

Form 990

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2008 calendar year, or tax year beginning OCTOBER 01, 2008, and ending SEPTEMBER 30, 2009

B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending. C Name of organization: ADVANCEMENT REGIONAL BUSINESS L... Doing Business As: ... 902 NORTH PINE STREET, LUMBERTON NC 28358. E Telephone number: (910) 738-4851. G Gross receipts \$: 361,119. H(a) Is this a group return for affiliates? Yes X No. H(b) Are all affiliates included? Yes No. I Tax-exempt status: X 501(c)(4) 4947(a)(1) or 527. J Website: N/A. K Type of organization: X Corporation. L Year of formation. M State of legal domicile.

Part I Summary

Table with columns for Revenue and Expenses. Rows include: 1. Mission statement: LOAN PROCESSING FOR SMALL BUSINESSES AND LOANS TO SMALL BUSINESSES WHICH CANNOT OBTAIN LOANS FROM FINANCIAL INSTITUTIONS. 2-7. Governance & Management. 8-12. Revenue. 13-19. Expenses. 20-22. Assets and Liabilities. Includes a 'RECEIVED' stamp dated MAR 03 2010.

Part II Signature Block

Sign Here: Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer: John McNeil, President. Date: 12-2-09.

Paid Preparer's Use Only: Preparer's signature: Nelson Price, Date: 11-16-09, Check if self-employed: [], Preparer's identifying number: P00171743. Firm's name: Nelson Price & Associates PA, address: 4904B Fayetteville Road, Lumberton, NC 28358. Phone no.: (910) 738-6277.

May the IRS discuss this return with the preparer shown above? (see instructions) Yes X No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2008)

SCANNED MAR 24 2010

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Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

LOAN PROCESSING FOR SMALL BUSINESSES AND LOANS TO SMALL BUSINESSES WHICH CANNOT OBTAIN LOANS FROM FINANCIAL INSTITUTIONS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

Blank lines for reporting program service 4a.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

Blank lines for reporting program service 4b.

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

Blank lines for reporting program service 4c.

4d Other program services. (Describe in Schedule O.)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ► \$ _____ (Must equal Part IX, Line 25, column (B))

Part IV Checklist of Required Schedules

	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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II N/A		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the U S ?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J		X
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 questions 24b-24d and complete Schedule K. If "No," go to question 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? N/A		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? N/A		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions about voting members, family/business relationships, management control, organizational changes, asset diversions, members/stockholders, and meeting documentation.

Section B. Policies

Table with 3 columns: Question, Yes, No. Rows include questions about conflict of interest policies, whistleblower policies, document retention, and compensation review processes.

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include questions about state filing requirements, public inspection of forms, and disclosure of governing documents.

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. Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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, or 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 the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)							(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		INDIVIDUAL	DIRECTOR	INSTITUTIONAL	TRUSTEE	OFFICER	KEY EMPLOYEE	HIGHEST COMPENSATED			
ROBERT HERRING EXECUTIVE DIRECTOR SCHEDULE ATTACHED OF ALL OTHER DIRECTORS	40.00								86,436	0	0
									0	0	0

