

AAC

Taxpayer Copy

OMB No. 1545-1150

2010

Form **990-EZ**

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 of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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.

Department of the Treasury
Internal Revenue Service

A For the 2010 calendar year, or tax year beginning , and ending		D Employer identification number 55-0856946	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization AN ARRAY OF CHARM (AOC)	
		E Telephone number 615-289-3148	
		F Group Exemption Number	
		H Check <input type="checkbox"/> If the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
(C) Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶			
I Website: ▶ www.aaoccamps.org			
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check <input type="checkbox"/> If the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.			
L Add lines 6b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. 82,209			

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	14,580
	2	Program service revenue including government fees and contracts	2	67,629
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less: cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	82,209	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	31,536
	14	Occupancy, rent, utilities, and maintenance	14	29,087
	15	Printing, publications, postage, and shipping	15	773
	16	Other expenses (describe in Schedule O)	16	24,906
17	Total expenses. Add lines 10 through 16	17	86,302	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-4,093
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	-14,316
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-14,321
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-32,730

For Paperwork Reduction Act Notice, see the separate instructions.

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

X

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

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

28a	76,903
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32	76,903
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Check if the organization used Schedule O to respond to any question in this Part IV

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

Form 990-EZ (2010)

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Form 990-EZ (2010) **AN ARRAY OF CHARM (AAOC)** **55-0856946** Page 3**Part V Other Information** (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
32 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
33 Were any significant changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
34 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		
35 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
36 Enter amount of political expenditures, direct or indirect, as described in the instructions		X
b Did the organization file Form 1120-POL for this year?		
37a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	X	
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
38a Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
39a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		
section 4911		
section 4912		
section 4955		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year, that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed. None		
42a The organization's books are in care of ADE CONSULTING Telephone no. 615-210-6963		
608 MALTA DRIVE Located at NASHVILLE TN ZIP + 4 37207		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country: _____		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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Form 990-EZ (2010) **AN ARRAY OF CHARM (AAOC)** **55-0856946** Page 4

4. Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?
- a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see Instructions)
4. Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
45		<input checked="" type="checkbox"/>
45a		<input checked="" type="checkbox"/>
46		<input checked="" type="checkbox"/>

- Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
- Check if the organization used Schedule O to respond to any question in this Part VI

- 7 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 8 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 9a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 10 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
47		<input checked="" type="checkbox"/>
48		<input checked="" type="checkbox"/>
49a		<input checked="" type="checkbox"/>
49b		

(a) Name and address of each employee paid more than \$100,000	(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				

- f Total number of other employees paid over \$100,000
- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

- d Total number of other independent contractors each receiving over \$100,000
- 52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

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

Sign Here: *Caroline Davis* Date: 5/16/11
Signature of officer: CAROLINE DAVIS
Type or print name and title: CEO/EXECUTIVE DIRECTOR

Paid Preparer Use Only: Print/Type preparer's name: Kysa G. Smith - Estes
Preparer's signature: *Kysa G. Smith - Estes* Date: 05/11/11
Check ☒ if self-employed PTIN: P01292875
Firm's name: Ade Consulting Firm's EIN: 27-1846165
Firm's address: 608 Malta Dr Nashville, TN 37207-3616 Phone no: 615-210-6963

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

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SCHEDULE A
(Form 990 or 990-EZ)**Public Charity Status and Public Support**

OMB No. 1545-0047

2010Department of the Treasury
Internal Revenue Service

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.

Name of the organization

Employer identification number
55-0856946**AN ARRAY OF CHARM (AAOC)****Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☒ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 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.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Othere ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g Since August 17, 2008, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and

(iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

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

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

Schedule A (Form 990 or 990-EZ) 2010

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Schedule A (Form 990 or 990-EZ) 2010 **AN ARRAY OF CHARM (AACC)**

Part III Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support test—2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2009. 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	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2010

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Schedule A (Form 990 or 990-EZ) 2010 AN ARRAY OF CHARM (AAOC)

Support Schedule for 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,000	14,271		12,341	14,580	48,192
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	36,096	66,700	110,360	54,655	67,629	335,440
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	43,096	80,971	110,360	66,996	82,209	383,632
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						383,632

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
8 Amounts from line 6	43,096	80,971	110,360	66,996	82,209	383,632
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on					0	
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.)	43,096	80,971	110,360	66,996	82,209	383,632
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒
- b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

