

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 private foundations)

OMB No. 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning _____, and ending _____										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization AN ARRAY OF CHARM (AAOC)</td> <td>D Employer identification number 55-0856946</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box, if mail is not delivered to street address) 1326 ROSA PARKS BLVD</td> <td>E Telephone number 615-289-3148</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code NASHVILLE TN 37208</td> <td>F Group Exemption Number ▶</td> </tr> </table>	C Name of organization AN ARRAY OF CHARM (AAOC)		D Employer identification number 55-0856946	Number and street (or P.O. box, if mail is not delivered to street address) 1326 ROSA PARKS BLVD		E Telephone number 615-289-3148	City or town, state or province, country, and ZIP or foreign postal code NASHVILLE TN 37208		F Group Exemption Number ▶
C Name of organization AN ARRAY OF CHARM (AAOC)		D Employer identification number 55-0856946								
Number and street (or P.O. box, if mail is not delivered to street address) 1326 ROSA PARKS BLVD		E Telephone number 615-289-3148								
City or town, state or province, country, and ZIP or foreign postal code NASHVILLE TN 37208		F Group Exemption Number ▶								
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____										
I Website: ▶ www.aaocamps.org										
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527										
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other										
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ										
▶ \$ 118,779										

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	45,402
	2	Program service revenue including government fees and contracts	2	73,377
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events	6	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	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	
6c	Less: direct expenses from gaming and fundraising events	6c		
6d	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		
7b	Less: cost of goods sold	7b		
7c	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	118,779	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	37,781
	14	Occupancy, rent, utilities, and maintenance	14	19,295
	15	Printing, publications, postage, and shipping	15	316
	16	Other expenses (describe in Schedule O)	16	52,927
	17	Total expenses. Add lines 10 through 16	17	110,319
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,460
	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	-21,858
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-4,445
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-17,843

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

Part II Balance Sheets (see the instructions for Part II)

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

X.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	333	22 239
23 Land and buildings	0	23
24 Other assets (describe in Schedule O)	2,920	24 7,556
25 Total assets	3,253	25 7,795
26 Total liabilities (describe in Schedule O)	25,111	26 25,638
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	-21,858	27 -17,843

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

☒

What is the organization's primary exempt purpose?

See Schedule O

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

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

28 PLEASE SEE ATTACHED INFORMATION

29	(Grants \$) If this amount includes foreign grants, check here	28a	110,319
30	(Grants \$) If this amount includes foreign grants, check here	29a	
31	(Grants \$) If this amount includes foreign grants, check here	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	31a	
32	Total program service expenses (add lines 28a through 31a)	32	110,319

Part IV	List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)	02	110
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Check if the organization used Schedule O to respond to any question in this Part IV

1

[illegible]

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		
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?		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	
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
38b	15,756	
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		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40b		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
40e		
41 List the states with which a copy of this return is filed		
41	None	
42a The organization's books are in care of		
42a	ADE CONSULTING	
608 MALTA DRIVE		
Located at	NASHVILLE	
TN		
ZIP + 4	37207	
Telephone no.	615-210-6963	
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:		X
42b		
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:		X
42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44a		
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
44b		
c Did the organization receive any payments for indoor tanning services during the year?		X
44c		
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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45a		
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X
45b		

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

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

49a		X
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- b If "Yes," was the related organization a section 527 organization?

49b		
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- 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	(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 business address of each independent contractor	(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 CAROLINE DAVIS		Date CEO/EXECUTIVE DIRECTOR		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Kysa G. Smith - Estes	Preparer's signature <i>Kysa G. Smith - Estes</i>	Date 05/12/14	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01292875
	Firm's name ▶ Ade Consulting		Firm's EIN ▶ 27-1846165		
	Firm's address ▶ 608 Malta Dr Nashville, TN 37207-3616		Phone no. 615-210-6963		

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

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013**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? _____

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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"/>		

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,341	14,580		41,914	45,402	114,237
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	54,655	67,629	60,777	63,126	73,377	319,564
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	66,996	82,209	60,777	105,040	118,779	433,801
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.)						433,801

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	66,996	82,209	60,777	105,040	118,779	433,801
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.)	66,996	82,209	60,777	105,040	118,779	433,801
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 2013 (line 8, column (f) divided by line 13, column (f))	15	100.00 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	100.00 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☒

b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV

Supplemental Information. 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**Transactions With Interested Persons**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013Open To Public
Inspection

