AAOC 05/11/2013 1:46 PM IRS e-file Signature Authorization Form 8879-FC for an Exempt Organization Tax**pave** OMB No. 1545-1878 Department of the Treasury Do not send to the IRS. Keep for your records. Internal Revenue Service Name of exempt organization Employer Identification number AN ARRAY OF CHARM (AAOC) Name and title of officer 55-0856946 CAROLINE DAVIS CEO/EXECUTIVE DIRECTOR Part Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than I line in Part I. Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1a Form 990 check here 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) 2b b Total tax (Form 1120-POL, line 22) 3a Form 1120-POL check here b Tax based on Investment Income(Form 990-PF, Part VI, line 5) 4b 4a Form 990-PF check here Form 8868 check here b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b Part II Declaration and Signature Authorization of Officer Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only Ade Consulting to enter my PIN as my signature Enter five numbers, but do not enter all zeros on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(les) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Certification and Authentication Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFiN) followed by your five-digit self-selected PIN. 62861361955 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

Must Retain This Form—See Instructions

Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form 8879-EO (2012)

ERO's signature

Form 990-F7

Department of the Treasury

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.

Open to Public Inspection

-21,858

Form 990-EZ (2012)

21

OMB No. 1545-1150

2012

Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements. A For the 2012 calendar year, or tax year beginning , and ending Chock if applicable C Name of organization D Employer Identification number Address change AN ARRAY OF CHARM (AAOC) Name chance 55-0856946 Number and street (or P.O. box, if real is not delivered to street address) Initial return Room/suite E Telephone number Terminated 1326 ROSA PARKS BLVD B 615-289-3148 City or lown, state or country, and ZIP + 4 Amended return F Group Exemption NASHVILLE Application pending TN 37208 Number_> Accounting Method: Check ► if the organization is not Website: Www.aaoccamps.org required to attach Schedule B Tax-exempt status (check only one) — X 501(c)(3) 501(c) () 4 (insert no.) 4947(a)(1) or 1 627 (Form 990, 990-EZ, or 990-PF). if the organization is not a section \$09(a)(3) supporting organization or a section 527 organization and its gross receipts are normally Check ▶ 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. 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 Forth 990 instead of Form 990-EZ 105,040 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 Contributions, gifts, grants, and similar amounts received Program service revenue including government fees and contracts Membership dues and assessments 2 3 Investment income Gross amount from sale of assets other than inventory 5a Less: cost or other basis and sales expenses 5b Ь Gain or (loss) from sale of assets other than invertory (Subtract line 5b from line 5a) 5c Gaming and fundraising events Gross income from garning (attach Schedule G if greater than 6a 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) c Less: direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundralsing events (add lines 6a and 6b and subtract line 6c) 7a Gross sales of inventory, less returns and allowances 6d b Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c Other revenue (describe in Schedule O) 8 8 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 105,040 Grants and similar amounts paid (list in Schedule O) 10 Benefits paid to or for members
Salaries, other compensation, and employee benefits 10 11 11 12 12 1,208 Professional fees and other payments to Independent contractors 13 27,832 Оссиралсу, rent, utilities, and maintenance 13 14 19,458 Printing, publications, postage, and shipping 14 15 15 455 16 Other expenses (describe in Schedule O) 16 44,597 17 Total expenses. Add lines 10 through 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 17 93,550 18 18 11,490 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 -33,348 Other changes in net assets or fund balances (explain in Schedule O) ğ 20 20 Net assets or fund balances at end of year. Combine lines 18 through 20

Partil Balance Charge OF CI	PARM (P	AAOC)	55	5-0	856946		Does
	uctions for	Part II)					Page
Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II. 22 Cash, savings, and investments 23 Land and buildings 24 Ciber assets (describe in Schedule O) 25 Total assets 26 Crotal liabilities (describe in Schedule O) 27 Total assets 28 Total assets 29 Total assets 29 Total assets 20 Cash, savings, and investments 30 Land and buildings 40 Cash, savings, and investments 31 Land and buildings 40 Cash, savings, and investments 32 Land and buildings 40 Cash, savings, and investments 41 Cash, Savings, and investments 42 Cash, savings, and investments 43 Cash, savings, and investments 44 Cash, 25 Cash, 34 Cash, 35 Cash, 36 Cash, 37 Ca	<u></u>						
	1					T	
2 Cash, savings, and investments				,		1 22	
3 Land and buildings			***********				33
4 Other assets (describe in Schedule O)		************					0.00

o Total Habilities (describe in Schedule O)							
Net assets or fund balances (line 27 of column ((B) must son	ee with line 21\	ľ		-33 240		
Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II							
Check if the organization used S	shedule O	to reenand to an	se lije instiuction:	S TOL	Partill)		
what is the organization's primary exempt purpose?	7	to reabolite to Bit	A doesnou in fulls	Pan	<u> </u>	1 '	•
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escribe the organization's program service accomplis	ments for a	ach of its thmo loss	001 000 000 000				=
s measured by expenses. In a clear and concise man	mer describe	the services esset	est broßism seivice	5,			
ersons benefited, and other relevant information for e	ach process	anie seraices bloaic	seo, the number of			for	others.)
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	}						
) If this amo	unt includes	foreign grants, chec	k here		▶ ∏ [28a	93,55
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(Grants \$) If this amo	unt includes	foreign grants, chec	k here		> [71]	298	
	.						-
			*****************	• • • • •			
					1	[
(Grants \$) If this amo	unt includes (foreign grants, chec	k here	• · · · ·		200	
Other program services (describe in Schedule O)						300	
(Grants \$) If this amount	unt includes f	foreign granis, chec	k here	• • • • • •	·····	24-	
2 Total program service expenses (add lines 28a t	prough 31a)						02 55/
Partity List of Officers, Directors, Trustees	and Key E	maleuged ist sock		nene	ated (see the incl	32	93,330
Check if the organization used Schedu	le O to respo	nd to any question	in this Part IV				
(a) Name and title			(c) Reportable compensation		(d) Heath bene	ifits.	And Product Assessment
<u> </u>		devoted to position	(Forms W-2/1099-M		benefit plans,	and	other compensation
CAROLINE DAVIS	<u> </u>		(ii iiot pato, enter	-0-)	ветегва сотрел	sation	
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Form 990-EZ (2012)

