
		of natural habitat	Preservation of a certi	,	•	
	Preservation	n of open space				
2			ied conservation contribution in the form of a co	nserva		
	day of the tax yea				Held at the End of the Tax Year	
				2a		
b	•			2b		
c d			ucture included in (a) after 7/25/06, and not on a historic structure	2c		
u	listed in the Nation			2d		
3			eased, extinguished, or terminated by the organi		during the tax	
	year 🕨	· · ·			U U	
4	Number of states	where property subject to conservation eas	sement is located			
5	Does the organiza	ation have a written policy regarding the per	iodic monitoring, inspection, handling of			
_		forcement of the conservation easements it				
6	Staff and voluntee	er hours devoted to monitoring, inspecting,	handling of violations, and enforcing conservatio	n ease	ements during the year	
7	Amount of expense		lling of violations, and enforcing conservation eas	somon	ts during the year	
•	► \$	ses meaned in monitoring, inspecting, hand		Serrieri	to during the year	
8		rvation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)		
	and section 170(h	ı)(4)(B)(ii)?	·····		Yes No	
9	In Part XIII, descri	be how the organization reports conservation	on easements in its revenue and expense statem	ient an	d	
			ote to the organization's financial statements that	at desc	cribes the	
Dai		counting for conservation easements.	Art, Historical Treasures, or Other S	imila	r Accate	
1 0		if the organization answered "Yes" on Form		, in the	- A35013.	
1 a			8, not to report in its revenue statement and bala	ance sl	heet works	
	•		blic exhibition, education, or research in furtherar			
			ncial statements that describes these items.			
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	e sheet	works of	
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	•	ing amounts relating to these items:				
				•	\$	
~	.,		nourse or other similar assets for financial asis	•	\$	
2		n received or held works of art, historical treation in the required to be reported under FASB A	asures, or other similar assets for financial gain, p SC 958 relating to these items:	provide	e	
а	-		SC 956 relating to these items.		\$	

b	Assets included in Form 990,	Part X
~		I UIC /

$\mbox{LHA}~$ For Paperwork Reduction Act Notice, see the Instructions for Form 990. 132051 10-28-21

Sche	dule D (Form 990) 2021 CHILDREN'S	SURGERY INTERNATIONA	۱L		41-2	013739	Pa	age 2
Par	t III Organizations Maintaining C	ollections of Art, Hist	torical Treasures, o	r Other S	imilar Asse	ts _{(contir}	nued)	
3	Using the organization's acquisition, accessi	on, and other records, chec	k any of the following tha	t make sign	ificant use of it	S		
	collection items (check all that apply):		, ,					
а	Public exhibition	d 🗌	Loan or exchange progr	am				
b	Scholarly research	e 🗌	Other					
c	Preservation for future generations	č 🛄						
_		alloctions and ovalain how t	how further the organizati	on'o ovomot				
4	Provide a description of the organization's co			-		π Λ Π.		
5	During the year, did the organization solicit of				-			1 • • -
Da	to be sold to raise funds rather than to be ma TIV Escrow and Custodial Arran					Yes		No
ια	reported an amount on Form 990, Pa		e organization answered	Yes" on Fo	orm 990, Part N	/, line 9, or		
-					li i al a al			
та	Is the organization an agent, trustee, custod				-	 .		٦
	on Form 990, Part X?				L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the following	table:			A		
						Amoun	t	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			_
2a	Did the organization include an amount on F	orm 990, Part X, line 21, for	escrow or custodial acco	ount liability?	?L	Yes		No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete	if the organization answered	I "Yes" on Form 990, Par	t IV, line 10.				
		(a) Current year (b)	Prior year (c) Two yea	ars back (d)	Three years bac	k (e) Four	r years	back
1a	Beginning of year balance							
b	Contributions							
с	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities							
· ·								
f	Administrative expenses							
g	End of year balance Provide the estimated percentage of the curr	L						
2			g, column (a)) neiù as.					
a L	Board designated or quasi-endowment							
D	Permanent endowment	%						
С		<u>%</u>						
	The percentages on lines 2a, 2b, and 2c sho							
3a	Are there endowment funds not in the posse	ession of the organization the	at are held and administe	red for the c	organization	ſ	<u> </u>	
	by:						Yes	No
	(i) Unrelated organizations							
	(ii) Related organizations					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ations listed as required on S	Schedule R?			3 b		
4	Describe in Part XIII the intended uses of the		funds.					
Par	t VI Land, Buildings, and Equipm	ient.						
	Complete if the organization answere	d "Yes" on Form 990, Part I	V, line 11a. See Form 990), Part X, line	e 10.			
	Description of property	(a) Cost or other	(b) Cost or other	(c) Accu	umulated	(d) Boo	k value	е
		basis (investment)	basis (other)	depre	ciation			
1a	Land							
	Buildings							
	Leasehold improvements							
	Equipment		141,263.		141,263.			٥.
e	Other		, ,					
	. Add lines 1a through 1e. (Column (d) must e		mn(R) line 10e)	1				٥.
1010		<u>iquai FUIIII 330, FAILA, COIUI</u>				le D (Forn	000	
					Schedu	רטרו) ע פ וו	1 990)	2021

Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	l-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	of year markat value
	(D) DOOK Value	(c) Method of Valuation. Cost of end	-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	•		
Part IX Other Assets.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) Description		(b) Book value
(1)	, .		
(2)			
(3)			
<u>(4)</u>			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes	" on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>)-/</u>			
(7)			
(7)			
(8)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2021

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Sche	dule D (Form 990) 2021 CHILDREN'S SURGERY INTERNATIONAL		41-2013739	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stater	nents With Reven	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.		
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With Exper	ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.	r - r	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
с	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Pa	t XIII Supplemental Information.			

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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SCHEDULE G	Suppleme	Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-0047						
(Form 990) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.						or if the	2021	
Department of the Treasury	C C	Attach to Form 990						Open to Public
Internal Revenue Service	Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.						Inspection	
Name of the organization Employer identification CHILDREN'S SURGERY INTERNATIONAL 41-2013739						lentification number 739		
	• • · · · · · · · · · · · · · · · · · ·							
· · ·	complete this part	ed funds through any of the followin	g activ	ities. (Check all that apply.			
a 📃 Mail solicitat	-	e 🔄 Solicita	tion of	non-g	overnment grants			
	email solicitations				nment grants			
c Phone solici		g 🛄 Special	fundra	using	events			
•		or oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or	
key employees list	ed in Form 990, P	art VII) or entity in connection with p	rofessi	onal fi	undraising services?		Y	es 🗌 No
b If "Yes," list the 10 compensated at let	•	viduals or entities (fundraisers) pursu organization.	ant to	agreei	ments under which th	ne fur	ndraiser is to	be
			(iii)	Did		(v)	Amount paid	(vi) Amount paid
(i) Name and addres or entity (fund		(ii) Activity	fùndr have c or con contribi	ustody	(iv) Gross receipts from activity		or retained by fundraiser ted in col. (i)	to (or retained by) organization
			Yes	No	-			
			1					
3 List all states in wh		n is registered or licensed to solicit o	contrib	utions	or has been notified	it is o	exempt from	registration
or licensing.								
LHA For Paperwork R	eduction Act Noti	ice, see the Instructions for Form §	990 or	990-E	Z.		Schedu	ile G (Form 990) 2021

CHILDREN'S SURGERY INTERNATIONAL

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CSI FRIENDS AND	CSI CRUISE ON LAKE		(add col. (a) through
			FAMILY CONCERT	MINNETONKA	1	col. (c)
~			(event type)	(event type)	(total number)	coi. (c))
nue						
Revenue	1	Gross receipts	22,271.	10,400.	8,377.	41,048
œ						
	2	Less: Contributions	12,271.	8,000.	8,377.	28,648
_	3	Gross income (line 1 minus line 2)	10,000.	2,400.		12,400
	4	Cash prizes				
	-	Noncoch prizes	3,700.		1,000.	4,700
s	5	Noncash prizes	5,700.		1,000.	±,700
nse	6	Rent/facility costs	3,016.	760.		3,776
xpe	v			•		
Direct Expenses	7	Food and beverages	4,125.	5,380.		9,505
Dire	-		,	,		,
	8	Entertainment	7,830.	600.		8,430
	9	Other direct expenses		3,339.	4,593.	14,175
	10	Direct expense summary. Add lines 4 through	O in a lange (a)		>	40,586
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			-28,186
Pa	rt I	II Gaming. Complete if the organization a	answered "Yes" on Form	n 990, Part IV, line 19, or r	eported more than	
		\$15,000 on Form 990-EZ, line 6a.	1			
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
enu				bingo/progressive bingo	() 5 5	col. (a) through col. (c)
Revenue						
-	1	Gross revenue				
	_					
es	2	Cash prizes				
enses						

bei	3	Noncash prizes					
Direct Expei	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes %	└── Yes %	└── Yes %		
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
9	Ent	ter the state(s) in which the organization condu	cts gaming activities:				
а	ls t	he organization licensed to conduct gaming ac	tivities in each of these	states?		Yes	No
b	lf "	No," explain:					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	erminated during the tax	year?	Yes	No
b	lf "	Yes," explain:					

