-om•990

Department of the Treasury

Internal Revenue Service

CHANGE OF ACCOUNTING PERIOD

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. 1906

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

Open to Public Inspection

ΑI	For the	e 2018 calendar year, or tax year beginning SEP 1, 2018 and c	ending J	<u>UN 30, 2019</u>			
B	Check if applicable	C Name of organization		D Employer identifi	cation number		
	Addres	PITT COUNTY COMMITTEE OF 100, INC.	_				
	Name chang	Doing business as		56-1	912849		
	Initial return Final	DO BOX 1714	Room/suite	E Telephone numbe	r 751-6023		
_	√return. termın						
	ated Amend			G Gross receipts \$ H(a) Is this a group re	64,378.		
\vdash	lreturn Applic			for subordinates			
_	ltion pendir	417 COTANCHE STREET, SUITE 200, GREENVI	LLE.	H(b) Are all subordinates in			
_	Tov our			1 = '	list (see instructions)		
		empt status X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c te: ► WWW.PITT100.COM	/ 32/ ·	H(c) Group exemptio			
		organization: X Corporation	I Vear		M State of legal domicile: NC		
_	art I	Summary	- TE TOUT	or formation 2000 in	n otate or logar dominents. 240		
			VERSI	FY PITT COU	NTY'S		
â	'	ECONOMY THROUGH THE ATTRACTION OF NEW IND					
Governance	2	Check this box In the organization discontinued its operations or dispose		· · · · · · · · · · · · · · · · · · ·			
ě	3		\	3	24		
ĝ	4	Number of independent voting members of the governing body (Part VI-line,1b)		170	24		
ᅄ	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	(E)	5	0		
ţi	6	Total number of volunteers (estimate if necessary)		$\langle \gamma_3 \rangle / 6$	27		
Activities &	72	Total unrelated business revenue from Part VIII, column (C), line 12	1. 1.	7/ / 7a	0.		
Š	' h	Net unrelated business taxable income from Form 990-T, line 38	10:	7b	0.		
	<u> </u>	Net unrelated business taxable income nomination of the object of the ob	<u> </u>	Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		94,471.	61,151.		
Te	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		320.	3,227.		
R	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		94,791.	64,378.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,500.	0.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
	4.5	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.		
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Sen	l loa	Total fundraising expenses (Part IX, column (D), line 25) 9, 44	10.				
EXC	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		131,000.	103,287.		
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		133,500.	103,287.		
	1	Revenue less expenses Subtract line 18 from line 12		-38,709.	-38,909.		
<u> </u>		Trevenue less expenses Oubtract line 10 from line 12	Bei	ginning of Current Year	End of Year		
ets c	20	Total assets (Part X, line 16)	1 20	909,079.	870,170.		
Net Assets or	21	Total liabilities (Part X, line 26)		50,000.	50,000.		
ē	22	Net assets or fund balances Subtract line 21 from line 20	_	859,079.	820,170.		
	art II	Signature Block		<u> </u>	<u>'</u>		
Und	er pena	lities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is		
		et, and complete-Beclaration of preparer (other than officer) is based on all information of wh			-		
Á	_	- Tramond C WM	-		020		
Sig		Signature of officer		Date			
He		RAY ULMER, TREASURER					
, · · ·		Type or print name and title					
_		Print/Type preparer's name Preparer's signature	Ĺ	Date Check	PTIN		
Pai	d	Print/Type preparer's name ROBIN T. MITCHELL, CPA ROBIN T. MITCHELL, CPA ROBIN T. MITCHELL, CPA	LL CAA	18 ao 2 0 self employ	yed P00876702		
_	parer	Firm's name RSM US LLP		Fırm's EIN ▶	42-0714325		
Üse	Only	Firm's address 3120 WELLONS BOULEVARD					
<u> </u>		NEW BERN, NC 28562-5247		Phone no. 25	2-637-5154		
Ма	y the If	AS discuss this return with the preparer shown above? (see instructions)			X Yes No		
	001 12-3		ns.		Form 990 (2018)		

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	n 990 (2018) PITT COUNTY COMMITTEE OF 100, INC. 56	-1912849	Page 2
Pa	rt III Statement of Program Service Accomplishments	-	
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
•	MISSION STATEMENT: THE COMMITTEE OF 100 WILL ENHANCE EXIST	TNG	
	ECONOMIC DEVELOPMENT EFFORTS THROUGH LEADERSHIP, COLLABORAT		
	RESOURCES IN ORDER TO INCREASE THE NUMBER OF JOBS AND INVEST		
	BOTH EXISTING AND NEW INDUSTRY IN PITT COUNTY.	TIMBLYT TORK	
_			
2	Did the organization undertake any significant program services during the year which were not listed on the		ਓ
	prior Form 990 or 990-EZ?	L Yes	X No
	If "Yes," describe these new services on Schedule O		च्ट
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured accomplishments for each of its three largest program services, as measured accomplishments for each of its three largest program services.	red by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	total expenses, an	nd
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 19,704. including grants of \$) (Revenue \$:)
	MAINTENANCE AND UTILITIES ON LAND LOCATED IN INDIGREEN CORP	ORATE PARI	K
	THAT WAS PURCHASED TO BE SOLD AT A REDUCED PRICE OR OTHERWIS		
	TRANSFERRED OR UTILIZED AS AN INCENTIVE TO ATTRACT POTENTIAL		SES
	TO THE INDUSTRIAL PARK OF PITT COUNTY.	<u> </u>	
	10 THE INDUSTRIAL PARK OF THE COURTS.		
		<u>-</u>	
	<u> </u>		
	-		
4b	(Code) (Expenses \$)
			