Name of the organization

AN ARRAY OF CHARM (AAOC)

Employer identification number

55-0856946

Part I**Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) 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 5, 6, 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	15,756		X	X		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						▶ \$ 15,756						

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)				

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

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**2013**Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

**Open to Public
Inspection**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

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

Description	Amount
Expenses	
ADVERTISING & PROMOTION	\$ 687
OFFICE REPAIRS & MAINTENANCE	\$ 180
BUSINESS MEETINGS	\$ 763
BANK & MERCHANT FEES	\$ 2,274
BUSINESS EXPENSE	\$ 222
FIELD TRIPS	\$ 876
INSURANCE	\$ 3,247
INTEREST EXPENSE	\$ 1,359
MEMBERSHIPS & DUES	\$ 126
PARKING	\$ 222
PROGRAM EXPENSE	\$ 1,671
PROGRAM SUPPLIES	\$ 18,200
TRAVEL & MEETINGS	\$ 196
VEHICLE EXPENSES	\$ 13,086
Non-investment Depreciation	\$ 9,818
Total	\$ 52,927

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

Description	Amount
VARIANCE IN DEPRECIATION/ACCUM DEPRECIATION	\$ 0
	\$ -4,445

Name of the organization

Employer identification number

AN ARRAY OF CHARM (AAOC)

55-0856946

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

Description	Beg. of Year	End of Year
	\$ 33,627	\$ 48,081
Less Accumulated Depreciation	\$ 30,707	\$ 40,525
BUS	\$ 0	\$ 0
FURNITURE, EQUIPMENT & COMPUTERS	\$ 0	\$ 0
Total	\$ 2,920	\$ 7,556

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

Description	Beg. of Year	End of Year
Accounts Payable and Accrued Expenses	\$ 600	\$ 2,488
LOAN-G.WAYNE DAVIS	\$ 0	\$ 0
BUS LOAN	\$ 2,000	\$ 2,000
VAN LOAN	\$ 0	\$ 5,394
Loans from Officers	\$ 22,511	\$ 15,756

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.

Federal Statements

Statement 1 - Form 4562, Line 26 - Property Used More Than 50% in a Qualified Business

	Property Type	Date		Business %	Cost	Depr Basis		Period	Method	Deduction	Section 179
2006 FORD VAN		8/26/10		100.00	\$ 12,479	\$ 6,240		5.0	200DBHY	\$ 719	\$
BUS		5/19/05		100.00	14,500	14,500		5.0	200DBHY		
2007 WHITE VAN/BUS		1/07/13		100.00	10,202	5,101		5.0	200DBHY	1,020	
Total					\$ 37,181	\$ 25,841				\$ 1,739	\$ 0

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

OMB No. 1545-0172

2013Attachment
Sequence No. **179**

Name(s) shown on 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	500,000
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	2,000,000
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 2012 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 2014. 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	2,126
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 2013	17	454
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 2013 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		1,640	5.0	HY	200DB	328
c 7-year property		486	7.0	HY	200DB	70
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	6,840
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	9,818
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.

Form **4562** (2013)

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

Form 4562 (2013)

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?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	24b If "Yes," is the evidence written?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(a) Type of property (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	5,101		
26 Property used more than 50% in a qualified business use:											
See Statement 1											
		%	37,181	25,841			1,739				
		%									
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	6,840		
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)	13,784	13,759				
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	13,784	13,759				
34 Was the vehicle available for personal use during off-duty hours?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
		X				
35 Was the vehicle used primarily by a more than 5% owner or related person?		X				
36 Is another vehicle available for personal use?	X					

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

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

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 2013 tax year (see instructions):					
43 Amortization of costs that began before your 2013 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Federal Asset Report

