

Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_\_\_

**2022**Department of the Treasury  
Internal Revenue Service**Do not send to the IRS. Keep for your records.****Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.**Name of filer **Druid Hills Patrol Volunteer  
Association**EIN or SSN  
**58-2438361**Name and title of officer or person subject to tax **Jim Sustman  
Treasurer 2023****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, 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 one 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	<b>179,572.</b>
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 V, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b	
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	

**Part II Declaration and Signature Authorization of Officer or Person Subject to Tax**

Under penalties of perjury, I declare that ☐ I am an officer of the above entity or ☒ I am a person subject to tax with respect to (name of entity) **Druid Hills Patrol Volunteer Assoc**, (EIN) **58-2438361** and that I have examined a copy of the

2022 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**☒ I authorize **Cindy Cline & Company**

ERO firm name

to enter my PIN **99999**Enter five numbers, but  
do not enter all zeros

as my signature on the tax year 2022 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 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.

Signature of officer or person subject to tax

Date

**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.

**51194399999**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)



Extended to November 15, 2023

## Short Form

OMB No. 1545-0047

Form **990-EZ**

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2022**

Do not enter social security numbers on this form, as it may be made public.

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.**A** For the 2022 calendar year, or tax year beginning

, 2022, and ending

**B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization

Druid Hills Patrol Volunteer Association

**D** Employer identification number

58-2438361

## Number and street (or P.O. box if mail is not delivered to street address)

P.O. BOX 15405

## Room/suite

**E** Telephone number

404-373-1060

## City or town, state or province, country, and ZIP or foreign postal code

Atlanta, GA 30333

**F** Group Exemption Number**G** Accounting Method: ☒ Cash ☐ Accrual Other (specify) \_\_\_\_\_**H** Check ☒ if the organization is not required to attach Schedule B (Form 990).**I** Website: [druidhillspatrol.org](http://druidhillspatrol.org)**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) ( 4 ) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

\$ 179,572.

**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	179,516.
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income See Schedule O	4	56.
	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:		
	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	179,572.	
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	130,641.
	13	Professional fees and other payments to independent contractors	13	1,690.
	14	Occupancy, rent, utilities, and maintenance See Schedule O	14	4,378.
	15	Printing, publications, postage, and shipping	15	166.
	16	Other expenses (describe in Schedule O) See Schedule O	16	45,484.
17	Total expenses. Add lines 10 through 16	17	182,359.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	-2,787.
	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	155,165.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	152,378.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2022)



**Druid Hills Patrol Volunteer  
Association**

Form 990-EZ (2022)

58-2438361

Page 2

**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 ☒

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	154,534.	147,900.
23 Land and buildings		
24 Other assets (describe in Schedule O) <u>See Schedule O</u>	8,855.	4,478.
25 Total assets	163,389.	152,378.
26 Total liabilities (describe in Schedule O) <u>See Schedule O</u>	8,224.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	155,165.	152,378.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)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; optional for others.)

28 <u>See Schedule O</u>		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	182,359.
29		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)	32	182,359.

**Part IV List of Officers, Directors, Trustees, and Key Employees**

(list each one even if not compensated - see the instructions for Part IV)

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Kent Murphy President	2.00	0.	0.	0.
Carol Bush Vice President	1.00	0.	0.	0.
James Sustman Treasurer	3.00	0.	0.	0.
Jane St. Clair Administrator	4.00	0.	0.	0.
Peter Ash Director	1.00	0.	0.	0.
Pope Bullock Director	1.00	0.	0.	0.
James Dabbs Director	1.00	0.	0.	0.
Aja Pascale Director	1.00	0.	0.	0.



# Druid Hills Patrol Volunteer Association

Form 990-EZ (2022)

58-2438361

Page 3

## 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 Sch. O to respond to any question in this Part V

- 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
- 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
- 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)?
- 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
- 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
- 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
- 37a** Enter amount of political expenditures, direct or indirect, as described in the instructions **37a** 0.
- b** Did the organization file Form 1120-POL for this year?
- 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?
- b** If "Yes," complete Schedule L, Part II, and enter the total amount involved **38b** N/A
- 39** Section 501(c)(7) organizations. Enter:
- a** Initiation fees and capital contributions included on line 9 **39a** N/A
- b** Gross receipts, included on line 9, for public use of club facilities **39b** N/A
- 40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 **N/A**; section 4912 **N/A**; section 4955 **N/A**
- b** Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 **0.**
- d** Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization **0.**
- 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 **40e** X