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Schedule A (Form 990 or 990-EZ) 2010 **AN ARRAY OF CHARM (AAOC)** **55-0856946** Page 4
Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

AAOC

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Employer identification number

55-0856946**AN ARRAY OF CHARM (AAOC)**

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
CAROLINE DAVIS	X		9,119	16,578		X	X		X	
WAYNE DAVIS	X		7,478	8,063		X	X		X	
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total				▶ \$ 24,641						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

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

Schedule L (Form 990 or 990-EZ) 2010

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Schedule L (Form 990 or 990-EZ) 2010

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues?	
				Yes	No
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

Part V Supplemental Information

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

AAIC

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Name of the organization

AN ARRAY OF CHARM (AAOC)Employer identification number
55-0856946**Form 990-EZ, Part I, Line 16 - Other Expenses**

Description	Amount
-------------	--------

Expenses

ADVERTISING & MARKETING	\$ 127
-------------------------	--------

VEHICLE EXPENSES	\$ 7,739
------------------	----------

BANK & MERCHANT FEES	\$ 1,719
----------------------	----------

BUSINESS EXPENSE	\$ 275
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FIELD TRIPS	\$ 2,317
-------------	----------

INSURANCE	\$ 495
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PROGRAM SUPPLIES	\$ 10,748
------------------	-----------

MEMBERSHIPS & DUES	\$ 35
--------------------	-------

PARKING	\$ 65
---------	-------

PROGRAM EXPENSE	\$ 99
-----------------	-------

TRAVEL & MEETINGS	\$ 1,287
-------------------	----------

Total	\$ 24,906
--------------	------------------

Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
-------------	--------

DUE TO DEPRECIATION EXPENSE NOT PREVIOUSLY RECORDED	\$ -14,321
---	------------

Form 990-EZ, Part II, Line 24 - Other Assets

Description	Begin. of Year	End of Year
-------------	----------------	-------------

BUS	\$ 0	\$ 14,500
-----	------	-----------

Less Accumulated Depreciation	\$ 0	\$ 14,500
-------------------------------	------	-----------

OFFICE FURNITURE & EQUIPMENT	\$ 0	\$ 993
------------------------------	------	--------

AACC

Page 2

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

AN ARRAY OF CHARM (AACC)

Employer identification number
55-0856946

Less Accumulated Depreciation	\$	0	\$	683
COMPUTERS	\$	0	\$	1,100
Less Accumulated Depreciation	\$	0	\$	942
VENDING MACHINES	\$	0	\$	400
Less Accumulated Depreciation	\$	0	\$	313
CEILING FANS	\$	0	\$	260
Less Accumulated Depreciation	\$	0	\$	203
OFFICE ELECTRONICS	\$	0	\$	300
Less Accumulated Depreciation	\$	0	\$	234
OFFICE ELECTRONICS	\$	0	\$	180
Less Accumulated Depreciation	\$	0	\$	141
OFFICE FURNITURE	\$	0	\$	503
Less Accumulated Depreciation	\$	0	\$	349
FLAT SCREEN TV	\$	0	\$	1,040
Less Accumulated Depreciation	\$	0	\$	722
22" LCD TV	\$	0	\$	230
Less Accumulated Depreciation	\$	0	\$	131
CHEST FREEZER	\$	0	\$	180
Less Accumulated Depreciation	\$	0	\$	103
2006 FORD VAN	\$	0	\$	12,479
Less Accumulated Depreciation	\$	0	\$	7,487
EMACHINE COMPUTER & PRINTER	\$	0	\$	542
Less Accumulated Depreciation	\$	0	\$	325
BUS	\$	14,500	\$	0
FURNITURE, EQUIPMENT & COMPUTERS	\$	4,808	\$	0
Total	\$	19,308	\$	6,574

Schedule O (Form 990 or 990-EZ) (2010)

DAA

AAC C

Page 2

Schedule O (Form 990 or 990-EZ) (2010)

Name of the organization

AN ARRAY OF CHARM (AAOC)

Employer identification number

55-0856946

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description	Beginning of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 4,666	\$ 3,742
LOAN-G.WAYNE DAVIS	\$ 0	\$ 0
BUS LOAN	\$ 3,000	\$ 2,900
VAN LOAN	\$ 0	\$ 8,377
Loans from Officers	\$ 26,080	\$ 24,641

Form 990-EZ, Part III - Primary Exempt Purpose

AN ARRAY OF CHARM'S MISSION IS TO EMPLOYER DISADVANTAGED YOUTH BY EQUIPPING THEM WITH THE ACADEMIC COMPETENCIES, SOCIAL SKILLS AND LEADERSHIP TRAINING REQUIRED TO CREATE PERMANENT POSITIVE CHANGE IN THEIR LIVES.