Page	•
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_	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V.			i i
22		•••••	Yes	
33	and a second crigage in any significant adjivity not previously reported to the IRS2 if "Ves " provide a		103	1.40
24	detailed description of each activity in Schedule D	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			 -
	sopy of the amended ductinents it they reliect a change to the organization's name. Otherwise, explain the	İ		1
	Change on Schedule O (see instructions)	34		x
358	and a second move districted business gross income of \$1,000 of more during the year from husiness	 37		 ^
	ocurrings (such as those reported on lines 2, 6a, and 7a, among others)?	35a		x
	11 "Yes," to line 35a, has the organization filed a fform 990-T for the year? If "No." provide an explanation in Schodule O	35b		-
C	• • • • • • • • • • • • • • • • • • •	1000		
	reporting, and proxy tax requirements during the year? if "Yes." complete Schedule C. Part III	35c		x
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net appete	330		
	ouring the year? it "Yes," complete applicable parts of Schedule N	36		x
37a	and the instructions appendicules, direct or indirect, as described in the instructions			
t t	Did the organization file Form 1120-POL for this year?	37b		X
38a	Lio the diganization borrow from, or make any loans to, any officer, director, trustee, or key employee or were		2000	000000000000000000000000000000000000000
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this colum?	38a	X	
þ	in res, complete Schedule L. Part II and enter the total amount involved			****
39	Section 501(c)(7) organizations. Enter:			
a	iradauon tees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	ا الله		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1		
_	section 4911 > ; section 4912 > section 4955 >			
b	to to to to to to the cryanization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in anjexcess benefit transaction in a prior year that has not been	2000000	******	SECURE.
	reported on any of its prior Forms 990 or 990-EZ1 if "Yes," complete Schedule L. Part I	40ь	l	X
С	Section 501(c)(3) and 501(c)(4) organizations. Eriter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	- The state of the			
_	reimbursed by the organization			
9	The second state of the lax year, was the organization a party to a prohibited toy shallor			
44	uansaction 7 it "Yes." complete Form 8886-T	40e	*******	X
41 42a	List the states with which a copy of this return is filed None			
724	Telephone no A 61	-210	-69	9 63
	GUO MALTA DRIVE	• • • • • • •	••••	
h	Located at ➤ NASHVILLE TN ZIP+4 ➤ 372	207		
U	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	······································	res l	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	and the same of the intelligible by			
	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 moletain as office autiliarity at a second			
	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country:	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in fieu of Form 1041 — Check here			,—
			J	>
	43			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	'es	No
	COMDISIED Instead of Form 900 E7			
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 980 must be	44a	3833 R	X
	completed instead of Form 990-F7			
C	The area of surface to the payments for indeed fanding services during the year?	44b		$\frac{\mathbf{x}}{\mathbf{x}}$
d	if "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	44c		
	The second of th	44d	**************************************	A0000575
704	the organization have a controlled entity within the meaning of section 512(b)/13)2	45a	十	x
45b	Lid the organization receive any payment from or engage in any transaction with a controlled entity within the	708		
	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)	45b		X
DAA		m 990-	EZ (2	(012)

Form 990	D-EZ (2012)	AN	ARRAY	OF C	HARM (AOC)		55-08	356946		ı	
46 Di	id the organ	nization eng s for public	gage, directly	or indired	ctly, in political	campaign activities	on behalf				Yes	XX.
Part	Al 50	section 5	501(c)(3) or	ganizati	ons must an	swer questions 4	7–49b aı	nd 52, and co	mplete the tables for	lines	<u>l </u>	X
47 Di	d the orgar	ization eng	age in lobbyi	ing activiti	es or have a s	ection 501(h) election	n in effec	t during the tax	v		Yes	No
48 Is	the organiz	ation a sch	Schedule C, col as descri	ibad in sa	CNDA 170(h)(1)	バルバii)つ (f eVaa a aae	alata Cal	andula F	************************		\vdash	X
b If	Yes, was	he related	organization	a section	exempt non-ch 527 organizat	iantable related orga ion?	nization?	· • • • • • • • • • • • • • • • • • • •	••••	49a		X
50 Co	mplete this	table for th	ne organizatio	on's five h	ighest comper	sated employees in	ther then	officers directe	rs, trustees and key	49b		
- <u></u>	ipioyees) v	nto each re	ceived more	than \$10	0,000 of comp	ensation from the or	ganization	n. If there is non-	e, enter "None."			
) Name and paid mor	title of each er e than \$100,0	mployee 00		(b) Average hours per week devoted to position	l cor	Reportable rpensation N-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(o) Estimate other com		
None	· · · · · · · · · · · · · · · · · · ·			···•••••					assaudt sampanagut	-		
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None						nan \$100,000		(b) Type	of service	(c) Comper	sation	—
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d Tota 52 Did	al number o the organiz	of other indestation comp	ependent cor lete Schedul	tractors e	e: All section 5	over \$100,000 01(c)(3) organization	ns and 49	A7(a)(1)				<u> </u>
non	exempt cha	<u>intable trus</u>	<u>ts must attac</u>	th a comp	<u>le(ed Scheduli</u>	э А <u>, , , , , , , , , , , , , , , , , , </u>)	X Yes	[] N	0
true, correc	t, and compl	ry, i declare etc. Declarat	that I have exa ion of prepare	amined this r (other tha	return, includin in efficer) is basi	g accompanying sched ed on all information of	lules and s which prep	tatements, and to parer has any kno	the best of my knowledge a	and belief, it is		
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		blebaret,a uo			Prys	pager's signature			Date	Feel PTIN		—
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Preparer Use Only			608 Ma		Dz				Farm's EIN	27-184		<u>5</u>
May the IF	RS discuss	this return	Nashvi		mabove? See	207-3616			Phone no. 6	15-210-		
			····· nio bieh	area show	menoval 388	uisuucions	· · · · · · · · · · · · · · · · · · ·	*****		Form 990		No 012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

