Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations 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.

Taxpayer Copy

OMB No. 1545-1150

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
AN ARRAY OF CHARM (AAOC)

Number and street (or P.O. box, if mail is not delivered to street address)
1326 ROSA PARKS BLVD

Room/suite
B

City or town, state or country, and ZIP + 4
NASHVILLE TN 37208

D Employer identification number
55-0856946

E Telephone number
615-289-3148

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ www.aaoccamps.org

J Tax-exempt status (check only one) — ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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 5b, 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 ▶ $ 60,777

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	
	2	Program service revenue including government fees and contracts	2	60,777
	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	60,777
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	23,267
	14	Occupancy, rent, utilities, and maintenance	14	17,048
	15	Printing, publications, postage, and shipping	15	54
	16	Other expenses (describe in Schedule O)	16	22,369
	17	Total expenses. Add lines 10 through 16 ▶	17	62,738
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,961
	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	-32,730
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	1,343
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	-33,348

Form 990-EZ (2011) AN ARRAY OF CHARM (AAOC) 55-0856946 Page 2

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II ☒

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	356	22	284
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	6,574	24	4,081
25 Total assets	6,930	25	4,365
26 Total liabilities (describe in Schedule O)	39,660	26	37,713
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-32,730	27	-33,348

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?
See Schedule O

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

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

28 PLEASE SEE ATTACHED INFORMATION

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 28a 62,736

29

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (describe in Schedule O)
(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 Total program service expenses (add lines 28a through 31a) ▶ 32 62,736

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (If not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Estimated amount of other compensation
CAROLINE DAVIS CEO/EXE DIRECTOR	30.00	0	0	0
FELECIA SWEATT E. PROGRAM DIRECTOR	30.00	4,435	0	0
BOARD OF DIRECTORS-PLEASE SEE ATTACH	3.00	0	0	0
DORIS RUCKS COORDINATOR	30.00	4,135	0	0

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		Yes	No
45a	Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		X
45b	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)		X
46	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		X

Part VI **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 ☐

		Yes	No
47	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		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?		X
b	If "Yes," was the related organization a section 527 organization?		

50 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."

(a) Name and title of each employee paid more than $100,000	(b) Average hours per week devoted to position	(c) Reportable compensation from the organization (Forms W-2/1099-MISC)	(d) Estimated amount of other compensation from the organization
None			

e 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	(d) Estimated amount of other compensation
None			

e 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 ▶ X Yes ☐ No

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	Signature of officer	Date 5/15/12
	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 05/14/12	Check X 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 ▶ X Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

AN ARRAY OF CHARM (AAOC)

Employer identification number

55-0856946

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–Other

e ☐ 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, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(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?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	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? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
(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) 2011

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Schedule A (Form 990 or 990-EZ) 2011 AN ARRAY OF CHARM (AAOC) 55-0856946 Page 2

Part II **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) 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.")						
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2010 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test—2010.** 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 ▶ ☐

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 qualifies 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 ▶ ☐

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 ▶ ☐

Schedule A (Form 990 or 990-EZ) 2011 AN ARRAY OF CHARM (AAOC) 55-0856946 Page 3

Part III 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) 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.")	14,271		12,341	14,580		41,192
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	66,700	110,360	54,655	67,629	60,777	360,121
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	80,971	110,360	66,996	82,209	60,777	401,313
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.)						401,313

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6	80,971	110,360	66,996	82,209	60,777	401,313
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						
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.)	80,971	110,360	66,996	82,209	60,777	401,313

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 ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a **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 ▶ ☒

b **33 1/3% support tests—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Schedule A (Form 990 or 990-EZ) 2011 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).

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

2011

Open to Public Inspection

AN ARRAY OF CHARM (AAOC)

Employer identification number

55-0856946

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	(c) Corrected? 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? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
(1)	CAROLINE DAVIS	X		9,119	20,035		X	X		X	
(2)	WAYNE DAVIS	X		7,478	6,563		X	X		X	
(3)											
(4)											
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
Total	▶ $				26,598						

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)			

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	(e) Sharing of org. revenues? 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).

