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|---|---|---|
| Form 5500-SF Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Short Form Annual Return/Report of Small Employee Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500-SF. | OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection |
|---|---|---|

| | |
|--|---|
| Part I | Annual Report Identification Information |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 | |
| A This return/report is for: | <input checked="" type="checkbox"/> single-employer plan <input type="checkbox"/> multiple-employer plan (not multiemployer) <input type="checkbox"/> one-participant plan |
| B This return/report is for: | <input type="checkbox"/> first return/report <input type="checkbox"/> final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> short plan year return/report (less than 12 months) |
| C Check box if filing under: | <input checked="" type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> DFVC program <input type="checkbox"/> special extension (enter description) |

| | |
|---|---|
| Part II | Basic Plan Information —enter all requested information |
| 1a Name of plan CONSULTING BY CARTER DEFINED BENEFIT PENSION PLAN | 1b Three-digit plan number (PN) ▶ 001 |
| | 1c Effective date of plan 01/01/2001 |
| 2a Plan sponsor's name and address (employer, if for single-employer plan) CONSULTING BY CARTER 9025 HAYWOOD CT ORLANDO, FL 32825 | 2b Employer Identification Number (EIN) 31-1777052 |
| | 2c Plan sponsor's telephone number 304-529-7156 |
| | 2d Business code (see instructions) 541600 |
| 3a Plan administrator's name and address (if same as Plan sponsor, enter "Same") CONSULTING BY CARTER 9025 HAYWOOD CT ORLANDO, FL 32825 | 3b Administrator's EIN 31-1777052 |
| | 3c Administrator's telephone number 304-529-7156 |
| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN, and the plan number from the last return/report. Sponsor's name | 4b EIN |
| | 4c PN |
| 5a Total number of participants at the beginning of the plan year | 5a 3 |
| b Total number of participants at the end of the plan year | 5b 3 |
| c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item) | 5c 3 |
| 6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. | |

| | |
|--|---------------------------------------|
| Part III | Financial Information |
| 7 Plan Assets and Liabilities | |
| | (a) Beginning of Year (b) End of Year |
| a Total plan assets | 7a 1027186 1292805 |
| b Total plan liabilities | 7b |
| c Net plan assets (subtract line 7b from line 7a) | 7c 1027186 1292805 |
| 8 Income, Expenses, and Transfers for this Plan Year | |
| | (a) Amount (b) Total |
| a Contributions received or receivable from: | |
| (1) Employers | 8a(1) 0 |
| (2) Participants | 8a(2) 0 |
| (3) Others (including rollovers) | 8a(3) 0 |
| b Other income (loss) | 8b 265619 |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c 265619 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d 0 |
| e Certain deemed and/or corrective distributions (see instructions) | 8e 0 |
| f Administrative service providers (salaries, fees, commissions) | 8f 0 |
| g Other expenses | 8g 0 |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h 0 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i 265619 |
| j Transfers to (from) the plan (see instructions) | 8j |

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1I 3B 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**Part V Compliance Questions**

| | Yes | No | Amount |
|--|-----|----|--------|
| 10 During the plan year: | | | |
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | | X | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | | X | |
| c Was the plan covered by a fidelity bond? | | X | |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | | X | |
| e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) | | X | |
| f Has the plan failed to provide any benefit when due under the plan? | | X | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | | X | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | | | |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3 | | | |

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

| | | |
|--|------------|---|
| b Enter the minimum required contribution for this plan year | 12b | 0 |
| c Enter the amount contributed by the employer to the plan for this plan year | 12c | 0 |
| d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 12d | 0 |

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☒ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☒ Yes ☐ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 13c(1) Name of plan(s): | 13c(2) EIN(s) | 13c(3) PN(s) |
|--------------------------------|----------------------|---------------------|
| | | |
| | | |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|------------------|---|------------|--|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/08/2010 | DEBORAH CARTER |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

| | | |
|--|--|---|
| SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation | Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF. | OMB No. 1210-0110 2009 This Form is Open to Public Inspection |
|--|--|---|