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 2012

Open to Public Inspection

Internal Revenue Service

Name of the organization

Part I Rea	AN ARRAY OF	CHARM (AAOC)					1 6		ndfication numb	er	
	son for Public Charity	Status (All organization	ns must c	omplete	this p	art.) Se	e inst	ruction	s.		
was aligning property to the	or a burate ionidation Décans	e II Js: (For lines 1 through 11.	check only	ane how \							
2 A school de	convention of churches, or ass	ociation of churches described	l in section	170(b)(1)(A)(i).						
3 : A hospital of	escribed in section 170(b)(1)	A)(II). (Attach Schedule E.)									
4 Americal	or a cooperative hospital servi	😕 drganization described in s	ection 170(b)(1)(A)(i	li).						
city, and st	esearch organization operated ate:	in conjunction with a hospital	described i	n section	170(b)	(1)(A)(III).Enter	the hos	pitai's name,		
5 An organiza	ation operated for the benefit o	f a coilege or university owner	i or anarata	d by a sa					•••••••		• • • • •
section 17	0(b)(1)(A)(iv).(Complete Part	(I.)	o operate	d by a go	remutter	itai urni (escnoe	מים			
6 A federal, s	tale, or local government or g	verimental unit described in	coction 47	n/5\/4\/A\	4.4						
7 An organiza	ation that normally receives a	the population and of its support 6	pection 11	u(D)(T)(A)	{ ∨ J. ``	44					
described in	n section 170(b)(1)(A)(vi).(C	omolete Part II \	iuiii a govei	rimental u	ing or mo	om the g	eneral p	oublic			
8 A communi	ty trust described in section 1	70/h)(1)(A)(vi) (Complete De	II \								
9 X An organiza	ation that normally receives: (1) more than 33 426, of he are	П II.)								
receipts fro	M activities related to its even	of functions are blood to sector	ipori irom d	onunoution	s, mem	bership (ees, an	d gross			
Support from	m activities related to its exem	of uppolitions—subject to certain	n exception:	s, and (2)	no more	than 33	1/3% (of its			
acquired by	n gross investment income an	u ujudialed business (8X8Die i	ncome (less	section 5	11 tax)	from bus	inesse:	3			
10 An omaniza	the organization after June 30	, 1975. See section 609(a)(2). (Complete	e Part III.)							
11 An omeniza	ation organized and operated of	xclusively to test for public sa	fety. See se	ction 509	(a)(4).						
nurnase of	tion organized and operated e	xclusively for the benefit of, to	perform the	functions	of, er t	o carry o	ut the				
509/a\/3\ (one or more publicly supporte	d organizations described in a	ection 509(a)(1) or se	ection 50	09(a)(2).	See se	ction			
a Typ	Check the box that describes the	le type of supporting organiza	lion and cor	nplete line	s 11e th	rough 1	1h.				
		C [_] Type III-Function	onally integr	ated	đ	Lj Tyl	oe III-N	en-funct	ionally integra	ted	
other than 6	this box, I certify that the orga	inization is not controlled direc	tly or indire	ctly by one	er mor	e disqua	lified pe	ersons			
Office a replication	JUNUAUUN MANACERS ANA AINA	'ihan one or more publish aus									
or continu Fi	oundation managers and other	mid. One or more publicly suf	sported orga	inizations	descup	ed in sec	tion 50	9(a)(1)			
or section 5	vs(a)(2).							9(a)(1)			
f If the organi	us(a)(2). Zation received a written deter							9(a)(1)			
f If the organi organization	us(a)(2). Zation received a written deter , check this box	mination from the IRS that it is	a Type I, T	ype II, or				9(a)(1)			iΤ
f If the organi organization g Since Augus	us(a)(2). zation received a written deter , check this box st 17, 2006, has the organizati	mination from the IRS that it is	a Type I, T	ype II, or				9(a)(1) 		•••••	
f If the organi organization g Since Augus following pe	us(a)(2). zation received a written deter b, check this box st 17, 2006, has the organizati	mination from the IRS that it is	a Type I, T	ype II, or	Type III	supportio		9(a)(1)	••••••••	·•···	IJ
f If the organi organization g Since Augus following pe (i) A perso	us(a)(2). zation received a written deter check this box st 17, 2006, has the organizati rsons? on who directly or indirectly con	mination from the IRS that it is on accepted any gift or contributors, either alone or together	a Type I, T	ype II, or	Type III	supportion	ng	9(a)(1) 	······································	Yes	:
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Total

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

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

supported organization _____

instructions

Schedule A (Form 980 or 990-EZ) 2012

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.)

