

**SOUTH CAROLINA
SECRETARY OF STATE**

PUBLIC CHARITIES DIVISION

REGISTRATION STATEMENT FOR A CHARITABLE ORGANIZATION

Filing Instructions

- Pursuant to Section 33-56-30 of the South Carolina Code of Laws, failure to complete all sections of this form may cause your registration to be returned to you and may result in a possible violation and/or fine.
- If this is a renewal, this form cannot be accepted more than six (6) weeks prior to the current expiration.
- **This form must be signed and accompanied by a filing fee of \$50.00 made payable to the Secretary of State.**
- If the annual financial report for the immediately preceding fiscal year has not already been filed with the Secretary of State's Office, please submit it with this form. You may submit your financial report on the Annual Financial Report for a Charitable Organization which can be found on our website sos.sc.gov or on IRS Form 990, 990EZ, or 990PF; **we cannot accept IRS Form 990-N**. If the financial report is not ready you must submit a copy of the extension request submitted to the IRS.
- Please contact our office with any questions regarding this form at 803-734-1790 or email charities@sos.sc.gov.
- Mail to South Carolina Secretary of State, Attn: Division of Public Charities, 1205 Pendleton St., Suite 525, Columbia, SC 29201.
- Please type or print clearly.

Check one: Initial Registration Renewal

Current Fiscal Year Dates 01/01/21 to 12/31/21
(mo/day/year) (mo/day/year)

Enter Federal Employer's Identification Number: 27 - 129616 Charity Public ID: C21321461
(Renewal only)

1. Legal Name of Organization: East Coast Drill Instructors Association Parris Island Chapter
- a. Doing Business As (DBA) Names: _____
(If applicable)
- b. Former Names Used by the Charity: _____
(If applicable)
- c. Organization's Website: www.parrislandddi.org
(If applicable)
- d. Please provide a contact person for your organization:
- | | |
|---|------------------|
| <u>Kenneth D. Miller SgtMaj USMC (Ret)</u> | <u>President</u> |
| Name | Title |
| <u>804 Lynview St. NE, Lenoir, NC 28645</u> | |
| Address, City, State, Zip Code | |
| <u>usmcpidi@charter.net</u> | |
| Daytime Phone | Email |
2. Purpose for which this organization was formed. Attach a statement if necessary.
Formed to preserve the legacy of USMC Drill Instructors, recognize their accomplishments and assist the community where needed.
3. Tax-exempt status under the Internal Revenue Code: YES NO
If "Yes," please provide a copy of any determination letter recognizing the charitable organization's tax-exempt status from the Internal Revenue Service and any changes, amendments, or revocations to that letter.

4. Enter the state and country in which the organization was legally established, as well as the date of establishment:
State SC Country USA Date 11/12/2009
(mo/day/year)

5. Form of organization. Check one: [] ** Corporation (includes all nonprofit [i.e. 501(c)3] and for profit corporations)
[x] Association [] Other _____
(Please Specify)

**** All corporations must provide a name and street address for a registered agent.**

Name (This cannot be the name of the organization)

Street Address (PO Box cannot be accepted) City State Zip Code

6. Complete A or B, whichever applies: (**6A or 6B must be a street address, not a PO Box**)

A. Principal address of the organization:

PO Box 5117, Parris Island, SC 29905

Street Address, City, State, Zip Code

B. If the organization does not maintain an office, please provide the name and address of the person having custody of the organization's financial records:

Mary L. Miller

Name

804 Lynview St. NE, Lenoir, NC 28645

Street Address, City, State, Zip Code

7. Addresses of any of your organization's offices in South Carolina. Attach a list if necessary.

Name Address, City, State, Zip Code

8. Names and addresses of any chapters, branches or affiliates of your organization in South Carolina. Attach a list if necessary.

Name Address, City, State, Zip Code

9. **For the current fiscal year**, please provide the names and addresses of your organization's officers, directors, trustees, and board members. Attach a list if necessary.

see attached

Name Address, City, State, Zip Code Title

Name Address, City, State, Zip Code Title

Name Address, City, State, Zip Code Title

Name Address, City, State, Zip Code Title

10. Check all states in which your organization is authorized to solicit contributions.

AL		AK		AR		AZ		CA		CO		CT		DC		DE	
FL		GA		HI		IA		ID		IL		IN		KS		KY	
LA		MA		MD		ME		MI		MN		MO		MS		MT	
NC		ND		NE		NH		NJ		NM		NV		NY		OH	
OK		OR		PA		PR		RI		SC	<input checked="" type="checkbox"/>	SD		TN		TX	
UT		VA		VT		WA		WI		WV		WY					

If any other governmental authority that is not listed above has authorized your organization to solicit contributions, enter the name of the governmental authority. Attach a list if necessary.

