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CLIENT'S COPY

TAX RETURN FILING INSTRUCTIONS

FORM 990-EZ

FOR THE YEAR ENDING

December 31, 2020

Prepared for	
	Druid Hills Patrol Volunteer Association P.O. Box 15405 Atlanta, GA 30333
Prepared by	Vann Whipple Milligan, P.C. 1117 Perimeter Center West, #N300 Atlanta, GA 30338-5417
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.
	A paper copy of the return should be signed and mailed to the State of Georgia as follows:
	Georgia Department of Revenue P.O. Box 740395 Atlanta, Georgia 30374-0395

Form 8879-EO	IRS e-file Signatu for an Exempt	re Authorization		OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning	, 2020, and ending	, 20	2020
Department of the Treasury Internal Revenue Service	 Do not send to the IRS Go to www.irs.gov/Form8879 			
Name of exempt organization	or person subject to tax		Taxpayer identi	fication number
DRUID HILLS P.	ATROL VOLUNTEER ASSOCIATIO	ON	58-2438	361
Name and title of officer or pe			1	
KIRSTEN JACOB	SON			
DIRECTOR				
	Return and Return Information (Whole D	57		
check the box on line 1a, 2 blank, then leave line 1b, 2	rn for which you are using this Form 8879-EO and 6 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, b e applicable line below. Do not complete more that	that line for the return being filed wit lank (do not enter -0-). But, if you ent	h this form was	you
1a Form 990 check here	b Total revenue, if any (Form 990, Pa	rt VIII, column (A), line 12)	1b	
2a Form 990-EZ check h		-EZ, line 9)	2b	179,259.
3a Form 1120-POL chec	k here b Total tax (Form 1120-POL,	line 22)	3b	
4a Form 990-PF check h		me (Form 990-PF, Part VI, line 5)		
5a Form 8868 check here	b Balance due (Form 8868, line 3	C)		
6a Form 990-T check here 7a Form 4720 check here		ne 4)		
	ion and Signature Authorization of Off	ne 1) icer or Person Subject to Ta		
true, correct, and complete I consent to allow my inter to receive from the IRS (a) processing the return or re Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne identification number (PIN) PIN: check one box only X I authorize VA as my signature a state agency(id PIN on the return As an officer or p	rn and accompanying schedules and statements, i e. I further declare that the amount in Part I above mediate service provider, transmitter, or electronic an acknowledgement of receipt or reason for rejec fund, and (c) the date of any refund. If applicable, nic funds withdrawal (direct debit) entry to the finan e federal taxes owed on this return, and the finance the U.S. Treasury Financial Agent at 1-888-353-453 thorize the financial institutions involved in the pro- cessary to answer inquiries and resolve issues rela as my signature for the electronic return and, if ap NN WHIPPLE MILLIGAN, P.C. ERO firm name on the tax year 2020 electronically filed return. If I I es) regulating charities as part of the IRS Fed/State n's disclosure consent screen. Derson subject to tax with respect to the organizati d return. If I have indicated within this return that a	is the amount shown on the copy of return originator (ERO) to send the r ition of the transmission, (b) the reas l authorize the U.S. Treasury and its ncial institution account indicated in ial institution to debit the entry to thi 37 no later than 2 business days pric cessing of the electronic payment of ted to the payment. I have selected uplicable, the consent to electronic fu	the electronic ret eturn to the IRS a on for any delay i designated Finar the tax preparations account. To rew or to the payment taxes to receive a personal ands withdrawal. to enter my PIN a copy of the ret mentioned ERO to re on the tax yea	urn. and in cicial on roke 38361 Enter five numbers, b do not enter all zeros urn is being filed with o enter my
	ies as part of the IRS Fed/State program, I will ente			
	tion and Authentication			
ERO's EFIN/PIN. Enter yo	ur six-digit electronic filing identification			
number (EFIN) followed by	your five-digit self-selected PIN.	5807651090 Do not enter all zeros		
-	neric entry is my PIN, which is my signature on the eturn in accordance with the requirements of Pub. 4 siness Returns.	-		
ERO's signature 🕨		Date 🕨		
	ERO Must Retain This F Do Not Submit This Form to the I		o So	

LHA For Paperwork Reduction Act Notice, see instructions.