	<u> </u>		
	_		
4¢	(Code) (Expenses \$ including grants of \$) (Revenue \$		
			
			
			
4d	Other program services (Describe in Schedule O)		
→u		,	
4.5	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 19,704.		
<u>4e</u>	Total program service expenses ► 19,704.		00 (00 : 00
		Form 9	90 (2018)

Part IV Checklist of Required Schedules

CA,	Official of frequired octicules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			l
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			l
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	l .		l
	If "Yes," complete Schedule D, Part IV	9		X
0	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	<u> </u>		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		:	
	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	İ		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	1		1
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to]		l
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			l
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	1		
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			,,
	-dd	. 24		. X

Form 990 (2018)

Checklist of Required Schedules (continued) No Yes Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X 24a Schedule K If "No." go to line 25a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete 25b X Schedule I Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X 26 complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial 27 contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member Х 27 of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) X 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х 28b b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes." complete Schedule L. Part IV Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 31 If "Yes." complete Schedule N. Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete X 32 Schedule N. Part II. Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х sections 301 7701-2 and 301 7701-37 If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V. line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity 35b within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 38 Х Note. All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V Yes No 7 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming X (gambling) winnings to prize winners?

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PITT COUNTY COMMITTEE OF 100, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued)

						Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1					
	filed for the calendar year ending with or within the year covered by this return	<u>2a</u>		0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)					
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?				3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule 0)			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	autho	rity over,	a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ıccou	nt)?		4a		<u> </u>
b	If "Yes," enter the name of the foreign country						
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced Financial Advanced Financial Advanced Financial Advanced Financial Advanced Financial Advanced Financial Financial Advanced Financial Fina	ccour	nts (FBAF	1)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				5a		<u>X</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?	?		5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?				5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e org	anızatıon	solicit			37
	any contributions that were not tax deductible as charitable contributions?		_		6a	\longrightarrow	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons c	r gifts				
	were not tax deductible?				6b		
7	Organizations that may receive deductible contributions under section 170(c).				_		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices	provided ti	o the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as rec	luirea		7c		х
	to file Form 8282? If "Yes," Indicate the number of Forms 8282 filed during the year	7d	1				<u> </u>
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or				7e		$\overline{\mathbf{x}}$
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra				7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		899 as re	aured?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza				7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained						
	sponsoring organization have excess business holdings at any time during the year?				8		
9	Sponsoring organizations maintaining donor advised funds.]
а	Did the sponsoring organization make any taxable distributions under section 4966?				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?				9b		
10	Section 501(c)(7) organizations. Enter		1				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	<u> </u>	·		. [
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b					
11	Section 501(c)(12) organizations. Enter	1	1				
а	Gross income from members or shareholders	11a	1				
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them)	11b		_	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			12a	•	
_	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u>' </u>				- 1
13	Is the organization licensed to issue qualified health plans in more than one state?				13a		
-	Note. See the instructions for additional information the organization must report on Schedule O						
b	Enter the amount of reserves the organization is required to maintain by the states in which the				!		
_	organization is licensed to issue qualified health plans	13b					
С	Enter the amount of reserves on hand	130	;				
	Did the organization receive any payments for indoor tanning services during the tax year?				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	e O			14b		
15	is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or				
	excess parachute payment(s) during the year?				15		X
	If "Yes," see instructions and file Form 4720, Schedule N						
16	is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?		16		X
	If "Yes," complete Form 4720, Schedule O				L	990	(00.40)
					⊢∩rm	コカリ	(XEIIV.)

PITT COUNTY COMMITTEE OF 100, INC. 56-1912849 Form 990 (2018) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response Part VI to line 8a. 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 24 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 24 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or Х persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? Х 8b b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes_ No 10a Х 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 $\overline{\mathbf{x}}$ 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X a The organization's CEO, Executive Director, or top management official 15a $\overline{\mathbf{x}}$ 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16h exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request ☐ Other (explain in Schedule O) ___ Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

NC

27834

ANNE DORSEY - (252)752-4104

302 S. GREENE STREET, GREENVILLE,

			•	
Form	990	<i>(2</i> 01	8)	

PITT COUNTY COMMITTEE OF 100, INC.

