Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the
end of the year may use this form

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

OMB No 1545-1150

2006

Open to Public Inspection

A F	or the	2006 calendar year	, or tax year beginning , 2006, and e	nding			, 20
B 0	heck if ap		C Name of organization		D Employ	er iden	tification number
	Address c	hange use IRS	GOLDEN LINK FOUNDATION , INC.		58		1649965
	Name cha	inge print or	Number and street (or P O box, if mail is not delivered to street address)	Room/suite	E Telepho	ne nur	
	Initial retur	m type.				_	
□ '	Final retun	n See Specific	211 EAST ONTARIO STREET	#1010	(800		514-7037
=	Amended	return Instruc-	City or town, state or country, and ZIP + 4		F Group I		ion
<u> </u>	Application	n pending tions.	CHICAGO, IL 60611		Numbe		<u> </u>
•	Section		ations and 4947(a)(1) nonexempt charitable trusts must attach	G Acco	unting meth	od	Cash 🛭 Accrual
		a con	npleted Schedule A (Form 990 or 990-EZ).	Other	(specify)	•	
				H Check	k ▶ 🖊 ıl	the or	ganization
1. \	Nebsit	e: ►N/A			t required to		
J	Organiz	ation type (check or	nly one)—				990-EZ, or 990-PF)
			on is not a section 509(a)(3) supporting organization and its gross rece	onte are nor	mally not m	ore the	n \$25,000. A return is
		-	ization chooses to file a return, be sure to file a complete return	sipis are non	many not m	OIE IIIA	11 \$25,000. A return is
_	<u>_</u>		ne 9 to determine gross receipts, if \$100,000 or more, file Form 990 insti	and of Form 9	990_F7	▶ \$	114,320
							
Fe	art I		nses, and Changes in Net Assets or Fund Balances	See pag	<u>e 47 01 t</u>		
	1	Contributions, gifts	s, grants, and similar amounts received			1	44,000
	2	Program service	revenue including government fees and contracts			2	
	3	Membership dues	s and assessments		📙	3	
	4	Investment incom	ne		L	4	
	5a	Gross amount fro	om sale of assets other than inventory 5a				
İ	b		er basis and sales expenses				
	c		n sale of assets other than inventory (line 5a less line 5b) (at	tach schad	ula)	5c	
9			• •		. L		
Revenue	6		d activities (attach schedule). If any amount is from gaming, che	CK Here			
ě	a	Gross revenue (n	ot including \$ of contributions				
	-0	reported on true	()			İ	
4	كواساج	les direct expé	ses other than fundraising expenses 6b				
_	C		from special events and activities (line 6a less line 6b) .			6c	
7	Za	Gos sales of in	tory, less returns and allowances				
13	8/P.P.	Less cost of eoc	ods sold				
<u> </u>	C.,		rom sales of inventory (line 7a less line 7b)		L	7c	
1. A	80	Suler levenue (de	escribe See Statement 1		· · ; [8	70,320
1	الو	Total revenue (a	dd lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		▶ [9	114,320
U	10		r amounts paid (attach schedule)			10	
	11			• • •	· · · ⊢	11	
S		•	or for members		· · · ⊢	12	6,035
Se	12	·	empensation, and employee benefits		· · · ⊢	13	0,033
Expenses	13		and other payments to independent contractors		· · -		
웃	14	Occupancy, rent,	utilities, and maintenance			14	
ш	15		ions, postage, and shipping		–	15	
	16		describe See Statement 2			16	37,319
\Box	17	Total expenses	(add lines 10 through 16)	<u> </u>	▶	17	43,354
y,	18	Excess or (deficit) for the year (line 9 less line 17)			18	70,966
Net Assets	19		nd balances at beginning of year (from line 27, column (A))				
Ą		end-of-vear figure	e reported on prior year's return)	(mast agre	SC WILLI	19	-57,332
<u>بر</u>	20		net assets or fund balances (attach explanation)			20	
ž	21		d balances at end of year (combine lines 18 through 20).			21	13,634
D	rt II		s—If Total assets on line 25, column (B) are \$250,000 or mo				
	للحس	-					
		•	See page 51 of the instructions.)	(A) Beg	ginning of ye		(B) End of year
22		h, savings, and inv			-65	2 22	55
23	Lanc	and buildings .				23	
24	Othe	er assets (describe	See Statement 3		13,64	0 24	13,640
25					12,98	8 25	13,695
26	Tota	il liabilities (descri	be See Statement 4		70,32	0 26	61
	Net	assets or fund ba	alances (line 27 of column (B) must agree with line 21)		-57,33		13,634

