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.

2222

OMB Nos. 1210-0110 1210-0089

2009

	art I Annual Report Identification Information				
For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009	9	and ending	12/31/	2009
A 1	This return/report is for: Single-employer plan	multiple-e	employer plan (not multiemployer)		one-participant plan
В 1	This return/report is for: first return/report	final retur	n/report		
	an amended return/report	short plan	year return/report (less than 12 m	onths)	
C	Check box if filing under:		extension	,	DFVC program
	special extension (enter description)		OMONOR		_ D. vo program
Do		,			
	rt II Basic Plan Information—enter all requested information	ation		1h	Three-digit
	Name of plan SULTING BY CARTER DEFINED BENEFIT PENSION PLAN			10	plan number
					(PN) • 001
				1c	Effective date of plan
				-	01/01/2001
	Plan sponsor's name and address (employer, if for single-employer SULTING BY CARTER	plan)		26	Employer Identification Number (EIN) 31-1777052
CON	SOLTING BY CARTER			2c	Plan sponsor's telephone number
	HAYWOOD CT				304-529-7156
ORLA	ANDO, FL 32825			2d	Business code (see instructions)
32	Dian administrator's name and address (if some as Dian ananors as	otor "Come	,")\	2 h	541600 Administrator's EIN
	Plan administrator's name and address (if same as Plan sponsor, er SULTING BY CARTER 9025 HAYWO		?)	30	31-1777052
	ORLANDO, F	FL 32825		3с	Administrator's telephone numbe
4				4.	304-529-7156
	the name and/or EIN of the plan sponsor has changed since the las name, EIN, and the plan number from the last return/report. Sponso		port filed for this plan, enter the	4b	EIN
	iano, ziri, and the plan namber nom the fact retain report. Opened	. o namo		4c	PN
5a	Total number of participants at the beginning of the plan year	. 5a			
b	Total number of participants at the end of the plan year	. 5b			
С	Total number of participants with account balances as of the end of				
	complete this item)			. 5c	
6a	Were all of the plan's assets during the plan year invested in eligible		'		X Yes \(\) N
b	Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a				X Yes □ N
	If you answered "No" to either 6a or 6b, the plan cannot use Fo		,		
Pa	rt III Financial Information				
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	. 7a	10271	36	129280
b	Total plan liabilities	7b			
С	Net plan assets (subtract line 7b from line 7a)	7c	10271	36	129280
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount		(b) Total
а	Contributions received or receivable from:	- 40			
	(1) Employers	8a(1)		0	
	(2) Participants	8a(2)		0	
	(3) Others (including rollovers)	8a(3)		0	
	Other income (loss)	8b	2656	19	00504
	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			26561
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		0	
е	Certain deemed and/or corrective distributions (see instructions)	8e		0	
f	Administrative service providers (salaries, fees, commissions)	8f		0	
g	Other expenses	8g		0	
_	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			
i	Net income (loss) (subtract line 8h from line 8c)	8i			26561
i	Transfers to (from) the plan (see instructions)	8j			
•	. ,	ı oj	İ		