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:									
16	DESK TOP COMPUTER	3/24/13	590		X	295	5 HY 200DB	0	354
17	LAPTOP CPMPUTER	3/31/13	1,650		X	825	5 ILY 200DB	0	990
18	DESK TOP COMPUTER	9/06/13	1,040		X	520	5 HY 200DB	0	624
			<u>3,280</u>			<u>1,640</u>		<u>0</u>	<u>1,968</u>
7-year GDS Property:									
20	OFFICE FURNITURE	3/19/13	972		X	486	7 HY 200DB	0	556
			<u>972</u>			<u>486</u>		<u>0</u>	<u>556</u>
Prior MACRS:									
2	OFFICE FURNITURE & EQUIPMENT	1/01/07	993			993	7 HY 200DB	860	89
3	COMPUTERS	6/04/08	1,100		X	550	5 HY 200DB	1,068	32
4	VENDING MACHINES	7/17/08	400		X	200	7 HY 200DB	355	18
5	CEILING FANS	8/07/08	260		X	130	7 HY 200DB	231	11
6	OFFICE ELECTRONICS	8/17/08	300		X	150	7 HY 200DB	267	13
7	OFFICE ELECTRONICS	12/01/08	180		X	90	7 HY 200DB	160	8
8	OFFICE FURNITURE	6/04/09	503		X	252	7 HY 200DB	424	22
9	FLAT SCREEN TV	12/22/09	1,040		X	520	7 HY 200DB	877	47
10	22" LCD TV	6/10/10	230		X	115	7 HY 200DB	180	14
11	CHEST FREEZER	6/10/10	180		X	90	7 HY 200DB	141	11
13	EMACHINE COMPUTER & PRINTER	8/29/10	542		X	271	5 HY 200DB	464	31
14	FILE CABINETS	4/06/12	220		X	110	7 MQ200DB	130	25
15	USED COMPUTER MONITORS	10/19/12	700		X	350	5 MQ200DB	368	133
			<u>6,648</u>			<u>3,821</u>		<u>5,525</u>	<u>454</u>
Listed Property:									
12	2006 FORD VAN	8/26/10	12,479		X	6,240	5 HY 200DB	10,682	719
19	2007 WHITE VAN/BUS	1/07/13	10,202		X	5,101	5 HY 200DB	0	6,121
1	BUS	5/19/05	14,500			14,500	5 HY 200DB	14,500	0
			<u>37,181</u>			<u>25,841</u>		<u>25,182</u>	<u>6,840</u>
Grand Totals			48,081			31,788		30,707	9,818
Less: Dispositions and Transfers			0			0		0	0
Less: Start-up/Org Expense			0			0		0	0
Net Grand Totals			<u>48,081</u>			<u>31,788</u>		<u>30,707</u>	<u>9,818</u>

55-0856946

AMT Asset Report

FYE: 12/31/2013

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179B	Bonus	Basis for Depr	PerConv Meth	Prior	Current
5-year GDS Property:										
16	DESK TOP COMPUTER	3/24/13	590			X	295	5 HY 200DB	0	354
17	LAPTOP CPMPUTER	3/31/13	1,650			X	825	5 HY 200DB	0	990
18	DESK TOP COMPUTER	9/06/13	1,040			X	520	5 HY 200DB	0	624
			<u>3,280</u>				<u>1,640</u>		<u>0</u>	<u>1,968</u>
7-year GDS Property:										
20	OFFICE FURNITURE	3/19/13	972			X	486	7 HY 200DB	0	556
			<u>972</u>				<u>486</u>		<u>0</u>	<u>556</u>
Prior MACRS:										
2	OFFICE FURNITURE & EQUIPMENT	1/01/07	993				993	7 HY 200DB	802	128
3	COMPUTERS	6/04/08	1,100			X	550	5 HY 200DB	1,068	32
4	VENDING MACHINES	7/17/08	400			X	200	7 HY 200DB	355	18
5	CEILING FANS	8/07/08	260			X	130	7 HY 200DB	231	11
6	OFFICE ELECTRONICS	8/17/08	300			X	150	7 HY 200DB	267	13
7	OFFICE ELECTRONICS	12/01/08	180			X	90	7 HY 200DB	160	8
8	OFFICE FURNITURE	6/04/09	503			X	252	7 HY 200DB	424	22
9	FLAT SCREEN TV	12/22/09	1,040			X	520	7 HY 200DB	877	47
10	22" LCD TV	6/10/10	230			X	115	7 HY 200DB	180	14
11	CHEST FREEZER	6/10/10	180			X	90	7 HY 200DB	141	11
13	EMACHINE COMPUTER & PRINTER	8/29/10	542			X	271	5 HY 200DB	464	31
14	FILE CABINETS	4/06/12	220			X	110	7 MQ200DB	130	25
15	USED COMPUTER MONITORS	10/19/12	700			X	350	5 MQ200DB	368	133
			<u>6,648</u>				<u>3,821</u>		<u>5,467</u>	<u>493</u>
Listed Property:										
12	2006 FORD VAN	8/26/10	12,479			X	6,240	5 HY 200DB	10,682	719
19	2007 WHITE VAN/BUS	1/07/13	10,202			X	5,101	5 HY 200DB	0	6,121
1	BUS	5/19/05	14,500				14,500	5 HY 200DB	14,500	0
			<u>37,181</u>				<u>25,841</u>		<u>25,182</u>	<u>6,840</u>
Grand Totals			48,081				31,788		30,649	9,857
Less: Dispositions and Transfers			0				0		0	0
Net Grand Totals			<u>48,081</u>				<u>31,788</u>		<u>30,649</u>	<u>9,857</u>