56-1912849

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee "
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	(40		Pos	ition	i than d	one	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	rson ı	s both	an	compensation	compensation	amount of
	week	\vdash	cer an	o a d	recio	r/trus	lee,	from	from related	other
	(list any	recto						the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for related	e or d	tee		ŀ	sated		(W-2/1099-MISC)	(44-2/1099-141130)	organization
	organizations	ndividual trustee or director	nstitutional trustee		ag.	um per		(** 2) 100000,		and related
	below	Idual	uction	ا اة	Key employee	est co	_ ≥			organizations
	line)	횰	Instil	Officer	Key	Highest compensated employee	Former			
(1) SPENCE COSBY	3.00									
CHAIRMAN		X		X		<u> </u>	L_	0.	0.	0.
(2) DONNIE BREWER	3.00									_
VICE CHAIRMAN		X	Ш	X	<u> </u>			0.	0.	0.
(3) KATIE TEEL	3.00					l			_	_
SECRETARY		X		X		L	_	0.	0.	0.
(4) SCOTT SHOOK	3.00					1				
TREASURER		X		X		ļ	_	0.		0.
(5) MERRILL G. JONES II	2.00									
LEGAL COUNSEL		X		X	_	ļ	_	0.	0.	0.
(6) FREEMAN PAYLOR	1.00	 								
PAST CHAIRMAN		X		X	_	-		0.	0.	0.
(7) MIKE MCCARTY	2.00	١								_
VICE CHAIRMAN (PROPERTY)		X	\vdash	X	├_	├	_	0.	0.	0.
(8) DON MILLS	2.00			١.,				14 527	_	_
VICE CHAIRMAN (MEMBERSHIP)	1 00	X	_	X	<u> </u>	<u> </u>	_	14,537.	0.	0.
(9) BILL BROWN	1.00	١.,							_	_
DIRECTOR	1 00	X	\vdash	\vdash	⊢	├	H	0.	0.	0.
(10) ERIC CLARK	1.00	Į.,						0.	0.	0.
DIRECTOR	1 00	X			├	\vdash	\vdash		· ·	U •
(11) EMILY COFFMAN	1.00	x					1	0.	0.	0.
OIRECTOR (12) BILL HOOPER	1.00	<u> </u>	┢	\vdash	\vdash	\vdash	⊢	0.		<u> </u>
DIRECTOR	1.00	X						0.	0.	0.
(13) TOM KULIKOWSKI	1.00	T T		\vdash		-	┢	 	•	•
DIRECTOR	1.00	X						0.	0.	0.
(14) BYNUM SATTERWHITE	1.00	<u> </u>			-	\vdash	\vdash			-
DIRECTOR	1.00	X		į				0.	0.	0.
(15) TOMMY STOUGHTON	1.00	1	 	\vdash	\vdash	\vdash	┢			
DIRECTOR	1.00	X						0.	0.	0.
(16) JON ANDERSON	1.00	 	\vdash			T	\vdash			
DIRECTOR		\mathbf{x}						0.	0.	0.
(17) BILL FARRIOR	1.00	<u> </u>	Г	T	T	T	T			
DIRECTOR		x						0.	0.	0.
022007 12 21 19			_		_	_	_		•	Form 990 (2018)

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

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Part VIII | Statement of Revenue

832009 12-31-18

Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 39,421 **b** Membership dues 1c c Fundraising events 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 21,730. similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 61,151. h Total. Add lines 1a-1f **Business Code** 2 a Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 3,227. 3,227. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from garning activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a b d All other revenue e Total. Add lines 11a-11d 64,378. 0. 0. 3,227 Total revenue See instructions

Secti	on 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A)	
	Check if Schedule O contains a respon	(A)	(B)	(C) Management and	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees		-		
6	Compensation not included above, to disqualified			1	
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)			····	
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)	7 500		7 500.	
	Management	7,500. 10,325.	·	7,500.	· - · · · ·
b	Legal	10,525.		20,323.	· · · · · · · · · · · · · · · · · · ·
ب 0	Accounting Lobbying				
	Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				
	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	25.		25.	
13	Office expenses				
14	Information technology		-		
15	Royalties				
16	Occupancy	4,384.		4,384.	
17	Travel	7,024.		7,024.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,238.		2,238.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
_	amount, list line 24e expenses on Schedule 0.) CONSULTING FEES	39,424.		39,424.	
a	MAINTENANCE-MOWING LAND	10,500.	10,500.	33,424.	
b	COMMISSION SALES EXPENS	9,440.			9,440.
c d	UTILITIES FOR STREET LI	9,204.	9,204.		2,2200
	All other expenses	3,223.	<u> </u>	3,223.	
25	Total functional expenses Add lines 1 through 24e	103,287.	19,704.	74,143.	9,440.
<u>25</u> 26	Joint costs Complete this line only if the organization		= - ,	-,=-2:1	
_0	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

Pa	τX	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	64,506.	1	97,375.
	2	Savings and temporary cash investments	279,489.	2	97,375. 207,711.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
	_	trustees, key employees, and highest compensated employees Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	· · · · · ·		
	•	Section 4958(f)(1)), persons described in section 4958(c)(3)(0), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment cost or other		Ť	
	l iva	basis Complete Part VI of Schedule D			
	, h	Less, accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11		12	
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	565,084.	15	565,084.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	909,079.	16	870,170.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
w	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons		l	
Liabilities		Complete Part II of Schedule L		22	
ت	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
	;	parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	50,000.	25	50,000.
	26	Total liabilities. Add lines 17 through 25	50,000.	26	50,000.
		Organizations that follow SFAS 117 (ASC 958), check here and			
S		complete lines 27 through 29, and lines 33 and 34.			
Š	27	Unrestricted net assets		27	
<u>ala</u>	28	Temporarily restricted net assets		28	
ğ	29	Permanently restricted net assets		29	
Ē		Organizations that do not follow SFAS 117 (ASC 958), check here $\blacktriangleright [X]$			
6		and complete lines 30 through 34.			
ets	30	Capital stock or trust principal, or current funds	0.	30	0.
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	859,079.	32	820,170.
Z	33	Total net assets or fund balances	859,079.	33	820,170. 870,170.
	34	Total liabilities and net assets/fund balances	909,079.	34	5 / U , I / U • Form 990 (2018)