AAC C

Form 4562 Department of the Treasury Internal Revenue Service (99)	Depreciation and Amortization (Including Information on Listed Property) ▶ See separate instructions. ▶ Attach to your tax return.	OMB No. 1545-0172 2010 Attachment Sequence No. 67
---	---	---

Name(s) shown on return AN ARRAY OF CHARM (AOC)	Identifying number 55-0856946
---	---

Business or activity to which this form relates
Indirect Depreciation

Election To Expense Certain Property Under Section 179
 Note: If you have any listed property, complete Part V before you complete Part I.

Maximum amount (see instructions)	1	500,000
Total cost of section 179 property placed in service (see instructions)	2	
Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
Listed property. Enter the amount from line 29	7	
Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
Tentative deduction. Enter the smaller of line 5 or line 8	9	
Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10	
Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
Carryover of disallowed deduction to 2011. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)		
Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	476
Property subject to section 168(f)(1) election	15	
Other depreciation (including ACRS)	16	

MACRS Depreciation (Do not include listed property.) (See instructions.)		
Section A		
MACRS deductions for assets placed in service in tax years beginning before 2010	17	520
If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System						
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		271	5.0	HY	200DB	54
c 7-year property		205	7.0	HY	200DB	29
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System						
(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Summary (See instructions.)		
Listed property. Enter amount from line 28	21	8,322
Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	9,401
For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2010)

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AAC:

AN ARRAY OF CHARM (AAOC)

55-0856946

Page 2

Form 4562 (2010)

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		24b If "Yes," is the evidence written?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
(a) Type of property (if vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction
21 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25 6,239							
22 Property used more than 50% in a qualified business use:							
2006 BORD VAN	08/26/10	100.00%	12,479	6,240	5.0	200DBHY	1,248
BUS	05/19/05	100.00%	14,500	14,500	5.0	200DBHY	835
23 Property used 50% or less in a qualified business use:							
		%				SL-	
		%				SL-	
24 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 8,322							
25 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29							

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6
30 Total business/investment miles driven during the year (do not include commuting miles)	10,000	4,500				
31 Total commuting miles driven during the year						
32 Total other personal (noncommuting) miles driven						
33 Total miles driven during the year. Add lines 30 through 32	10,000	4,500				
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
		X	X			
35 Was the vehicle used primarily by a more than 5% owner or related person?		X	X			
36 Is another vehicle available for personal use?	X	X				

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions):					
43 Amortization of costs that began before your 2010 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

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Form 4562 (2010)

A.OC

Forms 990 / 990-PF	Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons	2010
For calendar year 2010, or tax year beginning _____, and ending _____		
Name AN ARRAY OF CHARM (AAOC)		Employer Identification Number 55-0856946

Form 990-EZ, Part V, Line 38b - Additional Information

Name of lender	Title
1) CAROLINE DAVIS	CEO/EXECUTIVE DIRECTOR
2) WAYNE DAVIS	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
1) 9,119	Various			
2) 7,478	Various			
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

Security provided by borrower	Purpose of loan
1)	
2)	
3)	
4)	
5)	
6)	
7)	
8)	
9)	
10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
1)	12,217	16,578
2)	13,863	8,063
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
Totals	26,080	24,641

AAOC AN ARRAY OF CHARM (AAOC)