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Schedule G (Form 990) 2021

Sch	nedule G (Form 990) 2021	CHILDREN'S SURGERY INTERNATIONAL	41-2013739	Page 3
11	Does the organization conduct ga	aming activities with nonmembers?	Yes	No
12	Is the organization a grantor, ben	eficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?		Yes	No
13	Indicate the percentage of gamin			
á	a The organization's facility		<u>13a</u>	%
				%
14	Enter the name and address of the	e person who prepares the organization's gaming/special events books and records	52	
	Name 🕨			
	Address 🕨			
15a	a Does the organization have a cor	tract with a third party from whom the organization receives gaming revenue? \dots	Yes	🗌 No
I		and the amount ► \$ and the amount of	Int	
		e third party \$		
(c If "Yes," enter name and address	of the third party:		
	Nama			
	Address			
16	Gaming manager information:			
	5 5			
	Name 🕨			
	Gaming manager compensation	\$		
	Description of services provided	•		
	Director/officer	Employee Independent contractor		
17	Mandatory distributions:			
		r state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?		Yes	No No
I	• •	required under state law to be distributed to other exempt organizations or spent in		
	organization's own exempt activi			
Pa	art IV Supplemental Infor	mation. Provide the explanations required by Part I, line 2b, columns (iii) and (v); a	and Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, a	s applicable. Also provide any additional information. See instructions.		
_				
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		33		

Part IV	Supplemental Information	(continued)
_		
		Schedule G (Form 990
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SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	-EZ	OMB No. 1545-0047
Name of the organization	CHILDREN'S SURGERY INTERNATIONAL		identification number
FORM 990, PART VI,	SECTION A, LINE 1A:		
THE EXECUTIVE COMM	ITTEE IS COMPRISED OF THE EXECUTIVE DIRECTOR, THE BOARD		
CHAIR, THE BOARD V	ICE CHAIR, SECRETARY, TREASURER, AND ONE MEDICAL BOARD		

MEMBER. THEY CAN ACT ON BEHALF OF THE BOARD IN-BETWEEN MONTHLY MEETINGS IF

A NEED ARISES.

FORM 990, PART VI, SECTION A, LINE 8B:

THE MEETINGS OF THE EXECUTIVE COMMITTEE ARE NOT DOCUMENTED BUT ANY ACTIONS

THEY TAKE ARE DOCUMENTED IN THE BOARD MINUTES OF THE PROCEEDING MEETING.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN INDEPENDENT PUBLIC ACCOUNTING FIRM USING

INFORMATION PROVIDED BY THE ORGANIZATION. ONCE A DRAFT OF THE RETURN IS

READY, THE BOARD OF DIRECTORS REVIEW BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY COVERS ALL DIRECTORS AND OFFICERS AS WELL

AS ANY EMPLOYEES WHO CAN INFLUENCE ACTIONS OF THE ORGANIZATION. AT THE

ANNUAL MEETING, THE CONFLICT OF INTEREST POLICY IS REVIEWED AND DIRECTORS

DISCLOSE CONFLICTS OF INTEREST. THE BOARD CHAIR AND EXECUTIVE DIRECTOR MEET

ANNUALLY WITH EACH DIRECTOR TO DISCUSS THE YEAR AND ANY CONCERNS THAT MIGHT

ARISE. SHOULD A CONFLICT OF INTEREST ARISE, THE BOARD WILL DISCUSS THE

MATTER WITHOUT THE PRESENCE OF THE INTERESTED PERSON AND DECIDE WHETHER THE

CONTEMPLATED TRANSACTION MAY BE AUTHORIZED. ALL DECISIONS ARE DOCUMENTED IN

THE BOARD MEETING MINUTES.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21

Schedule O (Form 990) 2021

2021.04030 CHILDREN'S SURGERY INTERN 053-2061

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lame of the organization	Employer identification numb
CHILDREN'S SURGERY INTERNATIONAL	41-2013739
DRM 990, PART VI, SECTION C, LINE 19:	
HE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTH	ERST POLICY,
ND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
ND FINANCIAL SIAIEMENIS AVAILABLE IO THE FUBLIC OFON REQUEST.	
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