Calendary year (or fiscal year beginning in) Gills, grists, contributions, and membership fees received. (Do not clinicale say "unusual greats.") 2 Gross receipts from admissions, membership sold or excelled performed. (The clinical say "unusual greats.") 2 Gross receipts from admissions, membership sold or excelled persons the excelled purpose sold or excelled to review and excelled to respect the organization's benefit and either paid to or expended on its behalf or repair and either paid to or expended on its behalf or a feet organization's benefit and either paid to or expended on its behalf or a feet organization's benefit and either paid to or expended on its behalf or a feet organization's benefit and either paid to or expended on its behalf or a feet organization's benefit and either paid to or expended on its behalf or a feet organization's benefit and either paid to or expended on its behalf or a feet organization's benefit and either paid to or expended on its behalf or a feet organization's benefit and either paid to or expended on its behalf or a feet organization's devices or feetiles furnished by a governmental unit to the organization without charge or a feetile furnished by a governmental unit to the organization without charge organization organiza	Se	ction A. Public Support	y que	under th	e tests listed be	low, please cor	nplete Part II.)	
Giffs, grates, contributions, and membership feer proceeds (Con excellent and process) 11,341 14,590 41,914 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012 69,2012	Cale	ndar year (or fiscal year beginning in)	\top	(a) 2008	(b) 2000	(0) 0040	4.0.22		
2 Gross receipts from admissions, merchandese sold of services performed or Falling services with sold in the control of the		Gifts, grants, contributions, and membership fees received. (Do not include any "unusual		(4) 2000		(c) 2010	(d) 2011	(e) 2012	(f) Total
and guillations tax exampl purpose 110,360 54,655 67,629 69,777 63,126	2	Gross receipts from admissions, merchandise sold or services performed or facilities	\vdash		12,341	14,580		41,914	68,83
3 Gross receipts from activities that are not an unrelated trained to or expanded on its behalful. 5 The value of services or facilities human to the organization's benefit and either paid to or expanded on its behalful. 5 The value of services or facilities human to the organization's benefit and either paid to or expanded on its behalful. 5 The value of services or facilities human to the organization's benefit of most designed in the fact of the paid to organization without charge organization and the state of the paid of the		organization's tax-exempt numbee	1	110.360	E4 688	67.600			
4 Tax revenues lavied for the organization's barnelli and either paid to or expanded on its behalf. 5 The value of services or facilities introduced by a governmental until to the organization without charge or a control of the part	3	Gross receipts from activities that are not an			34,653	67,629	60,777	63,126	356,54
5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Totals. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 8 Amounts included on lines 1, 2, and 3 received from disqualified persons are considered or on the service of from disqualified persons are considered or on the service of from disqualified persons are considered or on the service of from disqualified persons are considered or on the service of from disqualified persons are considered or on the service of from disqualified persons are considered or on the service of from disqualified persons are considered or on the service of from the service of from the 5 and 70 by a from the 6 considered or on the service of from the 6 considered or on the service of from the 6 considered or on the service of from the 6 considered or on the service of from the 6 considered or on the service of from the 6 considered or on the service of from the 6 considered or on the service or one or on the service or one of the services or one or or one or one or	4	Tax revenues levied for the organization's benefit and either paid							
Total. Add lines 1 through 5 Ta Amounts included on lines 1,2 and 3 received from disqualified persons Amounts included on lines 2 and 3 received from the than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year or 14 do 15 for the year or 15 for 15	5	The value of services or facilities furnished by a governmental unit to the							
Tax Amounts included on lines 1, 2, and 3 received from disquasified persons a received from disquasified persons and a received from fine 6 and a r	6	Total. Add lines 1 through 5	evied for the enefit and either paid on its behalf vices or facilities overnmental unit to the hout charge 1 through 5 110,360 66,996 82,209 60,777 1 squalified persons on lines 2 and 3						
b Amounts included on lines 2 and 3 received from other than disquarified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year or 3 Public support (Stotract line 7 c from line 8). Section B. Total Support Calendar year (or fiscal year beginning in) a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total line 18). Section B. Total Support Calendar year (or fiscal year beginning in) a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total line 19). Amounts from line 8 (1) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total line 19). Amounts from line 8 (1) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total line 100 (e) 2012 (f) Total line 100 (e) 2012 (f) Total line 100 (e) 2012 (f)	7a	Amounts included on lines 1, 2, and 3 received from disqualified persons				62,209	60,777	105,040	425,38
c Add lines 7a and 7b 8	b	Amounts included on lines 2 and 3 received from other than disqualified Cersons that exceed the greater of \$5,000							
Section B. Total Support Calendar year (or fiscal year beginning in) ≥ (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (f) Total 9 Amounts from line 6 110, 360 66, 996 82, 209 60, 777 105, 040 425, 38 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 sabble income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 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.) 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) 7 Fubic support percentage for 2012 (line 8, column (f) divided by line 13, column (f)) 15 Pubic support percentage from 2011 Schedule A. Part III, line 17 16 Pubic support percentage from 2011 Schedule A. Part III, line 17 17 Nestment income percentage from 2011 Schedule A. Part III, line 17 18 Investment income percentage from 2011 Schedule A. Part III, line 17 19 31 31/3% support tests—2012. If the organization of lot check the box on fine 14, and fine 15 is more than 33 1/3%, and line 15 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3%, and line 18 is not more than 33 1/3	C	Add lines 7e and 7h				-			
Section B. Total Support Calendar year (or fiscal year beginning in) A Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, noyalities and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1973 c Add lines 10a and 10b Net income from unrelated business satisfies not included in line 10b, whether or not the business is regularly carried on or on the business is regularly carried on the carried on the business is regularly carried on or on the subject of the organization of the carried on the carr	8	Public support (Subtract line 7c from							
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~~~~ WOLL HZULS 1:46 PM SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