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2006)

Cat No 106421

1 0/111	930-EE (2000) GOLDEN DIN 1 CONDIT		= =	-			•	ugu -
Pa	rt III Statement of Program Service Accom	plishments (See page 51	of the instruction	ns.)		Expen	ses	
Wha	at is the organization's primary exempt purpose?	ADOPTION				ured fo (4) org		
Desc	cribe what was achieved in carrying out the organizations the services provided, the number of persons bei	ation's exempt purposes. Ir	a clear and cond	ise manner,	and 4	4947(a) nal for ((1) tru	usts,
	ADOPTION COUSELING, INVESTIGATION, ASSISTANCE A				 			•
28 .	ADDF TION COUSELING, INVESTIGATION, ASSISTANCE A							
	Grants \$) If this amount inclu	udes foreign grants, check	here	. ▶ 🗆	28a		3(6,871
29 .								
(Grants \$) If this amount incli	udes foreign grants, check	here	▶ □	29a			
30 .								
-								
-								
		udes foreign grants, check			30a			
	Total program service expenses (add lines 28a th	rough 31a)	nere	· • 🖁	31a 32		20	6.871
	rt IV List of Officers, Directors, Trustees, and Key					instru		
		(B) Title and average	(C) Compensation	(D) Contribution			Expens	•
	(A) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit deferred compe		acco	ount an allowan	ıd
SEY	MOUR KURTZ							.000
211	EAST ONTARIO SUITE 1010 CHICAGO, IL 60611	President 0	0		0			0
HOV	NARD KORENGOLD	0						
208	SOUTH LASALLE CHICAGO, IL 60604		0		0			0
NOF	RMAN HANFLING	0						
208	SOUTH LASALLE CHICAGO, IL 60604		0	<u> </u>	0			0
				}	i			
Pa	rt V Other Information (Note the statemen	t requirement in Genera	Instruction V)	<u></u>			Yes	No
	Other information (Note the statemen	it requirement in denera	Se	e State	ment	5	163	140
33	Did the organization engage in any activity not prodescription of each activity	eviously reported to the IR	S? If "Yes," attac	h a detailed		33		✓
34	Were any changes made to the organizing or gov	_	•)	34		,
٥-	· · · · · · · · · · · · · · · · · · ·					34		
35	If the organization had income from business activities, a reported on Form 990-T, attach a statement explaining to				not			
_	Did the organization have unrelated business gros	, •			and			<u> </u>
a					and	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for				• •		N/Z	
36	Was there a liquidation, dissolution, termination, of	or substantial contraction of	luring the year? (I		ch a	36		1
372	Enter amount of political expenditures, direct or ind			a	0	\vdash		
	Did the organization file Form 1120-POL for this					37b		1
	Did the organization borrow from, or make any loa				· ·			
50 a	any such loans made in a prior year and still unpa					38a		1
b	If "Yes," attach the schedule specified in the line	·	· 1		• •			
_	involved		120	b	N/A]		
39	501(c)(7) organizations. Enter:			_			,	
	Initiation fees and capital contributions included o				N/A	- 1	, !	
b	Gross receipts, included on line 9, for public use	of club facilities	39	b l	N/A	1 1	, ,	i

