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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

**2012****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A** For the 2012 calendar year, or tax year beginning Jan 1st, 2012, and ending Dec 31st, 2012

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

**C** Name of organization Direct Establishments  
 Doing Business As  
 Number and street (or P.O. box if mail is not delivered to street address) P.O. Box 3202 Room/suite  
 City, town or post office, state, and ZIP code Cary NC 27519

**D** Employer identification number 45-486056

**E** Telephone number 919-227-4130

**G** Gross receipts \$ 1,500,000

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No  
**H(b)** Are all affiliates included? ☐ Yes ☒ No  
 If "No," attach a list (see instructions)  
**H(c)** Group exemption number ▶

**I** Tax-exempt status ☐ 501(c)(3) ☒ 501(c)(3) (insert no) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶ www.directestablishments.org

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation 2004 **M** State of legal domicile (All 50)

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: We have plans and provide drug counseling product outlets on a community basis in all 50 USA states.

**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. (10-22-13)

**3** Number of voting members of the governing body (Part VI, line 1a) 3

**4** Number of independent voting members of the governing body (Part VI, line 1b) 50

**5** Total number of individuals employed in calendar year 2012 (Part V, line 2a) 3700

**6** Total number of volunteers (estimate if necessary) 230

**7a** Total unrelated business revenue from Part VIII, column (C), line 12

**7b** Net unrelated business taxable income from Form 990-T, line 34

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)		\$1,000,000
<b>9</b> Program service revenue (Part VIII, line 2g)		\$0
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		\$1,500,000
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10e, and 11e)		\$0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		\$2,500,000
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)		\$0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		\$0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		\$1,000,000
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		\$500,000
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		\$1,000,000
<b>17</b> Other expenses (Part IX, column (A), lines 12–15)		\$2,500,000
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		\$2,500,000
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		\$0

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)		\$1,500,000
<b>21</b> Total liabilities (Part X, line 26)		\$5400
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		\$1,494,600

**Part II Signature Block**

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 Bernard Date 10-22-13  
 Type or print name and title Bernard Ford Project Director / CEO

**Paid Preparer Use Only** Print/Type preparer's name Preparer's signature Date Check ☐ if self-employed PTIN  
 Firm's name ▶ Firm's EIN ▶  
 Firm's address ▶ Phone no

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2012)

ENVELOPE POSTMARK DATE NOV 01 2013

JAN 06 2014

SCANNED

RECEIVED  
 OCT 22 2013  
 RECEIVED  
 25205  
 INTERNAL REVENUE SERVICE  
 W&I FIELD ASSISTANCE  
 RALEIGH NC 27609

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization

Direct Establishments

Employer identification number

45-486056

1. The reason for 2012 Schedule O Amendment.  
We only reported NC for 2012 originally  
Now we updated w/ an amendment  
49 other states w/ drug prevention  
products on a Community Basis

Name of the organization

Employer identification number