Complete if the organization answered
"Yes" on Form 990, Part IV, line 25e, 25b, 26, 27, 28s, 28b, or 28c,

2012

OMB No. 1545-0047

Schedule L (Form 990 or 990-EZ) 2012

Internal Revenue Service			or Form 990-EZ,	Part V,	line 3	Sa or 40b.	.,	•					4	
Name of the organization		Attach to Fo	rm 980 or Form 99	O-EZ.		See sopa	ato inst	ructions.					Publi On	
<u>-</u>								Emplo	yer id	entifica	tion au	mber		
Part Excess Bend	RRAY OF CHARM (A	AOC)						55-	0856	946				
	efit Transactions organization answered	(Section 50	1(c)(3) and sect	lion 5	01(c)	(4) organiza	itions o	only).						
4	The state of the s	/b) Pot	ationship balween di	, line	258 (or 250, or Fo	m 990	0-EZ, Part V, fine	40b.			, —		
T (a) Name of disqualit	fied person	(10),100	erganizat		ва ре	rean ona		(c) Description of the	ensecti	ion		<u> </u>	Carre	cted?
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2 Enter the amount of tax incounter section 4958	urred by the organizat	ion manager	s or disqualified	pers	ons d	luring the ye	ar							
3 Enter the amount of the if a	one on the Date of	4 - 9 - 9		· • • • •			• • • • • • • • • • • • • • • • • • •		▶ :	s				
under section 4958 3 Enter the amount of tax, if a	iny, on line 2, above, a	eimbursed b	y the organization	on	• • • • •		· • • • • • •	************	> :	\$				
	lor From Interes	ted Perso	ns.											
omplete it green	rganization answered orted an amount on Fo	Tes On For	m 990-EZ, Part	V, lir	1e 38	a or Form 9	90, Pai	rt IV, line 26; or if	the					
(a) Name of interested person	A CO ATT BAROUTE ON PO	(b) Relationship	(c) Purpose of		oan to	(e) Origina		10.0-1						
		with organization		or to	om the			(f) Balance due	(3) ID	default?		povernod pard or		itilien ment?
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(a) Name of interested	person		ship botween interes and the organization		(c) Am	ount of assistanc	e (d)	Type of assistance		(a) P	'urpose i	of assisti	ance	_
1)		person	and any organization	-			-		<u> </u>					
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ALCON RIVER	Complete if the organization answers	ving in	terested Persons.				age
	Complete if the organization answere (a) Name of interested person	9 - Y 98 - CI		a, 28b, or 28c.	T		
	(a) Name of Murested person		(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	of reve	Shark org. shues
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Part V	Supplemental Information			<u> </u>			
-	Complete this part to provide additional	informal	ion for responses to question	ns on Schedule L (see i	nstructions).		
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					Schedule L (Form 990 or 990)-EZ) 2(<u> </u>

SCHEDULE O (Form 990 or 990-EZ)

WO WELLERING LABORS

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047 2012

Department of the Treasury internal Revenue Service

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

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 198 OFFICE REPAIRS & MAINTENANCE 178 BUSINESS MEETINGS 720 VEHICLE EXPENSES 12,709 BANK & MERCHANT FEES 3,884 BUSINESS EXPENSE 1,097 FIELD TRIPS 1,317 INSURANCE 104 PROGRAM SUPPLIES 17,731 MEMBERSHIPS & DUES 179 **PARKING** 38 PROGRAM EXPENSE 1,455 TRAVEL & MEETINGS 2,062 INTEREST EXPENSE 844 Non-investment Depreciation 2,081 Total 44,597 Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances Description Amount VARIENCE IN DEPRECIATION/ACCUM DEPRECIATION Form 990-EZ, Part II, Line 24 - Other Assets

Schedule O (Form 990 or 990-EZ) (2012)			Page
AN ARRAY OF CHARM (AAOC)		Employer Ide	entification number 56946
Description	Bec		End of Year
	\$	32,707 \$	
Less Accumulated Depreciation	\$	28,626 \$	***********************
BUS	\$	0 \$	**** ***** ****************************
FURNITURE, EQUIPMENT & COMPUTERS	\$	0 \$	***************************************
	Total \$	4,081 \$	****
	······	······································	2,920
Form 990-EZ, Part II, Line 26 - Other L	iahili+ias		•••
Description			
Accounts Payable and Accrued Expenses		. of Year	***********
LOAN-G. WAYNE DAVIS	Ş	2,981 \$	600
BUS LOAN	\$	0 \$	0
/AN LOAN	\$	2,900 \$	2,000
Loans from Officers	\$	5,234 \$	0
January VIII Colls	\$	26,598 \$	22,511
Form 990. Mg Down Try	*******************	•••••	*****************
Form 990-EZ, Part III - Primary Exempt I		•••••	• • • • • • • • • • • • • • • • • • • •
IN ARRAY OF CHARM'S MISSION IS TO EMPLOW			
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EQUIRED TO CREATE PERMENATE POSITIVE CH	ANGE IN THEIR	R LIVES.	
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Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

Attach to your tax return.

