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Form 990-EZ (2012)

C/O MICHAEL GOLDMAN

36-3778441

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	22	
23 Land and buildings	23	
24 Other assets (describe in Schedule O)	24	
25 Total assets	0.	0.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0.	0.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose?

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28	TO PROVIDE SUPPORT TO LURIE CHILDREN'S HOSPITAL OF CHICAGO, SPECIFICALLY RELATING TO THE MENTAL AND EMOTIONAL NEEDS OF CHILDREN PATIENTS.	28a
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
29		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30		
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)	
	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
DARLENE BIKSHORN				
DIRECTOR	0.00	0.	0.	0.
CARA FELD				
DIRECTOR	0.00	0.	0.	0.
ROB FELDGREBER				
DIRECTOR	0.00	0.	0.	0.
DALE GALFIELD				
DIRECTOR	0.00	0.	0.	0.
RAINA GERNSTETTER				
DIRECTOR	0.00	0.	0.	0.
MIKE GOLDMAN				
DIRECTOR	0.00	0.	0.	0.
DAN GUMBINER				
TREASURER	0.00	0.	0.	0.
DORI MEYERS				
DIRECTOR	0.00	0.	0.	0.
MIKKI NASATIR				
DIRECTOR	0.00	0.	0.	0.
MARC SMITH				
DIRECTOR	0.00	0.	0.	0.
KARLA GOLDMAN				
DIRECTOR	0.00	0.	0.	0.
MARY TRITSIS				
PRESIDENT	0.00	0.	0.	0.