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

	Eilo o	conorato	application	for oooh	roturn
_	rile a	Separate	application	IOLEACI	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	Name of exempt organization or other filer, see instru	Taxpaye	Taxpayer identification number (TIN)			
print	DRUID HILLS PATROL VOLUNTE	ER AS	SOCIATION		58-24	38361
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, s P.O. BOX 15405					
return. See instructions.	City, town or post office, state, and ZIP code. For a for ATLANTA, GA 30333	oreign add	ress, see instructions.			
Enter the	Return Code for the return that this application is for (fil-	e a separa	te application for each return)			01
Applicatio	on	Return	Application			Return
ls For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990-	BL	02	Form 1041-A			08
Form 4720	0 (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) KIRSTEN JACOBS	06	Form 8870			12
 If the o If this is box ▶ [1 rec the ▶ [one No. ► 404-312-0305 irganization does not have an office or place of business is for a Group Return, enter the organization's four digit . If it is for part of the group, check this box ► quest an automatic 6-month extension of time until organization named above. The extension is for the org. X calendar year 2020 or tax year beginning tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta NOVEI anization's	emption Number (GEN) I ch a list with the names and TINs of MBER 15, 2021 , to file s return for: d ending	f this is fo all memb	r the whole goes the extension organization organization organization organization of the second sec	group, check this nsion is for.
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 3a \$ any nonrefundable credits. See instructions. 3a \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and						0.
	mated tax payments made. Include any prior year overp			3b	\$	0.
c Bala	ance due. Subtract line 3b from line 3a. Include your pa	yment wit	h this form, if required, by			
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.
Caution: I instruction	If you are going to make an electronic funds withdrawal ns.	(direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 887	79-EO for payment

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

Form 8868 (Rev. 1-2020)