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
2011
Open to Public Inspection

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 and Promotion	$ 580
VEHICLE EXPENSES	$ 4,473
BANK & MERCHANT FEES	$ 2,563
BUSINESS EXPENSE	$ 112
FIELD TRIPS	$ 1,481
INSURANCE	$ 1,271
PROGRAM SUPPLIES	$ 8,559
PARKING	$ 10
PROGRAM EXPENSE	$ 21
INTEREST EXPENSE	$ 806
Non-investment Depreciation	$ 2,493
Total	$ 22,369

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

Description	Amount
VARIENCE IN DEPRECIATION/ACCUM DEPRECIATION	$ 1,343

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

Description	Beg. of Year	End of Year
	$ 32,707	$ 32,707
Less Accumulated Depreciation	$ 26,133	$ 28,626
BUS	$ 0	$ 0

AN ARRAY OF CHARM (AAOC) 55-0856946

Form 4562 (2011) Page 2

Part V 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? [X] Yes [ ] No 24b If "Yes," is the evidence written? [X] Yes [ ] No

(a) Type of property (list 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	(i) Elected section 179 cost
25 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		
26 Property used more than 50% in a qualified business use:								
2006 FORD VAN	08/26/10	100.00%	12,479	6,240	5.0	200DBHY	1,997	
BUS	05/19/05	100.00%	14,500	14,500	5.0	200DBHY		
27 Property used 50% or less in a qualified business use:								
		%				S/L-		
		%				S/L-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28	1,997	
29 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)	12,300											
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	12,300											
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										
35 Was the vehicle used primarily by a more than 5% owner or related person?		X										
36 Is another vehicle available for personal use?	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.

Part VI 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 2011 tax year (see instructions):					
43 Amortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f). See the instructions for where to report				44	

DAA

Form 4562 (2011)

Forms 990 / 990-PF

Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons

For calendar year 2011, or tax year beginning . and ending

2011

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)		16,578	20,035
(2)		8,063	6,563
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		24,641	26,598

AAOC AN ARRAY OF CHARM (AAOC)
55-0856946
FYE: 12/31/2011

Federal Asset Report
Form 990, Page 1

05/14/2012 11:12 PM

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
2	OFFICE FURNITURE & EQUIPMENT	1/01/07	993				993	7	HY	200DB	683	89
3	COMPUTERS	6/04/08	1,100			X	550	5	HY	200DB	942	63
4	VENDING MACHINES	7/17/08	400			X	200	7	HY	200DB	313	25
5	CEILING FANS	8/07/08	260			X	130	7	HY	200DB	203	16
6	OFFICE ELECTRONICS	8/17/08	300			X	150	7	HY	200DB	234	19
7	OFFICE ELECTRONICS	12/01/08	180			X	90	7	HY	200DB	141	11
8	OFFICE FURNITURE	6/04/09	503			X	252	7	HY	200DB	349	44
9	FLAT SCREEN TV	12/22/09	1,040			X	520	7	HY	200DB	722	91
10	22" LCD TV	6/10/10	230			X	115	7	HY	200DB	131	29
11	CHEST FREEZER	6/10/10	180			X	90	7	HY	200DB	103	22
13	EMACHINE COMPUTER & PRINTER	8/29/10	542			X	271	5	HY	200DB	325	87
			5,728				3,361				4,146	496
Listed Property:												
12	2006 FORD VAN	8/26/10	12,479			X	6,240	5	HY	200DB	7,487	1,997
1	BUS	5/19/05	14,500				14,500	5	HY	200DB	14,500	0
			26,979				20,740				21,987	1,997
	Grand Totals		32,707				24,101				26,133	2,493
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		32,707				24,101				26,133	2,493

