efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492134019668 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2017 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 Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez. Department of the Treasury Inspection Internal Revenue Service For the 2017 calendar year, or tax year beginning 01-01-2017 and ending 12-31-2017 B Check if applicable C Name of organization D Employer identification number GROUNDHOG MOUNTAIN PROPERTY OWNERS INC ☐ Address change 54-1035012 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 2812 BRENNER LANE ☐ Final return/terminated (336) 869-4032 City or town, state or province, country, and ZIP or foreign postal code □ Amended return HIGH POINT, NC 27262 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☑ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ►N/A **J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☑ 501(c)(12) ◀(insert no) ☐ 4947(a)(1) or ☐ 527 **K** Form of organization \square Corporation \square Trust \square Association \square 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) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 2 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 3 61,090 4 4 5a Gross amount from sale of assets other than inventory 5b b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a 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) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6dGross sales of inventory, less returns and allowances . . . 7a b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 755 8 Other revenue (describe in Schedule O) **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 61.845 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 13 1,260 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 19,470 15 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 27,836 17 Total expenses. Add lines 10 through 16 17 48,566 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 13,279 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 275,453 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 288,732 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2017) Cat No 10642I

Part II Balance Sheets (see Check if the organization	e the instructions on used Schedule	for Part II) O to respond to any o	question in this Part II		<u>.</u>	🗹
			(A)	Beginning of year		(B) End of year
22 Cash, savings, and investments				116,282		135,719
23 Land and buildings 24 Other assets (describe in Schedu				159,071		152,913
25 Total assets	•			100 275,453		288,732
26 Total liabilities (describe in Sch				2/3,433	26	288,732
27 Net assets or fund balances (•			275,453		288,732
Part III Statement of Prog		<u> </u>		•	Τ	Expenses
Check if the organization What is the organization's primary e TO PROVIDE FOR MAINTENANCE, PR WITHIN THAT TRACT OF PROPERTY GROUNDHOG HILL, AND TO PROMO PROPERTY DESCRIBED ABOVE Describe the organization's program	xempt purpose? RESERVATION AN DESCRIBED AS TE THE HEALTH, service accomplis	D CONTROL OF THE R GROUNDHOG MOUNTA SAFETY AND WELFARE shments for each of its	ESIDENTIAL LOTS AND AIN, DOE RUN, BUCK H E OF THE RESIDENTS V s three largest program	COMMON AREA OLLOW, OR VITHIN THE	(3) a	uired for section 501(c and 501(c)(4) nizations, optional for rs)
measured by expenses In a clear ar penefited, and other relevant inform 28 See Additional Data Table			es provided, the numbe	r of persons		
See Additional Bata Table						
(Grants \$)	If this amoun	t includes foreign gran	nts, check here	. ▶ ⊔	28a	
29					29a	
(-	-c			. \Box		
(Grants \$)	If this amoun	t includes foreign grar	nts, check here	. ▶ ⊔		
30					30a	
(2)	75.1			. \Box		
(Grants \$)			nts, check here	. ▶ ⊔	$\perp \perp$	
31 Other program services (describe	•				_	
(Grants \$) 32 Total program service expens		t includes foreign gran	·	. P 🗆	31a 32	48,56
Part IV List of Officers, Direct			(list each one even if not			· · · · · · · · · · · · · · · · · · ·
Check if the organization						
(a) Name and title		(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC) (if not paid,	(d) Health benefits, contributions to employee benefit plans, and deferred compensation		(e) Estimated amount of other compensation
JAMES HURD		0 00	enter -0-)		0	0
PRESIDENT						
SANDRA MOORE		0 00	0		0	0
DIRECTOR						
ED SEAGRAVES		0 00	0		0	0
DIRECTOR						
JANET CLODFELTER		1 00	0		0	0
EVEC 656						
EXEC SEC FRANKIE WHEELER		0 00	0		0	0
					·	
DIRECTOR GARY STIFFLER		0 00	0		0	0
GART STIFFLER		0 00			U	١
DIRECTOR						
JEFF BRUCKER		0 00	0		0	0
VICE PRESIDENT						
GENE BYRD		0 00	0		0	0
DIRECTOR						
DALE CARROLL		0 00	0		0	0
SEC/TREAS						
ARTHUR POWELL		0 00	0		0	0
DIRECTOR						

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requirements				
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V		🗵		
		\square	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		No	
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)			No	
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)?	35a		No	
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	35b			
	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	35c		No	
36					
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a				
b	Did the organization file Form 1120-POL for this year?	37b			
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?	38a		No	
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b				
39		1			
	Initiation fees and capital contributions included on line 9 39a				
	Gross receipts, included on line 9, for public use of club facilities 39b	1			
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1			
	section 4911 ▶ , section 4912 ▶ , section 4955 ▶				
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	40ь			
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 sections4912, 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 41	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		No	
	The organization's books are in care of ▶ JANET CLODFELTER Telephone no ▶	(336) 8	69-403	2	
	Located at ▶ 2812 BRENNEN LANE HIGH POINT, NC ZIP + 4 ▶	2726	53		
L	At any time during the calendar year, did the organization have an interest in or a granature or other authority ever a				
В	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	Yes	No No	
	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)				
С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No	
	If "Yes," enter the name of the foreign country				
	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	-			
		$\overline{}$	Yes	No	
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No	
D	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		No	
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No	
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an				
45-	explanation in Schedule O	44d		NI -	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No	
4 9 D	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			