Dar# 11/	Plan Characteristics	

Signature of plan administrator

Signature of employer/plan sponsor

SIGN HERE

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

D '	11 1111	plan provides wellare beliefits, effer the applicable wellare feati	ure codes from the	_ist of Flatt Chara	Clens	110 000	163 III	uie ilisuut	olions.	
Part	٧	Compliance Questions								
10	Dur	ng the plan year:				Yes	No		Amoun	t
а		there a failure to transmit to the plan any participant contribution. CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial			10a		X			
b		e there any nonexempt transactions with any party-in-interest? (Discount of the control of the c			10b		X			
С	Wa	s the plan covered by a fidelity bond?			10c		X			
d		the plan have a loss, whether or not reimbursed by the plan's fide ishonesty?			10d		X			
	insı	e any fees or commissions paid to any brokers, agents, or other prance service or other organization that provides some or all of thructions.)	e benefits under the	e plan? (See	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			
_	If th	is is an individual account plan, was there a blackout period? (Sec	e instructions and 2	9 CFR	10h					
i		th was answered "Yes," check the box if you either provided the respitions to providing the notice applied under 29 CFR 2520.101-3.								
Part '	VI	Pension Funding Compliance								
11	ls th 550	is a defined benefit plan subject to minimum funding requirements	s? (If "Yes," see ins	ructions and com	plete	Sched	ule SE	3 (Form	X Ye	es No
12	ls t	nis a defined contribution plan subject to the minimum funding req	uirements of section	n 412 of the Code	or se	ction 3	302 of	ERISA?	Ye	es 🛚 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									
	-	ompleted line 12a, complete lines 3, 9, and 10 of Schedule M					Бау		rear	
		r the minimum required contribution for this plan year		-			12b			0
С	Ente	er the amount contributed by the employer to the plan for this plan	year			[12c			0
d	Sub	tract the amount in line 12c from the amount in line 12b. Enter the ative amount)	result (enter a min	us sign to the left	of a		12d			0
е	Will	the minimum funding amount reported on line 12d be met by the t	funding deadline?					X 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 y	ear or any prior yea	r?					X Ye	es No
	If "Y	es," enter the amount of any plan assets that reverted to the empl	lover this year				13a		1	0
	Wei	e all the plan assets distributed to participants or beneficiaries, tra					ntrol		Ye	es X No
		ring this plan year, any assets or liabilities were transferred from the assets or liabilities were transferred. (See instructions.)	this plan to another	plan(s), identify th	ne plai	n(s) to				
13	3c(1	Name of plan(s):				130	c(2) El	N(s)	13c	(3) PN(s)
Cauti	on:	A penalty for the late or incomplete filing of this return/report	will be assessed u	ınless reasonab	le cau	se is	estab	lished.	ı	
SB or	Sch	alties of perjury and other penalties set forth in the instructions, I cedule MB completed and signed by an enrolled actuary, as well a true, correct, and complete.								
SIGN	F	led with authorized/valid electronic signature.	10/08/2010	DEBORAH CART	ER					
	HERE Signature of plan administrator Date Enter name of individual signing as plan administrator									

Date

Date

Enter name of individual signing as plan administrator

Enter name of individual signing as employer or plan sponsor

SCHEDULE SB (Form 5500)

Department of the Treasury Internal Revenue Service

Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Internal Revenue Service

Department of Labor

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

For	calendar plan year 2009 or fiscal plan year beginning 01/01/2009		0000 0. 0000 0	and ending	12/31/2	2009
	Round off amounts to nearest dollar.				,	
	Caution: A penalty of \$1,000 will be assessed for late filing of this report u	nless reaso	nahle cause is i	hadsildetsa		
		111033 10030			•	
CON	lame of plan NSULTING BY CARTER DEFINED BENEFIT PENSION PLAN			Three-digit		▶ 001
•				plan numbe	r (PN)	001
<u> </u>	Non-consolidad and the control of th		D -			Alimahan (FINI)
	Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D E	imployer la	entification	n Number (EIN)
CON	NOOLING DI CARTER		31-1	777052		
Ет	ype of plan: X Single Multiple-A Multiple-B	rior year pla	n size: 🔀 100 c	or fewer	101-500	More than 500
Pa	art I Basic Information					
1	Enter the valuation date: Month 12 Day 31	Year 2	000			
2		1 eai	.009			
2	Assets:			Γ	0-	400000
	a Market value				2a	1292805
	b Actuarial value				2b	1292805
3	Funding target/participant count breakdown		(1) Number	of participa	nts	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a			0	0
	b For terminated vested participants	3b			0	C
	C For active participants:					
	(1) Non-vested benefits	3c(1)				C
	(-)	<u>`</u>				1705003
	(2) Vested benefits	3c(2)			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 transi			F	41-	
	at-risk for fewer than five consecutive years and disregarding loadin				4b	
5	Effective interest rate				5	5.47 %
6	Target normal cost				6	0
Stat	ement by Enrolled Actuary				-	
7	Fo the best of my knowledge, the information supplied in this schedule and accompanying schedule					
6	accordance with applicable law and regulations. In my opinion, each other assumption is reasonable combination, offer my best estimate of anticipated experience under the plan.	e (taking into ad	count the experience	e of the plan an	d reasonable	expectations) and such other assumptions, in
_	SIGN					00/40/0040
Н	ERE					09/16/2010
	Signature of actuary					Date
KATI	HY A SCHROEDER, MSPA, CPC, EA					08-07066
	Type or print name of actuary				Most rece	ent enrollment number
HALI	LETT ASSOCIATES, INC.				724-934-2790	
	Firm name			Tala	nhana n	
2591	Firm name WEXFORD-BAYNE RD. SUITE 402			reie	priorie riu	mber (including area code)
	/ICKLEY, PA 15143					
	Address of the firm					
16.0	and complete and follows floated accounts 1.50 and 2.50 a	(h (ta a aba a ta ta	-1 1-2	
	actuary has not fully reflected any regulation or ruling promulgated under t actions	tne statute i	in completing th	is schedule	, check th	e box and see

