

Form 990EZ

Department of the
Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

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.

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

2019

Open to
Public
Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable

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

C Name of organization
BAY COUNTY CONTRACTORS & ASSOCIATES INCNumber and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 35704City or town, state or province, country, and ZIP or foreign postal code
PANAMA CITY, FL 32412

D Employer identification number

81-1710410

E Telephone number

(850) 215-0200

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, 990-EZ, or 990-PF)I Website: ► WWW.BAYCOUNTYCONTRACTORS.NETJ Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) ► (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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 154,750

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	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	154,750
4	Investment income	4	
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	154,750

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	
13	Professional fees and other payments to independent contractors	13	14,100
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	242
16	Other expenses (describe in Schedule O)	16	152,555
17	Total expenses. Add lines 10 through 16 ►	17	166,897
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-12,147
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	34,357
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	22,210

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 Schedule O to respond to any question in this Part V

	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	34	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	
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	35c	No
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	36	No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	No
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
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
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	
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	
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 ► _____	40b	
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____	40b	
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	No
41 List the states with which a copy of this return is filed ► FL	Telephone no ► (850) 215-0200	
42a The organization's books are in care of ► THE ORGANIZATION	ZIP + 4 ► 32412	
42b Located at ► PO BOX 35704 PO BOX 35704 PANAMA CITY, FL		
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 ► _____	42b	No
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 U.S.? If "Yes," enter the name of the foreign country ► _____	42c	No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
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	No
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	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 explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
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)	45b	No

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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	<input type="checkbox"/> 46	<input type="checkbox"/> 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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> 47	<input type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 48	<input type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 49a	<input type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 49b	<input type="checkbox"/>
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

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"

(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	*****	2020-02-11
	Signature of officer	Date
	DERWIN R WHITE PRESIDENT	
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name AMY D PFAU CPA	Preparer's signature	Date 2020-02-11	Check <input type="checkbox"/> if self-employed	PTIN P01399076
	Firm's name ► TIPTON MARLER GARNER & CHASTAIN	Firm's EIN ► 20-1217629			
	Firm's address ► P O BOX 1100 PANAMA CITY, FL 324021100				Phone no (850) 769-9491

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

Additional Data

Software ID:

Software Version:

EIN: 81-1710410

Name: BAY COUNTY CONTRACTORS & ASSOCIATES
INC

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

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 THE ORGANIZATION WILL PROVIDE OPPORTUNITIES FOR CONSTRUCTION CONTRACTORS AND AFFILIATED BUSINESSES TO GATHER TOGETHER TO NETWORK, SHARE IDEAS AND DISCUSS ISSUES AFFECTING THEIR SPECIFIC INDUSTRY WITHIN BAY COUNTY, FLORIDA. MAJOR EVENTS WILL BE HELD EACH SPRING AND FALL, AND MONTHLY MEETINGS ARE HELD ON THE FIRST TUESDAY OF EACH MONTH. MONTHLY MEETINGS WILL BE HELD AT A RENTED FACILITY AS THE ORGANIZATION DOES NOT HAVE ITS OWN BUILDING OR MEETING FACILITY. MAJOR EVENTS WILL BE HELD AT SITES WHERE THE USE IS DONATED BY MEMBERS OF THE ORGANIZATION	28a 68,032
(Grants \$)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>

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

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.)
29 THE ORGANIZATION WILL REACH OUT TO THE COMMUNITY TO IMPROVE BAY COUNTY, FLORIDA AND TO FACILITATE THE COMMUNITY'S RELATIONSHIP WITH ITS CONSTRUCTION CONTRACTORS THIS WILL OCCUR VIA MEMBERSHIP SERVICE DAYS AND DONATIONS TO VARIOUS COMMUNITY PROJECTS AND/OR NOT FOR PROFIT INITIATIVES AT A MINIMUM, EACH YEAR THE ORGANIZATION WILL CHOOSE A COMMUNITY PARTNER TO ASSIST THE ORGANIZATION BELIEVES THIS FOSTERS GOODWILL FOR THE COMMUNITY AND ITS CONSTRUCTION CONTRACTORS AND MAKES BAY COUNTY, FLORIDA A BETTER PLACE TO LIVE AND WORK (Grants \$)	29a 83,500	

If this amount includes foreign grants, check here . . . ►

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZComplete 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.

2019**Open to Public
Inspection**

Name of the organization

BAY COUNTY CONTRACTORS & ASSOCIATES
INC

Employer identification number

81-1710410

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING AND PROMOTION 872 OFFICE 39 MEETINGS 59,418 INSURANCE 1,131 BANK CHAR GES 34 DONATIONS 83,500 FILING FEES 61 COMMUNITY RESEARCH 7,500 TOTAL 152,555

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990- EZ, PART II, LINE 24	RECEIVABLES 4,500 0 TOTAL 4,500 0

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	SECURING THE FUTURE OF LOCAL CONTRACTORS, ENGINEERS, AND VENDORS FOR GENERATIONS TO COME

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 28	THE ORGANIZATION WILL PROVIDE OPPORTUNITIES FOR CONSTRUCTION CONTRACTORS AND AFFILIATED BUSINESSES TO GATHER TOGETHER TO NETWORK, SHARE IDEAS AND DISCUSS ISSUES AFFECTING THEIR SPECIFIC INDUSTRY WITHIN BAY COUNTY, FLORIDA. MAJOR EVENTS WILL BE HELD EACH SPRING AND FALL, AND MONTHLY MEETINGS ARE HELD ON THE FIRST TUESDAY OF EACH MONTH. MONTHLY MEETINGS WILL BE HELD AT A RENTED FACILITY AS THE ORGANIZATION DOES NOT HAVE ITS OWN BUILDING OR MEETING FACILITY. MAJOR EVENTS WILL BE HELD AT SITES WHERE THE USE IS DONATED BY MEMBERS OF THE ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III, LINE 29	THE ORGANIZATION WILL REACH OUT TO THE COMMUNITY TO IMPROVE BAY COUNTY, FLORIDA AND TO FACILITATE THE COMMUNITY'S RELATIONSHIP WITH ITS CONSTRUCTION CONTRACTORS. THIS WILL OCCUR VIA A MEMBERSHIP SERVICE DAYS AND DONATIONS TO VARIOUS COMMUNITY PROJECTS AND/OR NOT FOR PROFIT INITIATIVES. AT A MINIMUM, EACH YEAR THE ORGANIZATION WILL CHOOSE A COMMUNITY PARTNER TO ASSIST THE ORGANIZATION BELIEVES THIS FOSTERS GOODWILL FOR THE COMMUNITY AND ITS CONSTRUCTION CONTRACTORS AND MAKES BAY COUNTY, FLORIDA A BETTER PLACE TO LIVE AND WORK.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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