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Form '990-EZ

Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

	Ā I	For the 2008 calendar year, or tax year beginning SEP 1, 2008 and ending AUG 3	1, 2009
	B (oloyer identification number
		Address use IRS Label or Label	
		light print of PITT COUNTY COMMITTEE OF 100, INC. 5	6-1912849
<u> </u>			ephone number
@			<u>252) 752-4101</u>
€		Amended lions City or town, state or country, and ZIP + 4	up Exemption
∌			mber >
2		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ethod: X Cash Accrual
5 5 5 7		Schedule A (Form 990 or 990-EZ). Other (specify	
2			X If the organization is not
<u></u>			Schedule B (Form 990, 990-EZ, or 990-PF)
		Check Lift the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more to	than \$25,000. A return is not
		equired, but if the organization chooses to file a return, be sure to file a complete return.	6 93 074
36		Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ Art Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions	\$ 83,974.
	F		4
		1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts	2
		3 Membership dues and assessments	3 83,953.
		4 Investment income	4 21.
		5a Gross amount from sale of assets other than inventory 5a	7 21.
		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) (attach schedule)	5c
	ne	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □	
	R	of contributions - reported on line 1) 6a	,
β		b Less: direct expet (♣s) other than fundraising expenses 6b	
23	J	ULc New income or (1953) from special events and activities (Subtract line 6b from line 6a)	6c
		7a Gross sales of in the ory, less returns and allowances 7a	
L	$\overline{\cap}$	7b ress cost dracods sold	
	<u>U</u>	2 Spread of (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
		8 Other revenue (describe ►)	8
		9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 83,974.
		10 Grants and similar amounts paid (attach schedule)	10
		11 Benefits paid to or for members	11
	enses	12 Salaries, other compensation, and employee benefits	12 11 702
	Sen	13 Professional fees and other payments to independent contractors	13 11,783.
	Exp	14 Occupancy, rent, utilities, and maintenance	14 94.
		15 Printing, publications, postage, and shipping 16 Other expenses (describe ►	
		17 Total expenses. Add lines 10 through 16	16 22,484. 17 34,361.
		18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 49,613.
	ets	19 Net assets or fund balances at beginning of year (from line 27, column (A))	
	188	(must agree with end-of-year figure reported on prior year's return)	19 691,241.
	Net Assets	20 Other changes in net assets or fund balances (attach explanation)	20
	Z	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 740,854.
	Pa	art II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990	
		(See the instructions for Part II.) (A) Beginning of year	(B) End of year
	22	Cash, savings, and investments 28,602	. 22 78,215.
	23	Land and buildings .	23
	24	Other assets (describe SEE STATEMENT 2) 662,639	
	25	Total assets 691,241	
	26	Total liabilities (describe ►) 0	
	27	Net assets or fund balances (line 27 of column (B) must agree with line 21) 691, 241	
	12-1	171 17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	Form 990-EZ (2008)

	n 990-EZ (2008) PITT COUNTY COMMITTEE OF	100, INC.		56-	<u>-19128</u>	349 Page 2
_	art III Statement of Program Service Accomplishment		Part III.)			xpenses
Wha	at is the organization's primary exempt purpose? SEE STATEMENT	. 5	 			for 501(c)(3)
	cribe what was achieved in carrying out the organization's exempt purposes. In		escribe the services		4947(á)(1	l) trusts; optional
	vided, the number of persons benefited, or other relevant information for each pr	rogram title.			for others	-)
28	SEE STATEMENT 4					
		 				