A Return of Organization Exempt From Income Tax Jour 9900-EZ Neturn of Organization Exempt From Income Tax Jour 497(b(1) of the Internal Revenue Code (excent private foundations) December 300(c), 527, or 497(b(1) of the Internal Revenue Code (excent private foundations) Control of Common Stude (S27, or 497(b(1) of the Internal Revenue Code (excent private foundations) December 300(c) And ending And ending And ending And ending And ending And ending Point Common State (S27) Control of Common State (S27) Control of Common State (S27) Control of Common State (S20) Point Common State (S20) Control of Common State (S20) Control common State (S20) Control common State (S20)			EXTENDED TO NOVEME Short For		, 20)21			OMB No. 1545-0047
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■ States are charged C Hanne of or granization D Employer identification number > Non-based strates DRUID HILLS PATROL VOLUNTEER ASSOCIATION 58–2438361 Number and street (or P. Do. Box 15 405 Recombased F depande and street (or P. Do. Box 15 405 Proceeder recom CDV of town, Sale or province, county, and 2/P or foreign postal code F doue Examplion ArtLANTA, GA. 3033 Home to List of the component of				tions and	the lat	est informati	on.		
Image cases DRUID HILLS PARROL VOLUNTEER ASSOCIATION 58 - 2438361 Image cases PORTONIA Feature state Fea	A	or th	e 2020 calendar year, or tax year beginning		and en	ding			
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Image: Terminal State P.O. BOX 15405 404-373-1060 Chy or town, state or province, country, and ZP or foreign postal code Foroup Exemption Number 2 Attanty Ar GA 30333 Foroup Exemption Accounting Method: X11_ANTA, GA 30333 Foroup Exemption Website: DRUTDHILLSPATROL.ORG H Check ► X If the organization is 1 Accounting Method: X1_CANTA GA accounting Method: (form 980, 990-EZ, or 980-PF). K form of organization: X1_Canton Langes in Net Association Officer (form 980, 990-EZ, or 980-PF). Eact Add lines 65, e.g. and 7b tills be determine grosse receipts. If gross receipts are \$200.000 mr more, or if total assets (Part II, colume (B)) are \$500,000 or more, file Grow 980-FZ \$ 179, 259. Part II Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) \$ 179, 205. S Membership dues and assessments 1 2 179, 205. 3 Membership dues and assessments 5 5 6 air (sos) from sale of assets other than inventory. 5 5 6 air (sos) from sale of assets other than inventory (subtract line 5b from line 5a) 5 5 6 air (sos) from sale of assets other than inventory (subtract line 5b fr		Nam			TION				
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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 \$300,000 or more, file Form 990 instead of Form 990 in	-				στ (α)(τ		(10	1111 3 3 0,	550 EZ, 01 550 TT J.
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_	n 990-EZ (2020) DRUID HILLS PATROL VOLUNT	EER ASSOCIAT	ION	58-	24383	61 Page
Pa	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to resp					
			(A) Beginning of year	_		nd of year
22	, v ,		122,923	_		141,422
23	Land and buildings Other assets (describe in Schedule 0) SEE SCHEDULE O		18,527	23		12 22/
24			141,450	• 24 • 25		13,234 154,656
25 26	Total assets Total liabilities (describe in Schedule 0) SEE SCHEDULE O		17,388	• 25		12,717
20	· ,		124,062			141,939
_	art III Statement of Program Service Accomplishmer			• 21		(penses
	Check if the organization used Schedule O to resp	•	,	X	(Required	for section
Wha	at is the organization's primary exempt purpose? SEE SCHEDULE O	Joind to any queblie				and 501(c)(4) ons; optional for
	ribe the organization's program service accomplishments for each of its three largest program	services as measured by expens	ses. In a clear and concise		others.)	
	her, describe the services provided, the number of persons benefited, and other relevant inform					
28	SEE SCHEDULE O					
	(Grants \$) If this amount includes foreign g	rants, check here			28a	161,382
29						
	(Grants \$) If this amount includes foreign g	rants, check here	►		29a	
30						
				<u> </u>		
04	(Grants \$) If this amount includes foreign g				30a	
31					31a	
	(Grants \$) If this amount includes foreign g	rants, check here	····· ►	•		161,382
22	32 Total program service expenses (add lines 28a through 31a)					
	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each one	even if not compensated -			
		mployees (list each one pond to any questio	even if not compensated - n in this Part IV	see the	instructions f	or Part IV)
	art IV List of Officers, Directors, Trustees, and Key E	mployees (list each one bond to any questio (b) Average hours per week devoted to	even if not compensated - on in this Part IV (c) Reportable compensation (Forms	see the (d) Hea contr emplo	instructions f alth benefits, ibutions to yee benefit	or Part IV) (e) Estimated amount of other
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	Art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp (a) Name and title TER ASH RECTOR AUDIA EDWARDS RECTOR RK HEROLD RECTOR RSTEN JACOBSON RECTOR FFIE MICHAELSON RECTOR RY JANE PANZERI	mployees (list each one bond to any question (b) Average hours per week devoted to position 1.00 5.00 1.00 5.00 3.00	even if not compensated - n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	see the (d) Her contr emplo plans, s	instructions f alth benefits, ibutions to yee benefit and deferred pensation 0 . 0 . 0 . 0 . 0 .	or Part IV) (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp (a) Name and title TER ASH RECTOR AUDIA EDWARDS RECTOR RK HEROLD RECTOR RSTEN JACOBSON RECTOR FFIE MICHAELSON RECTOR RY JANE PANZERI	mployees (list each one bond to any question (b) Average hours per week devoted to position 1.00 5.00 1.00 5.00 3.00	even if not compensated - n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	see the (d) Her contr emplo plans, s	instructions f alth benefits, ibutions to yee benefit and deferred pensation 0 . 0 . 0 . 0 . 0 .	or Part IV) (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp (a) Name and title TER ASH RECTOR AUDIA EDWARDS RECTOR RK HEROLD RECTOR RSTEN JACOBSON RECTOR FFIE MICHAELSON RECTOR RY JANE PANZERI	mployees (list each one bond to any question (b) Average hours per week devoted to position 1.00 5.00 1.00 5.00 3.00	even if not compensated - n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	see the (d) Her contr emplo plans, s	instructions f alth benefits, ibutions to yee benefit and deferred pensation 0 . 0 . 0 . 0 . 0 .	or Part IV) (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp (a) Name and title TER ASH RECTOR AUDIA EDWARDS RECTOR RK HEROLD RECTOR RSTEN JACOBSON RECTOR FFIE MICHAELSON RECTOR RY JANE PANZERI	mployees (list each one bond to any question (b) Average hours per week devoted to position 1.00 5.00 1.00 5.00 3.00	even if not compensated - n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	see the (d) Her contr emplo plans, s	instructions f alth benefits, ibutions to yee benefit and deferred pensation 0 . 0 . 0 . 0 . 0 .	or Part IV) (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to resp (a) Name and title TER ASH RECTOR AUDIA EDWARDS RECTOR RK HEROLD RECTOR RSTEN JACOBSON RECTOR FFIE MICHAELSON RECTOR RY JANE PANZERI	mployees (list each one bond to any question (b) Average hours per week devoted to position 1.00 5.00 1.00 5.00 3.00	even if not compensated - n in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0. 0. 0. 0. 0.	see the (d) Her contr emplo plans, s	instructions f alth benefits, ibutions to yee benefit and deferred pensation 0 . 0 . 0 . 0 . 0 .	or Part IV) (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0

