

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



990 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)

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A Fo	or the	2011 calend	dar year, or tax year beg	inning	, 2011, and e	ending	, 20				
B Ch	neck if a	pplicable	C Name of organization GL	OBAL RESTORATION TRAD	NG CO		D Employer identification no				
☐ Ad	ldress c	hange	Doing Business As				27-1781579				
=	me cha	_		ox if mail is not delivered to street address)		Room/suite	E Telephone number				
	tial retu	•	ро вох 8926								
	minate		City or town, state or country,	and 7(P + 4			299,097				
	nended		FAYETTEVILLE,				G Gross receipts \$				
=			F Name and address of princ		-		G Gruss receipts \$				
X Ap	ppiicatio	n pending	SAME AS C ABOV			H(a) Is this a gro affiliates?	oup return for				
							= =				
			501(c)(3) 501(c) () (Insert no) 4947(a)(1) or	527	If "No," atta	ates included? Yes ach a list (see instructions)				
	ebsite		<u> </u>		12 22		mption number				
			, , ,	sociation Other	L Year of formation	2010 M State	of legal domicile AR				
Par		Summar	<i></i>								
	1	Briefly describe the organization's mission or most significant activities THE PROVISION OF RELIEF TO THE POOR AND									
A				S A PART OF CHRISTIAN	SERVICE AND THR	OUGH THE SHA	RING OF THE				
C G		GOSPEL O	OSPEL OF JESUS CHRIST.								
iÿ											
V e i r	2	Check this b	oox 🕨 🗌 if the organization	in discontinued its operations or o	disposed of more than 25°	% of its net assets					
t n	3	Number of v	oting members of the gov	verning body (Part VI, line 1a) .			3				
e n	4	Number of II	ndependent voting memb	ers of the governing body (Part V	l, line 1b)	[4				
s c	5	Total number	er of individuals employed	ın calendar year 2011 (Part V, lii	ne 2a)		5				
&	6	Total number	er of volunteers (estimate	ıf necessary)	······································		6				
	7a	Total unrela	ted business revenue fror	of necessary) n Part VIII, column (C) line 12 (C) e from Form 990-T, line 34	ECENTRE		7a				
	b	Net unrelate	ed business taxable incom	e from Form 990-T, line 34	LIVED		7b				
				72/ 11/		Pnor Year	Current Year				
R e	8	Contribution	s and grants (Part VIII. Iir	ie 1h)	N. O. A. 2012	87	,173 105,6				
٧	9	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11c)									
e n	10	Investment	,969 193,4								
u e	11	Other reven	ue (Part VIII. column (A)	lines 5, 6d, 8c, 9c, 10c, and 11e)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~						
e	12					109	,142 299,0				
	13										
	i		3,3								
E	14			IX, column (A), line 4)	}		163,9				
P	1			vee benefits (Part IX, column (A),	· · · · · · · · · · · · · · · · · · ·		103,3				
e n	1			, column (A), line 11e)							
S	1		ising expenses (Part IX, o				CE 4 7.6 (
€ \$	1	=		lines 11a-11d, 11f-24e)	· · · · · · · · · · · · · · · · · · ·		,654 76,0				
	1	•	•	st equal Part IX, column (A), line	'		,654 243,3				
	19	Revenue les	ss expenses Subtract lin	e 18 from line 12			,488 55,7				
Net Assets						Beginning of Current Y					
or	20					78	,488 146,8				
Fund Bal-	21		, , , , , , , , , , , , , , , , , , , ,				12,5				
ances	22	Net assets	or fund balances Subtrac	t line 21 from line 20		78	,488 134,2				
Par			re Block								
Under p	enaltie	s of perjury, I dec	lare that I have examined this retu	m, including accompanying schedules and ficer) is based on all information of which pr	statements, and to the best of my	knowledge and belief, it	IS				
€3 <u></u>											
			11 Comps				5/21/12				
Sign)	Signatu	re of officer	· — •			Date				
ূ্রী Here	•	JAME	S M. HALL, PRESID	ENT AND DIRECTOR							
Ω		Type or	print name and title								
Paid Prep		Print/Type pr	eparer's name	Prepare s signaline	Date	Check	lf PTIN				
👺 Paid	1	Lee Mod	ore	fu Moore	05-21-2012	self-employe	ed P01446983				
Prep				ORE PENDERGRAFT LLP		Firm's EIN					
Use				H EAST AVENUE		Phone no					
		'		Fayetteville AR 72701 479-443-2705							
May t	he IP	S discuss the		shown above? (see instructions)	-	_!					
			tion Act Notice, see the								
FULP	apen	TOIN NEUUCI	AULIUE, SEE LIIE :	opaiate matructività.			EEA Form 990 (2)				