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

| | |
|---|---|
| A Name of plan CONSULTING BY CARTER DEFINED BENEFIT PENSION PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CONSULTING BY CARTER | D Employer Identification Number (EIN) 31-1777052 |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

| | |
|---|---|
| Part I | Basic Information |
| 1 Enter the valuation date: Month 12 Day 31 Year 2009 | |
| 2 Assets: | |
| a Market value | 2a 1292805 |
| b Actuarial value | 2b 1292805 |
| 3 Funding target/participant count breakdown | |
| | (1) Number of participants (2) Funding Target |
| a For retired participants and beneficiaries receiving payment | 3a 0 0 |
| b For terminated vested participants | 3b 0 0 |
| c For active participants: | |
| (1) Non-vested benefits | 3c(1) 0 |
| (2) Vested benefits | 3c(2) 1795883 |
| (3) Total active | 3c(3) 3 1795883 |
| d Total | 3d 3 1795883 |
| 4 If the plan is at-risk, check the box and complete items (a) and (b) | |
| a Funding target disregarding prescribed at-risk assumptions | 4a |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor | 4b |
| 5 Effective interest rate | 5 5.47 % |
| 6 Target normal cost | 6 0 |

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | | |
|---|--|--|
| SIGN HERE | | 09/16/2010 |
| Signature of actuary | | Date |
| KATHY A SCHROEDER, MSPA, CPC, EA | | 08-07066 |
| Type or print name of actuary | | Most recent enrollment number |
| HALLETT ASSOCIATES, INC. | | 724-934-2790 |
| Firm name | | Telephone number (including area code) |
| 2591 WEXFORD-BAYNE RD. SUITE 402 SEWICKLEY, PA 15143 | | |
| Address of the firm | | |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

| Part II Beginning of year carryover and prefunding balances | | (a) Carryover balance | (b) Prefunding balance |
|---|---|-----------------------|------------------------|
| 7 | Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) | 8608 | 0 |
| 8 | Portion used to offset prior year's funding requirement (Item 35 from prior year) | 0 | 0 |
| 9 | Amount remaining (Item 7 minus item 8)..... | 8608 | 0 |
| 10 | Interest on item 9 using prior year's actual return of <u>-37.23</u> % | -3205 | 0 |
| 11 | Prior year's excess contributions to be added to prefunding balance: | | |
| a | Excess contributions (Item 38 from prior year) | | 0 |
| b | Interest on (a) using prior year's effective rate of <u>5.74</u> % | | 0 |
| c | Total available at beginning of current plan year to add to prefunding balance | | 0 |
| d | Portion of (c) to be added to prefunding balance..... | | 0 |
| 12 | Reduction in balances due to elections or deemed elections..... | 0 | 0 |
| 13 | Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)..... | 5403 | 0 |

| Part III Funding percentages | | | |
|------------------------------|---|----|----------|
| 14 | Funding target attainment percentage..... | 14 | 71.66 % |
| 15 | Adjusted funding target attainment percentage..... | 15 | 71.67 % |
| 16 | Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement..... | 16 | 101.21 % |
| 17 | If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage..... | 17 | % |

| Part IV Contributions and liquidity shortfalls | | | | | |
|---|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| 18 Contributions made to the plan for the plan year by employer(s) and employees: | | | | | |
| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | Totals ► | 18(b) | 18(c) |

| | | |
|---|---|---|
| 19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: | | |
| a | Contributions allocated toward unpaid minimum required contribution from prior years..... | 19a 0 |
| b | Contributions made to avoid restrictions adjusted to valuation date | 19b 0 |
| c | Contributions allocated toward minimum required contribution for current year adjusted to valuation date..... | 19c 0 |
| 20 Quarterly contributions and liquidity shortfalls: | | |
| a | Did the plan have a "funding shortfall" for the prior year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b | If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c If 20a is "Yes," see instructions and complete the following table as applicable: | | |

| Liquidity shortfall as of end of Quarter of this plan year | | | |
|--|---------|---------|---------|
| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
| | | | |