Part VIII		Statement of Revenue		(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
OTHER CONTRIBUTIONS	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, & similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f ▶						
PROGRAM SERVICE REVENUE	2a		Business Code					
	INTEREST AND LOAN FEES			361,094		361,094		
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f ▶			361,094				
OTHER REVENUE	3	Investment income (including dividends, interest, and other similar amounts) ▶						
	4	Income from investment of tax-exempt bond proceeds ▶						
	5	Royalties ▶						
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss) ▶						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss) ▶						
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 a						
b	Less direct expenses b							
c	Net income or (loss) from fundraising events ▶							
9a	Gross income from gaming activities. See Part IV, line 19 a							
b	Less direct expenses b							
c	Net income or (loss) from gaming activities ▶							
10a	Gross sales of inventory, less returns and allowances a							
b	Less cost of goods sold b							
c	Net income or (loss) from sales of inventory ▶							
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS			25		25		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d ▶			25				
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶			361,119		361,119		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	86,436		86,436	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	35,381		35,381	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,797		5,797	
9	Other employee benefits	12,841		12,841	
10	Payroll taxes	11,222		11,222	
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	6,090		6,090	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	861		861	
13	Office expenses	1,684		1,684	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	5,455		5,455	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,422		4,422	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,333		3,333	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a	<u>INTEREST EXPENSE</u>	69,012		69,012	
b	<u>PROVISION FOR LOAN LOSSES</u>	10,311		10,311	
c	<u>MISCELLANEOUS</u>	7,838		7,838	
d	<u>INSURANCE AND BONDING</u>	4,903		4,903	
e	<u>DIRECTORS COMPENSATION</u>	4,200		4,200	
f	All other expenses #2.	10,593		10,593	
25	Total functional expenses. Add lines 1 through 24f	280,379		280,379	
26	Joint Costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
A S S E T S	1 Cash -- non-interest bearing	660,055	1	418,907
	2 Savings and temporary cash investments	2,999,165	2	3,835,361
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	4,186,225	7	4,014,667
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment, cost basis	10a 122,277		
	b Less accumulated depreciation. Complete Part VI of Schedule D	10b 31,274	94,336	10c 91,003
	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	15,733	15	18,416
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,955,514	16	8,378,354	
L I A B I L I T I E S	17 Accounts payable and accrued expenses	693	17	669
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	6,165,982	23	6,471,773
	24 Unsecured notes and loans payable		24	
	25 Other liabilities Complete Part X of Schedule D	131,233	25	167,566
	26 Total liabilities. Add lines 17 through 25	6,297,908	26	6,640,008
F U N D A S S E T B A L A N C E S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,657,606	27	1,738,346
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,657,606	33	1,738,346
	34 Total liabilities and net assets/fund balances.	7,955,514	34	8,378,354

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990. <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .. N/A		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .. N/A		X
b	If "Yes," did the organization undergo the required audit or audits? .. N/A		

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Name of the organization: ADVANCEMENT REGIONAL BUSINESS LENDERS, INC. Employer identification number: 56-0906497

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor information.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

Form for Part II with multiple sections: 1 Purpose(s) of conservation easements, 2 Complete lines 2a-2d, 3-9 questions about monitoring and expenses, and a table for 'Held at the End of the Year'.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8

Form for Part III with questions 1a, 1b, 2, and 2a, 2b regarding art and historical treasures, including revenue and asset reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table.

Table with columns for Amount and rows for 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10

Table with columns (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back and rows 1a-1g for balance and expenses

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Term endowment %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Table with columns Yes No and rows 3a(I) unrelated organizations, 3a(II) related organizations, 3b If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments -- Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with columns (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Depreciation, (d) Book value and rows 1a Land, 1b Buildings, 1c Leasehold improvements, 1d Equipment, 1e Other

Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)

Part VII Investments -- Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments -- Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
See attachment #3	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 15.) ▶	18,416

Part X Other Liabilities. See Form 990, Part X, line 25

(a) Description of liability	(b) Amount
Federal income taxes	
See attachment #4	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶	167,566

In Part XIV, 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

Part XI		Reconciliation of Change in Net Assets from Form 990 to Financial Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	

Part XII		Reconciliation of Revenue per Audited Financial Statements With Revenue per Return	
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		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	

Part XIII		Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
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		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	

Part XIV **Supplemental Information**
 Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b

BOOKS ARE IN CARE OF

Attachment 1: Form 990 Page 6, Part VI, Section C, Line 20

Open to Public Inspection	For calendar year 2008 or tax period beginning 10-01, and ending 09-30-2009.
Name of Organization ADVANCEMENT REGIONAL BUSINESS LENDERS, INC.	Employer Identification Number 56-0906497
Part VII Books In Care of	

Individual Name BANDI BATTON
 or
 Business Name:

Street Address 902 NORTH PINE STREET LUMBERTON, NC

U.S. Address:

Zip code 28358 City State

Foreign Address

City

Province or State

Country

Postal code

Phone Number (910) 738-4851

Fax Number

SCHEDULE OF OTHER EXPENSES

Attachment 2: Form 990 Page 10, Line 24 - Other Expenses

Open to Public Inspection	For calendar year 2008 or tax period beginning 10-01-2008, and ending	09-30-2009.
Name of Organization ADVANCEMENT REGIONAL BUSINESS LENDERS, INC.		Employer Identification Number 56-0906497