Form 990 (2011) GLOBAL RESTORATION TRADING CO

27-1781579

Page 2

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)?	2	Χ	
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		Х
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		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			İ
	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		<u>X</u> _
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, 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 temporarily restricted			
	endowments, permanent endowments, or 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			ļ
а		١		
	complete Schedule D, Part VI	11a	X	
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	44-		,,
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	مما		1,,
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d 11e		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		X
T	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	ļ	v
420	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		<u> </u>	X
124	Schedule D, Parts XI, XII, and XIII	12a		Х
ь		120		<u> </u>
D	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
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	Х	1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
-	fundraising, business, investmetht, and program service activities outlide the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? 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 assistance			
-	to individuals located outside the United States? 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			1
	Part IX, 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			T
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1 -
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return?	20b		Ì

Part IV Checklist of Required Schedules (continued) Yes Did the organization report more than \$5,000 of grants and other assistance to any government or organization 21 X Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 22 22 Χ 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 X 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 24a X 24b b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 25a 25a X Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior b vear, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b X 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled 27 X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) 28a X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV......... A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 Х 35a 35a X Did the organization receive any payment from or engage in any transaction with a controlled entity within the 35b X 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Χ 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 38

	n 990 (2011) GLOBAL RESTORATION TRADING CO 27-1781	579	P	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
_	'Check if Schedule O contains a response to any question in this Part V			
		٠	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	4	-	
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	4		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4-	37	للسخا
٥-	reportable gaming (gambling) winnings to prize winners?	1c	X	
2a		٦		·
	Statements, filed for the calendar year ending with or within the year covered by this return	2b	- <u>-</u>	
b		20	X	-
٥.	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		<u> X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4.		3.7
	account)?	4a		X
b	· · · · · · · · · · · · · · · · · · ·			7 _
_	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5c		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	30		\vdash
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		v
		0a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7		60	2068	67.1
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	سشدن 7a	A Contraction	X
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	"		
С	required to file Form 8282?	7c	ļ	Х
а	If "Yes," indicate the number of Forms 8282 filed during the year	,,,		<u> </u>
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Maria Control	X
e	Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
'	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		<u>^</u>
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		,	1
•	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	-		
	organization, have excess business holdings at any time during the year?	8	حثعث	
9	Sponsoring organizations maintaining donor advised funds.	\ <u> </u>		
а	Did the organization make any taxable distributions under section 4966?	9a		177.51
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		t
10	Section 501(c)(7) organizations. Enter		Specific of the	J. 1
а	Initiation fees and capital contributions included on Part VIII, line 12	1		3) 3
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	- 3		
11	Section 501(c)(12) organizations. Enter			N#
а	Gross income from members or shareholders		100	3.
b	Gross income from other sources (Do not net amounts due or paid to other sources	۱, '	3%	
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		,	T
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	٦,	, , , , , , , , , , , , , , , , , , ,	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		Ī
	Note. See the instructions for additional information the organization must report on Schedule O		*	

14a

14b

Enter the amount of reserves the organization is required to maintain by the states in which

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

the organization is licensed to issue qualified health plans Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

27-1781579

GLOBAL RESTORATION TRADING CO

Par	Governance, management, and Disclosure For each tes response to the second of Schooling O. Socientification			
,	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction			(T)
	Check if Schedule O contains a response to any question in this Part VI	• • •	• • •	<u> </u>
Sec	tion A. Governing Body and Management		1	
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	If the governing body delegated broad authority to an executive committee or similar		-	
	committee, explain in Schedule O			1
b	Enter the number of voting members included in line 1a, above, who are independent			
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		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		<u>X</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	Χ	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<u>X</u>
6	Did the organization have members or stockholders?	6	Χ	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a	Х	
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	Χ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	_X_	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	L		
	organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AR			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ JAMES M. HALL (479)527-6424 PO BOX 8926 FAYETTEVILLE, AR 72703			

Section A.