Part V Assumptions used to determine funding target and target normal cost

| | | | | |
|--|------------------------|------------------------|------------------------|---|
| 21 Discount rate: | | | | |
| a Segment rates: | 1st segment: 5.28 % | 2nd segment: 6.59 % | 3rd segment: 6.65 % | <input type="checkbox"/> N/A, full yield curve used |
| b Applicable month (enter code) | | | | 21b |
| 22 Weighted average retirement age | | | | 22 58 |
| 23 Mortality table(s) (see instructions) <input checked="" type="checkbox"/> Prescribed - combined <input type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute | | | | |

Part VI Miscellaneous items

| | |
|--|---|
| 24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| 26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment..... | 27 |

Part VII Reconciliation of unpaid minimum required contributions for prior years

| | | |
|---|-----------|---|
| 28 Unpaid minimum required contribution for all prior years | 28 | 0 |
| 29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... | 29 | 0 |
| 30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) | 30 | 0 |

Part VIII Minimum required contribution for current year

| | | |
|--|---------------------|--------------------|
| 31 Target normal cost, adjusted, if applicable (see instructions)..... | 31 | 0 |
| 32 Amortization installments: | Outstanding Balance | Installment |
| a Net shortfall amortization installment | 401023 | 3149 |
| b Waiver amortization installment | 0 | 0 |
| 33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount | 33 | |
| 34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)..... | 34 | 3149 |
| | Carryover balance | Prefunding balance |
| 35 Balances used to offset funding requirement | 3149 | 3149 |
| 36 Additional cash requirement (item 34 minus item 35)..... | 36 | 0 |
| 37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)..... | 37 | 0 |
| 38 Interest-adjusted excess contributions for current year (see instructions)..... | 38 | 0 |
| 39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)..... | 39 | 0 |
| 40 Unpaid minimum required contribution for all years | 40 | 0 |

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning _____ and ending _____

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.


| | |
|---|---|
| A Name of plan CONSULTING BY CARTER DEFINED BENEFIT PENSION PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CONSULTING BY CARTER | D Employer Identification Number (EIN) 31-1777052 |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

Part I Basic Information

| | | |
|---|----------------------------|--------------------|
| 1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2009</u> | | |
| 2 Assets: | | |
| a Market value | 2a | 1292805 |
| b Actuarial value | 2b | 1292805 |
| 3 Funding target/participant count breakdown | (1) Number of participants | (2) Funding Target |
| a For retired participants and beneficiaries receiving payment | 3a | 0 |
| b For terminated vested participants | 3b | 0 |
| c For active participants: | | |
| (1) Non-vested benefits | 3c(1) | 0 |
| (2) Vested benefits | 3c(2) | 1795883 |
| (3) Total active | 3c(3) | 1795883 |
| d Total | 3d | 1795883 |
| 4 If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/> | | |
| a Funding target disregarding prescribed at-risk assumptions | 4a | |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor | 4b | |
| 5 Effective interest rate | 5 | 5.47 % |
| 6 Target normal cost | 6 | 0 |

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | | |
|----------------------------------|---|--|
| SIGN HERE |  | 09/16/2010 |
| KATHY A SCHROEDER, MSPA, CPC, EA | | Date |
| Type or print name of actuary | | 08-07066 |
| HALLETT ASSOCIATES, INC. | | Most recent enrollment number |
| Firm name | | 724-934-2790 |
| 2591 WEXFORD-BAYNE RD. SUITE 402 | | Telephone number (including area code) |
| SEWICKLEY PA 15143 | | |
| Address of the firm | | |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2009
v.092308.1**

