

Form **8879-EO**IRS e-file Signature Authorization  
for an Exempt Organization

Taxpayer

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2012, or fiscal year beginning ..... 2012, and ending .....

▶ Do not send to the IRS. Keep for your records.

Copy

2012

Name of exempt organization

AN ARRAY OF CHARM (AAOC)

Employer identification number

55-0856946

Name and title of officer

CAROLINE DAVIS

CEO/EXECUTIVE DIRECTOR

**Part I** 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 1 line in Part I.

1a Form 990 check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	105,040
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	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

☒ I authorize Ade Consulting

ERO firm name

to enter my PIN 13265 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(ies) 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 ▶

Date ▶ 05/11/13

**Part III** Certification and Authentication

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. 4183, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

*Kyra H. Smith Estes*

Date ▶

5/11/13

ERO 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)

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.

OMB No. 1545-1150

**2012**Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

<b>A</b> For the 2012 calendar year, or tax year beginning , and ending									
<b>B</b> Check if applicable: Address change Name change Initial return Terminated Amended return Application pending	<table border="1"> <tr> <td><b>C</b> Name of organization <b>AN ARRAY OF CHARM (AAOC)</b></td> <td><b>D</b> Employer identification number <b>55-0856946</b></td> </tr> <tr> <td>Number and street (or P.O. box, if mail is not delivered to street address) <b>1326 ROSA PARKS BLVD</b></td> <td>Room/suite <b>B</b></td> </tr> <tr> <td>City or town, state or country, and ZIP + 4 <b>NASHVILLE TN 37208</b></td> <td><b>E</b> Telephone number <b>615-289-3148</b></td> </tr> <tr> <td></td> <td><b>F</b> Group Exemption Number</td> </tr> </table>	<b>C</b> Name of organization <b>AN ARRAY OF CHARM (AAOC)</b>	<b>D</b> Employer identification number <b>55-0856946</b>	Number and street (or P.O. box, if mail is not delivered to street address) <b>1326 ROSA PARKS BLVD</b>	Room/suite <b>B</b>	City or town, state or country, and ZIP + 4 <b>NASHVILLE TN 37208</b>	<b>E</b> Telephone number <b>615-289-3148</b>		<b>F</b> Group Exemption Number
<b>C</b> Name of organization <b>AN ARRAY OF CHARM (AAOC)</b>	<b>D</b> Employer identification number <b>55-0856946</b>								
Number and street (or P.O. box, if mail is not delivered to street address) <b>1326 ROSA PARKS BLVD</b>	Room/suite <b>B</b>								
City or town, state or country, and ZIP + 4 <b>NASHVILLE TN 37208</b>	<b>E</b> Telephone number <b>615-289-3148</b>								
	<b>F</b> Group Exemption Number								
<b>G</b> Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ►	<b>H</b> Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).								
<b>I</b> Website: ► <b>www.aaocamps.org</b>									
<b>J</b> 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									
<b>K</b> Check <input type="checkbox"/> 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.									
<b>L</b> 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.	► \$ <b>105,040</b>								

## 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	<b>41,914</b>
	2	Program service revenue including government fees and contracts	2	<b>63,126</b>
	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	<b>105,040</b>	
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	<b>1,208</b>
	13	Professional fees and other payments to independent contractors	13	<b>27,832</b>
	14	Occupancy, rent, utilities, and maintenance	14	<b>19,458</b>
	15	Printing, publications, postage, and shipping	15	<b>455</b>
	16	Other expenses (describe in Schedule O)	16	<b>44,597</b>
17	Total expenses. Add lines 10 through 16	17	<b>93,550</b>	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<b>11,490</b>
	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	<b>-33,348</b>
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	<b>-21,858</b>

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2012)



**Part V**

**Other Information** (Note the Schedule A and personal benefit contract 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
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach 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
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		X
35b		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
35c		
36 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		
37a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
37b		
38a 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	
38a		
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	22,511
38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
39a		
39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
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	40b	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 8888-T	40e	X
40e		
41 List the states with which a copy of this return is filed <input type="checkbox"/> <b>None</b>		
42a The organization's books are in care of <input type="checkbox"/> <b>ADB CONSULTING</b> Telephone no. <input type="checkbox"/> <b>615-210-6963</b>		
Located at <input type="checkbox"/> <b>608 MALTA DRIVE</b> <input type="checkbox"/> <b>NASHVILLE</b> <input type="checkbox"/> <b>TN</b> ZIP + 4 <input type="checkbox"/> <b>37207</b>		
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)? If "Yes," enter the name of the foreign country: <input type="checkbox"/>	42b	X
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 the U.S.? If "Yes," enter the name of the foreign country: <input type="checkbox"/>	42c	X
42c		
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 <input type="checkbox"/> <b>43</b>		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	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	44b	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	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	44d	
44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	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)	45b	X
45b		

Form 990-EZ (2012)

**AN ARRAY OF CHARM (AAOC)**

55-0856946

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- 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.