	(Grants \$) If this amount includes foreign of				28a	22,265.
29	(Grants \$) If this amount includes foreign of	grants, check here			208	
23		<u>.</u>			!	
	(Grants \$) If this amount includes foreign of	arants check here	•		29a	
30	Terran amount morado roroigns	granto, oriook nore	· · · · · · · · · · · · · · · · · · ·		1202	
••						
			-			
	(Grants \$) If this amount includes foreign g	grants, check here	•		30a	
31	Other program services (attach schedule)		_			
	(Grants \$) If this amount includes foreign of	grants, check here	>		31a	
	Total program service expenses (add lines 28a through 31a)			▶	32	22,265.
P	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See the	instructions	for Part IV)
		(b) Title and average hours	(c) Compensation		ontributions	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter		employee efit plans &	account and
		position	-0)	d	eferred	other allowances
_				com	pensation	
	GORDON JETHRO	CHAIRMAN			_	
	O. BOX 2665, GREENVILLE, NC 27836	5.00	0.		0.	0.
	GORDON DOUGLAS	TREASURER			•	
_	O. BOX 20157, GREENVILLE, NC 27858	5.00	0.		0.	0.
	······································	SECRETARY			•	
	O. BOX 1714, GREENVILLE, NC 27835	5.00	0.		0.	0.
	YEVE STEPHENSON, 120 W. FIRE TOWER	LEGAL COUNSEL			^	
	DAD, WINTERVILLE, NC 28590	5.00	0.		0.	0.
		DIRECTOR	,		^	
	O. BOX 7305, GREENVILLE, NC 27835	1.00 DIRECTOR	0.		0.	0.
	O AARON DRIVE, GREENVILLE, NC 27834	-	0.		0.	
		DIRECTOR	<u></u>			0.
	O. BOX 403, GREENVILLE, NC 27835	1.00	0.		0.	0.
		DIRECTOR				•
	REENVILLE, NC 27834	1.00	0.		0.	0.
_		DIRECTOR	0.			
	O. BOX 123, GREENVILLE, NC 27835	1.00	0.		0.	0.
		DIRECTOR				
	OAD, GREENVILLE, NC 27858	1.00	0.		0.	0.
		DIRECTOR				
GR	REENVILLE, NC 27858	1.00	_0.		0.	0.
			-			
				<u></u>		
				<u> </u>		
		-				
				<u> </u>		
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Form 990-EZ (2008)

Part V Other Information (Note the statement requirements in the instructions for Part VI. Yes No Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 33 34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 34 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy X tax requirements? 35a b If "Yes," has it filed a tax return on Form 990-T for this year? 35b N/A X Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Sch. N 36 0. 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 X 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 unpaid at the start of the period covered by this return? 38a Х N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39 Section 501(c)(7) organizations. Enter: N/A a Initiation fees and capital contributions included on line 9 39a N/A 39Ъ 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: **0** • ; section 4912 ► 0 • ; section 4955 ► section 4911 b Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or X did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I 40b c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d 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 X transaction? If "Yes," complete Form 8886-T 40e 41 List the states with which a copy of this return is filed. **NONE** Telephone no. $\triangleright 252 - 752 - 4101$ 42a The books are in care of ► ALLEN C. SMITH Located at ► 302 S. GREENE STREET, GREENVILLE, NC ZIP + 4 > 27834b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c 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 ▶ 43 N/A and enter the amount of tax-exempt interest received or accrued during the tax year Yes No Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Х Form 990-F7 44 is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ X 45

Total numb	er of other independent contractors each receiving over \$100,000		▶	j ,
	Under penalties districtly, I/declare that I have examined this return, including a correct, and of metal the caracter of preparer (other than officer) is based on all signature of officer. J. GORDON JETHRO, CHAIRMAN Type or print name and title	accompanying schedules and I information of which prepare	d statements, and to the bear frame any knowledge	st of my knowledge and belief, it is true,
	Preparer s signature Laguer of Columbia	Date 2//3/10	Check if self- employed	Preparer's Identifying Number (See instr.)
Sign Here Paid Preparer's Use Only	RSM MCGLADREY, INC. # sett-employed), address, and ZIP+4 RSM MCGLADREY, INC. 504-B RED BANKS ROAD GREENVILLE, NC 27858-5	EIN ► Phone ► no. 252-355-7702		
May the IRS	S discuss this return with the preparer shown above? See instructions			▶ X Yes N

Form **990-EZ** (2008)

SCHEDULE A

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

OMB No 1545-0047

Inspection

Name	of '	the	organ	ization

Employer identification number PITT COUNTY COMMITTEE OF 100, INC.

Reason for Public Charity Status (All organizations must complete this part.) (see instructions) 56-1912849