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or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization

Employer identification number

		PITT	COUNTY COL	MMITTEE OF 10	00, IN	IC.		_ 5	6-1912849 <u> </u>
Pai	ÆΠ	Reason for Public (Charity Status (A	All organizations must co	mplete the	s part) Se	e instructions		
ha r	rnan	zation is not a private found							
	nyan 						IVAVII (7 (<i>)</i>
1	닉	A church, convention of chi	•				INAKI).		
2	닏	A school described in secti	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990 or 99	30-EZ))			•
3		A hospital or a cooperative	hospital service orga	inization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). E	Enter	the hospital's name,
		city, and state							
5		An organization operated for	or the benefit of a col	lege or university owner	or operati	ed by a oc	vernmental unit des	scribe	d in
3				lege of differently office	o operac	ou by a go	vommental and dec	00.100	
		section 170(b)(1)(A)(iv). (C	•						
6		A federal, state, or local gov	_				• -		
7		An organization that normal	lly receives a substar	ntial part of its support fi	om a gove	ernmental	unit or from the gen	ieral p	oublic described in
		section 170(b)(1)(A)(vi). (Co	omplete Part II)						
8		A community trust describe		1)(A)(vi). (Complete Par	t II)				
9	\equiv	An agricultural research org			•	ed in conii	inction with a land-o	orant (college
9		•							
		or university or a non-land-g	rant college or agrici	ulture (see matructions)	Line ine	laine, city	, and state of the co	Jiiege	OI .
		university							
10	X	An organization that normal	lly receives (1) more	than 33 1/3% of its supp	port from c	ontributio	ns, membership fee	es, and	d gross receipts from
		activities related to its exem	npt functions - subjec	ct to certain exceptions,	and (2) no	more than	1 33 1/3% of its sup	port f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	ım busines	ses acqui	red by the organizat	tion a	fter June 30, 1975
		See section 509(a)(2). (Cor							
11		An organization organized a	and operated exclusi	vely to test for public sa	fetv See :	section 50	09(a)(4).		
12	一	An organization organized a	•	- ·				t the i	ournoses of one or
12	ш	more publicly supported organized	•	•	-				
			•					,(.),	MECK THE DOX III
	_	lines 12a through 12d that o	• •				=		
а	L	Type I. A supporting orga	anization operated, si	upervised, or controlled	by its supp	orted org	anızatıon(s), typicall	ly by g	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority o	f the direc	tors or trustees of t	he su	pporting
		organization You must c	omplete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	ed organization(s), b	y hav	ing
		control or management of	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage the	supp	orted
		organization(s) You mus			•		•		
_	Г	Type III functionally inte			ın connect	on with a	and functionally inte	orate	d with
·	<u> </u>	its supported organization						giaio	. ,
	_	, ,,		•	•	-	•		estion(s)
d	L	Type III non-functionally	•				= =	-	
		that is not functionally int						tentiv	eness
		requirement (see instructi	•	•					
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Typ	e III	
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation			
f	Ente	r the number of supported o	organizations						
a	Prov	ide the following information	about the supporte	d organization(s)					
) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your govern	nization listed	(v) Amount of mone	tary	(vi) Amount of other
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructi	ions)	support (see instructions)
				above (see instructions)		-			
		·-···		· · · ·					
]			,	
		-							
					1				
ota									

	Total support. Add lines / through to	_
2	Gross receipts from related activities, etc. (see instructions)	
3	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	
ec	tion C. Computation of Public Support Percentage	
4	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	%
5	Public support percentage from 2017 Schedule A, Part II, line 14	%
6a	33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	
	stop here. The organization qualifies as a publicly supported organization]
b	33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
	and stop here. The organization qualifies as a publicly supported organization]
7a	10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	
	and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization	
	meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	
b	10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the	
	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.	
8	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	
	Schedule A (Form 990 or 990-EZ) 201	8