Bonus Depreciation Report

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity: Form 990, Page 1								
3	COMPUTERS	6/04/08	1,100		0	0	550	550
4	VENDING MACHINES	7/17/08	400		0	0	200	200
5	CEILING FANS	8/07/08	260		0	0	130	130
6	OFFICE ELECTRONICS	8/17/08	300		0	0	150	150
7	OFFICE ELECTRONICS	12/01/08	180		0	0	90	90
8	OFFICE FURNITURE	6/04/09	503		0	0	251	252
9	FLAT SCREEN TV	12/22/09	1,040		0	0	520	520
10	22" LCD TV	6/10/10	230		0	0	115	115
11	CHEST FREEZER	6/10/10	180		0	0	90	90
12	2006 FORD VAN	8/26/10	12,479	100	0	0	6,239	6,240
13	EMACHINE COMPUTER & PRINTER	8/29/10	542		0	0	271	271
14	FILE CABINETS	4/06/12	220		0	0	110	110
15	USED COMPUTER MONITORS	10/19/12	700		0	0	350	350
16	DESK TOP COMPUTER	3/24/13	590		0	295	0	295
17	LAPTOP CPMPUTER	3/31/13	1,650		0	825	0	825
18	DESK TOP COMPUTER	9/06/13	1,040		0	520	0	520
19	2007 WHITE VAN/BUS	1/07/13	10,202	100	0	5,101	0	5,101
20	OFFICE FURNITURE	3/19/13	972		0	486	0	486
Form 990, Page 1			<u>32,588</u>		<u>0</u>	<u>7,227</u>	<u>9,066</u>	<u>16,295</u>
Grand Total			<u>32,588</u>		<u>0</u>	<u>7,227</u>	<u>9,066</u>	<u>16,295</u>

Depreciation Adjustment Report**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>
MACRS Adjustments:						
Page 1	1	1	BUS	0	0	0
Page 1	1	2	OFFICE FURNITURE & EQUIPMENT	89	128	-39
Page 1	1	3	COMPUTERS	32	32	0
Page 1	1	4	VENDING MACHINES	18	18	0
Page 1	1	5	CEILING FANS	11	11	0
Page 1	1	6	OFFICE ELECTRONICS	13	13	0
Page 1	1	7	OFFICE ELECTRONICS	8	8	0
Page 1	1	8	OFFICE FURNITURE	22	22	0
Page 1	1	9	FLAT SCREEN TV	47	47	0
Page 1	1	10	22" LCD TV	14	14	0
Page 1	1	11	CHEST FREEZER	11	11	0
Page 1	1	12	2006 FORD VAN	719	719	0
Page 1	1	13	EMACHINE COMPUTER & PRINTER	31	31	0
Page 1	1	14	FILE CABINETS	25	25	0
Page 1	1	15	USED COMPUTER MONITORS	133	133	0
Page 1	1	16	DESK TOP COMPUTER	354	354	0
Page 1	1	17	LAPTOP CPMPUTER	990	990	0
Page 1	1	18	DESK TOP COMPUTER	624	624	0
Page 1	1	19	2007 WHITE VAN/BUS	6,121	6,121	0
Page 1	1	20	OFFICE FURNITURE	556	556	0
				<u>9,818</u>	<u>9,857</u>	<u>-39</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<u>Prior MACRS:</u>					
2	OFFICE FURNITURE & EQUIPMENT	1/01/07	993	44	63
3	COMPUTERS	6/04/08	1,100	0	0
4	VENDING MACHINES	7/17/08	400	18	18
5	CEILING FANS	8/07/08	260	12	12
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	23	23
9	FLAT SCREEN TV	12/22/09	1,040	46	46
10	22" LCD TV	6/10/10	230	10	10
11	CHEST FREEZER	6/10/10	180	8	8
13	EMACHINE COMPUTER & PRINTER	8/29/10	542	31	31
14	FILE CABINETS	4/06/12	220	19	19
15	USED COMPUTER MONITORS	10/19/12	700	79	79
16	DESK TOP COMPUTER	3/24/13	590	94	94
17	LAPTOP CPMPUTER	3/31/13	1,650	264	264
18	DESK TOP COMPUTER	9/06/13	1,040	166	166
20	OFFICE FURNITURE	3/19/13	972	119	119
			<u>10,900</u>	<u>954</u>	<u>973</u>
<u>Listed Property:</u>					
12	2006 FORD VAN	8/26/10	12,479	718	718
19	2007 WHITE VAN/BUS	1/07/13	10,202	1,633	1,633
1	BUS	5/19/05	14,500	0	0
			<u>37,181</u>	<u>2,351</u>	<u>2,351</u>
Grand Totals			<u>48,081</u>	<u>3,305</u>	<u>3,324</u>