raiti	11643011	TOT I GOILE OTIAL	ity Status (All Olganiz	alions mu	ar complet	e uns par	., (366 1113	iluctions)	_		
The organ	ization is not a	private foundation	because it is: (Please ch	eck only o	ne organiz	ation)					
1 🖳	A church, co	nvention of churche	s, or association of churc	ches desc	rıbed in se	ction 170	(b)(1)(A)(i)	١.			
2 🖳	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)							
з 🖳	A hospital or	a cooperative hospi	tal service organization o	described	in section	170(b)(1)	(A)(iii). (At	tach Sche	dule H.)		
4 📖	A medical res	search organization	operated in conjunction	with a hos	pıtal desci	ibed in se	ction 170	(b)(1)(A)(ii	i). Enter th	ne hospital's na	ıme,
	city, and stat								_		
5 🗀	An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governi	nental uni	t describe	d in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)								
6	A federal, sta	ite, or local governm	ent or governmental und	t described	d in sectio	n 170(b)(1	I)(A)(v).				
7 🔲	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	r from the	general p	ublic described	d in
	section 170(b)(1)(A)(vi). (Comple	te Part II)								
8 🗀	A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 X	An organizati	on that normally rec	eives. (1) more than 33 1	1/3% of its	support fo	rom contri	butions, m	nembershi	p fees, and	d gross receipt	s from
	activities rela	ted to its exempt fui	nctions - subject to certa	ıın exceptı	ons, and (2	2) no more	than 33 1	/3% of its	support f	rom gross inve	stment
	income and u	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon a	fter June 30, 19	975
	See section	509(a)(2). (Complete	the Part III)								
10	An organizati	on organized and or	perated exclusively to te	st for publ	c safety. S	See sect io	n 509(a)(4	l). (see ins	tructions)		
11 🔲	An organizati	on organized and or	perated exclusively for th	ne benefit (of, to perfo	rm the fur	nctions of,	or to carr	y out the p	ourposes of one	e or
	more publicly	supported organiza	ations described in section	on 509(a)(⁻	l) or section	on 509(a)(2	2). See se c	tion 509 (a)(3). Che	ck the box that	
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	11h.					
	a L Type		_ /,		e III - Func		_			Type III · Other	
e 📖			at the organization is not								
			han one or more publicly						9(a)(1) or s	ection 509(a)(2).
f	If the organiz	ation received a writ	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
		rganization, check th									
g			organization accepted ar								
	(i) A perso	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed i	n (ii) and (iii) below,		s No
	the gov	erning body of the s	upported organization?			-		•		11g(i)	
	• •	•	n described in (i) above?	-						11g(ii)	escribed in s receipts from oss investment ne 30, 1975 es of one or box that II - Other other than 509(a)(2).
			person described in (i) o			•	•			11g(iii)	Ш
h	Provide the f	ollowing information	about the organizations	the organ	ization sup	oports.					
			fill) Tune of	I					Т		
	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the d in col. (i) h	rganization		i notify the ion in col.	(vi) ls organizatio	s the on in col.	(vii) Amount	of
orga	anization		(described on lines 1-9		document?		support?	(i) organiz U.S	ed in the	support	
			above or IRC section (see instructions))	Yes	No	Yes	No	Yes	No		
		<u> </u>	(see instructions))		110	103		100	110		
]					i			
		· _							 		
									 	<u>-</u>	
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		 		-				<u> </u>	 		
				 			 	 	 		
				 	-				 		
Total											
Total_	Drivocu Act co	nd Panerwork Dadii	ıction Act Notice, see t	he Instan	tions for 5	Corm COO	1	Schodul	o A (Earm	990 or 990-E	7) 2009
LUNK LOLF	-rivacy Act ar	ia rapei work nedu	iction act Notice, see ti	และ แเอนเนต	FIO112 101.1	JIIII JOU.		Solieuul		, JSU UI SSU-EA	_, 2000

(Complete only if you checked	_			7-71-16 34-1 au	(-)(.)(-)(-)	,
Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and						-
membership fees received. (Do not		ĺ				
ınclude any "unusual grants ")						
2 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
4 Total. Add lines 1 · 3						
5 The portion of total contributions						
by each person (other than a						
governmental unit or publicly						
supported organization) included						
on line 1 that exceeds 2% of the						
amount shown on line 11,						
column (f)		L				
6 Public Support. Subtract line 5 from line 4		<u>L</u>		<u> </u>		
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest,						
dividends, payments received on						
secunties loans, rents, royalties						
and income from similar sources			ļ			
9 Net income from unrelated business						
activities, whether or not the						
business is regularly carried on			ļ	ļ-		
10 Other income. Do not include gain						
or loss from the sale of capital				1	•	
assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10					1	
12 Gross receipts from related activities,	etc. (see instruct	ions)			12	
13 First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3)	_
organization, check this box and stop				•		
Section C. Computation of Publi					1	
14 Public support percentage for 2008 (li			column (f))	••	14	
15 Public support percentage from 2007	•				15	<u> </u>
16a 33 1/3% support test - 2008. If the o	_			14 is 33 1/3% or i	more, check this bo	x and
stop here. The organization qualifies		-				. ▶∟
b 33 1/3% support test - 2007. If the o	-			l line 15 is 33 1/39	6 or more, check th	nis box
and stop here. The organization quali						▶∟
17a 10% -facts-and-circumstances test						
and if the organization meets the "fact					art IV how the organ	nization
meets the "facts-and-circumstances"	_				<u> </u>	▶ L.
b 10% -facts-and-circumstances test	_					
more, and if the organization meets th						•
organization meets the "facts-and-circ		=				▶⊨
18 Private foundation. If the organization	n did not check a	box on line 13, 16	sa, 16b, 17a, or 17			
				Sch	edule A (Form 990	or 990-E Z) 2