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

_	qualify under the tests listed be	elow, please comp	lete Part II)				
Sec	ction A. Public Support	-,				·	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual grants ")	90,180.	93,491.	83,740.	89,971.	39,421.	396,803.
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 organ- ization'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	90,180.	93,491.	83,740.	89,971.	39,421.	396,803.
	Total. Add lines 1 through 5	30,100.	33,431.	03,740.	09,911.	33,421.	390,003.
/ a	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						
-	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
•	Public support. (Subtract line 7c from ling 6)						396,803.
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6	90,180.	93,491.	83,740.	89,971.	39,421.	396,803.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,802.	1,429.	1,375.	320.	3,227.	8,153.
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	1,802.	1,429.	1,375.	320.	3,227.	8,153.
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 VI)			05.11=	00.000	40.010	404.0=5
13	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12)	91,982.	94,920.	85,115.	90,291.	42,648.	404,956.
13	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	<u> </u>				•	
13 14	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	the organization's	first, second, third			•	
13 14	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for	the organization's	first, second, third			•	ation,
13 14 Sec	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here	the organization's	first, second, third	l, fourth, or fifth ta		•	97.99 %
13 14 Sec 15 16	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2018 (In Public support percentage from 2017)	the organization's c Support Perone 8, column (f), di Schedule A, Part I	first, second, third centage vided by line 13, c II, line 15	l, fourth, or fifth ta		n 501(c)(3) organiza	ation,
13 14 Sec 15 16	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2018 (lines)	the organization's c Support Perone 8, column (f), di Schedule A, Part I	first, second, third centage vided by line 13, c II, line 15	l, fourth, or fifth ta		n 501(c)(3) organiza	97.99 % 98.12 %
13 14 Sec 15 16	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Support percentage for 2018 (In Public support percentage from 2017 ction D. Computation of Investigation of Investigatio	the organization's c Support Perone 8, column (f), di Schedule A, Part I	centage vided by line 13, c II, line 15 Percentage	l, fourth, or fifth ta		n 501(c)(3) organiza	97.99 % 98.12 % 2.01 %
13 14 Sec 15 16	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2018 (In Public support percentage from 2017 ction D. Computation of Investigation of Inves	the organization's c Support Perdine 8, column (f), di Schedule A, Part I tment Income 18 (line 10c, column	centage vided by line 13, c ill, line 15 Percentage nn (f), divided by line	l, fourth, or fifth ta		15 16	97.99 % 98.12 %
13 14 Sec 15 16 Sec 17	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Support percentage for 2018 (In Public support percentage from 2017 ction D. Computation of Investing Investment income percentage for 20	the organization's c Support Perdine 8, column (f), di Schedule A, Part Internat Income 118 (line 10c, column 2017 Schedule A, I	centage vided by line 13, c II, line 15 Percentage nn (f), divided by line Part III, line 17	olumn (f)) ne 13, column (f))	x year as a section	15 16 17 18	97.99 % 98.12 % 2.01 % 1.88 % 7 is not
13 14 Sec 15 16 Sec 17 18 19a	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public Public support percentage for 2018 (In Public support percentage from 2017 ction D. Computation of Investing Investment income percentage from 2013 1/3% support tests - 2018. If the more than 33 1/3%, check this box and assets from 2013 (Investment income percentage from 2013 1/3%, check this box and 2015 assets from 2015 and 2015 are the control of the control	the organization's c Support Pero ne 8, column (f), di Schedule A, Part I tment Income 18 (line 10c, colum 2017 Schedule A, I organization did no nd stop here. The	centage vided by line 13, c III, line 15 Percentage In (f), divided by line Part III, line 17 ot check the box of organization qualificant	olumn (f)) ne 13, column (f)) n line 14, and line lies as a publicly su	x year as a section 15 is more than 3 apported organiza	15 16 17 18 3 1/3%, and line 17	97.99 % 98.12 % 2.01 % 1.88 % 7 is not
13 14 Sec 15 16 Sec 17 18 19a	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for check this box and stop here ction C. Computation of Public support percentage for 2018 (line Public support percentage from 2017 ction D. Computation of Investment income percentage from 2017 investment income percentage from 2018 (line support percentage from 2018). If the	the organization's c Support Perdine 8, column (f), di Schedule A, Part Interest Income 18 (line 10c, column 2017 Schedule A, Income organization did not stop here. The organization did not organization did not stop here.	centage vided by line 13, c III, line 15 Percentage In (f), divided by line Part III, line 17 ot check the box of organization qualifot check a box on	olumn (f)) ne 13, column (f)) n line 14, and line nes as a publicly su line 14 or line 19a,	15 is more than 3 apported organiza and line 16 is mo	15 16 17 18 3 1/3%, and line 17 tion re than 33 1/3%, a	97.99 % 98.12 % 2.01 % 1.88 % 7 is not

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
}		
5a		
5b		
5c_		
6		
0		
7		
8		
9a		
9b		
9c		
90		
10a		
	-	
10b		2018

Sche	dule A (Form 990 or 990 EZ) 2018 PITT COUNTY COMMITTEE OF 100, INC. 56-19	<u> 1284</u>	9 Pa	age 5
Par	t IV Supporting Organizations _(continued)			
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a_	 	
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	_11c	L	L
360	tion B. Type I Supporting Organizations		Yes	N-
	Did the directors, trustees, or membership of one or more supported organizations have the power to		res	No
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			l
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•	-	
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
	·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the]		
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (II) a copy of the Form 990 that was most recently filed as of the date of notification, and (III) copies of the	<u> </u>		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1		
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sect	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instr	auctionei		
2	Activities Test Answer (a) and (b) below.	delions	Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

	edule A (Form 990 or 990-EZ) 2018 PITT COUNTY COMMITTEE (56-1912849 Page 6
1	Type III Non-Functionally Integrated 509(a)(3) Supporting Check here if the organization satisfied the Integral Part Test as a qualifying			Part VII) See instructions A
•	other Type III non-functionally integrated supporting organizations must c	-		ran vij dee instructions. A
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2_	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		<u> </u>
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
_ 7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	· -	
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		<u> </u>
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		<u> </u>
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
_2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	illy integrated	d Type III supporting org	anization (see
	instructions)			