AN ARRAY OF CHAPM (AROC) AN ARRAY OF CHAPM (AROC) S5-0856946	Name	(s) shown on return					- PAGEON	to your tax ret	- i	ífelan nu	Sequence No. 1/3
The Circle Deprecial Ed. on Observations as on outlier Tradition Complete Part II. Fairt III. Election To Expense Cartain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part II. Maximum amount (see instructions) 1 Threshold cost of section 179 property placed in service (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property placed in service (see instructions) 4 Reduction in finitiation. Subtract line 3 from ine 2 If zero of ires, enter 0. 5 Dodar limitation for its very control in 18 of your 2011 from 4562 7 Listed property. Enter the amount from See 29 1 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Testable deduction. Enter the smaller of the 5 of the 8 9 Testable deduction. Enter the smaller of the 5 of the 8 10 Carryver of disablowed deduction from line 12 of your 2011 from 4562 11 Business income (installate, Enter the smaller of the 5 of the 8 12 Carryvers of disablowed deduction to 2013. Add finances 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 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 12 12 September 19 and 1	_		AY OF C	HARN	(AAOC)						
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		Note: For any v 24b, columns (a Section 4	ehicle for which	you a	re usir	g the st	ándard n	nileage :	rate or dec	ducting le	ase ex	pense.	comple	e only 24	la		
		Section 4	—Depreciation	38CII	Otho	or Sec	ion B, ai	nd Section	on C if app	olicable.							
24a	Do you ha	ve evidence to support t	—Depreciatio	II dill	Oute	rilliom	iation (t	autton		struction	s for lir	nits for p	assen	ger autom	obiles.)		
	(a)	l.	(c)	POUT URG				X Yes	No	24b	If "Yes	," is the	eviden	ce written	?	X Yes	
	e of property	(b) Date placed	Business/ investment use	1	L	(d)	١,	(e) lasis for de		(1)	_	(g)	- 1	(h)			(1)
(121	vehicles first)	in service	percentage	1	LOST OF	other basis	' (business/in	westment	Recover	• 1	Method/ Convention	.	Deprec deduc			section 1
25	Special	depreciation allows	ango for qualific	d Basa	 			U50 O	nly)	<u></u>					41011		
	the tax v	and used mov	a than 6000 in a	J IISLE	prope	erty piac	ed in sei	Vice dur	ing			l l					
26	Property	ear and used more used more than 5	Of in a qualific	quaiir	PO DUS	uness u	993) 93	nstructio	ns)	4		<u>l</u>	25			W	
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		08/26/10	100 00	ار	١,	L2,4	70			l _	_						
B	US	33/ 23/ 23	100.009	"—	-	2,4	/9 		<u>6,240</u>	<u>5.</u>	<u>0 20</u>	00DB	HY		1,198	<u> </u>	
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27	Property	used 50% or less			1	4,3	<u> </u>		4,500	5.	0 20	OODB	HY_				
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28	Add amo	unts in column (h).	lines 25 through	h 27	Entock					<u> </u>	S	<u>L-</u>					
29	Add amo	unts in column (i),	line 26. Enter h	11 27. 010 01	Enter	vere and	on une :	21, page	• 1	• • • • • • • • •		∟	28		1,198		
		1,000	inte 20. Litter II	ci e ai											29	<u> </u>	
Com	plete this s	ection for vehicles	used by a cole		380	:BOU P-	Interm	ation o	n Use of	Vehicle:	3						
to yo	ur employ	section for vehicles ses, first answer th	a cuestions in S	propr Saction	Eloi, p	armer, c	r other	more ina	in 5% owr	ner, or n	elated p	person. I	f you p	rovided ve	ahides		
			q00000000	<i>reun</i>	10.03	1 1 yo	u meet a (a)	ил ехсер Т	(b) to cor	npleting	this sec						_
30	Total bus	iness/investment n	miles driven duvi	20	1	1	nicte 1		hide 2	(c Vahis	•		(d) hicle 4		(e) hide 5	l .	(f) Hote 6
	the year	do notindude co	mmutina mites)	,ıg	l	1 12	,100	J				"			1000	¥₩	ICIE O
31	Total con	nmuting miles drive	over during the ve		····	 	,,100	' 				 		+-			
32	Total other	er personal (nonco	mmulino)	· · · ·	†····			 				 					
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34		rehicle available fo	r norennal	• • • • •	† · · · ·		7	_	T				_				
	use durin	g off-duty hours?	i personar			Yes	No.	Yes	No	Yes	No_	Yes	No	Yes	No	Yes	No
35	Was the	ehicle used prima	fily by a more	• • • • •	····		X	├	+			ļ					
	than 5% d	wner or related pa	reon?						1				l	1			
36	Is another	vehicle available	for nemonal ima			x	<u> </u>	├──	 			 _	<u> </u>				
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Answ	er these o	estions to determi	Section C—Qu	98110	ns icr	Employ	ers Wh	o Provi	de Vehici	es for U	se by	Their E	mploy	908			
more	than 5% o	uestions to determi wners or related pe	teni ees) eaaste	air u xc	*shacu	to comb	neung Se	ection B	for vehicle	es used t	y emp	loyees w	/ho are	not			
37	Do you m	aintain a wrillen po	licy statement t	hat no	hibito	all agent											
	your empl	DVAAC7				on herse	AIRI OSĐ	or venic	ies, includ	rug comi	nuting,	by			ļ.	Yes	No
		aintain a wrilten po	licy statement ti	nat no	hihite	noreone	luco of					· · • · • · • · ·					
	employee:	s? See the instruct	ions for vehicles	LISAC	by co	morate i	Micora di	disastes.	except co		g, by yo	our				ľ	
39	Do you tre	at all use of vehicle	es by employee	9 88 F	erson:	ilueo?											
40	Do you pr	ovide more than fiv	e vehicles to vo	ur em	ploves	e obtai	informa	tion from					•••••	• • • • • • • • • • • • • • • • • • • •			
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41	Do you me	et the requirement	ls concerning of	Jalifie	Binor	nohile d	emonele:	nion	2 (San in	n i m : -4'			• • • • • • •		ļ		
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Pai	tVI	Amortization			<u> </u>		Field GB	WIUII D II	OF THE COV	elsa <u>As</u> p	icies.						
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		(a) Description of costs		D	(d) nome et				(c) iblo ameunt		(d) Code se		Amonta	ation	A. **	(f)	
					tegin						~~00 E9	ulicin	perton		Amortizati	ion for this	year
2 .	Amortizatio	on of costs that beg	jins during your	2012	ax ye	ar (sce i	nstructio	กะ):					,				
												Т				_	
		_					<u>L</u>					1		1			
3 .	Amontizatio	on of costs that beg	jan before your	2012	ax yea	ar								43			
14	<u>ı otal. Add</u>	amounts in column	n (f). See the in:	structi	ons for	where i	o report				· · • · · · ·	• - • • • • • •	• • • • • •				