Part II Beginning of year carryover and prefunding balances

| | (a) Carryover balance | (b) Prefunding balance |
|--|-----------------------|------------------------|
| 7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) | 8608 | 0 |
| 8 Portion used to offset prior year's funding requirement (Item 35 from prior year) | 0 | 0 |
| 9 Amount remaining (Item 7 minus item 8) | 8608 | 0 |
| 10 Interest on item 9 using prior year's actual return of <u>-37.23 %</u> | -3205 | 0 |
| 11 Prior year's excess contributions to be added to prefunding balance: | | |
| a Excess contributions (Item 38 from prior year) | | 0 |
| b Interest on (a) using prior year's effective rate of <u>5.74 %</u> | | 0 |
| c Total available at beginning of current plan year to add to prefunding balance | | 0 |
| d Portion of (c) to be added to prefunding balance | | 0 |
| 12 Reduction in balances due to elections or deemed elections | 0 | 0 |
| 13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12) | 5403 | 0 |

Part III Funding percentages

| | | |
|--|-----------|----------|
| 14 Funding target attainment percentage | 14 | 71.66 % |
| 15 Adjusted funding target attainment percentage | 15 | 71.67 % |
| 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 101.21 % |
| 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals ▶ | | | 18(b) | | 18(c) |

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

| | | |
|---|------------|---|
| a Contributions allocated toward unpaid minimum required contribution from prior years | 19a | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 0 |

20 Quarterly contributions and liquidity shortfalls:

| | |
|--|---|
| a Did the plan have a "funding shortfall" for the prior year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c If 20a is "Yes," see instructions and complete the following table as applicable: | |

Liquidity shortfall as of end of Quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---------|---------|---------|---------|
| | | | |

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
5.28 %2nd segment:
6.59 %3rd segment:
6.65 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b****22** Weighted average retirement age**22**

58

23 Mortality table(s) (see instructions)

Prescribed - combined



Prescribed - separate



Substitute

Part VI Miscellaneous items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.

Yes



No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.

Yes



No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.

Yes



No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)**30**

0

Part VIII Minimum required contribution for current year**31** Target normal cost, adjusted, if applicable (see instructions)**31**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

401023

3149

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)**34**

3149

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

3149

3149

36 Additional cash requirement (item 34 minus item 35)**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)**37**

0

38 Interest-adjusted excess contributions for current year (see instructions)**38**

0

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)**39**

0

40 Unpaid minimum required contribution for all years**40**

0

► **For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.**

File With IRS Only

Part I Identification

| | | | | | | |
|----------|---|-------------|-------------------|---|------|--|
| A | Name of filer, plan administrator, or plan sponsor (see instructions) | | | B Filer's identifying number (see instructions). | | |
| | CONSULTING BY CARTER | | | <input checked="" type="checkbox"/> Employer identification number (EIN). | | |
| | Number, street, and room or suite no. (If a P.O. box, see instructions) | | | 31-1777052 | | |
| | 9025 HAYWOOD CT | | | <input type="checkbox"/> Social security number (SSN) | | |
| | City or town, state, and ZIP code | | | | | |
| | ORLANDO FL 3282500000 | | | | | |
| C | Plan name | Plan number | Plan year ending— | | | |
| | | | MM | DD | YYYY | |
| 1 | CONSULTING BY CARTER DEFINED BENEFIT PENSION PLAN | 0 0 1 | 12 | 31 | 2009 | |
| 2 | | | | | | |
| 3 | | | | | | |

Part II Extension of Time to File Form 5500 or Form 5500-EZ (see instructions)

- 1 I request an extension of time until 10 / 15 / 2010 to file Form 5500 or Form 5500-EZ.

The application is **automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 (see instructions)

- 2** I request an extension of time until / / to file Form 5330.