55-0856946

Federal Asset Report

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus % 179	Sec Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
3	EMACHINE COMPUTER & PRINTER	8/29/10	542		X	271	5 HY 200DB	0	325
			<u>542</u>			<u>271</u>		<u>0</u>	<u>325</u>
7-year GDS Property:									
10	22" LCD TV	6/10/10	230		X	115	7 HY 200DB	0	131
11	CHEST FREEZER	6/10/10	180		X	90	7 HY 200DB	0	103
			<u>410</u>			<u>205</u>		<u>0</u>	<u>234</u>
Prior MACRS:									
2	OFFICE FURNITURE & EQUIPMENT	1/01/07	993			993	7 HY 200DB	559	124
3	COMPUTERS	6/04/08	1,100		X	550	5 HY 200DB	836	106
4	VENDING MACHINES	7/17/08	400		X	200	7 HY 200DB	278	35
5	CEILING FANS	8/07/08	260		X	130	7 HY 200DB	180	23
6	OFFICE ELECTRONICS	8/17/08	300		X	150	7 HY 200DB	208	26
7	OFFICE ELECTRONICS	12/01/08	180		X	90	7 HY 200DB	125	16
8	OFFICE FURNITURE	6/04/09	503		X	252	7 HY 200DB	287	62
9	FLAT SCREEN TV	12/22/09	1,040		X	520	7 HY 200DB	594	128
			<u>4,776</u>			<u>2,885</u>		<u>3,067</u>	<u>520</u>
Leased Property:									
12	2006 FORD VAN	8/26/10	12,479		X	6,240	5 HY 200DB	0	7,487
1	BUS	5/19/05	14,500			14,500	5 HY 200DB	13,665	835
			<u>26,979</u>			<u>20,740</u>		<u>13,665</u>	<u>8,322</u>
Grand Totals			32,707			24,101		16,732	9,401
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>32,707</u>			<u>24,101</u>		<u>16,732</u>	<u>9,401</u>

AAOC AN ARRAY OF CHARM (AAOC)

55-0856946

FYE: 12/31/2010

AMT Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:										
13	EMACHINE COMPUTER & PRINTER	8/29/10	542			X	271	5 HY 200DB	0	325
			<u>542</u>				<u>271</u>		<u>0</u>	<u>325</u>
5-year GDS Property:										
10	22" LCD TV	6/10/10	230			X	115	7 HY 200DB	0	131
11	CHEST FREEZER	6/10/10	180			X	90	7 HY 200DB	0	103
			<u>410</u>				<u>205</u>		<u>0</u>	<u>234</u>
Prior MACRS:										
2	OFFICE FURNITURE & EQUIPMENT	1/01/07	993				993	7 HY 200DB	368	178
3	COMPUTERS	6/04/08	1,100			X	550	5 HY 200DB	836	106
4	VENDING MACHINES	7/17/08	400			X	200	7 HY 200DB	278	35
5	CEILING FANS	8/07/08	260			X	130	7 HY 200DB	180	23
6	OFFICE ELECTRONICS	8/17/08	300			X	150	7 HY 200DB	208	26
7	OFFICE ELECTRONICS	12/01/08	180			X	90	7 HY 200DB	125	16
8	OFFICE FURNITURE	6/04/09	503			X	252	7 HY 200DB	287	62
9	FLAT SCREEN TV	12/22/09	1,040			X	520	7 HY 200DB	594	128
			<u>4,776</u>				<u>2,885</u>		<u>2,876</u>	<u>574</u>
Listed Property:										
12	2006 FORD VAN	8/26/10	12,479			X	6,240	5 HY 200DB	0	7,487
1	BUS	5/19/05	14,500				14,500	5 HY 200DB	13,292	835
			<u>26,979</u>				<u>20,740</u>		<u>13,292</u>	<u>8,322</u>
Grand Totals			32,707				24,101		16,168	9,455
Less: Dispositions and Transfers			0				0		0	0
Net Grand Totals			<u>32,707</u>				<u>24,101</u>		<u>16,168</u>	<u>9,455</u>

AAOC AN ARRAY OF CHARM (AAOC)
Bonus Depreciation Report

55-0856946

FYE: 12/31/2010

<u>Asset</u>	<u>Property Description</u>	<u>Date In Service</u>	<u>Tax Cost</u>	<u>Bus Pct</u>	<u>Tax Sec 179 Exp</u>	<u>Current Bonus</u>	<u>Prior Bonus</u>	<u>Tax - Basis for Depr</u>
<u>Activity: Form 990, Page 1</u>								
3	COMPUTERS	6/04/08	1,100		0	0	550	550
4	VENDING MACHINES	7/17/08	400		0	0	200	200
5	CEILING FANS	8/07/08	260		0	0	130	130
6	OFFICE ELECTRONICS	8/17/08	300		0	0	150	150
7	OFFICE ELECTRONICS	12/01/08	180		0	0	90	90
8	OFFICE FURNITURE	6/04/09	503		0	0	251	252
9	FLAT SCREEN TV	12/22/09	1,040		0	0	520	520
10	22" LCD TV	6/10/10	230		0	115	0	115
11	CHEST FREEZER	6/10/10	180		0	90	0	90
12	2006 FORD VAN	8/26/10	12,479	100	0	6,239	0	6,240
13	EMACHINE COMPUTER & PRINTER	8/29/10	542		0	271	0	271
Form 990, Page 1			17,214		0	6,715	1,891	8,608
Grand Total			17,214		0	6,715	1,891	8,608