Form **990T****Two Year Comparison Report****2012 & 2013**

For calendar year 2013, or tax year beginning

, ending

Name

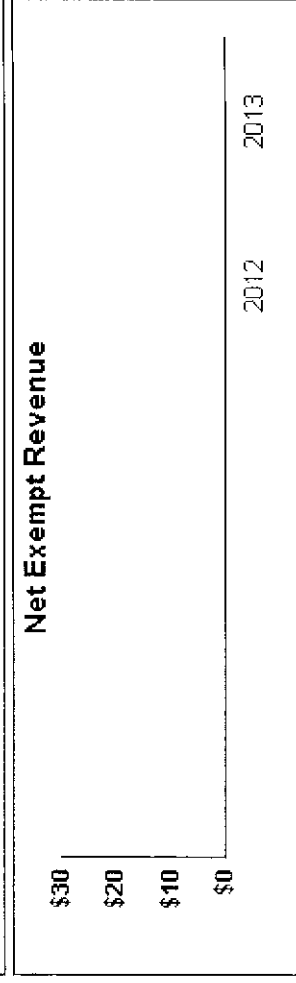
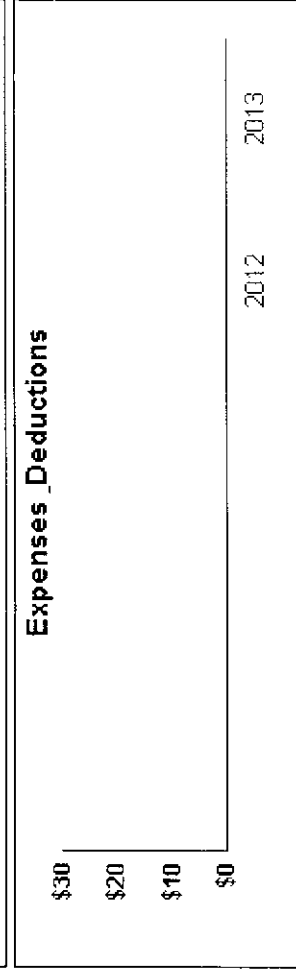
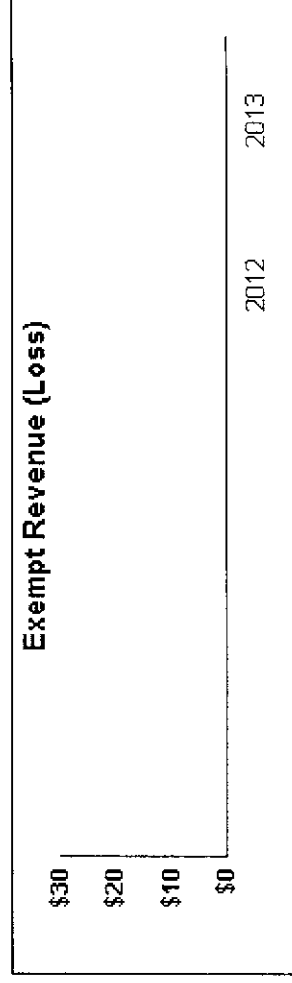
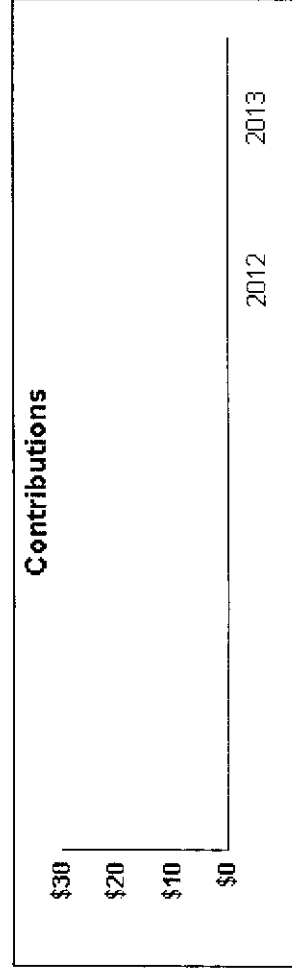
Taxpayer Identification Number