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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

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

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

(A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average			Pos	ition			Reportable	Reportable	Estimated	
	hours per week	(do no	t che	ck mo	ore th	an one		compensation from	compensation from related	amount of other	
	(describe	box, u	ınless	pers	on is	both an	ļ	the	organizations	compensation	
	hours for related	office	officer and a director/trustee)					organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization	
	organizations in Schedule O)	It d I t O Or I nr f dur suf I sets I I et t e e deouer ao I r o a		f C e	f e o m o f y g m p r h p m c e e e e e m s n y r		r m e	(**-21033-****130)		and related organizations	
(1) DOUG HARRIMAN	1				_	<u> </u>					
VICE PRESIDENT AND DIRECTOR	7.00	Х		X				(0	0	
(2) JAMES M HALL											
PRESIDENT AND DIRECTOR	5.00	X		X	_				00	0	
(3) LEE EPSTEIN								1			
SECRETARY AND DIRECTOR	3.00	X		X				(00	0	
(4) KAREN MASON											
TREASURER	1.00			X	<u> </u>	-			0 0	0	
(5)											
(6)											
(7)											
(8)										-	
(9)											
(10)							-				
(11)											
(12)											
(13)											
(14)											

117) 189 200 211 222) 223 239 244 255 16 Sub-total	Part VII	Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	1 Hiç	ghes	st Con	npen	sated Employee	s (continued)		
Pour Service Control Pour Among Plant of the Control Pour Plant of t	•	(A)	(B)							(D)	(E)	(1	F)
Section Sub-total Sub-to		Name and Title	-	(do n	ot ch			nan one		•			
Complete this lable for your five highest compensation from the organization and related organization from the organization from the organization for the calendar year ending with or which the organization from the organization for the calendar year ending with or which the organization from the organization for the calendar organization and related organization or individual for sevenes rendered to the organization and related organization										-		1	
regenerations of the comparison of the compariso				office	r and	direc	tor/tn	ustee)			organizations	comper	sation
organizations of incidence of i											(W-2/1099-MISC)	1	
1 1 1 1 1 1 1 1 1 1				dur	s u	f	e y	gmp	r	(W-2/1099-MISC)			
15) 16) 17) 18) 19) 20) 21) 22) 23) 24) 25) 16) 24) 25) 17) 26) 27) 28) 29) 20) 21) 21) 22) 23) 24) 25) 26) 27) 28) 29) 20) 20) 21) 21) 22) 23) 24) 25) 26) 27) 28) 29) 20) 20) 21) 22) 23) 24) 25) 26) 27) 28) 29) 20) 20) 20) 21) 22) 23) 24) 25) 26) 27) 28) 29) 20) 20) 20) 20) 21) 22) 23) 24) 25) 26) 27) 28) 28) 29) 20) 20) 20) 20) 20) 20) 21) 22) 23) 24) 25) 26) 27) 28) 29) 20) 20) 20) 20) 20) 20) 20				y t c	t s	c	16	hpl					
15 16 17 18 18 18 18 18 18 18				ı e t	lt e	e	١	sny	r				
1				u r				аe					
15) 16) 17) 18) 19) 20) 211 22) 22) 23) 24) 25) 16) Sub-total					_		e	e	H				
16) 17) 18) 19) 20) 21) 22) 23) 24) 25) 16) Sub-total 26) Total from continuation sheets to Part VII, Section A 27 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 7 Total quarked lines 1b and 1c) 8 Total quarked in Individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 9 O O O O O O O O O O O O O O O O O O				1			e						
16) 17) 18) 19) 20) 21) 22) 23) 24) 25) 16) Sub-total 26) Total from continuation sheets to Part VII, Section A 27 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 7 Total quarked lines 1b and 1c) 8 Total quarked in Individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 9 O O O O O O O O O O O O O O O O O O	(15)					<u> </u>			\vdash			1	