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AAOC AN ARRAY OF CHARM (AAOC) 05/11/2013 1:45 PM **Federal Asset Report** 55-0856946 FYE: 12/31/2012 Form 990, Page 1 Date **Bus Sec Basis** Asset Description Cost In Service % 179Bonus for Depr PerConv Meth Prior Current 5-year GDS Property: 15 USED COMPUTER MONITORS 10/19/12 700 350 5 MQ200DB 368 700 350 368 7-year GDS Property: 14 FILE CABINETS 4/06/12 220 110 7 MQ200DB 130 220 110 130 Prior MACRS:

2 OFFICE FURNITURE & EQUIPMENT 1/01/07 993 993 7 HY 200DB 88 COMPUTERS 1,100 6/04/08 5 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB 7 HY 200DB XXXXXXXXXX 63 17 550 1,005 **VENDING MACHINES** 7/17/08 400 200 338 **CEILING FANS** 8/07/08 260 130 219 12 OFFICE ELECTRONICS 8/17/08 300 14 150 253 OFFICE ELECTRONICS OFFICE FURNITURE 12/01/08 180 90 152 393 6/04/09 7 HY 200DB 503 252 31 64 9 FLAT SCREEN TV 12/22/09 1,040 230 520 813 10 22" LCD TV 6/10/10 115 20 16 160 **CHEST FREEZER** 6/10/10 180 90 125 **EMACHINE COMPUTER & PRINTER** 8/29/10 542 271 5 HY 200DB 52 412 5,728 3,361 4,642 385 Listed Property: 12 2006 FORD VAN 1 BUS 8/26/10 12,479 5 HY 200DB 5 HY 200DB X 6.240 9,484 1,198 5/19/05 14,500 14,500 14,500 26,979 20,740 23,984 1,198 **Grand Totals** 33,627 24,561 28,626 2,081 Less: Dispositions and Transfers O Less: Start-up/Org Expense 0 0 Net Grand Totals 33,627 24,561 28,626 2,081

MQ200DB HY 200DB 2002 5 0011 0110 0020 0000 0000 0000 0000 000	X X X X X X X X X X X X X X X X X X X	220 220 220 220 220 220 220	63 V192 III 63	Asset Description 5-year GDS Property: 15 USED COMPUTER MONITORS 2 OFFICE FURNITURE & EQUIPMENT Prior MACRS: 2 OFFICE FURNITURE & EQUIPMENT 3 COMPUTERS 4 YEAR CABINETS 5 COMPUTERS 5 COMPUTERS 6 OFFICE ELECTRONICS 6 OFFICE ELECTRONICS 5 COMPUTERS 6 OFFICE ELECTRONICS 6 OFFICE ELECTRONICS	
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HA 500DB HA 500DB HA 500DB HA 500DB HA 500DB	\$ 122 \$ 06 \$ 252 \$ 06 \$ 06	X X X X	00E 081 000 000,1 000 000,1 000 000 000 000 00	01/6Z/8 01/01/9 01/01/9 01/02/21 60/70/9 80/10/21	13 EMACHINE COMPUTER & PRINTER 10 22" LCD TV 11 CHEST FREEZER 12 EMACHINE COMPUTER & PRINTER
HA 300DB	\$ 00	'bi	12,479 002,41 976,350	\$0/61/S 01/9 Z/8	Asted Property: 12 2006 FORD VAN 1 BUS
	0		729,EE 0 720,EE	s.	Grand Totals Less: Dispositions and Transfe Net Grand Totals
	HA 500DB	200 2 H X 500DB 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3,361 3,361 3,361 3,361 3,361 3,361 3,361 3,361 3,361 3,361 3,361	195,45 1 80005 YH & 042,40 1 80005 YH & 042,50 1	195,45 X 927,28 10002 YH 2 002,41