Par	t V	Other Information (Note the statement requirement in General Instruction V.) (Continued)			
40a	<i>501(c)</i> sectio	(3) organizations. Enter amount of tax imposed on the organization during the year under n 4911 ▶0; section 4912 ▶0; section 4955 ▶0	ı		
b		(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the r did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation	40b	Yes	No ✓
	the ye	amount of tax imposed on organization managers or disqualified persons during ear under sections 4912, 4955, and 4958			
d	Enter	amount of tax on line 40c reimbursed by the organization ▶0		ŀ	
е		ganizations At any time during the tax year, was the organization a party to a prohibited tax shelter iction?	40e		√
41	List th	e states with which a copy of this return is filed, ▶ ILLINOIS			
42a		ooks are in care of ▶ WALDO ACCOUNTING SYSTEMS, INC Telephone no. ▶ (.312.)6	10-753	12
	Locate	ed at ► 211 EAST ONTARIO STREET #1010 CHICAGO, IL ZIP + 4 ►	606	<u> </u>	
b	At any	time during the calendar year, did the organization have an interest in or a signature or other authority			
		a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	accou	nt)?	42b		✓
	If "Ye	s," enter the name of the foreign country:			
	See th	ne instructions for exceptions and filing requirements for Form TD F 90-22.1.			
С	At any	time during the calendar year, did the organization maintain an office outside of the US?	42c		
	If "Ye	s," enter the name of the foreign country.			
43	Section	on 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here \dots N	/A		▶ [
	and e	nter the amount of tax-exempt interest, received or accrued during the tax year			N/A
Plea Sign	ו	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the band belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer GOLDEN LINK FOUNDATION, INC. By Signature of officer Date	est of m has an	y know y know	rledge
Her	e	Seymour J. Kurtz , President			
	1	Type or print name and title	•		
Paid	arer's	Preparer's signature Date Check if self-employed ▶ ☐	r PTIN (S	ee Gen.	Inst. >
	Only	Firm's name for yours			
026	Office	if self-emproyed), address, and ZIP + 4 Phone no ► ()			

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No 1545-0047

2006

Employer identification number

GOLDEN LINK FOUNDATION, INC	•		58	1649965
Part I Compensation of the Five High (See page 2 of the instructions. I				and Trustees
(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 . ▶		i si s i	*	
Part II-A Compensation of the Five High (See page 2 of the instructions. Lis	est Paid Independent C it each one (whether indiv	Contractors for	Professional Se	rvices enter "None.")
(a) Name and address of each independent contracto		1	of service	(c) Compensation
NONE				
Total number of others receiving over \$50,000 for professional services				
Part II-B Compensation of the Five High (List each contractor who perform firms. If there are none, enter "No	ned services other than p	orofessional serv		dividuals or
(a) Name and address of each independent contracto	r paid more than \$50,000	(b) Type	of service	(c) Compensation
NONE				
Total number of other contractors receiving over \$50,000 for other services				

chec	fulè A (Form 990 or 990-EZ) 2006 GOLDEN LINK FOUNDATION, INC. 58-16499	<u>65 </u>	P	age 2
Par	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities \$\bigsim \frac{\mathbb{N}}{\mathbb{M}}\$ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)	1		✓
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)			
а	Sale, exchange, or leasing of property?	2a		✓_
b	Lending of money or other extension of credit?	2b		1
С	Furnishing of goods, services, or facilities?	2c		1
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d		1
е	Transfer of any part of its income or assets?	2e		1
3а	Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments)	3a		1
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		✓
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3с		✓
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? .	3d		1
4a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g If "No," complete			
b	lines 4f and 4g	4a 4b	_	V
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c	_	1
d	Enter the total number of donor advised funds owned at the end of the tax year			N/A
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			N/A
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			N/A
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			N/A

Total

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.