You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

- a** Enter the Code section(s) imposing the tax **a**

- | | |
|--|----------|
| b Enter the payment amount attached | b |
|--|----------|

- c** For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date **c**

- ### 3 State in detail why you need the extension

[illegible]

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

Attachment to 2009 Schedule SB, line 32 – Schedule of Amortization Bases –
EIN: 31-1777052 PN: 001

CONSULTING BY CARTER, INC.
DEFINED BENEFIT PLAN
End of Year Valuation Report
Shortfall Amortization
Valuation Date: December 31, 2009

| Year | Number of Future Installments | Installments | Value of Future Installments |
|-----------------------|-------------------------------------|--------------|------------------------------------|
| (a) Six Years Prior | 1 | \$0 | \$0 |
| (b) Five Years Prior | 2 | \$0 | \$0 |
| (c) Four Years Prior | 3 | \$0 | \$0 |
| (d) Three Years Prior | 4 | \$0 | \$0 |
| (e) Two Years Prior | 5 | \$0 | \$0 |
| (f) One Year Prior | 6 | \$0 | \$0 |
| (g) Current Plan Year | 7 | \$67,607 | \$401,023 |

Due to Plan Termination effective 01/17/2009

| | | |
|--------------------------------------|---|--------|
| (g) Current Plan Year (pro rated) | 7 | \$3149 |
|--------------------------------------|---|--------|

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Plan Name: Consulting By Carter, Inc. Pension Plan

EIN: 31-1777052

Plan Number: 001

All participants are assumed to retire at age 58, the normal retirement age 58

Schedule SB, line 25 – Change in Method

Plan Name: Consulting By Carter, Inc. Defined Benefit Plan

EIN: 31-1777052

Plan Number: 001

The valuation date has been changed from beginning of year to end of year.

Form 5500-SFDepartment of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Short Form Annual Return/Report of Small Employee
Benefit Plan**This form is required to be filed under sections 104 and 4065 of the Employee
Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the
Internal Revenue Code (the Code).OMB Nos. 1210-0110
1210-0089**2009****This Form is Open to Public
Inspection**▶ **Complete all entries in accordance with the instructions to the Form 5500-SF.****Part I Annual Report Identification Information**

For calendar plan year 2009 or fiscal plan year beginning and ending

- A** This return/report is for: ☒ single-employer plan ☐ multiple-employer plan (not multiemployer) ☐ one-participant plan
- B** This return/report is for: ☐ first return/report ☐ final return/report
☐ an amended return/report ☐ short plan year return/report (less than 12 months)
- C** Check box if filing under: ☒ Form 5558 ☐ automatic extension ☐ DFVC program
☐ special extension (enter description)

Part II Basic Plan Information—enter all requested information**1a** Name of plan

CONSULTING BY CARTER DEFINED BENEFIT PENSION PLAN

1b Three-digit
plan number
(PN) ▶ 001**1c** Effective date of plan
01/01/2001**2a** Plan sponsor's name and address (employer, if for single-employer plan)

CONSULTING BY CARTER

2b Employer Identification Number
(EIN) 31-1777052**2c** Plan sponsor's telephone number
304-529-7156**2d** Business code (see instructions)
541600**3a** Plan administrator's name and address (if same as Plan sponsor, enter "Same")

SAME

3b Administrator's EIN
31-1777052**3c** Administrator's telephone number
304-529-7156**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the
name, EIN, and the plan number from the last return/report. Sponsor's name**4b** EIN**4c** PN**5a** Total number of participants at the beginning of the plan year**5a** 3**b** Total number of participants at the end of the plan year**5b** 3**c** Total number of participants with account balances as of the end of the plan year (defined benefit plans do not
complete this item)**5c** 3**6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) ☒ Yes ☐ No**b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA)
under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.) ☒ Yes ☐ No**If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.****Part III Financial Information****7** Plan Assets and Liabilities

| | (a) Beginning of Year | (b) End of Year |
|--|-----------------------|-----------------|
| a Total plan assets | 7a 1027186 | 1292805 |
| b Total plan liabilities | 7b | |
| c Net plan assets (subtract line 7b from line 7a) | 7c 1027186 | 1292805 |