DRUID	HILLS	PATROL	VOLUNTEER	ASSOCIATION
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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	s Part	V	X	
			Yes	No	
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	33		Х	
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	34		Х	
35 a	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)?	35a		х	
h	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/		
	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	000			
Ū	requirements during the year? If "Yes," complete Schedule C, Part III	35c		х	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	000			
00	complete applicable parts of Schedule N	36		х	
37 9	Enter amount of political expenditures, direct or indirect, as described in the instructions 137a 0 .				
		37b		х	
	Did the organization file Form 1120-POL for this year?	570			
00 a	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х	
h	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	304		- 21	
		-			
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9 39a N/A				
	Initiation fees and capital contributions included on line 9 39a N/A Gross receipts, included on line 9, for public use of club facilities 39b N/A	1			
		-			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 \triangleright N/A : section 4912 \triangleright N/A : section 4955 \triangleright N/A				
	section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4955 \blacktriangleright N/A Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit				
D					
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any	40b		х	
•	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	400		<u></u>	
6	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed				
u					
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter				
c		40e		х	
41	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed > GA	400		21	
	The organization's books are in care of KIRSTEN JACOBSON Telephone no. 404 –31	2 - 0	305		
τ <i>L</i> α	Located at \triangleright 1196 SPRINGDALE RD NE, ATLANTA, GA	030	6		
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	000	•		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No	
	concurst/2	42b		X	
	If "Yes," enter the name of the foreign country	120			
	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		х	
5	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		►		
		N/A			
			Yes	No	
44 a	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					
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х	
	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			
-					

Form 990-EZ (2020)

Form 990-EZ (2020)

Form 990-E2	Z (2020)	DRUID	HILLS	PATE	ROL V	OLUNT:	EER AS	SOCIAT	ION		58-2	24383	61	F	Page 4
													_	Yes	No
	•		ctly or indirect			•									
			art I										46		X
Part VI	-		8) Organiz		-										
			organizations		-										
	Check if	the organiza	ation used So	chedule (D to resp	ond to any	question in 1	this Part VI			<u></u>	<u></u>			
												r		Yes	No
			bbying activiti										47		
			escribed in sec										48		
			ansfers to an e										49a		
50 Compl	, was life rea	for the organizat	tion a section { ization's five h	527 UIYalli	nzaliun :	h omplovaaa	(other then of	ficara diracta	ro truotoor	and kov a	mployog	L	49b	aivad	moro
		-	from the organ	-	-		•	110015, UII 6010	15, 11 11 51665	s, anu key e	inployee	5) WIIU Ea		eiveu	more
ιιαιψ		-	title of each er					age hours	(c) P/	eportable	(d) _{Hea}	th benefits,	(e)	Estim	ated
	(a) Name and		npioyee				devoted to	compens	ation (Forms)99-MISC)	` contrib	outions to ree benefit		unt of	
				N/A			pos	ition	VV-2/10	199-IVIISC)	plans, a	nd deferred ensation	con	npensa	ation
				,											
											1		1		
			s paid over \$10					▶							
			ization's five h		npensated	d independer	nt contractors	who each rece	eived more	than \$100	,000 of c	ompensat	ion fro	om the	;
		re is none, ent		N/A											
(8	a) Name and t	ousiness addr	ress of each in	Idependent	t contracto	or		(b) Type of s	ervice		(C) (C	omper	isatior	1
d Total r	number of oth	ier independe	ent contractors	each rece	eiving over	\$100.000	I								
			chedule A? No		•										
	•	•			•	,,,,						🕨 🗌	Yes	s [No
			at I have exam								est of my	knowledg	je and	belief.	
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Sign	Signature										Date				
Here			ACOBSO	N, DI	IRECI	OR									
	Type or p	rint name and ti	tle												
	Print/Ty	pe preparer's	name		Preparer's	s signature		Date		Check	- 1	PTIN			
Paid										self- emplo	oyed				
Prepare			MILLIG				MILLIG	AN				P005			
Use Onl			NN WHI							Firm's EIN					
	Firm's a		.117 PE				•	#N300		Phone no	. 77(	)-351	-12	220	
			TLANTA												
May the IRS	discuss this	return with th	ne preparer sho	own above	e? See ins	tructions						🕨 🛛 🗙	Yes	3	No

Form **990-EZ** (2020)