	Yes	No
46		X

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations 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. ☐

- 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.

	Yes	No
47		X
48		X
49a		X
49b		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

- 49a Did the organization make any transfers to an exempt non-charitable related organization?

- 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 (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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.

☒ 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			
	CAROLINE DAVIS	CEO/EXECUTIVE DIRECTOR			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	Kysa G. Smith - Estes	Kysa G. Smith-Estes	05/11/13		P01292875
	Firm's name	Firm's EIN		27-1846165	
	Ade Consulting 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

Form 990-EZ (2012)

**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

**2012**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—Non-functionally integrated
- 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?
- (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? \_\_\_\_\_
- h Provide the following information about the supported organization(s).

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

(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 monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2012

Schedule A (Form 990 or 990-EZ) 2012 **AN ARRAY OF CHARM (AAOC)**

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**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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)						
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						12

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2012. 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—2011. 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—2012. 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—2011. 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) 2012

Schedule A (Form 990 or 990-EZ) 2012 **AN ARRAY OF CHARM (AAOC)**

55-0856946

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**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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		12,341	14,580		41,914	68,835
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	110,360	54,655	67,629	60,777	63,126	356,547
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	110,360	66,996	82,209	60,777	105,040	425,382
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.)						425,382

**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	425,382
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.)	110,360	66,996	82,209	60,777	105,040	425,382
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 2012 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	100.00 %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2012. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2011. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		



**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 35a or 40b.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2012**

Open to Public Inspection

## AN ARRAY OF CHARM (AOC)

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) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by 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-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 6, 8, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
CAROLINE DAVIS												
(1)			X		9,119	18,948		X	X		X	
WAYNE DAVIS												
(2)			X		7,478	3,563		X	X		X	
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						22,511						

▶ \$ 22,511

### 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 of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				



**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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

**2012**

Open to Public  
Inspection

**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
-----------------------------	----------

<b>Total</b>	<b>\$ 44,597</b>
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**Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances**

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

VARIANCE IN DEPRECIATION/ACCUM DEPRECIATION	\$ 0
---	------

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

## Schedule O (Form 990 or 990-EZ) (2012)

Page 2

Name of the organization

AN ARRAY OF CHARM (AAOC)

Employer identification number

55-0856946

Description	Beg. of Year	End of Year
	\$ 32,707	\$ 33,627
Less Accumulated Depreciation	\$ 28,626	\$ 30,707
BUS	\$ 0	\$ 0
FURNITURE, EQUIPMENT & COMPUTERS	\$ 0	\$ 0
Total	\$ 4,081	\$ 2,920

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

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 2,981	\$ 600
LOAN-G.WAYNE DAVIS	\$ 0	\$ 0
BUS LOAN	\$ 2,900	\$ 2,000
VAN LOAN	\$ 5,234	\$ 0
Loans from Officers	\$ 26,598	\$ 22,511

## 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.

Form **4562**Department of the Treasury  
Internal Revenue Service (99)**Depreciation and Amortization**  
(Including Information on Listed Property)

OMB No. 1545-0172

**2012**Attachment  
Sequence No. **179**

Name(s) shown on return

▶ See separate instructions.

▶ Attach to your tax return.

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

Business or activity to which this form relates

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

1	Maximum amount (see instructions)	1	<b>500,000</b>
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	<b>2,000,000</b>
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. 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.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	<b>460</b>
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	<b>385</b>
18	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 2012 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		<b>350</b>	<b>5.0</b>	<b>MO</b>	<b>200DB</b>	<b>18</b>
c 7-year property		<b>110</b>	<b>7.0</b>	<b>MO</b>	<b>200DB</b>	<b>20</b>
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			<b>25 yrs.</b>		<b>S/L</b>	
h Residential rental property			<b>27.5 yrs.</b>	<b>MM</b>	<b>S/L</b>	
i Nonresidential real property			<b>27.5 yrs.</b>	<b>MM</b>	<b>S/L</b>	
			<b>39 yrs.</b>	<b>MM</b>	<b>S/L</b>	

**Section C—Assets Placed In Service During 2012 Tax Year Using the Alternative Depreciation System**

20a Class life					<b>S/L</b>	
b 12-year			<b>12 yrs.</b>		<b>S/L</b>	
c 40-year			<b>40 yrs.</b>	<b>MM</b>	<b>S/L</b>	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	<b>1,198</b>
22	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	<b>2,081</b>
23	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.