8 Income, Expenses, and Transfers for this Plan Year

| | (a) Amount | (b) Total |
|---|------------------|-----------|
| a Contributions received or receivable from: | | |
| (1) Employers | 8a(1) 0 | |
| (2) Participants | 8a(2) 0 | |
| (3) Others (including rollovers) | 8a(3) 0 | |
| b Other income (loss) | 8b 265619 | |
| c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) | 8c | 265619 |
| d Benefits paid (including direct rollovers and insurance premiums to provide benefits) | 8d 0 | |
| e Certain deemed and/or corrective distributions (see instructions) | 8e 0 | |
| f Administrative service providers (salaries, fees, commissions) | 8f 0 | |
| g Other expenses | 8g 0 | |
| h Total expenses (add lines 8d, 8e, 8f, and 8g) | 8h | 0 |
| i Net income (loss) (subtract line 8h from line 8c) | 8i | 265619 |
| j Transfers to (from) the plan (see instructions) | 8j | |

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1I 3B 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**Part V Compliance Questions**

| | Yes | No | Amount |
|--|------------|----|--------|
| 10 During the plan year: | | | |
| a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program) | 10a | X | |
| b Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.) | 10b | X | |
| c Was the plan covered by a fidelity bond? | 10c | X | |
| d Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 10d | X | |
| e Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.) | 10e | X | |
| f Has the plan failed to provide any benefit when due under the plan? | 10f | X | |
| g Did the plan have any participant loans? (If "Yes," enter amount as of year end.) | 10g | X | |
| h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 10h | | |
| i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 10i | | |

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500)) ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

| | | |
|--|------------|---|
| b Enter the minimum required contribution for this plan year | 12b | 0 |
| c Enter the amount contributed by the employer to the plan for this plan year | 12c | 0 |
| d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount) | 12d | 0 |

e Will the minimum funding amount reported on line 12d be met by the funding deadline? ☒ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☒ Yes ☐ No

If "Yes," enter the amount of any plan assets that reverted to the employer this year **13a** 0

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 13c(1) Name of plan(s): | 13c(2) EIN(s) | 13c(3) PN(s) |
|-------------------------|---------------|--------------|
| | | |
| | | |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

| | | | |
|------------------|------------------------------------|---------|--|
| SIGN HERE | <i>Deborah Carter</i> | 10-5-10 | DEBORAH CARTER |
| | Signature of plan administrator | Date | Enter name of individual signing as plan administrator |
| SIGN HERE | <i>Deborah Carter</i> | 10-5-10 | |
| | Signature of employer/plan sponsor | Date | Enter name of individual signing as employer or plan sponsor |

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**

For calendar plan year 2009 or fiscal plan year beginning and ending

▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

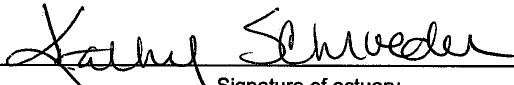
| | |
|---|---|
| A Name of plan CONSULTING BY CARTER DEFINED BENEFIT PENSION PLAN | B Three-digit plan number (PN) ▶ 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF CONSULTING BY CARTER | D Employer Identification Number (EIN) 31-1777052 |
| E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | F Prior year plan size: <input checked="" type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input type="checkbox"/> More than 500 |

Part I Basic Information

| | |
|---|---|
| 1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2009</u> | |
| 2 Assets: | |
| a Market value | 2a 1292805 |
| b Actuarial value | 2b 1292805 |
| 3 Funding target/participant count breakdown | |
| | (1) Number of participants (2) Funding Target |
| a For retired participants and beneficiaries receiving payment | 3a 0 0 |
| b For terminated vested participants | 3b 0 0 |
| c For active participants: | |
| (1) Non-vested benefits | 3c(1) 0 |
| (2) Vested benefits | 3c(2) 1795883 |
| (3) Total active | 3c(3) 3 1795883 |
| d Total | 3d 3 1795883 |
| 4 If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/> | |
| a Funding target disregarding prescribed at-risk assumptions | 4a |
| b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor | 4b |
| 5 Effective interest rate | 5 5.47 % |
| 6 Target normal cost | 6 0 |

