

Form 8879-TE

**IRS E-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

For calendar year 2024, or fiscal year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20\_\_\_\_

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.**2024**Name of filer **Druid Hills Patrol Volunteer  
Association**EIN or SSN  
**58-2438361**Name and title of officer or person subject to tax **James 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>162,112.</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

2024 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 2024 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 2024 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, <sup>DocuSigned by:</sup> I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax **James Sustman**Date **6/13/2025****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.

**5119439999**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 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**

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

Form 8879-TE (2024)

Form **8868**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

OMB No. 1545-0047

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

Type or Print	Name of exempt organization, employer, or other filer, see instructions. <b>Druid Hills Patrol Volunteer Association</b>	Taxpayer identification number (TIN) <b>58-2438361</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 15405</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>Atlanta, GA 30333</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) ..... **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name .....  
Plan Number .....  
Plan Year Ending (MM/DD/YYYY) .....

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**The books are in the care of **Jim Sustman****851 Springdale Rd NE - Atlanta, GA 30306**Telephone No. **404-808-8141**

Fax No. ....

• If the organization does not have an office or place of business in the United States, check this box .....

• If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) ..... If this is for the whole group, check this box .....  . If it is for part of the group, check this box ...  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **November 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 **24** or  
 tax year beginning ..... , 20 ..... , and ending ..... , 20 .....

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c</b> <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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

Form **8868** (Rev. 1-2025)

Extended to November 17, 2025

## Short Form

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)

OMB No. 1545-0047

2024

Department of the Treasury  
Internal Revenue Service

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

Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.Open to Public  
Inspection

A For the 2024 calendar year, or tax year beginning \_\_\_\_\_, 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)

Room/suite

P.O. BOX 15405

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  
NumberG 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  527K 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 \$ 162,112.

## 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 

1	Contributions, gifts, grants, and similar amounts received .....	1	162,050.
2	Program service revenue including government fees and contracts .....	2	
3	Membership dues and assessments .....	3	
4	Investment income .....	4	62.
5a	Gross amount from sale of assets other than inventory .....	5a	
b	Less: cost or other basis and sales expenses .....	5b	
c	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) .....	5c	
6	Gaming and fundraising events:		
a	Gross income from gaming (attach Schedule G if greater than \$15,000) .....	6a	
b	Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) .....	6b	
c	Less: direct expenses from gaming and fundraising events .....	6c	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) .....	6d	
7a	Gross sales of inventory, less returns and allowances .....	7a	
b	Less: cost of goods sold .....	7b	
c	Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) .....	7c	
8	Other revenue (describe in Schedule O) .....	8	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 .....	9	162,112.
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	131,850.
13	Professional fees and other payments to independent contractors .....	13	1,473.
14	Occupancy, rent, utilities, and maintenance .....	14	
15	Printing, publications, postage, and shipping .....	15	520.
16	Other expenses (describe in Schedule O) .....	16	42,337.
17	<b>Total expenses.</b> Add lines 10 through 16 .....	17	176,180.
18	Excess or (deficit) for the year (subtract line 17 from line 9) .....	18	-14,068.
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	144,111.
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	130,043.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2024)

Druid Hills Patrol Volunteer  
Association

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**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 .....	144,111.	22	130,043.
23 Land and buildings .....		23	
24 Other assets (describe in Schedule O) .....		24	
25 Total assets .....	144,111.	25	130,043.
26 Total liabilities (describe in Schedule O) .....	0.	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .....	144,111.	27	130,043.

**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 See Schedule O(Grants \$ ) If this amount includes foreign grants, check here  28a 176,180.

29 \_\_\_\_\_

(Grants \$ ) If this amount includes foreign grants, check here  29a

30 \_\_\_\_\_

(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) 32 176,180.

**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.
Aja Pascale Director	1.00	0.	0.	0.

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**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 .....

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 .....

39 Section 501(c)(7) organizations. Enter:

a Initiation fees and capital contributions included on line 9 .....

b Gross receipts, included on line 9, for public use of club facilities .....

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 .....

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 .....

d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 .....

41 List the states with which a copy of this return is filed GA42a The organization's books are in care of Jim Sustman Telephone no. 404-808-8141Located 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)? .....

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? .....

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

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ .....

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 .....

c Did the organization receive any payments for indoor tanning services during the year? .....

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 .....

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

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 .....

	Yes	No
33	X	
34	X	
35a	X	
35b	N/A	
35c	X	
36	X	
37b	X	
38a	X	
38b	N/A	
39a	N/A	
39b	N/A	
40b	X	
40c		
40d		
40e	X	
42b	X	
42c	X	
43		
44a	X	
44b	X	
44c	X	
44d		
45a	X	
45b		

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Druid Hills Patrol Volunteer  
Association

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46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?  
If "Yes," complete Schedule C, Part I .....

46	Yes	No
	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?

47	Yes	No

If "Yes," complete Sch. C, Part II .....

2024 DEPRECIATION AND AMORTIZATION REPORT

Form 990-EZ Page 1

990-EZ

**SCHEDULE O  
(Form 990)**(Rev. December 2024)  
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 instructions and the latest information.

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization	Druid Hills Patrol Volunteer Association	Employer identification number 58-2438361
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**Form 990-EZ, Part I, Line 4, Other Investment Income:**

<b>Description of Property:</b>	<b>Amount:</b>
Interest Income	62.

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

<b>Description of Other Expenses:</b>	<b>Amount:</b>
Insurance	10,435.
Merchant Service and Bank Fees	4,683.
Vehicle Costs	6,043.
Payroll Tax	10,292.
Software Subscriptions	9,996.
Telephone	888.
<b>Total to Form 990-EZ, line 16</b>	<b>42,337.</b>

**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 activites 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.