AAOC AN ARRAY OF CHARM (AAOC)

35-0856946

Depreciation Adjustment Report

-YE: 12/31/2010

All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<u>MACRS Adjustments:</u>						
Pa 3c l	1	1	BUS	835	835	0
Pa 3c l	1	2	OFFICE FURNITURE & EQUIPMENT	124	178	-54
Pa 3c l	1	3	COMPUTERS	106	106	0
Pa 3c l	1	4	VENDING MACHINES	35	35	0
Pa 3c l	1	5	CEILING FANS	23	23	0
Pa 3c l	1	6	OFFICE ELECTRONICS	26	26	0
Pa 3c l	1	7	OFFICE ELECTRONICS	16	16	0
Pa 3c l	1	8	OFFICE FURNITURE	62	62	0
Pa 3c l	1	9	FLAT SCREEN TV	128	128	0
Pa 3c l	1	10	22" LCD TV	131	131	0
Pa 3c l	1	11	CHEST FREEZER	103	103	0
Pa 3c l	1	12	2006 FORD VAN	7,487	7,487	0
Pa 3c l	1	13	EMACHINE COMPUTER & PRINTER	325	325	0
				<u>9,401</u>	<u>9,455</u>	<u>-54</u>

AAOC AN ARRAY OF CHARM (AAOC)

65-0856946

Future Depreciation Report FYE: 12/31/11

FYE: 12/31/2010

Form 990, Page 1

Asset	Description	Date in Service	Cost	Tax	AMT
Prior MACRS:					
2	OFFICE FURNITURE & EQUIPMENT	1/01/07	993	89	128
3	COMPUTERS	6/04/08	1,100	63	63
4	VENDING MACHINES	7/17/08	400	25	25
5	CEILING FANS	8/07/08	260	16	16
6	OFFICE ELECTRONICS	8/17/08	300	19	19
7	OFFICE ELECTRONICS	12/01/08	180	11	11
8	OFFICE FURNITURE	6/04/09	503	44	44
9	FLAT SCREEN TV	12/22/09	1,040	91	91
10	22" LCD TV	6/10/10	230	29	29
11	CHEST FREEZER	6/10/10	180	22	22
13	EMACHINE COMPUTER & PRINTER	8/29/10	542	87	87
			<u>5,728</u>	<u>496</u>	<u>535</u>

Lited Property:

12	2006 FORD VAN	8/26/10	12,479	1,997	1,997
1	BUS	5/19/05	14,500	0	0
			<u>26,979</u>	<u>1,997</u>	<u>1,997</u>

Grand Totals

<u>32,707</u>	<u>2,493</u>	<u>2,532</u>
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AAOC

Forms 990 / 990-EZ Return Summary

For calendar year 2010, or tax year beginning

, and ending

55-0856946**AN ARRAY OF CHARM (AAOC)**

Net Asset / Fund Balance at Beginning of Year		<u>-14,316</u>
Revenue		
Contributions	<u>14,580</u>	
Program service revenue	<u>67,629</u>	
Investment income		
Capital gain / loss		
Special events:		
Gross revenue		
Direct expenses		
Net income		
Other income		
Total revenue	<u>82,209</u>	
Expenses		
Program services		
Management and general		
Fundraising		
Total expenses	<u>86,302</u>	
Excess / (deficit)		<u>-4,093</u>
Other changes		<u>-14,321</u>
Net Asset / Fund Balance at End of Year		<u>-32,730</u>

Reconciliation of Revenue	
Total revenue per financial statements	
Less:	
Unrealized gains	
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	

Reconciliation of Expenses	
Total expenses per financial statements	
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	

		Balance Sheet		Differences
	Beginning		Ending	
Assets	<u>19,430</u>		<u>6,930</u>	
Liabilities	<u>33,746</u>		<u>39,660</u>	
Net assets	<u>-14,316</u>		<u>-32,730</u>	<u>-18,414</u>

Miscellaneous Information

Amended return

Return / extended due date 05/16/11

Failure to file penalty