Note	: You may use the worksheet in the instructions		om the accrual to	the cash method	d of accou	<u>inting</u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 20	02	(e) Total
15	Gifts, grants, and contributions received (Do						
	not include unusual grants See line 28).	60,500	6,000				66,500
16	Membership fees received						0
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose						0
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.						0
19	Net income from unrelated business activities not included in line 18,						0
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets						0
23	Total of lines 15 through 22	60,500	6,000	0		0	66,500
24	Line 23 minus line 17	60,500	6,000	0		0	66,500
25	Enter 1% of line 23	605	60	0		0	
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e), line 24		26a	1,330
b c d	Prepare a list for your records to show the nan governmental unit or publicly supported organiz amount shown in line 26a Do not file this list wi Total support for section 509(a)(1) test ⁻ Enter lii Add ⁻ Amounts from column (e) for lines 18	zation) whose tota i th your return. Er ne 24, column (e)	al gifts for 2002 th inter the total of all	rough 2005 exce these excess am	eded the ounts ►	26b 26c	66,500
						26d	
е	Public support (line 26c minus line 26d total)				▶	26e	66,500
f	Public support percentage (line 26e (numera	itor) divided by I	ine 26c (denomi	nator))	▶	26f	100 %
27	Organizations described on line 12: a Forperson," prepare a list for your records to show Do not file this list with your return. Enter the	the name of, and	total amounts rec	eived in each yea	rere receiver from, each	red from ch "disqu	a "disqualified alified person
	(2005)	N/A	. (2003)	N/A	(2002)		N/A
b	For any amount included in line 17 that was received show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year:	ved from each pen year, that was mor 5 through 11b, as v the larger amount	son (other than "d re than the larger ovell as individuals.) described in (1) o	isqualified persons of (1) the amount of Do not file this lis or (2), enter the su	s"), prepare on line 25 f st with you um of thes	for the year Ir return. A e differen	ar or (2) \$5,000. After computing ces (the excess
	(2005) N/A (2004)				(2002)		
С	Add Amounts from column (e) for lines: 15		21			27c	N/A
d	Add Line 27a total	and line 27b total				27d	N/A
e	Public support (line 27c total minus line 27d to					27e	N/A
f	Total support for section 509(a)(2) test: Enter a	mount from line ?	23. column (e)	▶ 27f			
g	Public support percentage (line 27e (numera				. •	27g	%
h	Investment income percentage (line 18, colu					27h	%
28	Unusual Grants: For an organization describe prepare a list for your records to show, for each description of the nature of the grant. Do not f	ch year, the name	e of the contribu	tor, the date and	amount o	of the gra	

Par	Private School Questionnaire (See page 9 of the instructions.) (To be completed ONLY by schools that checked the box on line 6 in Part IV)	N/	Α	
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29	Yes	No
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions,	30		
31	programs, and scholarships?			
	that makes the policy known to all parts of the general community it serves?	31		
32	Does the organization maintain the following:			
	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
С	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		-
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33	Does the organization discriminate by race in any way with respect to			
а	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
С	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
е	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended?	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05			
	of Rev. Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Sche	dulè A (Form 990 or 990-EZ) 2006 GOLDEN L	INK FOUNI	DATION, I	NC.		51	8-164	19965	Page 6
	rt VI-A Lobbying Expenditures by Ele (To be completed ONLY by an	ecting Public eligible organ	Charities (See ization that file	page 10 ed Form 5	768)			N /	'A
Che	ck > a	ted group. Che	ck ▶ b ☐ ıf	you checked	a" ar	nd "limite	d control	" provisio	ns apply.
	Limits on Lobbyir (The term "expenditures" mear	•				Affiliati	(a) ed group otals	for al	(b) completed I electing nizations
36	Total lobbying expenditures to influence public	opinion (grassro	ots lobbying) .		36				_
37	Total lobbying expenditures to influence a legis				37				
38	Total lobbying expenditures (add lines 36 and 3	• •			38				
39	Other exempt purpose expenditures				39			1	
40	Total exempt purpose expenditures (add lines 3				40				
41	Lobbying nontaxable amount Enter the amoun	t from the follow	ing table—						
	If the amount on line 40 is— The lo	bbying nontaxa	ble amount is-	-		\$			4
	Not over \$500,000 20% o	of the amount on	line 40]					
	Over \$500,000 but not over \$1,000,000 . \$100,0	00 plus 15% of t	ne excess over \$5	500,000		* *-		-	
	-	*	e excess over \$1,0		41	wa			
	Over \$1,500,000 but not over \$17,000,000 \$225,0	-				71			
		•			40			+	
42	Grassroots nontaxable amount (enter 25% of li				42				
43	Subtract line 42 from line 36 Enter -0- if line 4				43	ļ <u>-</u> -		 	
44	Subtract line 41 from line 38 Enter -0- if line 4	is more than iii	ne 38		77	l			3/8
	Caution: If there is an amount on either line 43	or line 44, you i	nust file Form 47	720 .				K 3	₩. 4;
	4-Year Ave	eraging Perio	d Under Secti	ion 501(h)				
	(Some organizations that made a section			-	•	e five co	olumns t	elow	
	See the instructions for	or lines 45 throug	h 50 on page 10	3 of the ins	tructio	ns)			
		Lob	bying Expenditu	res During	g 4-Ye	ar Aver	aging P	eriod	N/A
	0-1	(-)	(1-)	(-)	-	1	(4)	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	1		(d) 003	1	(e) Fotal
	nscar year beginning in F	2000	2000	200-					- Clai
45	Lobbying nontaxable amount					:			
46	Lobbying ceiling amount (150% of line 45(e))	4							
47	Total lobbying expenditures								
48	Grassroots nontaxable amount							ļ	
49	Grassroots ceiling amount (150% of line 48(e))								
50	Grassroots lobbying expenditures			1					
_	Lobbying Activity by Nonelectivity (For reporting only by organization)	ting Public C	harities not complete	N / Part VI-A)	A (See	page	13 of ti	ne instr	uctions.
Dur	ing the year, did the organization attempt to influ						res No		nount
	mpt to influence public opinion on a legislative m		-		3	, [res No	A	nount
а	Volunteers					[
b	Paid staff or management (Include compensation	on in expenses r	eported on lines	c through	h.) .	L			
С		•	· ·			L		1	
d						L			
е	Publications, or published or broadcast statem	ents				L			
f	Grants to other organizations for lobbying purp	oses				📙	_	_	
g	Direct contact with legislators, their staffs, government	ernment officials,	or a legislative i	oody		🏻			_
h	Pallies demonstrations seminare conventions	speeches lecti	iros or any other	r means		ı	- 1	1	