17) 18) 20) 21) 22) 23) 24) 25) 1b Sub-total C Total from continuation sheets to Part VII, Section A	(/										}		
17) 18) 20) 21) 22) 23) 24) 25) 1b Sub-total C Total from continuation sheets to Part VII, Section A	(16)							 					
18) 19) 20) 21) 22) 23) 24) 25) 1b Sub-total	(/											İ	
18) 19) 20) 21) 22) 23) 24) 25) 1b Sub-total	(17)			 				1					
22) 23) 24) 25) 16 Sub-total	()												
22) 23) 24) 25) 16 Sub-total	(18)			 					\vdash			+	
22) 23) 24) 25) 1b Sub-total .	(/												
22) 23) 24) 25) 1b Sub-total .	(19)			 								+	
22) 23) 24) 25) 16) Sub-total	(,												
22) 23) 24) 25) 16) Sub-total	(20)			<u> </u>					Н	·		-	
22) 23) 24) 25) 1b Sub-total	\ /												
22) 23) 24) 25) 1b Sub-total	(21)			 		╁			H				
23) 24) 25) 16) Sub-total	(/			ŀ									
23) 24) 25) 16) Sub-total	(22)			 			\vdash		\vdash				
224)	(,						1						
224)	(23)	-					\vdash	 	-				
15 Sub-total	(/						İ						
15 Sub-total	(24)					 							
Sub-total	\ /			İ			1						
Sub-total	(25)			 					H				
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Compensation of services Compensation	(,												
Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year (A) Name and business address Compensation of services Compensation	1b Sub-to	otal										1	
d Total (add lines 1b and 1c)													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual										(d o		0
reportable compensation from the organization \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									nore		1		
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		• -	0 1,1000 11010		, .						0		
Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual													es No
employee on line 1a? If "Yes," complete Schedule J for such individual	3 Did the	e organization list any former officer, director of	r trustee, ke	v empl	ove	e. or	hia	hest c	ompe	ensated			
For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual												3	
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such Individual													· ^
Individual			-										
Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	-					٠,٥٠٥		JGuu.		51 Odon		4	
for services rendered to the organization? If "Yes," complete Schedule J for such person						nrel:	· · ated	organ	ızatı	on or individual	• • • • • • •	+ +	- A
Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who			-		-			_				5	v
Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who			Inpicto con	-		540	pc	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•••				
compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year (A) (B) (C) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who			1 independe	nt cont	tract	ors	that	receiv	ed m	ore than \$100.00			
year (A) (B) (C) Name and business address Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who			-										
(A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who						,							
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who		(A)								(B)	Т	(C)	
2 Total number of independent contractors (including but not limited to those listed above) who											ervices		
								•				= =	
										 			
										 			
			<u> </u>							 			
													
	2 Total r	number of independent contractors (including by	it not limited	to the	192	icto	d ah	U/5/ 11	mα				
							. au	505) W					

