

Short Form

OMB No. 1545-0047

Form **990-EZ**

Return of Organization Exempt From Income Tax

2019

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

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

Open to Public Inspection

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

A For the 2019 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"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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		E Telephone number 404-373-1060
	P.O. BOX 15405		F Group Exemption Number ▶
	City or town, state or province, country, and ZIP or foreign postal code ATLANTA, GA 30333		
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶			H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ▶ DRUIDHILLSPATROL.ORG			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (4) ◀ (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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 162,838.			

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		<input checked="" type="checkbox"/>		
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	162,788.
	3	Membership dues and assessments	3	
	4	Investment income	4	50.
	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 \$ 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		
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	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	162,838.	
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	122,150.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	38,004.
17	Total expenses. Add lines 10 through 16	17	160,154.	
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 9)	18	2,684.
	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	121,378.
	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	124,062.

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

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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 [X]

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)?
35b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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 G, 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
37b 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?
38b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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; section 4912; section 4955
40b 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
40c 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
40d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
42a The organization's books are in care of KIRSTEN JACOBSON Telephone no. 404-312-0305 Located at 1196 SPRINGDALE RD NE, ATLANTA, GA ZIP + 4 30306
42b 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).
42c 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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d 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)?
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

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? Yes No
 If "Yes," complete Schedule C, Part I 46 Yes No

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
 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 Yes No
 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a Yes No
 b If "Yes," was the related organization a section 527 organization? 49b Yes No
 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
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.

Sign Here
 Signature of officer: *Kirsten Jacobson* Date: *11/11/2020*
 KIRSTEN JACOBSON, DIRECTOR
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name ALLISON B. MILLIGAN	Preparer's signature MILLIGAN	Date	Check <input type="checkbox"/> if self-employed	PTIN P00572606
Firm's name ▶ VANN WHIPPLE MILLIGAN, P.C.	Firm's EIN ▶ 47-1195581		Phone no. 770-351-1220	
Firm's address ▶ 1117 PERIMETER CENTER WEST, #N300 ATLANTA, GA 30338-5417				

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

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

DRUID HILLS PATROL VOLUNTEER ASSOCIATION

Employer identification number

58-2438361

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:

DESCRIPTION OF PROPERTY:	AMOUNT:
INVESTMENT INCOME	50.

FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
PAYROLL TAXES	9,652.
SOFTWARE SUBSCRIPTION EXPENSES	6,782.
AUTOMOBILE FUEL, MAINTENANCE, TAG	5,025.
DEPRECIATION EXPENSE	5,293.
INTEREST EXPENSE - AUTO LOAN	1,041.
BUSINESS REGISTRATION FEES	30.
CREDIT CARD PROCESSING FEES	4,327.
INSURANCE: GENERAL LIABILITY, D&O, AUTO	4,666.
OFFICE SUPPLIES	144.
POSTAGE	92.
TELEPHONE	934.
WEBSITE DESIGN & MAINTENANCE	18.
TOTAL TO FORM 990-EZ, LINE 16	38,004.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
VEHICLE	26,467.	26,467.
ACCUMULATED DEPRECIATION	-2,647.	-7,940.
TOTAL TO FORM 990-EZ, LINE 24	23,820.	18,527.

Name of the organization DRUID HILLS PATROL VOLUNTEER ASSOCIATION	Employer identification number 58-2438361
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FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PAYROLL TAXES PAYABLE	3,077.	5,134.
ACCOUNTS PAYABLE	672.	0.
NOTES PAYABLE - VEHICLE	16,573.	12,254.
TOTAL TO FORM 990-EZ, LINE 26	20,322.	17,388.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE ORGANIZATION'S MISSION IS TO PROVIDE SECURITY AND PUBLIC SAFETY SERVICES TO RESIDENTS OF ITS CATCHMENT AREA. 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:

THE DRUID HILLS PATROL VOLUNTEER ASSOCIATION PROVIDES SECURITY SERVICES IN THE COMMUNITY OF DRUID HILLS IN DEKALB COUNTY, GEORGIA. THE SERVICE IS PROVIDED BY OFF-DUTY POLICE PERSONNEL IN AN ASSOCIATION-OWNED PATROL CAR. THE SERVICE CONSISTS OF ROUTINE PATROL OF THE STREETS OF THE NEIGHBORHOOD, CHECKING ON HOMES OF MEMBERS WHO ARE AWAY FROM HOME AND HAVE ASKED TO HAVE THEIR PREMISES CHECKED, MONITOR STREET ACTIVITY, OBSERVE POLICE RESPONSE TO NEIGHBORHOOD INCIDENTS, MONITOR THE SPEED OF TRAFFIC IN THE NEIGHBORHOOD AND HELP REDUCE SPEEDING, AND OTHER ACTIVITIES AS REQUIRED BY SITUATIONS AND CONDITIONS. TO ACCOMPLISH THIS PURPOSE, THE ASSOCIATION RETAINED THE SERVICES OF A SECURITY CONSULTANT TO DEVELOP A PROGRAM TO INCREASE SECURITY IN THE NEIGHBORHOOD. IN THAT CONNECTION, THE ASSOCIATION HIRED AN OFF-DUTY POLICE CAPTAIN TO MANAGE THE PROGRAM, HIRED OFF-DUTY POLICE OFFICERS TO PROVIDE AREA COVERAGE, AND ACQUIRED AN AUTOMOBILE TO BE USED BY OFFICERS IN PATROL ACTIVITIES. THE OFFICERS

Name of the organization

DRUID HILLS PATROL VOLUNTEER ASSOCIATION

Employer identification number

58-2438361

HAVE MONITORED NUMEROUS CRIMES IN AREA HOMES, ALERTED THE NEIGHBORHOOD, MEMBERS AND NON-MEMBERS, OF THE EXISTENCE OF DANGEROUS SITUATIONS OR INDIVIDUALS, HELPED REDUCE SPEEDING ON AREA STREETS, AND HAVE PERFORMED NUMEROUS OTHER ACTIVITIES TO INCREASE SECURITY IN THE NEIGHBORHOOD.

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.

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

Type or print	Name of exempt organization or other filer, see instructions. DRUID HILLS PATROL VOLUNTEER ASSOCIATION	Taxpayer identification number (TIN) 58-2438361
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. P.O. BOX 15405	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ATLANTA, GA 30333	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KIRSTEN JACOBSON

- The books are in the care of ▶ **1196 SPRINGDALE RD NE - ATLANTA, GA 30306**
Telephone No. ▶ **404-312-0305** 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 16, 2020**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2019** or
▶ tax year beginning _____, and ending _____.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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