Page 2	2-1	
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Schedule SB (Form 5500) 2009

Pa	art II	Begin	ning of year	carryov	er and prefunding ba	lances						
	,						(a) (Carryover balance		(b) F	Prefundi	ng balance
7		-	•		icable adjustments (Item 13				8608			0
8	Portion (used to	offset prior year's	funding re	quirement (Item 35 from pric	r year)			0			0
9	Amount	remainii	ng (Item 7 minus i	tem 8)					8608			0
10	Interest	on item	9 using prior year	's actual re	eturn of -37.23 %				-3205			0
11					d to prefunding balance:							
	a Exce	ss contr	ributions (Item 38	from prior	year)							0
	b Intere	est on (a	a) using prior year	's effective	e rate of							0
	C Total available at beginning of current plan year to add to prefunding balance											0
	_		0 0	•	balance						0	
12					eemed elections				0			0
13	Balance	at begir	nning of current ye	ear (item 9	+ item 10 + item 11d – item	12)			5403			0
	Part III Funding percentages											
14			<u> </u>								14	71.66 %
15											15	71.67 %
16	6 Prior year's funding percentage for purposes of determining whether carryover/profunding halances may be used to reduce											
	current year's funding requirement									101.21 %		
17	7 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage											
Pa	art IV	Con	tributions an	d liquid	ity shortfalls							
18	18 Contributions made to the plan for the plan year by employer(s) and employees:											
/ N/	(a) Date 1M-DD-YY		(b) Amount p		(c) Amount paid by	(a) Da (MM-DD-		(b) Amount pa	-	(0	-	nt paid by
(IV	ו ז-טט-וווו	11)	employer	(5)	employees	-טט-וווווו)	1111)	employer(5)		еттрі	oyees
						Totals ▶	18(b)			18(c)		
10	Diagona		la	:	turnations for another with		` , ,			10(0)		
19			-		structions for small plan with							0
	_				nimum required contribution				19a 19b			0
					djusted to valuation date				-			
20					juired contribution for current y	ear adjusted	to valuation	n date	19c			0
20		=	outions and liquidit	-] Vaa ☑ Na
		•	•		the prior year?						······	Yes X No
	b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?											
	C If 20a	ıs "Yes,	" see instructions	and comp	lete the following table as ap		of this pla	un voor				
		(1) 19	st		Liquidity shortfall as of eaction (2) 2nd	iu di Quarter		an year 3rd			(4) 4th	<u> </u>
		() !!			\ / ~		(-/	-	1		· / · · ·	