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

		2012	2013	Differences
Revenue	1. Gross profit/loss on business activities	1.		
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.		
	4. Rental income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Interest, and other income from controlled organizations (net of expense)	6.		
	7. Investment income of specific organizations (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.		
	11. Total trade or business income. Combine lines 1 through 10	11.		
Expenses	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13.		
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.		
	18. Charitable contributions	18.		
	19. Depreciation and Depletion	19.		
	20. Contributions to deferred compensation plans	20.		
	21. Employee benefit programs	21.		
	22. Other deductions	22.		
	23. Total deductions. Add lines 12 through 22	23.		
	24. Taxable income before NOL. Subtract line 23 from 11	24.		
	25. Net operating loss deduction	25.		
	26. Specific deduction	26.	1,000	1,000
	27. Unrelated business taxable income.	27.	-1,000	-1,000
	Tax & Credits	28. Income tax (corporate or trust)	28.	
29. Proxy tax		29.		
30. Alternative minimum tax		30.		
31. Total taxes		31.		
32. Other credits		32.		
33. General business credit		33.		
34. Credit for prior year minimum tax		34.		
35. Total credits		35.		
36. Net tax after credits		36.		
37. Recapture taxes		37.		
38. Total Taxes	38.			
Due/Refund	39. Prior year overpayment and estimated tax payments	39.		
	40. Payment made with extension	40.		
	41. Backup withholding and foreign withholding	41.		
	42. Other payments	42.		
	43. Total payments	43.		
	44. Balance due/(Overpayment)	44.		
	45. Overpayment applied to next year	45.		
	46. Penalties	46.		
	47. Total due/(Refund)	47.		

Form 990T	Tax Return History				2013
Name AN ARRAY OF CHARM (AAOC)					Employer Identification Number 55-0856946