	Yes	No
33		X
34		X
35a		X
35b	N/A	
35c		X
36		X
37b		X
38a		X
38b		
39a		
39b		
40b		X
40c		
40d		
40e		X

- 41** List the states with which a copy of this return is filed **GA**
- 42a** The organization's books are in care of **Jim Sustman** Telephone no. **404-808-8141**  
Located at **851 Springdale Rd NE, Atlanta, GA** ZIP + 4 **30306**
- 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)? **42b** X  
If "Yes," enter the name of the foreign country  
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
- c** At any time during the calendar year, did the organization maintain an office outside the United States? **42c** X  
If "Yes," enter the name of the foreign country
- 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** N/A

	Yes	No
42b		X
42c		X

- 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**
- 45a** Did the organization have a controlled entity within the meaning of section 512(b)(13)? **45a** X
- b** 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**

	Yes	No
44a		X
44b		X
44c		X
44d		
45a		X
45b		

Form 990-EZ (2022)



Form 990-EZ (2022)

**Druid Hills Patrol Volunteer  
Association**

58-2438361

Page 4

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 Sch. C, Part II

	Yes	No
47		
48		
49a		
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	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

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." N/A

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 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.

<b>Sign Here</b>	Signature of officer	Date
	<b>James Sustman, Treasurer 2023</b>	
	Type or print name and title	

**Paid Preparer Use Only**

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name	Cindy Cline & Company	Firm's EIN	46-1816067	P00479263
Firm's address	1214 Reeder Circle Atlanta, GA 30306	Phone no.	(404) 748-1082	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2022)



## 2022 DEPRECIATION AND AMORTIZATION REPORT

Form 990-EZ Page 1

990-EZ

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
1	Patrol Vehicle	05/26/18	200DB	5.00		HV17	24,178.				24,178.	17,611.		4,378.	21,989.
	* Total 990-EZ Pg 1 Depr						24,178.				24,178.	17,611.		4,378.	21,989.

228111 04-01-22

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone



**SCHEDULE O**  
**(Form 990)**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 Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection

Name of the organization

Druid Hills Patrol Volunteer  
AssociationEmployer identification number  
58-2438361**Form 990-EZ, Part I, Line 4, Other Investment Income:****Description of Property:****Amount:**

Interest Income

56.

**Form 990-EZ, Part I, Line 14, Occupancy, Rent, Utilities, and Maintenance:****Description of Expenses:****Amount:**

Depreciation

4,378.

**Form 990-EZ, Part I, Line 16, Other Expenses:****Description of Other Expenses:****Amount:**

Insurance

8,633.

Merchant Service Fees

5,556.

Vehicle Costs

7,509.

Payroll Tax

10,244.

Software Subscriptions

7,749.

Telephone

690.

Other

153.

Officer Holiday Bonuses

4,950.

Total to Form 990-EZ, line 16

45,484.

**Form 990-EZ, Part II, Line 24, Other Assets:****Description****Beg. of Year****End of Year**

Other Depreciable Assets

8,855.

4,478.

**Form 990-EZ, Part II, Line 26, Other Liabilities:****Description****Beg. of Year****End of Year**

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

Schedule O (Form 990) 2022



Schedule O (Form 990) 2022

Page 2

Name of the organization	Druid Hills Patrol Volunteer Association	Employer identification number
		58-2438361

Payroll Taxes Payable	5,584.	0.
Notes Payable - Vehicle	2,640.	0.
Total to Form 990-EZ, line 26	8,224.	0.

Form 990-EZ, Part III, Primary Exempt Purpose - To provide security and public safety services to residents of its catchment area in the Druid Hill Community in Dekalb County GA. This is accomplished by using the services of off-duty police officers to patrol the area in a marked patrol car.

Form 990-EZ, Part III, Line 28, Program Service Accomplishments:

Provision of Security Services in the Community of Druid Hills, Dekalb County, Georgia. The Association employs off-duty police personnel supervised by an off-duty police captain who patrol the neighborhood in a patrol car owned by the association, check on homes when owners are away, monitor street activity, observe police response to neighborhood incidents, monitor and calm traffic and perform other activities as required.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts:

The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract.

The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.