Pa	rt V Assumption	ns used to determine f	unding target and targe	et normal cost		
21	Discount rate:					
	a Segment rates:	1st segment: 5.28 %	2nd segment: 6.59 %	3rd segment 6.65 %	: 6	N/A, full yield curve used
	b Applicable month	(enter code)			21b	
22	Weighted average ret	irement age			. 22	58
23	Mortality table(s) (see	e instructions)	escribed - combined	Prescribed - separate	Substitut	е
Pa	rt VI Miscellane	ous items			_	
24	Has a change been m	nade in the non-prescribed act	uarial assumptions for the curre	• •		· · · · · · · · · · · · · · · · · · ·
25	Has a method change	e been made for the current pla	an year? If "Yes," see instruction	ons regarding required atta	chment	Yes No
			Participants? If "Yes," see inst			
27	If the plan is eligible fo	or (and is using) alternative fur	nding rules, enter applicable co	de and see instructions	27	
Pa			ım required contributio		ı	
28		•	ears		. 28	0
29		contributions allocated toward				
	' '		29	0		
30	Remaining amount of	unpaid minimum required cor	ntributions (item 28 minus item 2	29)	30	0
Pa	rt VIII Minimum	required contribution	for current year			
		•	ructions)		31	0
	Amortization installme		,	Outstanding Bal		Installment
					401023	3149
	_				0	0
33	If a waiver has been a	approved for this plan year, en Day Year	ter the date of the ruling letter o	ranting the approval	33	
34	• •	0 ,	er/prefunding balances (item 31		34	3149
			Carryover balance	Prefunding bala	ance	Total balance
35	Balances used to offse	et funding requirement	31	49		3149
36	Additional cash requir	rement (item 34 minus item 35	i)		36	0
37	Contributions allocate	ed toward minimum required co	ontribution for current year adju	sted to valuation date	37	0
38	Interest-adjusted exce	ess contributions for current ye	38	88 0		
39		uired contribution for current ye			0	
40		uired contribution for all years	- ,	40	0	

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

For calendar plan year 2009 or fiscal plan year beginning			and e	nding	100-1		
Round off amounts to nearest dollar.							
Caution: A penalty of \$1,000 will be assessed for late filing of this report	unless reas	onable ca	use is establi:	shed.			
A Name of plan			B Three-	diait			
CONSULTING BY CARTER DEFINED BENEFIT PENSION PLAN				ımber (PN)	→	001	
					1		
						Reput	
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF			D Employ	er Identifica	ition Number (EIN)	
CONSULTING BY CARTER			31-1777052				
E Type of plan: X Single Multiple-A Multiple-B	Prior year pl	an size: 🛛 🗙	100 or fewer	101-5	500 More t	han 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		(4) N	umbar of north		(0)		
a For retired participants and beneficiaries receiving payment	. 3a	(1) 101	umber of part	cipanis 0	(2)	Funding Target	
				0		0	
, , , , , , , , , , , , , , , , , , , ,	. 30			0			
C For active participants:	0 (4)						
(1) Non-vested benefits			- 1	7.5		·	
(2) Vested benefits	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \					1795883	
(3) Total active	\ <u> </u>		*****	. 3		1795883	
d Total		j		3	CONTROL CONTRACTOR AND	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 trans	sition rule fo	r plans the	at have been	4b			
at-risk for fewer than five consecutive years and disregarding loadi	ing factor			40			
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 schedu accordance with applicable law and regulations. In my opinion, each other assumption is reasonal combination, offer my best estimate of anticipated experience under the plan.	iles, statements ble (taking into a	and attachme account the ex	ents, if any, is con operience of the p	iplete and accu an and reason	ırate. Each prescrit able expectations)	ped assumption was applied in and such other assumptions, in	
SIGN							
HERE Sally Schweder		•			09/16/20	010	
Signature of actuary KATHY A SCHROEDER, MSPA, CPC, EA					Date 08-070	66	
Type or print name of actuary				Most r	ecent enrollme	ent number	
HALLETT ASSOCIATES, INC.					724-934-2	2790	
Firm name	- 1		-	Telephone	number (inclu	ding area code)	
2591 WEXFORD-BAYNE RD. SUITE 402					anig area code)		
SEWICKLEY PA 15143							
Address of the firm			-				
Address of the firm							
If the actuary has not fully reflected any regulation or ruling promulgated under instructions	the statute	in comple	ting this sche	dule, check	the box and s	see	