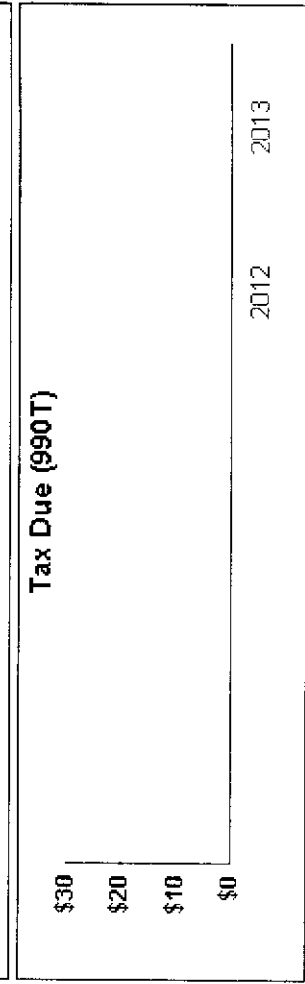
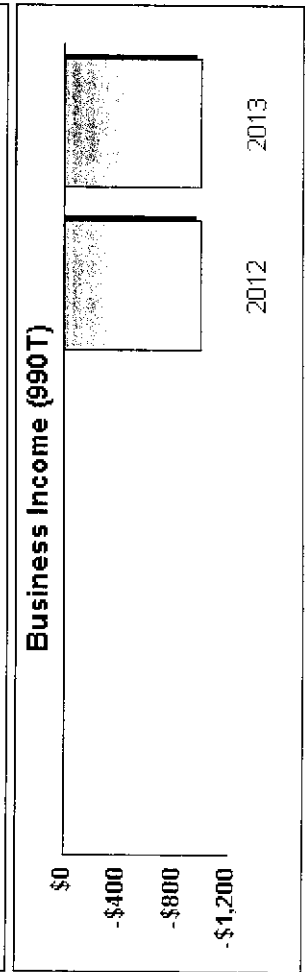
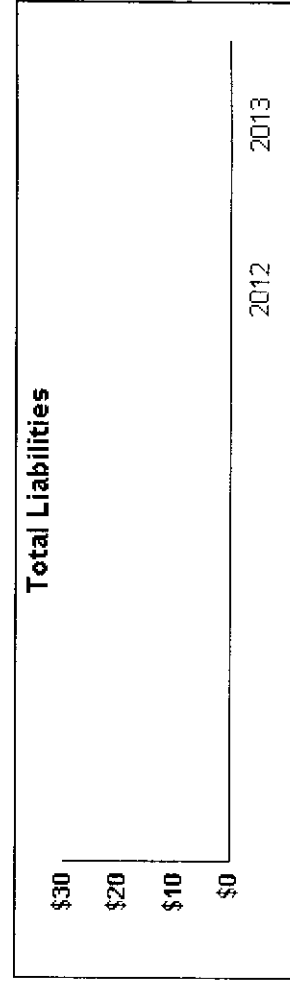
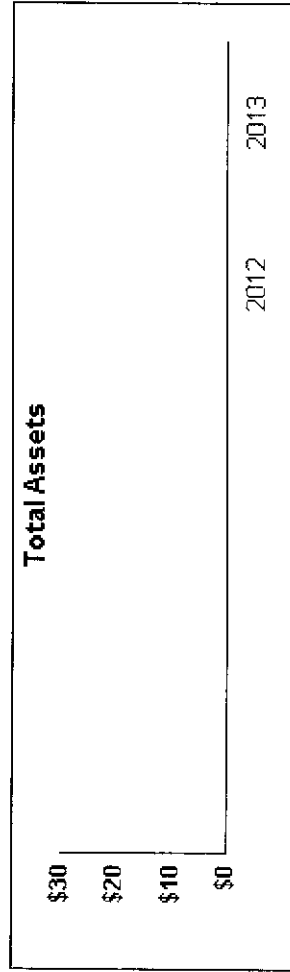
	2009	2010	2011	2012	2013	2014
Business activity profit/loss						
Capital gains/losses						
Partner and S Corp gain/loss						
Rental income*						
Debt-financed income*						
Controlled organizations income/interest*						
Investment income, specific organizations*						
Exploited exempt activity income*						
Other income						
Total trade or business income.						
Compensation of officers, ect						
Other salaries and wages						
Repairs and maintenance						
Bad debts						
Interest						
Taxes and licenses						
Charitable contributions						
Depreciation and Depletion						
Deferred compensation plans						
Employee benefit programs						



Form 990T	Tax Return History				2013
Name AN ARRAY OF CHARM (AAOC)					Employer Identification Number 55-0856946

	2009	2010	2011	2012	2013	2014
Other deductions						
Net operating loss deduction						
Specific deduction				1,000	1,000	
Income after expense and deductions				-1,000	-1,000	
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						

* Income shown net of expenses



Federal Statements**Schedule A, Part III, Line 1(e)**

Description	Amount
OCTOBERFEST FUNDRAISER	\$ 1,800
BOARD CONTRIBUTION	100
STATE OF TENNESSEE	
Cash Contribution	43,502
Total	<u>\$ 45,402</u>

Schedule A, Part III, Line 2(e)

Description	Amount
PROGRAM SERVICE REVENUE	\$ 73,377
Total	<u>\$ 73,377</u>

Forms 990 / 990-EZ Return Summary

For calendar year 2013, or tax year beginning

, and ending

55-0856946

AN ARRAY OF CHARM (AAOC)

Net Asset / Fund Balance at Beginning of Year -21,858

Revenue

Contributions	<u>45,402</u>
Program service revenue	<u>73,377</u>
Investment income	
Capital gain / loss	
Fundraising / Gaming:	
Gross revenue	
Direct expenses	
Net income	
Other income	
Total revenue	<u>118,779</u>

Expenses

Program services	
Management and general	
Fundraising	
Total expenses	<u>110,319</u>

Excess / (deficit) 8,460

Changes -4,445

Net Asset / Fund Balance at End of Year -17,843

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	

	Beginning	Ending	Differences
Assets	<u>3,253</u>	<u>7,795</u>	
Liabilities	<u>25,111</u>	<u>25,638</u>	
Net assets	<u>-21,858</u>	<u>-17,843</u>	<u>4,015</u>

Miscellaneous Information

Amended return

Return / extended due date 05/15/14

Failure to file penalty