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
TELEPHONE	3,578		3,578	
UTILITIES	3,451		3,451	
REPAIRS AND MAINTENANCE	847		847	
BANK CHARGES	655		655	
CREDIT REPORTS	603		603	
MEMBERSHIPS	540		540	
SECURITY SYSTEMS	512		512	
EDUCATION AND TRAINING	243		243	
DUES AND SUBSCRIPTIONS	164		164	
Total	10,593		10,593	

SCHEDULE D, PART IX - OTHER ASSETS

Attachment 3: Sch D Page 3, Part IX - Other Assets

Open to Public Inspection	For calendar year 2008 or tax period beginning	10-01-2008, and ending	09-30-2009.
Name of Organization ADVANCEMENT REGIONAL BUSINESS LENDERS, INC.			Employer Identification Number 56-0906497
(a) Description			(b) Book value
ACCRUED INTEREST RECEIVABLE			18,416
Total			18,416

SCHEDULE D, PART X - OTHER LIABILITIES

Attachment 4: Sch D Page 3, Part X - Other Liabilities

Open to Public Inspection	For calendar year 2008 or tax period beginning 10-01-2008, and ending	09-30-2009.
Name of Organization ADVANCEMENT REGIONAL BUSINESS LENDERS, INC.		Employer Identification Number 56-0906497

(a) Description of liability	(b) Amount
ACCRUED INTEREST PAYABLE	31,805
DEFERRED COMPENSATION	135,761
167,566	

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

Attachment
Sequence No **67**

Name(s) shown on return ADVANCEMENT REGIONAL BUSINESS	Business or activity to which this form relates FOR FORM 990	Identifying number 56-0906497
---	--	---

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount. See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	250,000
6		
(a) Description of property	(b) Cost (busn. use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	250,000
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	3,333
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B -- Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depr (business/investment use only -- see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C -- Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations -- see instructions	22	3,333
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

ADVANCEMENT REGIONAL BUSINESS LENDERS, INC.

Effective September 17, 2009

The following terms expire on the date of the annual meeting in September 2010:

***Richard B. Wallace** 85 Oak Street Lillington, NC
Home Phone---910-893-3648 27546
Cell Phone-----910-514-2122
USDA Rural Development (Retired)

***R. Leon Martin - Vice President** PO Box 921 Elizabethtown, NC
Home Phone---910-862-4223 28337
Bus. Phone-----910-862-4027 (leon.martin@firstcitizens.com)
Fax Phone-----910-862-3447
Cell Phone-----910-876-0591
Bank Executive, First Citizens, Elizabethtown, NC

Ken Lee 306 S. Madison Street Whiteville, NC
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Bus. Phone-----910-914-9660 (kmlee@bbandt.com)
Bus. Direct-----910-914-9665
Fax Phone-----910-914-9674
BB&T, V-President, Whiteville, NC

Joe Mader 201 N. Main Street Raeford, NC
Home Phone---910-565-2434 (cell 910-728-1558) 28376
Bus. Phone-----910-904-2349 (joe.mader@rbc.com)
Bus. Fax-----910-904-2305
Bank Executive, RBC Bank, Raeford, NC

John A. Staton 301 West 6th Avenue Red Springs, NC
Home Phone---910-843-5248 (jastaton@earthlink.net) 28377
High School Teacher (Retired)

***Mack S. Skipper - Sec./Treasurer** 4562 Eastport Blvd. Little River, SC
Home Phone---843-249-7404 (mskipper@scrr.com) 29566
Fax Phone-----843-249-7404
Cell Phone-----843-907-5955
Insurance Executive

***Gerald G. Wright** 4049 Airport Road Pinchurst, NC
Home Phone---910-295-1896 28374
Bus. Phone-----
Fax Phone-----
Cell phone-----910-315-3999
Real Estate Dev & Investments

Levy Palt 1370 Center Road Bladenboro, NC
Home Phone---910-862-8757 28320
Realtor/Developer (Retired)