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

| | | |
|----------------------------------|---|--|
| SIGN HERE |  | 09/16/2010 |
| KATHY A SCHROEDER, MSPA, CPC, EA | Signature of actuary | Date |
| | Type or print name of actuary | 08-07066 |
| HALLETT ASSOCIATES, INC. | Firm name | Most recent enrollment number |
| 2591 WEXFORD-BAYNE RD. SUITE 402 | | 724-934-2790 |
| SEWICKLEY PA 15143 | | Telephone number (including area code) |
| | Address of the firm | |

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances

| | (a) Carryover balance | (b) Prefunding balance |
|--|-----------------------|------------------------|
| 7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year) | 8608 | 0 |
| 8 Portion used to offset prior year's funding requirement (Item 35 from prior year) | 0 | 0 |
| 9 Amount remaining (Item 7 minus item 8) | 8608 | 0 |
| 10 Interest on item 9 using prior year's actual return of <u>-37.23</u> % | -3205 | 0 |
| 11 Prior year's excess contributions to be added to prefunding balance: | | |
| a Excess contributions (Item 38 from prior year) | | 0 |
| b Interest on (a) using prior year's effective rate of <u>5.74</u> % | | 0 |
| c Total available at beginning of current plan year to add to prefunding balance | | 0 |
| d Portion of (c) to be added to prefunding balance | | 0 |
| 12 Reduction in balances due to elections or deemed elections | 0 | 0 |
| 13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12) | 5403 | 0 |

Part III Funding percentages

| | | |
|--|-----------|----------|
| 14 Funding target attainment percentage | 14 | 71.66 % |
| 15 Adjusted funding target attainment percentage | 15 | 71.67 % |
| 16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement | 16 | 101.21 % |
| 17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage | 17 | % |

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

| (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees | (a) Date (MM-DD-YYYY) | (b) Amount paid by employer(s) | (c) Amount paid by employees |
|--------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Totals ▶ | | | 18(b) | | 18(c) |

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:

| | | |
|---|------------|---|
| a Contributions allocated toward unpaid minimum required contribution from prior years | 19a | 0 |
| b Contributions made to avoid restrictions adjusted to valuation date | 19b | 0 |
| c Contributions allocated toward minimum required contribution for current year adjusted to valuation date | 19c | 0 |

20 Quarterly contributions and liquidity shortfalls:

| | |
|--|---|
| a Did the plan have a "funding shortfall" for the prior year? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c If 20a is "Yes," see instructions and complete the following table as applicable: | |

Liquidity shortfall as of end of Quarter of this plan year

| (1) 1st | (2) 2nd | (3) 3rd | (4) 4th |
|---------|---------|---------|---------|
| | | | |

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
5.28 %2nd segment:
6.59 %3rd segment:
6.65 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b****22** Weighted average retirement age**22**

58

23 Mortality table(s) (see instructions)

Prescribed - combined



Prescribed - separate



Substitute

Part VI Miscellaneous items**24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.

Yes



No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.

Yes



No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.

Yes



No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.**27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years**28**

0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)**29**

0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)**30**

0

Part VIII Minimum required contribution for current year**31** Target normal cost, adjusted, if applicable (see instructions)**31**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

401023

3149

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)**34**

3149

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

3149

3149

36 Additional cash requirement (item 34 minus item 35)**36**

0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)**37**

0

38 Interest-adjusted excess contributions for current year (see instructions)**38**

0

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)**39**

0

40 Unpaid minimum required contribution for all years**40**

0

Part I Identification

| | | | | |
|---|--|--|--|--|
| A Name of filer, plan administrator, or plan sponsor (see instructions) CONSULTING BY CARTER Number, street, and room or suite no. (If a P.O. box, see instructions) 9025 HAYWOOD CT City or town, state, and ZIP code ORLANDO FL 3282500000 | B Filer's identifying number (see instructions). <input checked="" type="checkbox"/> Employer identification number (EIN). 31-1777052 <input type="checkbox"/> Social security number (SSN) | | | |
| C Plan name 1 CONSULTING BY CARTER DEFINED BENEFIT PENSION PLAN 2 3 | Plan number <div>0</div> <div>0</div> <div>1</div> | Plan year ending— <div>MM</div> <div>DD</div> <div>YYYY</div> <div>12</div> <div>31</div> <div>2009</div> | | |