Schedule A (Form 990 or 990-EZ) 2018

	dule A (Form 990 or 990-EZ) 2018 PITT COUNTY County Type III Non-Functionally Integrated 509(6-1912849 Page 7
	Type in itel. I unotionally integrated ever	a)(3) Supporting Orga	inizations (continued)	Current Veer
	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity	-		
3_	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	<u> </u>	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
<u>6</u> -	Other distributions (describe in Part VI) See instructions			<u></u>
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ie organization is responsive	1	ł
_	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		400	(")
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
_ с	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder Subtract lines 3g, 3h, and 3i from 3f	_		
4	Distributions for 2018 from Section D,		<u></u> :	
	line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018	-		

Schedule A (Form 990 or 990-EZ) 2018

Schedule A (Form 990 or 990-EZ) 2018 PITT COUNTY COMMITTEE OF 100, INC.	6-1912849 Page 8
Part VI Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17i Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional (See instructions)	d 2, Part IV, Section C, ection B, line 1e, Part V,
PART III, SHORT YEAR EXPLANATION:	
THE ENTITY'S CURRENT YEAR IS A SHORT TAX YEAR. PITT COUNTY CO	MMITTEE
OF 100 CHANGED ITS ACCOUNTING PERIOD TAX YEAR END TO JUNE 30TH	<u> </u>
EFFECTIVE JUNE 30, 2019. A NEWLY APPOINTED BOARD TOOK OVER LE	ADERSHIP
EFFECTIVE JULY 1ST. THE NEW BOARD IMMEDIATELY KICKED OFF A LA	RGE
CAPITAL CAMPAIGN. THE FUNDS WILL CONTINUE TO GO TOWARDS ECONO)MIC
DEVELOPMENT PROGRAMS OUTLINED IN THE NEW ALLIANCE'S FIVE-YEAR	STRATEGIC
PLAN.	
	-
	-

SCHEDULE D

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

PITT COUNTY COMMITTEE OF 100 TNC **Employer identification number** 56-1912849

Pai	rt I Organizations Maintaining Donor Advised F		or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6		2011,
	organization anomore you on the state of the	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing	ng that the assets held in donor advis	ed funds
·	are the organization's property, subject to the organization's exc	_	Yes No
6	Did the organization inform all grantees, donors, and donor advis		
	for charitable purposes and not for the benefit of the donor or do	• • • • • • • • • • • • • • • • • • •	· ·
	impermissible private benefit?		Yes No
Pai		zation answered "Yes" on Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organization (
	Preservation of land for public use (e.g., recreation or educ		torically important land area
	Protection of natural habitat	· —	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structu	ure included in (a)	2c
d	Number of conservation easements included in (c) acquired after	7/25/06, and not on a historic structu	ıre
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, releas	ed, extinguished, or terminated by the	organization during the tax
	year ▶		
4	Number of states where property subject to conservation easem	ent is located >	
5	Does the organization have a written policy regarding the periodic	c monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho	ids?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, har	idling of violations, and enforcing cons	servation easements during the year
			
7	Amount of expenses incurred in monitoring, inspecting, handling	of violations, and enforcing conserva	tion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above sa	atisfy the requirements of section 170(
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIII, describe how the organization reports conservation of	·	
	include, if applicable, the text of the footnote to the organization	's financial statements that describes	the organization's accounting for
- B-	conservation easements	t Uistaviaal Tysasyyss ay O	shar Cimilar Assate
Pal	organizations Maintaining Collections of Ai		lifer Sillillar Assets.
	Complete if the organization answered "Yes" on Form 99		
1a	If the organization elected, as permitted under SFAS 116 (ASC 9	••	
	historical treasures, or other similar assets held for public exhibit		nce of public service, provide, in Part XIII,
_	the text of the footnote to its financial statements that describes		and belone about one of a debut one of
b	If the organization elected, as permitted under SFAS 116 (ASC 9		
	treasures, or other similar assets held for public exhibition, educa-	ation, or research in furtherance of pul	blic service, provide the following amounts
	relating to these items		. .
	(i) Revenue included on Form 990, Part VIII, line 1		\$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasu		ıı gain, provide
	the following amounts required to be reported under SFAS 116 (Mac Add Leisting to these items.	L 6
a	Revenue included on Form 990, Part VIII, line 1		
-			