Larry R. Chavis PO Box 908 Pembroke, NC
Home Phone---910-739-0305 28372
Bus. Phone-----910-521-9707
Fax Phone-----910-521-6102
Cell Phone-----910-671-7752
Bank President, Lumbee Guaranty Bank

***DESIGNATES MEMBERS OF THE EXECUTIVE COMMITTEE**

ADVANCEMENT REGIONAL BUSINESS LENDERS, INC.**The following terms expire on the date of the Annual Meeting in September 2011:**

Charles Gregory Cummings 200 Airport Road Lumberton, NC
 Home Phone---910-521-2784 28358
 Bus. Phone-----910-739-7584
 Fax Phone-----910-739-6258
 Robeson County Industrial Developer

Chuck Heustess 218A Aviation Parkway Elizabethtown, NC
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 Bus. Phone-----910-645-2292(edc@bladenco.org)
 Fax Phone-----910-645-2293
 Cell Phone----- 910-876-4459
 Bladen County Industrial Developer

Justin Smith PO Box 456 Whiteville, NC
 Home Phone--- 28472
 Bus. Phone-----910-640-6608
 Fax Phone-----910-642-1876
 Columbus County Industrial Developer

***Marie Gibson** 4835 Pinedale Blvd. Lumberton, NC
 Home Phone---910-739-7820 (gpcgibson@aol.com) 28358
 Personnel Director (Retired)

Hoke County Director (Russell Smith resigned)
 Home Phone---
 Bus. Phone-----
 Fax Phone-----
 Attorney

Greg Taylor 1806 Suggs-Taylor Road Elizabethtown, NC
 Home Phone---910-866-4650 28337
 Bus. Phone-----910-672-1727(gtaylor@sbtcd.org.)
 Fax Phone-----910-672-1949
 Cell Phone-----910-876-3114
 Regional Director SBTDC

Butch Hooks - Cooperative Bank PO Box 157 Tabor City, NC
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 Fax Phone-----910-653-3527
 Cell Phone-----910-840-0156
 Vice President-Area Executive

Donald L. Porter 101 N. Main Street Raeford, NC
 Home Phone---910-487-7181 28376
 Bus. Phone-----910-875-6113
 Fax Phone-----910-875-1010
 Cell Phone-----910-904-3130
 Hoke County Industrial Developer

***DESIGNATES MEMBER OF EXECUTIVE COMMITTEE**

ADVANCEMENT REGIONAL BUSINESS LENDERS, INC.**The following terms expire on the date of the Annual Meeting in September 2012**

***John M. McNeill - President** PO Box 49 Red Springs, NC
 Home Phone---910-843-5903 28377
 Bus. Phone----910-739-6337(mcneilljewelers@aol.com)
 Fax Phone-----910-739-1676
 Cell Phone-----910-733-2226
 Business Owner

Al Hackney 202 Summit Drive Whiteville, NC
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 Bank Executive

Wayne Horne PO Box 1388 Lumberton, NC
 Home Phone---910-843-5655 28358
 Bus. Phone----910-671-3804 (whorne@ci.lumberton.nc.us)
 Cell Phone-----910-374-4683
 Lumberton Town Manager

***Charles Bridger** PO Box 369 Bladenboro, NC
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 Bus. Phone-----910-863-4103
 Bank Executive

Jim Wood 432 Townsend Road Raeford, NC
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 Bus. Phone-----910-904-1258 (anjwood@aol.com)
 Bus. Fax-----910-904-1258
 Business Owner

Ardell Currie 177 Britt Road Clarkton, NC
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 Businessman (Retired)

***W. Lewis Sauls** PO Box 1058 Whiteville, NC
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 Bus. Phone-----910-642-6559
 Fax Phone-----910-642-7712
 Attorney

John O. Jordan 1019 E. Donaldson Avenue Raeford, NC
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 Bus. Phone-----910-875-5061(john.jordan@fidelitybanknc.com)
 Fax Phone-----910-875-7723
 Fidelity Bank (Raeford) V-President

***DESIGNATES MEMBERS OF THE EXECUTIVE COMMITTEE**