11. Check up to three boxes below that best describe the general purpose for which solicited contributions are to be used.

- | | | |
|---|---|---|
| <input type="checkbox"/> A. Arts, Culture, Humanities
(inc. historical) | <input type="checkbox"/> L. Housing, Shelter
(inc. senior citizen housing) | <input type="checkbox"/> T. Philanthropy, Volunteerism, Grant-making (inc. foundations) |
| <input type="checkbox"/> B. Educational Institutions
(inc. literacy) | <input type="checkbox"/> M. Public Safety, Disaster Preparedness and Relief
(inc. rescue squads, auto safety) | <input type="checkbox"/> U. Science and Technology Research Institutes
(inc. computer science, engineering) |
| <input type="checkbox"/> C. Environment, Beautification
(inc. gardening, outdoor education) | <input type="checkbox"/> N. Recreation, Sports, Leisure, Athletics
(inc. social clubs, Special Olympics) | <input type="checkbox"/> V. Social Sciences Institutes
(inc. institutes for studies on population, minorities and economics) |
| <input type="checkbox"/> D. Animal-Related
(inc. wildlife sanctuaries) | <input type="checkbox"/> O. Youth Development | <input checked="" type="checkbox"/> W. Public Affairs, Society Benefit
(inc. citizen participation, consumer protection, veterans' orgs., leadership development) |
| <input type="checkbox"/> E. Health-General, Rehabilitative
(inc. nursing, family planning) | <input type="checkbox"/> P. Human Services
(inc. thrift stores, YMCAs and YWCAs, hearing- or sight-impaired orgs.) | <input type="checkbox"/> X. Religion, Spiritual Development
(inc. religious broadcasters and interfaith coalitions) |
| <input type="checkbox"/> F. Mental Health, Crisis Intervention
(inc. alcoholism, services for rape and abuse victims) | <input type="checkbox"/> Q. International, Foreign Affairs, National Security (inc. cultural exchange) | <input checked="" type="checkbox"/> Y. Mutual / Membership Benefit
(inc. fraternal organizations, cemeteries) |
| <input type="checkbox"/> G. Disease, Disorders, Medical Disciplines | <input type="checkbox"/> R. Civil Rights, Social Action, Advocacy (inc. right to life and right to die, reproductive rights) | <input type="checkbox"/> Z. Unknown, Other
Please Specify: _____ |
| <input type="checkbox"/> H. Medical Research | <input checked="" type="checkbox"/> S. Community Improvement, Capacity Building
(inc. neighborhood associations, service clubs, bus. development) | |
| <input type="checkbox"/> I. Crime, Legal-Related
(inc. prevention of abuse, delinquency) | | |
| <input type="checkbox"/> J. Employment, Job-Related
(inc. voc. rehabilitation, unions) | | |
| <input type="checkbox"/> K. Agriculture, Food, Nutrition
(inc. livestock breeding) | | |

12. Is your organization currently, or has it in the past, been the subject of a legal or administrative action concerning a charitable solicitation, fundraising campaign, or campaign with a commercial co-venturer by another local, state or federal governmental authority including, but not limited to, registration or license revocation or denial, fines, injunctions or suspensions? [] YES [✓] NO If "Yes," please attach an explanation of all actions.

13. Have any of the organization's officers, directors, trustees or board members been the subject of a criminal conviction, including guilty or nolo contendere pleas, involving any charitable solicitations act, fraud, dishonesty, or false statement in a jurisdiction within the United States? [] YES [✓] NO If "Yes," please attach a description and date of any such conviction.

14. If any of the charitable organization's officers, directors, trustees or board members are related to one another by blood, marriage or adoption, please provide a statement as to the relationship(s).

President and Secretary Treasurer are married.

15. If any of the charitable organization's officers, directors, trustees or board members are related by blood, marriage or adoption to a director or officer of a professional fundraising counsel or professional solicitor under contract with the charitable organization, please provide a statement as to the relationship(s).