	12.00	UNTY COMMI				de e e C	_	56-19		
Par	- Juliania in a series in a se									
3	Using the organization's acquisition, accession	on, and other record	ls, check	any of the f	following that are	a signi	ficant u	ise of its c	ollection	tems
	(check all that apply)		. —							
а	Public exhibition	•			hange programs					
b	Scholarly research	•		Other	-		_			
С										
4	Provide a description of the organization's co							se in Part	XIII	
5	During the year, did the organization solicit o					nılar as	sets	_	٦.,	
D	to be sold to raise funds rather than to be ma								Yes	No_
Par	Escrow and Custodial Arrang		lete if the	organizatio	n answered "Yes	" on Fo	orm 990), Part IV,	line 9, or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for o	contributions	s or other assets	not inc	luded		٦,,	
	on Form 990, Part X?								」Yes	∟ No
þ	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able						
	_						<u> </u>		Amount	
	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
Ţ	Ending balance	000 5 17 1	04 (<u>_1f</u>		7 ٧	
	Did the organization include an amount on Fo					-	,	L	」Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete i									
rai	t v Endowment i drids. Comprete i				(c) Two years ba		1 Thron	years back	(a) Four	years back
4.	Daniel of the balance	(a) Current year	(6) F	rior year	(C) TWO years ba	UK (O	Tillee	years Dack	(e) roui	years back
1a	Beginning of year balance					+				
b	Contributions		 							
C	Net investment earnings, gains, and losses		İ			+			<u> </u>	
	Grants or scholarships		 			\dashv			ĺ	
е	Other expenditures for facilities									
	and programs		<u> </u>			-		•		
Τ -	Administrative expenses		 			+				
g	End of year balance Provide the estimated percentage of the curr	ent year and balance	o (kno 1e		l hold as				l	
2		•	e (iiile 1g %	j, coluititi (a))) rielu as					
_	Board designated or quasi-endowment Permanent endowment	%	— ⁷⁰							
b	Temporarily restricted endowment									
C	The percentages on lines 2a, 2b, and 2c short									
20	Are there endowment funds not in the posse		ation tha	t are held ar	nd administered f	or the c	าเกลกเร	ation		
Ja	by	33ion of the organiz	anon ma	t are ricia ar	ia aaniinistorea i	01 1110	J. 94	4.011	[·	Yes No
	(i) unrelated organizations								3a(i)	100 110
	(ii) related organizations								3a(ii)	
h	If "Yes" on line 3a(ii), are the related organiza	itions listed as requi	red on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the	•								
Pai										
	Complete if the organization answere		0, Part IV	/, line 11a S	see Form 990, Pa	rt X, lın	e 10			
	Description of property	(a) Cost or o					umulate	ed	(d) Book	value
		basis (invest			(other)		eciation	I	` '	
1a	Land									
	Buildings					-				
	Leasehold improvements									
	Equipment									
	Other									
	. Add lines 1a through 1e (Column (d) must e	gual Form 990. Part	X. colun	nn (B), line 1	0c.)			ightharpoons		0.

Schedule D (Form 990) 2018

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII Schedule D (Form 990) 2018

50,000.

(8) (9)

Sche	dule D (Form 990) 2018 PITT COUNTY COMMITTEE (OF 100, INC.	56-1912849 Page 4
	t XI Reconciliation of Revenue per Audited Financial Sta		per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ne 12a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)		
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1	-	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
þ	Other (Describe in Part XIII)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I. line 12	otomonto With Exposo	5
Pai	t XII Reconciliation of Expenses per Audited Financial St		s per neturn.
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1	
а	Donated services and use of facilities	2a	l
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)	_2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	المما	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-
С			
	Add lines 4a and 4b		4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5
5 Pa	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I, line of XIII Supplemental Information.		5
5 Pa l Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Part	5
5 Pa l Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I, line of XIII Supplemental Information.	4, Part IV, lines 1b and 2b, Part	5
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5 Pa l Prov	Total expenses Add lines 3 and 4c. (This must equal Form 990. Part I. line of XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	4, Part IV, lines 1b and 2b, Part	5
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SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

Open to Public

Inspection

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

	~ *		Part IV, line 21, for any	of (h) Purpose of grant nce or assistance								A	Schodule 1 (Form 000) (2018)
	tance, and the se		es" on Form 990,	(g) Description noncash assista						,			
	for the grants or assis		anization answered "Y	(f) Method of valuation (book, FMV, appraisal, other)									
	grantees' eligibility	States.	omplete if the orga	ed. (e) Amount of non-cash assistance									
	or assistance, the	unds in the United	Governments. C	(d) Amount of cash grant							line 1 table		
	amount of the grants of	onng the use of grant f	ations and Domestic	(c) IRC section (if applicable)							ganizations listed in the	table	ons for Form 990.
d Assistance	substantiate the	rance? cedures for monito	Omestic Organiz	5,000. Part II can (b) EIN							nd government org	listed in the line 1	see the Instruction
Part I General Information on Grants an	Does the organization maintain records to	criteria used to award the grants of assis Describe in Part IV the organization's pro-	Part II Grants and Other Assistance to D	recipient that received more than \$ 1 (a) Name and address of organization or government							Enter total number of section 501(c)(3) ar	Enter total number of other organizations	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
	t General Information on Grants and Assistance	General Information on Grants and Assistance See the organization maintain records to substantiate the amount of the grants or assistance, and the selection	General Information on Grants and Assistance Des the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection iteria used to award the grants or assistance? Escribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	General Information on Grants and Assistance es the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? X Yes X Yes X Yes Scribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	General Information on Grants and Assistance States the organization maintain records to substantiate the amount of the grants or assistance? States the organization maintain records to substantiate the amount of the grants or assistance? Scribe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Grants and Other Assistance to Domestic Organization and Domestic Governments	General Information on Grants and Assistance es the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance? Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization and Sci. for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Name and address of organization (i) Method of valuation (book, or valuation (book, or valuation (book, or valuation (book, or valuation (book, or assistance or government). (i) Method of valuation of or assistance or grant or assistance or government. (ii) Method of valuation of valuation of or assistance or grant or assistance or grant or government.	General Information on Grants and Assistance States	General Information on Grants and Assistance Set the organization maintain records to substantiate the amount of the grants or assistance, the grants or assistance, and the selection Image: Set the organization maintain records to substantiate the amount of the grants or assistance Image: Set the organization maintain records to substantiate the amount of the grants or assistance Image: Set the organization maintain that received more than \$5,000. Part II can be duplicated if additional space is needed. Image: Set the organization maintain ma	General Information on Grants and Assistance as the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance. The companization maintain records to substantiate the amount of the grants or assistance or seasistance or assistance or assistance or monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, Inc 21, for any recipient that received more than \$5,000. Part is an bed upplicated if additional space is needed. Name and other Assistance or organization (a) EIN (a) EIN (a) EIN (a) Amount of concash (b) Amount of concash (a) Description of concash (a) Description of concash (b) Description of concash (a) Description of concash (b) Description of concash (a) Description of concash (b) Description of concash (b) Description of concash (c) Description of co	General Information on Grants and Assistance	Centeral Information on Cents and Assistance set the organization mainten code to substantate the amount of the grants or assistance, the grants or assistance, and the selection Same and the grants or assistance is because for monitoring the use of crant furnition in the United States. Same and the grants or assistance is organization is proceedures for monitoring the use of crant furnition in the United States. Complete In Part IV the organization is proceedures for monitoring the use of crant furnition in the United States. 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", (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) ITS BOARD OF DIRECTORS AND THE LOCAL RECIPIENT ENTITY USUALLY SET STANDARDS OR EXPECTATIONS TO BE MET IN TERMS Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. MAINTAINS AN ONGOING RELATIONSHIP WITH THOSE ENTITIES WHO RECEIVE GRANTS PITT COUNTY DEVELOPMENT COMMISSION AS A NON-VOTING ADVISOR TO THE BOARD FROM THE ORGANIZATION THAT RESULTS IN OVERSIGHT ON THE USE OF THE FUNDS OF TIME FRAMES AND AMOUNTS OF FINANCIAL COMMITMENTS AND QUANTITIES AND GRANT TERMS IN THE APPROVAL PROVIDED TO THE (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients THROUGH QUALITIES OF JOBS TO BE ADDED. OF 100 (a) Type of grant or assistance IN ADDITION, PITT COUNTY COMMITTEE N LINE GRANTED. PART I, Part IV Part III