Part \	/	Statement of Revenue		_			
,	,			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
,	1a	Federated campaigns 1a	1				l
	b	Membership dues 1b					
Contri- butions,	С	Fundraising events 1c	225				
Gotts,	d	Related organizations 1d					
Grants	e	Government grants (contributions) . 1e	-				
and Other	f	All other contributions, gifts, grants,					1
Sırnılar		and similar amounts not included above	105,399		1		
Amounts		Noncash contributions included in lines 1a-1f 5					
	h	Total. Add lines 1a-1f		105,624			
		1000	Business Code				
	2a	SALES OF PRODUCT	453000	193,473	193,473		
	b		133000		233,473		
Program							
Service Revenue	d		-				
	u						
	f	All other program service revenue					
		, •		193,473			
				193,473			
	3	Investment income (including dividends, interest and other similar amounts)					
	4	Income from investment of tax-exempt bond pro					
		Royalties					
	5	(i) Real	(ii) Personal				1
	60	<u>```</u> -	(II) Personal				
		Gross rents Less rental expenses					
	Į.	Rental income or (loss)					
		Net rental income or (loss)					
			(ii) Other				
	7a	Gross amount from sales of assets other than inventory	(II) Other				
	b	Less cost or other basis and sales expenses					,
0	_	Gain or (loss)	-				
t h		Net gain or (loss)	•				
e		Gross income from fundraising					
r	Va	events (not including \$ 225					
R		of contributions reported on line 1c)					
e		See Part IV, line 18 a					
e e	h	Less direct expenses b					
n		Net income or (loss) from fundraising events .		——————————————————————————————————————			
u e		Gross income from gaming activities			-		<u> </u>
•	Ja	See Part IV, line 19 a					
	h	Less direct expenses b					
		Net income or (loss) from gaming activities					
	าบล	Gross sales of inventory, less returns and allowances a					
	, h	Less cost of goods sold b					
	1	Net income or (loss) from sales of inventory					
	۰	Miscellaneous Revenue	Business Code				
	11a		DUDIEROS COOR				
	b						
							
	d	All other revenue					
	l .	Total. Add lines 11a-11d		 			
		Total revenue. See instructions	_	299,097	193,473		0
_	,	TOTAL LEAGURE OCC MOTIONOMY		,	200,470	1	1 0

Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a response to any ques				
	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
_	9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21.				
2	Grants and other assistance to individuals in				
	the United States See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States See Part IV, lines 15 and 16	3,300	3,300		
4	Benefits paid to or for members			. <u>.</u>	
5	Compensation of current officers, directors,				
	trustees, and key employees				
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	149,526	149,526		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	6,181	6,181		
10	Payroll taxes	8,253	8,253		
11	Fees for services (non-employees)				
а	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services See Part IV, line 17.				
f	Investment management fees				
g	Other	1,805	1,805		
12	Advertising and promotion	3,276	3,276		
13	Office expenses	942	942	· · · · · · · · · · · · · · · · · · ·	
14	Information technology	·			
15	Royalties				
16	Occupancy				
17	Travel	52	52		
18	Payments of travel or entertainment expenses				
. •	for any federal, state, or local public officials		į		
19	Conferences, conventions, and meetings				
20	Interest	10,050	10,050		
21	Payments to affiliates	20,000	20,000		
22	Depreciation, depletion, and amortization	-		_	
23	Insurance	900	900	· · · · · · · · · · · · · · · · · · ·	
23 24	Other expenses Itemize expenses not covered	300			
44					
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column				
	1				
_	(A) amount, list line 24e expenses on Schedule O) REPAIRS & MAINTENANCE	E 006	E 006		
a		5,006	5,006_	·	
b	SUPPLIES	18,000	18,000		
C	RENT	26,800	26,800	-	
d	UTILITIES	7,533	7,533		
е	All other expenses	1,696	1,696	-	
25	Total functional expenses. Add lines 1 through 24e .	243,320	243,320	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and	1			
	fundraising solicitation Check here				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 34,540 1 8,145 2 2 3 3 4 10,600 4 564 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing A employers and sponsoring organizations of section 501(c)(9) voluntary s s 6 7 t 8,284 8 5,385 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or 145,932 other basis Complete Part VI of Schedule D | 10a | 15,344 b Less accumulated depreciation..... 10b 10c 115,442 11 11 12 12 13 13 4,000 14 17,320 14 5,720 15 15 Other assets See Part IV, line 11............ 78,488 146,856 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 12,591 18 18 19 19 20 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 0 12,591 26 26 Organizations that follow SFAS 117, check here ▶ ☐ and complete F N lines 27 through 29, and lines 33 and 34. u 27 27 n 28 28 d 29 29 S В Organizations that do not follow SFAS 117, check here ▶ 💢 and ı complete lines 30 through 34. а 30 30 n 31 31 Paid-in or capital surplus, or land, building, or equipment fund 0 e 78,488 134,265 32 32 Retained earnings, endowment, accumulated income, or other funds 78,488 134,265 33 33 78,488 146,856 34 34