AAOC AN ARRAY OF CHARM (AAOC)
55-0856946 Bonus Depreciation Report

05/11/2013 1:45 PM

FYE: 12/31/2012

Asset Activity: F	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
4 VEN 5 CEII 6 OFF 7 OFF 8 OFF 9 FLA 10 22"1 11 2006 13 EMA 14 FILE	MPUTERS IDING MACHINES LING FANS ICE ELECTRONICS ICE ELECTRONICS ICE FURNITURE IT SCREEN TV LCD TV ST FREEZER FORD VAN LCHINE COMPUTER & PRINTER ICABINETS IC COMPUTER MONITORS FOR	6/04/08 7/17/08 8/07/08 8/17/08 12/01/08 6/04/09 12/22/09 6/10/10 6/10/10 8/26/10 8/29/10 4/06/12 10/19/12	1,100 400 260 300 180 503 1,040 230 180 12,479 542 220 700	100	0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 110 350	550 200 130 150 90 251 520 115 90 6,239 271 0	550 200 130 150 90 252 520 115 90 6,240 271 110 350
		Grand Total	18,134	•	0	460	8,606	9,068

FYE: 12/31/2012

AAOC AN ARRAY OF CHARM (AAOC) 55-0856946 Depreciation Adjustment Report

All Business Activities

05/11/2013 1:45 PM

Form Unit A		Description	<u>Tax</u>	AMT	AMT Adjustments/ Preferences
Page 1 I	1 2 3 4 5 6 7 8 9 10 11 12 13 14	BUS OFFICE FURNITURE & EQUIPMENT COMPUTERS VENDING MACHINES CEILING FANS OFFICE ELECTRONICS OFFICE ELECTRONICS OFFICE FURNITURE FLAT SCREEN TV 22" LCD TV CHEST FREEZER 2006 FORD VAN EMACHINE COMPUTER & PRINTER FILE CABINETS USED COMPUTER MONITORS	0 88 63 17 12 14 8 31 64 20 16 1,198 52 130 368	0 128 63 17 12 14 8 31 64 20 16 1,198 52 130 368 2,121	0 -40 0 0 0 0 0 0 0 0 0 0 0

AAOC AN ARRAY OF CHARM (AAOC)

55-0856946 Future Depreciation Report FYE: 12/31/13

05/11/2013 1:45 PM

FYE: 12/31/2012 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT	
Prior N 2 3 4 5 6 7 8 9 10 11 13 14 15	MACRS: OFFICE FURNITURE & EQUIPMENT COMPUTERS VENDING MACHINES CEILING FANS OFFICE ELECTRONICS OFFICE ELECTRONICS OFFICE FURNITURE FLAT SCREEN TV 22" LCD TV CHEST FREEZER EMACHINE COMPUTER & PRINTER FILE CABINETS USED COMPUTER MONITORS	6/04/08 7/17/08 8/07/08 8/17/08 12/01/08 6/04/09 12/22/09 6/10/10	993 1,100 400 260 300 180 503 1,040 230 180 542 220 700 6,648	89 32 18 11 13 8 22 47 14 11 31 25 133 454	128 32 18 11 13 8 22 47 14 11 31 25 133	
<u>Listed</u>	Property:					
12 1	2006 FORD VAN BUS	8/26/10 5/19/05	12,479 14,500 26,979	719 0 719	719 0 719	
	Grand Totals		33,627	1,173	1,212	

990 / 990-PF	, ney	s from Officers, [Employees or O 12, or tax year beginning	Directors, Trustees, and ther Disqualified Persons	2012
Name			, and bround	Employer Identification Number
AN ARRAY OF C	HARM (AAOC)			55-0856946
Form 990-EZ,	Part V, Line	38b - Additi	onal Information	
	Name of lender			
(1) CAROLINE DA	VIS		CEO/EXECUTIVE DIREC	tle CTOR
(2) WAYNE DAVIS				
(4)				
(5) (6)				
(7)				
(8)				······································
(9) (10)				
(10)				
Original amount borrowed		Maturity		Interest
(1) 9,11		date	Repayment terms	rate
(2) 7,47	78 Various			
(3)				
(5)				
<u>(6)</u> (7)				
(8)	- - - 			
(9)				
(10)				
			I	
Secu	rity provided by borrower		Purpose of	loan
(1) (2)				
(3)				
(4)				
(<u>5</u>)				
(7)				
(8)				
(9) (10)				
Considera	ition furnished by lender		Balance due at	Balance due at
(1)	Territories by letider		beginning of year 20,035	end of year 18,948
(2)			6,563	3,563
(3) (4)				
(5)				
(6)				
(8)				
(9)				
(10) Totals			26,598	22.511
		<u></u>	20,330	22.311

AAOC AN ARRAY OF CHARM (AAOC) 5/11/2013 1:45 PM 55-0856946 **Federal Statements** FYE: 12/31/2012 Schedule A, Part III, Line 1(e) Description **Amount** WAYNE DAVIS METRO DEVELOPMENT & HOUSING AGENCY Cash Contribution 12,000 STATE OF TENNESSEE Cash Contribution 29,914 Total 41,914 Schedule A, Part III, Line 2(e) Description Amount PROGRAM SERVICE REVENUE 63,126 Total 63,126

F	orms 990 / 990-EZ Return Summary
For calendar year 2012,	or tax year beginning , and ending
AN ARRAY OF	55-0856946 CHARM (AAOC)
Net Asset / Fund Balance at Beginning	of Year
Revenue Contributions Program service revenue Investment income Capital gain / loss Special events: Gross revenue Direct expenses Net income Other income Total revenue Expenses Program services Management and general Fundraising Total expenses Excess / (deficit) Other changes Net Asset / Fund Balance	
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 t.ess: Donated services Prior year adjustments Losses Other Plus: Investment expenses Other Total expenses per return Balance Sheet Ending 4,365 3,253 37,713 25,111 -33,348 Differences 11,490
Retur	Miscellaneous Information ded return / extended due date 05/15/13 e to file penalty