DAA

Form **4562** (2012)

# AN ARRAY OF CHARM (AAOC)

Form 4562 (2012)

55-0856946

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? ☒ Yes ☐ No 24b If "Yes," is the evidence written? ☒ 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	1,198	
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 1,198

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)	13,100					
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	13,100					
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
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).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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 2012 tax year (see instructions):

43 Amortization of costs that began before your 2012 tax year	43
---	----

44 Total. Add amounts in column (f). See the instructions for where to report 44

DAA

# Federal Asset Report Form 990, Page 1

FYE: 12/31/2012

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>5-year GDS Property:</b>										
15	USED COMPUTER MONITORS	10/19/12	700			X	350	5 MQ200DB	0	368
			<u>700</u>				<u>350</u>		<u>0</u>	<u>368</u>
<b>7-year GDS Property:</b>										
14	FILE CABINETS	4/06/12	220			X	110	7 MQ200DB	0	130
			<u>220</u>				<u>110</u>		<u>0</u>	<u>130</u>
<b>Prior MACRS:</b>										
2	OFFICE FURNITURE & EQUIPMENT	1/01/07	993				993	7 HY 200DB	772	88
3	COMPUTERS	6/04/08	1,100			X	550	5 HY 200DB	1,005	63
4	VENDING MACHINES	7/17/08	400			X	200	7 HY 200DB	338	17
5	CEILING FANS	8/07/08	260			X	130	7 HY 200DB	219	12
6	OFFICE ELECTRONICS	8/17/08	300			X	150	7 HY 200DB	253	14
7	OFFICE ELECTRONICS	12/01/08	180			X	90	7 HY 200DB	152	8
8	OFFICE FURNITURE	6/04/09	503			X	252	7 HY 200DB	393	31
9	FLAT SCREEN TV	12/22/09	1,040			X	520	7 HY 200DB	813	64
10	22" LCD TV	6/10/10	230			X	115	7 HY 200DB	160	20
11	CHEST FREEZER	6/10/10	180			X	90	7 HY 200DB	125	16
13	EMACHINE COMPUTER & PRINTER	8/29/10	542			X	271	5 HY 200DB	412	52
			<u>5,728</u>				<u>3,361</u>		<u>4,642</u>	<u>385</u>
<b>Listed Property:</b>										
12	2006 FORD VAN	8/26/10	12,479			X	6,240	5 HY 200DB	9,484	1,198
1	BUS	5/19/05	14,500				14,500	5 HY 200DB	14,500	0
			<u>26,979</u>				<u>20,740</u>		<u>23,984</u>	<u>1,198</u>
<b>Grand Totals</b>			33,627				24,561		28,626	2,081
<b>Less: Dispositions and Transfers</b>			0				0		0	0
<b>Less: Start-up/Org Expense</b>			0				0		0	0
<b>Net Grand Totals</b>			<u>33,627</u>				<u>24,561</u>		<u>28,626</u>	<u>2,081</u>



AMT Asset Report  
Form 990, Page 1

05/11/2013 1:45 PM

Asset	Description	Date	In Service	Cost	Bus Sec	%	179 Bonus	for Deprec	Per Conv Meth	Prior	Current
<b>5-year GDS Property:</b>											
15	USED COMPUTER MONITORS	10/19/12	700	700	X			350	5	0	368
								350		0	368
<b>7-year GDS Property:</b>											
14	FILE CABINETS	4/06/12	220	220	X			110	7	0	130
								110		0	130
<b>Prior MACRS:</b>											
2	OFFICE FURNITURE & EQUIPMENT	1/01/07	993	1,100	X			550	7	674	128
3	COMPUTERS	6/04/08	400	1,100	X			550	5	1,005	63
4	VENDING MACHINES	7/17/08	260	400	X			200	7	338	17
5	CEILING FANS	8/07/08	300	260	X			130	7	219	12
6	OFFICE ELECTRONICS	8/17/08	180	300	X			150	7	253	14
7	OFFICE ELECTRONICS	12/01/08	503	180	X			90	7	152	8
8	OFFICE FURNITURE	6/04/09	1,040	503	X			252	7	393	31
9	FLAT SCREEN TV	12/22/09	230	1,040	X			520	7	813	64
10	22" LCD TV	6/10/10	180	230	X			115	7	160	20
11	CHEST FREEZER	6/10/10	542	180	X			90	7	125	16
13	EMACHINE COMPUTER & PRINTER	8/29/10	5,728	542	X			271	5	412	52
<b>Listed Property:</b>											
12	2006 FORD VAN	8/26/10	12,479	14,500	X			6,240	5	9,484	1,198
1	BUS	5/19/05	26,979	14,500				20,740	5	23,611	1,198
<b>Grand Totals</b>				33,627				24,561		28,155	2,121
<b>Less: Dispositions and Transfers</b>				0				0		0	0
<b>Net Grand Totals</b>				33,627				24,561		28,155	2,121