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI		• • • •		<u>. 🗆</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1	;	299,	097
2	Total expenses (must equal Part IX, column (A), line 25)	2	- :	243,	320
3	Revenue less expenses Subtract line 2 from line 1	3		55,	777
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		78,	488
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6	:	134,	265
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 🗆
				Yes	No
1	Accounting method used to prepare the Form 990 💢 Cash 🗌 Accrual 🔲 Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		Х
b					X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in		-		
	Schedule O		- 1	1	
ч	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			İ	
ŭ	issued on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		. 3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		·		 ^
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
	EEA		• • •	990	(2011

GLOBAL RESTORATION TRADING CO

Form 990 (2011)

27-1781579

Page 12

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. See separate instructions. 2011

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection

Employer identification number

GLOBAL RESTORATION TRADING CO 27-1781579 Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross 9 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h d Type III-Other c Type III-Functionally integrated a Type I b Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the g following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) 11a(n) 11g(iii) Provide the following information about the supported organization(s) (vii) Amount of (i) Name of supported (u) EIN (iii) Type of organization (IV) Is the organization (v) Did you notify (vi) Is the organization (described on lines 1-9 in col (i) listed in your the organization in organization in col support above or IRC section col (i) of your (i) organized in the governing document? US? (see instructions)) support? Yes Yes No Yes No No (A) (B) (C) (D) (E) Total

			ON TRADING		(4)(4)(2-1) 4	27-178157	
ar	Support Schedule for Org)
	(Complete only if you checked the					ier	
	Part III If the organization fails to	quality under the t	tests listed below,	please complete	Part III)		
	ion A. Public Support		1 41.000	1 1 2222	(1) 0040	1 () 2044	(D. T. t. t.
alen	dar year (or fiscal year beginning in) ▶ │	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	The value of services or facilities furnished by a governmental unit to the organization without charge						
1	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)						
5	Public support. Subtract line 5 from In 4						
ect	ion B. Total Support						
alen	dar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7	Amounts from line 4						
3	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						
0	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
1	Total support. Add lines 7 through 10 .						
2	Gross receipts from related activities, etc. (see instructions)				. 12	
3	First five years. If the Form 990 is for the organization, check this box and stop here	·	·				▶□
_	tion C. Computation of Public Su	• •				Last	
4	Public support percentage for 2011 (line 6,						<u>%</u>
5	Public support percentage from 2010 Sche						%
6a	33 1/3% support test - 2011. If the organization qualifies a						▶□

17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

	organization meets the facts-and-circumstances test the organization qualities as a publicly supported organization
b	10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions...

27-1781579

GLOBAL RESTORATION TRADING CO

Part III	Suppo	rt Schedule fo	or Organizations	Described in	Section 509(a)(2

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	tion A. Public Support				_		
Cale	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				87,173	105,399	192,572
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	-			21,969	280,342	302,311
3	Gross receipts from activities that are not an unrelated trade or bus under sec 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5				109,142	385,741	494,883
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						494,883
Sec	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	Amounts from line 6				109,142	385,741	494,883
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)	0)	(109,142	385,741	494,883
	First five years. If the Form 990 is for the organization, check this box and stop here	<u> </u>					▶⊠
	ction C. Computation of Public Su						
15	Public support percentage for 2011 (line 8,	• • •	-			15	- %
16	Public support percentage from 2010 Scher					16	%
	ction D. Computation of Investme			- (0)		4=	
17	Investment income percentage for 2011 (lin					17	9/
18	Investment income percentage from 2010 S						70
	1 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization					▶□	
	line 18 is not more than 33 1/3%, check this	s box and stop he	re. The organizat	ion qualifies as a p	ublicly supported or	ganization	▶□

SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public

Name of the omanization Employer identification number GLOBAL RESTORATION TRADING CO 27-1781579 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6 (b) Funds and other accounts 1 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Part II Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year Total acreage restricted by conservation easements................ 2h h Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 and not on a historic Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of ☐ Yes ☐ No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year **▶**\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art. Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

	rt III Organizations Maintaining						ets (continued)
3	· Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its						
	collection items (check all that apply)						
а	Public exhibition	d 🗌	Loan or excha	inge programs			
b	Scholarly research	e 🗌	Other				
С	Preservation for future generations			-			
4	Provide a description of the organization's colle	ctions and exp	lain how they fi	urther the organ	nization's exem	pt purpose in	
	Part XIV						
5	During the year, did the organization solicit or re	eceive donation	ns of art, histori	cal treasures,	or other similar		
	assets to be sold to raise funds rather than to b						. Yes No
Par	rt IV Escrow and Custodial Arra	ngements.	Complete if or	ganization ans	wered "Yes" to	Form 990,	
	Part IV, line 9, or reported an amour	it on Form 990	, Part X, line 2	1			
1a	Is the organization an agent, trustee, custodian	or other interm	nediary for cont	ributions or oth	er assets not		
	included on Form 990, Part X?						. 🗌 Yes 📗 No
b	If "Yes," explain the arrangement in Part XIV ar	d complete the	e following table	е			
						Amo	ount
C	Beginning balance				[1	lc	
d	Additions during the year				[1	ld	_
e	Distributions during the year				[1	le	
f	Ending balance				[]	if _	
2a	Did the organization include an amount on Form	n 990, Part X, I	line 21?				. Yes No
b	If "Yes," explain the arrangement in Part XIV						
Pai	rt V Endowment Funds. Complete	if the organizat	tion answered '	'Yes" to Form 9	990, Part IV, lin	e 10	
		(a) Current year	ır (b) Pri	or year (c)	Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance						
b	Contributions						
C	Net investment earnings, gains, and losses						
d	Grants or scholarships	_					
е	Other expenditures for facilities		-				
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the current	t year end bala	ince (line 1g, c	olumn (a)) held	as		
а	Board designated or quasi-endowment	%					
b	Permanent endowment • %						
C	Temporarily restricted endowment	%					
	The percentages in lines 2a, 2b, and 2c should	•					
3a	Are there endowment funds not in the possess	on of the organ	nization that are	e held and adm	ninistered for th	е	
	organization by						Yes No
	(i) unrelated organizations					• • • • • • • • •	3a(i)
	(11)					• • • • • • • • • •	3a(ii)
b	If "Yes" to 3a(II), are the related organizations I	· ·				• • • • • • • • • •	3b
4	Describe in Part XIV the intended uses of the o	-					
Pa	rt VI Land, Buildings, and Equip	ĭ		Υ · · · · · · · · · · · · · · · · · · ·			
	Description of property	1 ''	or other basis evestment)	(b) Cost or o basis (other		depreciation	(d) Book value
1a	Land						
b	Buildings						
С	Leasehold improvements			7	1,995	15,042	56,953
d	Equipment			7	73,937	15,448	58,489
е	Other						
Tota	il. Add lines 1a through 1e (Column (d) must ed		Part X, column	(B), line 10(c))	▶	115,442

Part VII	Investments - Other Securities	es. See Form 990, Part X, line 12		
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial	derivatives	• • •		
(2) Closely-he	eld equity interests	• • •		
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(I)</u>				
	(b) must equal Form 990, Part X, col (B) line 12)	>		
Part VIII	Investments - Program Relat	ed. See Form 990, Part X, line 13		
	(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)		g-12-2,-21-		
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
	(b) must equal Form 990, Part X, col (B) line 13)	t Y line 15		
Part IX	Other Assets. See Form 990, Par		(h) Pool unive	
(4)		(a) Description	(b) Book value	
(1)				
(2)				
(4)				
(5)				
(6)	100			
(7)				
(8)		. = .=		
(9)				
(10)				
	nn (b) must equal Form 990, Part X, col (l	B) line 15)		
Part X	Other Liabilities. See Form 990, F			
1.	(a) Description of liability	(b) Book value		
	I income taxes			
(2)				
(3)				
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)				
(6)				
(6) (7)				
(8)				
(9)				
(10)				
(11)	 -			
	(b) must equal Form 990, Part X, col (B) line 25)	>		
	SC 740) Footnote In Part XIV, provide the	e text of the footnote to the organization's file	nancial statements that reports the	