Schedule A (Form 990 or 990-EZ) 2008 PITT COUNTY COMMITTEE OF 100 56-1912849 Page 3 INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support (c) 2006(d) 2007 (e) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 1 Gifts, grants, contributions, and membership fees received (Do not 83,953. 270,065. 42,106. 62,403. 52,153. 29,450. include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 270,065. 52,153. 29,450. 42,106. 62,403. 83,953. 6 Total, Add lines 1 · 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c. 11, and 12 for the year or \$5,000 c Add lines 7a and 7b 270,065. 8 Public support (Subtract line 7c from line 6) Section B. Total Support (d) 2007 (e) 2008 (f) Total (b) 2005 (c) 2006Calendar year (or fiscal year beginning in) (a) 2004 52,153 29,450 42,106. 62,403. 83,953 270,065. 9 Amounts from line 6 10a Gross income from interest. dividends, payments received on securities loans, rents, royalties 44,690. 4.927 8,900 13,113 17,729 21 and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 8,900 13,113 17,729 21 44,690. 4,927 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 314,755. 13 Total support (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 85.80 15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) 15 84.81 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g 16 % Section D. Computation of Investment Income Percentage 14.20 % 17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 17 18 % 18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h 19a 33 1/3% support tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not $\triangleright \mathbb{X}$ more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

FORM 990-EZ	OTHER EXPENSES		STATEMENT	1
DESCRIPTION			AMOUNT	
BANK SERVICE CHARGES REAL ESTATE TAXES-INDIGE MAINTENANCE-MOWING LAND UTILITIES FOR STREET LIG	INDIGREEN CORP PARK		7,2 14,0 1,0	00.
TOTAL TO FORM 990-EZ, LI	NE 16		22,4	84.
FORM 990-EZ	OTHER ASSETS		STATEMENT	2
DESCRIPTION		BEG. OF YEAR	END OF YE	AR
LAND - INDIGREEN CORPORA	TE PARK	662,639.	662,6	39.
TOTAL TO FORM 990-EZ, LI	NE 24	662,639.	662,6	39.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		STATI	EMENT	3
DIRECTLY OR 1	NIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL RACT?	[] YES	5 [X]	NO
•	NIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [] YES	S [X]	NO

4

990-EZ PG 2

STATEMENT

MAINTENANCE, UTILITIES, AND PROPERTY TAXES ON LAND LOCATED IN INDIGREEN CORPORATE PARK THAT WAS PURCHASED TO BE SOLD AT A REDUCED PRICE OR TO BE GIVEN AWAY AS AN INCENTIVE TO ATTRACT POTENTIAL BUSINESSES TO THE INDUSTRIAL PARK AREA OF PITT COUNTY.

990-EŽ PG 2

STATEMENT 5

TO PROVIDE A MEANS FOR THE PUBLIC SECTOR TO CONTRIBUTE HUMAN AND FINANCIAL RESOURCES TO SUPPORT NEW AS WELL AS EXISTING ECONOMIC DEVELOPMENT PROGRAMS IN ORDER TO CONTINUE THE DIVERSIFICATION OF THE COMMUNITY'S ECONOMIC BASE AND RAISE THE STANDARD OF LIVING. NOT ONLY WILL THE COMMITTEE SUPPORT ORGANIZATIONS LOCATED WITHIN PITT COUNTY, BUT MAY ALSO SUPPORT REGIONAL ACTIVITIES THAT WILL DIRECTLY OR INDIRECTLY PROVIDE AN ECONOMIC BENEFIT TO PITT COUNTY OR ANY ONE OF ITS INDIVIDUAL COMMUNITIES.