## Bonus Depreciation Report

05/11/2013 1:45 PM

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
<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	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
14	FILE CABINETS	4/06/12	220		0	110	0	110
15	USED COMPUTER MONITORS	10/19/12	700		0	350	0	350
Form 990, Page 1			18,134		0	460	8,606	9,068
Grand Total			18,134		0	460	8,606	9,068

**Depreciation Adjustment Report**

FYE: 12/31/2012

**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>
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	1	BUS	0	0	0
Page 1	1	2	OFFICE FURNITURE & EQUIPMENT	88	128	-40
Page 1	1	3	COMPUTERS	63	63	0
Page 1	1	4	VENDING MACHINES	17	17	0
Page 1	1	5	CEILING FANS	12	12	0
Page 1	1	6	OFFICE ELECTRONICS	14	14	0
Page 1	1	7	OFFICE ELECTRONICS	8	8	0
Page 1	1	8	OFFICE FURNITURE	31	31	0
Page 1	1	9	FLAT SCREEN TV	64	64	0
Page 1	1	10	22" LCD TV	20	20	0
Page 1	1	11	CHEST FREEZER	16	16	0
Page 1	1	12	2006 FORD VAN	1,198	1,198	0
Page 1	1	13	EMACHINE COMPUTER & PRINTER	52	52	0
Page 1	1	14	FILE CABINETS	130	130	0
Page 1	1	15	USED COMPUTER MONITORS	368	368	0
				<u>2,081</u>	<u>2,121</u>	<u>-40</u>

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Prior MACRS:</b>					
2	OFFICE FURNITURE & EQUIPMENT	1/01/07	993	89	128
3	COMPUTERS	6/04/08	1,100	32	32
4	VENDING MACHINES	7/17/08	400	18	18
5	CEILING FANS	8/07/08	260	11	11
6	OFFICE ELECTRONICS	8/17/08	300	13	13
7	OFFICE ELECTRONICS	12/01/08	180	8	8
8	OFFICE FURNITURE	6/04/09	503	22	22
9	FLAT SCREEN TV	12/22/09	1,040	47	47
10	22" LCD TV	6/10/10	230	14	14
11	CHEST FREEZER	6/10/10	180	11	11
13	EMACHINE COMPUTER & PRINTER	8/29/10	542	31	31
14	FILE CABINETS	4/06/12	220	25	25
15	USED COMPUTER MONITORS	10/19/12	700	133	133
			<u>6,648</u>	<u>454</u>	<u>493</u>
<b>Listed Property:</b>					
12	2006 FORD VAN	8/26/10	12,479	719	719
1	BUS	5/19/05	14,500	0	0
			<u>26,979</u>	<u>719</u>	<u>719</u>
<b>Grand Totals</b>			<u>33,627</u>	<u>1,173</u>	<u>1,212</u>

<b>Forms</b> <b>990 / 990-PF</b>	<b>Loans from Officers, Directors, Trustees, and Key Employees or Other Disqualified Persons</b>	<b>2012</b>
For calendar year 2012, or tax year beginning , and ending		

Name  <b>AN ARRAY OF CHARM (AAOC)</b>	Employer Identification Number  <b>55-0856946</b>
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**Form 990-EZ, Part V, Line 38b - Additional Information**

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

#	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	<b>9,119</b>	<b>Various</b>			
(2)	<b>7,478</b>	<b>Various</b>			
(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)		<b>20,035</b>	<b>18,948</b>
(2)		<b>6,563</b>	<b>3,563</b>
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
<b>Totals</b>		<b>26,598</b>	<b>22,511</b>

AAOC AN ARRAY OF CHARM (AAOC)  
55-0856946  
FYE: 12/31/2012

## Federal Statements

5/11/2013 1:45 PM

### 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

## Forms 990 / 990-EZ Return Summary

For calendar year 2012, or tax year beginning

, and ending

AN ARRAY OF CHARM (AAOC)

55-0856946

Net Asset / Fund Balance at Beginning of Year

-33,348

## Revenue

Contributions 41,914  
 Program service revenue 63,126

Investment income

Capital gain / loss

Special events:

Gross revenue

Direct expenses

Net income

Other income

Total revenue

105,040

## Expenses

Program services

Management and general

Fundraising

Total expenses

93,550

Excess / (deficit)

11,490

Other changes

Net Asset / Fund Balance at End of Year

-21,858

## 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

Beginning

Ending

Differences

Assets

4,3653,253

Liabilities

37,71325,111

Net assets

-33,348-21,85811,490

## Miscellaneous Information

Amended return

Return / extended due date

05/15/13

Failure to file penalty