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>		Open to Public Inspection
Name of the organization	DRUID HILLS PATROL VOLUNTEER ASSOCIATION		r identification number 2438361
FORM 990-EZ,	PART I, LINE 4, OTHER INVESTMENT INCOME:		
DESCRIPTION	OF PROPERTY:		AMOUNT :
INVESTMENT I	NCOME		54.
FORM 990-EZ,	PART I, LINE 16, OTHER EXPENSES:		
DESCRIPTION	OF OTHER EXPENSES:		AMOUNT:
PAYROLL TAXE	S		9,622.
SOFTWARE SUB	SCRIPTION EXPENSES		7,406.
AUTOMOBILE F	UEL, MAINTENANCE, TAG		2,196.
DEPRECIATION	EXPENSE		5,293.
INTEREST EXP	ENSE - AUTO LOAN		723.
BUSINESS REG	ISTRATION FEES		30.
CREDIT CARD	PROCESSING FEES		4,478.
INSURANCE: G	ENERAL LIABILITY, D&O, AUTO		9,174.
TAX PREPARAT	ION FEES		263.
POSTAGE			106.
TELEPHONE			925.
WEBSITE DESI	GN & MAINTENANCE		31.
TOTAL TO FOR	M 990-EZ, LINE 16		40,247.
FORM 990-EZ,	PART II, LINE 24, OTHER ASSETS:		
DESCRIPTION	BEG. OF	YEAR	END OF YEAR
VEHICLE	26	,467.	26,467.
ACCUMULATED	DEPRECIATION -7	,940.	-13,233.
TOTAL TO FOR	M 990-EZ, LINE 24 18	,527.	13,234.

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020			Page <b>2</b>
Name of the organization DRUID HILLS PATROL VOLUNTEER ASSOCIATI	ON	mployer identifi 58-24383	
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:			
DESCRIPTION BEG.	OF YE	AR END	OF YEAR
PAYROLL TAXES PAYABLE	5,13		5,099.
NOTES PAYABLE - VEHICLE	12,25	54.	7,618.
TOTAL TO FORM 990-EZ, LINE 26	17,38	8.	12,717.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - THE OR	GANIZ	ATION'S	MISSION
IS TO PROVIDE SECURITY AND PUBLIC SAFETY SERVICES TO R	ESIDE	NTS OF I	TS
CATCHMENT AREA. THIS IS ACCOMPLISHED BY USING THE SERV	ICES	OF OFF-D	UTY
POLICE OFFICERS TO PATROL THE AREA IN A MARKED PATROL	CAR.		
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMP	LISHM	IENTS:	
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 PATR	OL CA	R. THE	
SERVICE CONSISTS OF ROUTINE PATROL OF THE STREETS OF T	HE NE	IGHBORHO	OD,
CHECKING ON HOMES OF MEMBERS WHO ARE AWAY FROM HOME AN	ID HAV	E ASKED	то
HAVE THEIR PREMISES CHECKED, MONITOR STREET ACTIVITY,	OBSER	VE POLIC	E
RESPONSE TO NEIGHBORHOOD INCIDENTS, MONITOR THE SPEED	OF TR	AFFIC IN	THE
NEIGHBORHOOD AND HELP REDUCE SPEEDING, AND OTHER ACTIV	ITIES	S AS REQU	IRED
BY SITUATIONS AND CONDITIONS. TO ACCOMPLISH THIS PURPO	SE, T	HE	
ASSOCIATION RETAINED THE SERVICES OF A SECURITY CONSUL	TANT	TO DEVEL	OP A
PROGRAM TO INCREASE SECURITY IN THE NEIGHBORHOOD. IN T	НАТ С	CONNECTIO	Ν,
THE ASSOCIATION HIRED AN OFF-DUTY POLICE CAPTAIN TO MA	NAGE	THE PROG	RAM,
HIRED OFF-DUTY POLICE OFFICERS TO PROVIDE AREA COVERAG	E, AN	ID ACQUIR	ED
AN AUTOMOBILE TO BE USED BY OFFICERS IN PATROL ACTIVIT	'IES.	THE OFFI	CERS
HAVE MONITORED NUMEROUS CRIMES IN AREA HOMES, ALERTED			
032212 11-20-20 7	Schedul	le O (Form 990 c	or 990-EZ) 2020

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization DRUID HILLS PATROL VOLUNTEER ASSOCIATION	Employer identification number 58-2438361
MEMBERS AND NON-MEMBERS, OF THE EXISTENCE OF DANGEROUS SI	TUATIONS OR
INDIVIDUALS, HELPED REDUCE SPEEDING ON AREA STREETS, AND	HAVE PERFORMED
NUMEROUS OTHER ACTIVITIES TO INCREASE SECURITY IN THE NEI	GHBORHOOD.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENER	TIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FU	JNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONT	TRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMI	UMS, DIRECTLY,

OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.