orm 990)-EZ (20	17)							Page 4
								Yes	No
		panization engage, directly or indirect for public office? If "Yes," complete					46		No
Part V	All	ction 501(c)(3) organizations section 501(c)(3) organizations ock if the organization used Schedule	must answer quest	ions 47-49b an	d 52, and	complete the tab	les for lı	nes 50	and 51
	Cite	eck ii tile organization useu ochedule	O to respond to any c	question in this Fa	iit VI		<u> </u>	Yes	No
		janization engage in lobbying activiti implete Schedule C, Part II		01(h) election in	-	•	47		
	·	nization a school as described in sec					48		
	_						49a		
	_	panization make any transfers to an e	•	related organizal	tion		49b		
		as the related organization a section	-						
wh	o each r	this table for the organization's five h received more than \$100,000 of com			re is none, e	nter "None "	s and key	employ	ees)
(a) Nam	e and title of each employee	(b) Average hours per week devoted to position	(c) Reportab compensatio (Forms W-2/10 MISC)	on conti 099- t	Health benefits, Health benefits, Health benefit plans, and erred compensation			
		nber of other employees paid over \$	•			· · · · •_			
		this table for the organization's five h from the organization If there is		ndependent contr	actors who e	each received more	than \$10	00,000 o	f
	ļ	(a) Name and business address of e	ach independent contr	actor	(b) T	ype of service ((c) Comp	ensation	1
d Te	otal nun	nber of other independent contractor	re each recovers over	#100 000					_
u i	otal Hull	iber of other independent contractor	s each receiving over	\$100,000					
		organization complete Schedule A? N ed Schedule A	IOTE. All Section 501(c)(3) organization	ns must atta	ich a	▶ □v	es 🗆 t	No.
	e and be	of perjury, I declare that I have examelief, it is true, correct, and complete					nd to the	best of	my
=j N	1	•				 I			
Sign	****** 2018-05-11 Signature of officer Date								
lere	JAN	NET CLODFELTER EXECUTIVE SECRETARY							
	Тур	be or print name and title	I Burna anala aranahana		l D-4-	I Louis	1		
Paid		Print/Type preparer's name KEVIN RAYFIELD	Preparer's signature		Date 2018-05-11	Check If POO	N 290535		
^o repar		Firm's name DIXON HUGHES GOODMAN LLP Firm's EIN ▶ 56-07479				7981			
Jse O	nly	Firm's address ► 1829 EASTCHESTER DRIVE Phone no (336) 889-				-5156			
		HIGH POINT, NC 2720	65						
lay the I	RS disci	uss this return with the preparer sho	wn above? See instruc	tions		•	☑ Yes	□No	

Additional Data

Software ID:

Software Version:

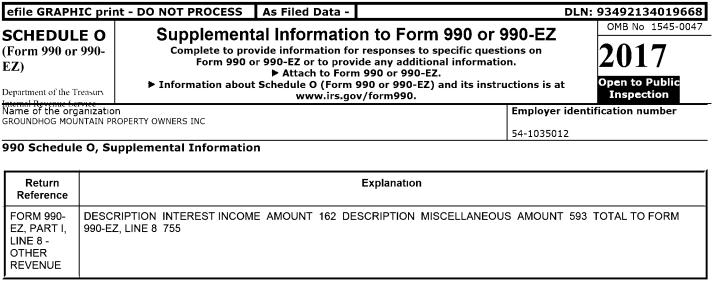
EIN: 54-1035012

Name: GROUNDHOG MOUNTAIN PROPERTY OWNERS INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organizati services, as measured number of persons ben	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)		
	E, PRESERVATION AND CONTROL TO THE RESIDENTIAL AREA REFERRED TO AS AND PROMOTING HEALTH, SAFETY AND WELFARE TO THE RESIDENTS OF GROUNDHOG	28a	48,566
(Grants \$ 0)	If this amount includes foreign grants, check here $\ . \ . \ lacktriangle$		

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93492134019668 TY 2017 Transfers Personal Benefits **Contracts Declaration** Name: GROUNDHOG MOUNTAIN PROPERTY OWNERS INC **EIN:** 54-1035012 **Declaration:** 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.



Return Explanation Reference

FORM 990-DESCRIPTION ADMINISTRATIVE AMOUNT 8.064 DESCRIPTION INSURANCE AMOUNT 2.241 DESCRIP EZ. PART I. TION MEETINGS AMOUNT 660 DESCRIPTION MISCELLANEOUS AMOUNT 4,297 DESCRIPTION DEPRE LINE 16 -CIATION AMOUNT 8,967 DESCRIPTION TAXES - OTHER AMOUNT 482 DESCRIPTION GARBAGE REMO

OTHER VAL AMOUNT 3.125 TOTAL TO FORM 990-EZ. LINE 16 27.836 **EXPENSES**

990 Schedule O, Supplemental Information

Return Explanation

990 Schedule O, Supplemental Information

FORM 990- DESCRIPTION INVESTMENT IN WATER FUND BEG OF YEAR AMOUNT 100 END OF YEAR AMOUNT 100
LINE 24 OTHER
ASSETS