Page 2

56-1912849

INC

PITT COUNTY COMMITTEE OF 100,

Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018)

832102 11-02-18

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public

OMB No 1545-0047

Inspection

PITT COUNTY COMMITTEE OF 100, INC. **Employer identification number** 56-1912849

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EXISTING BUSINESSES, AND SUPPORT FOR START-UP ENTERPRISES THAT WILL
BRING JOBS AND INVESTMENTS TO THE COMMUNITY; ASSIST THE PITT COUNTY
DEVELOPMENT COMMISSION WITH THE RECRUITMENT OF NEW INDUSTRY AND
SUSTAINING OF THE EXISTING INDUSTRIAL BASE; WORK WITH OTHER
ORGANIZATIONS IN THE REGION TO ESTABISH AND MAINTAIN A STRONG BUSINESS
CLIMATE; PROVIDE MONETARY SUPPORT FROM THE PRIVATE/BUSINESS SECTOR TO
ASSIST WITH BUSINESS & INDUSTRY RECRUITMENT AND/OR RETENTION; ENCOURAGE
AND PROMOTE THE LOCATION AND OPERATION OF DIVERSIFIED BUSINESSES,
INDUSTRIES, AND MANUFACTURING ESTABLISHMENTS WITHIN THE SAID TRADE
AREA, WHICH ARE COMPATIBLE WITH THE PRESENT QUALITY OF LIFE IN PITT
COUNTY; AND TO ACT INDEPENDENTLY OR IN CONJUNCTION WITH OTHER
ORGANIZATIONS IN THE PROMOTION AND DEVELOPMENT OF SAID TRADE AREA.
FORM 990, PART VI, SECTION A, LINE 6:
THE ORGANIZATION HAS MEMBERS WHO SHARE AN INTEREST IN THE CIVIC,
COMMERCIAL, AND INDUSTRIAL PROGRESS OF PITT COUNTY AND THE POLITICAL
JURISDICTIONS CONTAINED THEREIN. MEMBERS PAY ANNUAL DUES BASED ON VARIOUS
CLASSIFICATIONS.
FORM 990, PART VI, SECTION A, LINE 7A:
MEMBERS VOTE ANNUALLY TO DETERMINE THOSE MEMBERS THAT WILL COMPRISE THE
BOARD OF DIRECTORS. DIRECTORS ARE ELECTED TO SERVE TWO YEAR TERMS AND MAY
SERVE ONLY TWO CONSECUTIVE TERMS. OFFICERS ARE ELECTED BY THE BOARD OF
DIRECTORS FROM THE ENTIRE MEMBERSHIP BODY. OFFICERS ARE ELECTED FOR A ONE
YEAR TERM AND CAN BE REELECTED TO SERVE ONE ADDITIONAL CONSECUTIVE TERM.

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization	Employer identification number
PITT COUNTY COMMITTEE OF 100, INC.	56-1912849
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS I	REVIEWED BY THE
TREASURER PRIOR TO SIGNING AND FILING.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL STATE	EMENTS ARE NOT
MADE AVAILABLE TO THE PUBLIC EXCEPT BY REQUEST.	
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