	dule D (Form 990) 2011 GLOBAL RESTORATION TRADING CO	27-1781579	Page 4
_	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Sta	tements	
1	· Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b			
C			
d	Other (Describe in Part XIV)		
е		2e	
3	Subtract line 2e from line 1	3	
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			
С		4c	
5_	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		
	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return	
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	_	
b	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_	
C			
d	(
e		2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a	· · · · · · · · · · · · · · · · · · ·	\dashv \mid	
0	Other (Describe in Part XIV)		
С 5	Add lines 4a and 4b	4c 5	
	Int XIV Supplemental Information	3	
	replete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1	h	
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complet		
	part to provide any additional information	-	
	F		
			·
		<u> </u>	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

ASSISTANT.

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Employer identification number

GLOBAL RESTORATION TRADING CO

O1. Organizational document changes (Part VI, line 4)

THE CORPORATION BECAME A MEMBERSHIP CORPORATION.

O2. Members or stockholder classes and rights (Part VI, line 6)

THE ORGANIZATION IS A MEMBERSHIP CORPORATION UNDER ARKANSAS LAW AS NOTED IN THE ARTICLES

OF INCORPORATION AND BYLAWS. THERE IS ONLY ONE CLASS OF MEMBERS. THE MEMBERS HAVE THE

RIGHT TO ADMIT OTHER MEMBERS TO MEMBERSHIP IN THE CORPORATION, TO ELECT THE BOARD OF

DIRECTORS AND DISSOLVE THE CORPORATION.

O3. Member election for additional members (Part VI, line 7a)

SEE 02. ABOVE

O4. Governing body decisions (Part VI, line 7b)

THE MEMBERS MAY ELECT THE BOARD OF DIRECTORS.

06. Conflict of interest policy compliance (Part VI, line 12c)

TO ENSURE THE ORGANIZATION OPERATES IN A MANNER CONSISTENT WITH CHARITABLE PURPOSES AND

DOES NOT ENGAGE IN ACTIVITIES THAT COULD JEOPARDIZE ITS TAX-EXEMPT STATUS, PERIODIC

REVIEWS ARE CONDUCTED. INTERESTED PERSONS HAVE A DUTY TO DISCLOSE THE EXISTENCE OF

RELATED FINANCIAL INTERESTS. INTERESTED PERSONS ARE DEFINED AS FOLLOWS: "ANY DIRECTOR,

PRINCIPAL OFFICER, OR MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS, WHO HAS

ANY QUESTIONS OF THE BOARD ABOUT 990 FORM ARE REVIEWED AND ANSWERED WITH FINANCIAL

05. Form 990 governing body review (Part VI, line 11)

Schedule O (Form 990 or 990-EZ) (2011)		Page 2
Name of the organization	Employer identification number	
GLOBAL RESTORATION TRADING CO	27-1781579	
A DIRECT OR INDIRECT FINANCIAL INTEREST". ALL POTENTIAL CONFLICTS OF INT	TEREST ARE	
DISCUSSED AND VOTED UPON IN THE ABSENCE OF THE INTERESTED PERSON.		
07. Governing documents, etc, available to public (Part VI, line 19)		
GOVERNING DOCUMENTS OF THE ORGANIZATIONS ARE AVAILABLE UPON REQUEST TO THE O	GENERAL PUBLIC	
BY INSPECTION AT THE MAIN OFFICE OF THE ORGANIZATION.		
08. General explanation attachment		
THE PREPARER MADE A RETURN DUE DATE ERROR IN CHECKING ITS FILING LIST AND DU	UE DATES OF	
RETURNS. THE RETURN WAS FILED AS SOON AS PRACTICABLE UPON DISCOVERY OF THE	ERROR.	
		_
	_	
,		

Schedule O (Form 990 or 990-EZ) (2011)

EEA