16. If your organization intends to use a professional solicitor, professional fundraising counsel, or commercial co-venturer, or hire individuals to solicit, please list their names and contact information. Attach a list if necessary.

Name

Phone

Address, City, State, Zip Code

I certify that the information furnished in this application and all attached supplementary information is true and correct to the best of my knowledge, information and belief. I understand that the giving of false or incorrect information may constitute a misdemeanor carrying a penalty upon conviction of a fine of not more than two thousand dollars or imprisonment for not more than one year, or both, for a first offense. A second or subsequent offense may constitute a felony carrying a penalty upon conviction of a fine of not more than five thousand dollars or imprisonment of not more than five years, or both.

CHIEF FINANCIAL OFFICER / TREASURER

Mary L. Miller

Print Name

Mary L. Miller

Signature

Date

804 Lynview St. NE

Mailing Address

Lenoir, NC 28645

City, State, Zip

828-496-6278

Phone Number

CHIEF EXECUTIVE OFFICER / PRESIDENT

Kenneth D. Miller SgtMaj USMC (Ret)

Print Name

Kenneth D. Miller 5/12/2022

Signature

Date

804 Lynview St. NE

Mailing Address

Lenoir, NC 28645

City, State, Zip

828-499-0224

Phone Number

* The persons signing this form as CEO/President and CFO/Treasurer must be designated as such on the current fiscal year's list of officers, directors, trustees, and board members. If not, the registration will be returned for correction.

Association Officers

President

SgtMaj Kenneth D. Miller USMC (Ret)
804 Lynview St. NE
Lenoir, NC 28645

Vice President

GySgt Charles C. Apple USMC (Ret)
1912 Lilly Lane
Jeffersonville, IN 47130

Secretary/ Treasurer

Mary L. Miller
804 Lynview St. NE
Lenoir, NC 28645

Board of Directors

MSgt Brenda Moore USMC (Ret)
6611 Sun Ray Dr
Louisville, KY 40272

SgtMaj John Browne USMC (Ret)
28-L Jane Lacy Drive
Endicott, NY 13760

SgtMaj James E. Moore USMC (Ret)
PO Box 537
Seabrook, SC 29940

Sgt Walter Lamb
PO Box 784
Windham, ME 04062

SgtMaj Pete Ross USMC (Ret)
131 Barrett Heights Rd
Stafford, VA 22536-3844

CWO5 Randy Himes
121 Coffee St.
Everett, PA 15537

SgtMaj Richard VanNorton Jr. USMC (Ret)
452 Paddys Run Rd.
Star Tannery, VA 22654

LtCol William Nash
14 Oyster Catcher Rd
Beaufort, SC 29907

Trustees

Sgt Donald Brown
159 Ten Rod Rd.
North Kingstown, RI 02852

GySgt James A. Sharp
249 Forge Rd.
Womelsdorf, PA 19567

SOUTH CAROLINA SECRETARY OF STATE

PUBLIC CHARITIES DIVISION ANNUAL FINANCIAL REPORT

Filing Instructions

- Organizations who file the IRS 990-N or are not required to file with the IRS should complete this form.
- **Please follow the instructions provided on pages 4 and 5 to complete this form.** You may contact our office with any questions at 803-734-1790 or email charities@sos.sc.gov.
- **We do not accept this filing by fax or email;** you may upload this report using our online filing system at sos.sc.gov or mail this form to: South Carolina Secretary of State, Attn: Division of Public Charities, 1205 Pendleton St., Suite 525, Columbia, SC 29201.

For the fiscal year ending 12/31/21 (mm/dd/yy) EIN: 27 - 129616 Charity ID: C21321461

Organization's Name: East Coast Drill Instructors Association Parris Island Chapter

Part I— Fundraising Events or Contracts

If your organization held any fundraising events, or used a commercial co-venturer (CCV) or professional fundraising company (PFR) during the previous fiscal year, you must report all revenue and expenses in the following table. Events include, but are not limited to, carnivals, dinners, galas, raffles, and bingo games. If you need additional space, you may list additional events on a separate sheet and include the amounts in the total revenue and expenses on this table.