Part II Extension of Time to File Form 5500 or Form 5500-EZ (see instructions)

- 1** I request an extension of time until 10 / 15 / 2010 to file Form 5500 or Form 5500-EZ.

The application is **automatically approved** to the date shown on line 1 (above) if: **(a)** the Form 5558 is filed on or before the normal due date of Form 5500 or 5500-EZ for which this extension is requested, and **(b)** the date on line 1 is no more than 2½ months after the normal due date.

You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ filed after the due date for the plans listed in C above.

Note. A signature is not required if you are requesting an extension to file Form 5500 or Form 5500-EZ.

Part III Extension of Time to File Form 5330 (see instructions)

- 2** I request an extension of time until ____/____/____ to file Form 5330.

You may be approved for up to a six (6) month extension to file Form 5330, after the normal due date of Form 5330.

- a** Enter the Code section(s) imposing the tax **a**

- | | | |
|--|----------|--|
| b Enter the payment amount attached | b | |
|--|----------|--|

- | | | | |
|---|---|----------|--|
| c For excise taxes under section 4980 or 4980F of the Code, enter the reversion/amendment date |  | c | |
|---|---|----------|--|

- ### 3 State in detail why you need the extension

[illegible]

Under penalties of perjury, I declare that to the best of my knowledge and belief, the statements made on this form are true, correct, and complete, and that I am authorized to prepare this application.

Signature ►

Date ►

Attachment to 2009 Schedule SB, line 32 – Schedule of Amortization Bases –
EIN: 31-1777052 PN: 001

CONSULTING BY CARTER, INC.
DEFINED BENEFIT PLAN
End of Year Valuation Report
Shortfall Amortization
Valuation Date: December 31, 2009

| Year | Number of Future Installments | Installments | Value of Future Installments |
|-----------------------|-------------------------------------|--------------|------------------------------------|
| (a) Six Years Prior | 1 | \$0 | \$0 |
| (b) Five Years Prior | 2 | \$0 | \$0 |
| (c) Four Years Prior | 3 | \$0 | \$0 |
| (d) Three Years Prior | 4 | \$0 | \$0 |
| (e) Two Years Prior | 5 | \$0 | \$0 |
| (f) One Year Prior | 6 | \$0 | \$0 |
| (g) Current Plan Year | 7 | \$67,607 | \$401,023 |

Due to Plan Termination effective 01/17/2009

| | | |
|--------------------------------------|---|--------|
| (g) Current Plan Year (pro rated) | 7 | \$3149 |
|--------------------------------------|---|--------|

Schedule SB, line 22 – Description of Weighted Average Retirement Age

Plan Name: Consulting By Carter, Inc. Pension Plan

EIN: 31-1777052

Plan Number: 001

All participants are assumed to retire at age 58, the normal retirement age 58

Schedule SB, line 25 – Change in Method

Plan Name: Consulting By Carter, Inc. Defined Benefit Plan

EIN: 31-1777052

Plan Number: 001

The valuation date has been changed from beginning of year to end of year.

Attachment to 2009 Schedule SB, line 32 – Schedule of Amortization Bases –
EIN: 31-1777052 PN: 001

CONSULTING BY CARTER, INC.
DEFINED BENEFIT PLAN
End of Year Valuation Report
Shortfall Amortization
Valuation Date: December 31, 2009

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| (d) Three Years Prior | 4 | \$0 | \$0 |
| (e) Two Years Prior | 5 | \$0 | \$0 |
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Due to Plan Termination effective 01/17/2009

| | | |
|--------------------------------------|---|--------|
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