AAOC AN ARRAY OF CHARM (AAOC)
55-0856946
FYE: 12/31/2011

AMT Asset Report
Form 990, Page 1

05/14/2012 11:12 PM

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
2	OFFICE FURNITURE & EQUIPMENT	1/01/07	993				993	7	HY	200DB	546	128
3	COMPUTERS	6/04/08	1,100			X	550	5	HY	200DB	942	63
4	VENDING MACHINES	7/17/08	400			X	200	7	HY	200DB	313	25
5	CEILING FANS	8/07/08	260			X	130	7	HY	200DB	203	16
6	OFFICE ELECTRONICS	8/17/08	300			X	150	7	HY	200DB	234	19
7	OFFICE ELECTRONICS	12/01/08	180			X	90	7	HY	200DB	141	11
8	OFFICE FURNITURE	6/04/09	503			X	252	7	HY	200DB	349	44
9	FLAT SCREEN TV	12/22/09	1,040			X	520	7	HY	200DB	722	91
10	22" LCD TV	6/10/10	230			X	115	7	HY	200DB	131	29
11	CHEST FREEZER	6/10/10	180			X	90	7	HY	200DB	103	22
13	EMACHINE COMPUTER & PRINTER	8/29/10	542			X	271	5	HY	200DB	325	87
			5,728				3,361				4,009	535
Listed Property:												
12	2006 FORD VAN	8/26/10	12,479			X	6,240	5	HY	200DB	7,487	1,997
1	BUS	5/19/05	14,500				14,500	5	HY	200DB	14,127	0
			26,979				20,740				21,614	1,997
	Grand Totals		32,707				24,101				25,623	2,532
	Less: Dispositions and Transfers		0				0				0	0
	Net Grand Totals		32,707				24,101				25,623	2,532

AAOC AN ARRAY OF CHARM (AAOC)
55-0856946
FYE: 12/31/2011

Bonus Depreciation Report

05/14/2012 11:12 PM

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
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	0	115	115
11	CHEST FREEZER	6/10/10	180		0	0	90	90
12	2006 FORD VAN	8/26/10	12,479	100	0	0	6,239	6,240
13	EMACHINE COMPUTER & PRINTER	8/29/10	542		0	0	271	271
	Form 990, Page 1		17,214		0	0	8,606	8,608
	Grand Total		17,214		0	0	8,606	8,608

AAOC AN ARRAY OF CHARM (AAOC)
55-0856946
FYE: 12/31/2011

Depreciation Adjustment Report
All Business Activities

05/14/2012 11:12 PM

Form	Unit	Asset	Description	Tax	AMT	AMT Adjustments/ Preferences
MACRS Adjustments:						
Page 1	1	1	BUS	0	0	0
Page 1	1	2	OFFICE FURNITURE & EQUIPMENT	89	128	-39
Page 1	1	3	COMPUTERS	63	63	0
Page 1	1	4	VENDING MACHINES	25	25	0
Page 1	1	5	CEILING FANS	16	16	0
Page 1	1	6	OFFICE ELECTRONICS	19	19	0
Page 1	1	7	OFFICE ELECTRONICS	11	11	0
Page 1	1	8	OFFICE FURNITURE	44	44	0
Page 1	1	9	FLAT SCREEN TV	91	91	0
Page 1	1	10	22" LCD TV	29	29	0
Page 1	1	11	CHEST FREEZER	22	22	0
Page 1	1	12	2006 FORD VAN	1,997	1,997	0
Page 1	1	13	EMACHINE COMPUTER & PRINTER	87	87	0
				2,493	2,532	-39

AAOC AN ARRAY OF CHARM (AAOC)
55-0856946
FYE: 12/31/2011

Future Depreciation Report FYE: 12/31/12

Form 990, Page 1

05/14/2012 11:12 PM

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
2	OFFICE FURNITURE & EQUIPMENT	1/01/07	993	88	128
3	COMPUTERS	6/04/08	1,100	63	63
4	VENDING MACHINES	7/17/08	400	17	17
5	CEILING FANS	8/07/08	260	12	12
6	OFFICE ELECTRONICS	8/17/08	300	14	14
7	OFFICE ELECTRONICS	12/01/08	180	8	8
8	OFFICE FURNITURE	6/04/09	503	31	31
9	FLAT SCREEN TV	12/22/09	1,040	64	64
10	22" LCD TV	6/10/10	230	20	20
11	CHEST FREEZER	6/10/10	180	16	16
13	EMACHINE COMPUTER & PRINTER	8/29/10	542	52	52
			5,728	385	425
Listed Property:					
12	2006 FORD VAN	8/26/10	12,479	1,198	1,198
1	BUS	5/19/05	14,500	0	0
			26,979	1,198	1,198
	Grand Totals		32,707	1,583	1,623

Schedule A, Part III, Line 1(e)

Description	Amount
WAYNE DAVIS	$
Total	$ 0

Schedule A, Part III, Line 2(e)

Description	Amount
Program Service Revenue	$ 60,777
Total	$ 60,777

Schedule A, Part III, Line 11

Description	Amount
Less: Deductions	$ -1,000
Total	$ -1,000