(A) Name of Event, CCV or PFR	(B) Gross Receipts & Contributions	(C) Cash & Noncash Prize Expenses	(D) Other Expenses	(E) Total Expenses	(F) Net Revenue
1. 50/50 Raffle	\$ 393.00			\$ 0.00	\$ 393.00
2. Auction	\$ 2,531.00			\$ 0.00	\$ 2,531.00
3. Reunion	\$ 6,941.00		\$ 9,421.00	\$ 9,421.00	(\$ 2,480.00)
4.				\$ 0.00	\$ 0.00
5.				\$ 0.00	\$ 0.00
6.				\$ 0.00	\$ 0.00
7.				\$ 0.00	\$ 0.00
8.				\$ 0.00	\$ 0.00
9.				\$ 0.00	\$ 0.00
10.				\$ 0.00	\$ 0.00
11. Gross Revenue (add 1B through 10B)	\$ 9,865.00	12. Total Expenses (add 1E through 10E)		\$ 9,421.40	\$ 444.00

Part II— Gross Revenue

Organizations must report their gross receipts from all sources of revenue.

1. Fundraising events (from page 1, part I, box 11B)	\$ 9,865.00
2. Fundraising activity revenue not reported on line 1	\$ 3,588.40
3. Federated campaigns (such as United Way)	
4. Membership dues	\$ 3,009.02
5. Related organizations (such as related parent or national organizations)	
6. Government grants (from federal, state or local governments)	
7. All other contributions, gifts, grants not listed above	\$ 3,187.07
8. Program service revenue	
9. Other income	\$ 778.89
10. Total revenue (add lines 1 through 9)	\$ 20,428.38

Part III— Program Service Expenses

Describe the organization's program accomplishments and the amount spent on each. If more space is needed you may attach an additional sheet if necessary.

11. Active duty awards	\$ 4,523.48
12. Community awards(Holiday meal, Battalion Christmas, Donation to Macon Bibb Law Enforcement in memorium.)	\$ 3,500.00
13. Total Program Service Expenses (add lines 11 and 12)	\$ 8,023.48

Part IV— Management, General and Fundraising Expenses

14. Program expenses (from part III, line 13)	\$ 8,023.48
15. Direct expenses from fundraising events and contracts (box 12E)	\$ 9,421.40
16. Fundraising expenses (not included in the amount on line 15)	\$ 1,124.15
17. Payments to related organizations	
18. Salaries and other compensation	\$ 1,861.65
19. Management and general expenses	\$ 293.01
20. Professional fees and other payments to independent contractors	\$ 1,300.00
21. Other expenses not listed above	\$ 5,710.40
22. Total expenses (add lines 14 through 21)	\$ 27,734.09
23. Excess or (deficit) for the year (subtract line 22 from line 10)	(\$ 7,305.71)
24. Fund balances/net worth at the beginning of the fiscal year	\$ 36,744.78
25. Changes in fund balances/net worth (attach explanation)	
26. Fund balances/net worth at the end of the fiscal year (add lines 23 through 25)	\$ 29,439.07

Part V— Balance Sheet

27. Total assets	\$ 29,439.07
28. Total liabilities	
29. Net assets or fund balances at end of year (subtract line 28 from line 27)	\$ 29,439.07

Certification

As required by Section 33-56-60 of the Solicitation of Charitable Funds Act, this form shall be signed by the Chief Executive Officer and the Chief Financial Officer of the charitable organization. (If one person serves as both CEO and CFO, he or she should sign in both places below.)

We certify that the information furnished in this statement is true and correct to the best of our knowledge and belief.

CEO/President

Name : Kenneth D. Miller SgtMaj USMC (Ret)

Signature: *Kenneth D Miller*

Date: 05/12/2022

CFO/Treasurer

Name : Mary L. Miller

Signature: *Mary L. Miller*

Date: 05/12/2022

Mailing Address: 804 Lynview St. NE, Lenoir, NC 28645

Email Address: usmcpidi@charter.net Phone Number: 828-499-0224

Department of the Treasury
Internal Revenue Service

for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2021

Open to Public Inspection

A For the 2021 Calendar year, or tax year beginning 2021-01-01 and ending 2021-12-31

B Check if available

 Terminated for Business Gross receipts are normally \$50,000 or lessC Name of Organization: EAST COAST DRILL INSTRUCTORS
ASSOCIATION PARRIS ISLAND CHAPTERPO Box 5117, Parris Island,
SC, US, 29905

D Employee Identification

Number 27-1296165

E Website:

www.parrisislanddi.orgF Name of Principal Officer: Mary Miller804 Lynview St NE, LENOIR,
NC, US, 28645

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws.

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.