Schedule			DINK FOUNDATION		<u> </u>	7703		age 1
Part \			ransfers To and Transace page 13 of the instruction		elationships W	/ith Nonch	narit	able
	, , ,	•	indirectly engage in any of the i1(c)(3) organizations) or in section	-			ın se	ection
a Tr	ansfers from the rep	orting organization	to a noncharitable exempt orga	nization of			Yes	No
						51a(ı)		√
•	i) Other assets .					a(ii)		√
•							$\neg \uparrow$	
	ther transactions			i		b(i)		1
	, ,		noncharitable exempt organizat					╮
			itable exempt organization			b(ii)	-	
(iii	i) Rental of facilities	s, equipment, or oth	ner assets			b(iii)		
(iv	r) Reimbursement a	rrangements				b(iv)		√
(v	/) Loans or loan gua	arantees				b(v)		✓_
(vi	i) Performance of se	ervices or members	ship or fundraising solicitations			b(vi)		<u>√</u>
c St	naring of facilities, ec	quipment, mailing li	sts, other assets, or paid emplo	vees		_ c		. ✓
d If	the answer to any of oods, other assets, o	the above is "Yes," or services given by	complete the following schedule the reporting organization. If the column (d) the value of the good	. Column (b) shoul	ceived less than fa			
(a)	(b) Amount involved	Name of some	(c)	Description of tro	(d)			
Line no	Amount involved	Name of none	charitable exempt organization	Description of tra	nsiers, transactions, ar	nu snamy arrai	igeme	1118
N/A								
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de		01(c) of the Code (affiliated with, or related to, on other than section 501(c)(3)) or i				Ø	No
	(a)		(b)		(c)			
	Name of organiz	zation	Type of organization		Description of relatio	onsnip 		
N/A								
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2006	FEDERAL STATEMENTS	PAGE 1
	GOLDEN LINK FOUNDATIONS, INC.	58-1649965
	STATEMENT 1 FORM 990-EZ, PART 1, LINE 8 OTHER REVENUE	
	FORGIVENESS OF DEBT	\$ 70,320.00 \$ 70,320.00
	STATEMENT 2 FORM 990-EZ, PART 1, LINE 16 OTHER EXPENSES	
	PROGRAM EXPENSE	\$ 36,871 270 153 25 \$ 37,319
	STATEMENT 3 FORM 990-EZ, PART II, LINE 24 OTHER ASSETS	
	NOTE RECEIVABLE - AFFILIATE BEGINNING \$ 13,640 TOTAL \$ 13,640	* 13,640 \$ 13,640
	STATEMENT 4 FORM 990-EZ, PART II, LINE 26 TOTAL LIABILITIES	
	ACCOUNTS PAYABLE - AFFILIATE ACCRUED PAYROLL TAXES BEGINNING \$ 70,320 TOTAL \$ 70,320	\$ - 61 \$ 61
	STATEMENT 4 FORM 990-EZ, PART II, LINE 24 REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRA	стѕ
	(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?	NO