Pa	art II Begir	nning of year	carryov	er and prefunding ba	lances					· · · · · · · · · · · · · · · · · · ·		
						(a) (Carryover balance)	(b)	Prefundi	ng bala	nce
7				cable adjustments (Item 13	•			8608				(
8	Portion used to	offset prior year's	funding red	quirement (Item 35 from prid	or year)			0				-
9	Amount remaini	ng (Item 7 minus	item 8)					8608				(
10	Interest on item	9 using prior year	r's actual re	eturn of -37.23 %				-3205				(
11				d to prefunding balance:		organi i deglas barkes	And the	14000	a kalendara		Talkana	lives state sat
	a Excess cont	ributions (Item 38	from prior	year)		in a salahara			2 1 4 1 5 6 7 1 7 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	00,000,000,000,000,000		8. 10. JANSA H . 11
				rate of5.74 %		dentiles a						
	C Total available	e at beginning of o	urrent plan	year to add to prefunding bal	ance	un mondona.						(
				palance							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
12				emed elections		ELECTION AND ASSESSED THE P	2010-2010-001	0				(
13				+ item 10 + item 11d - item				5403		, .		(
P	eli sando resiserans	ding percent						<u></u>	*			
	2017 St. 1861 (1812) - 101									14	7	1.66 %
										15		1.67 %
16	 Adjusted funding target attainment percentage Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement 								e	16		1.21 %
17				s less than 70 percent of the						17		%
. 20 6 0	VII. 11 (1994) P. 158	tributions an		· · · · · · · · · · · · · · · · · · ·		<u> </u>		-	1			
				ear by employer(s) and em	olovees:							
	(a) Date	(b) Amount p		(c) Amount paid by		Date	(b) Amount p	aid by	1 (6	c) Amour	nt paid	bv
(N	IM-DD-YYYY)	employer	(s)	employees	(MM-DI	D-YYYY)	employer(employees			
							····					
								· · · · · · · · · · · · · · · · · · ·				
			at the second second		Totals ▶	18(b)			18(c)			
19	Discounted emp	loyer contribution	s – see ins	tructions for small plan with	a valuation	date after th	e beginning of the	e year:	,	٠		
	a Contributions	allocated toward	unpaid min	imum required contribution	from prior y	ears		19a				(
	b Contributions	made to avoid re	strictions ad	djusted to valuation date	***************************************			19b				(
	c Contributions a	allocated toward m	inimum req	uired contribution for current y	ear adjuste	d to valuation	date	19c		,		(
20		outions and liquidi							hilling actions			
				he prior year?						П	Yes	No No
				tallments for the current yea							Yes	∏ No
			_	ete the following table as ap				1	ander de la	0.5 (1.5)	F 100, 815 (JF 150)	upp of gran
	2 11 200 10 100,	230 110110010113	and sompl	Liquidity shortfall as of e		er of this pla	n year		<u> </u>	<u> </u>		\$42.2°.868°
	(1) 18	st		(2) 2nd			3rd			(4) 4th		

Pa	rt V Assumptio	ns used to determine f	unding target and target	normal cost						
100000	Discount rate:		and the government of government of government of the government o							
	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					22	58				
23	Mortality table(s) (see	e instructions) 💢 Pre	escribed - combined Pre	scribed - separate	Substitute					
Pa	rt VI Miscellane	ous items		· · · · · · · · · · · · · · · · · · ·						
	Has a change been m		uarial assumptions for the current	•						
25	Has a method change	been made for the current pla	an year? If "Yes," see instructions	regarding required attac	hment	X Yes No				
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see instruc	ctions regarding required	attachment.	Yes X No				
27	•	•	nding rules, enter applicable code		27					
Pa	Part VII Reconciliation of unpaid minimum required contributions for prior years									
28	Unpaid minimum requ	ired contribution for all prior ye		28	0					
29	, ,	contributions allocated toward		29	0					
30	Remaining amount of	30	0							
Pa	rt VIII Minimum	required contribution t	for current year							
31	Target normal cost, a	djusted, if applicable (see instr	ructions)		31	0				
32	Amortization installme	ents:	<u> </u>	Outstanding Bala	ance	Installment				
	a Net shortfall amorti	ization installment			401023	3149				
	b Waiver amortizatio	n installment			0	0				
33			ter the date of the ruling letter grange) and the waived amount		33					
34			r/prefunding balances (item 31 +		34	3149				
	•		Carryover balance	Prefunding bala	nce	Total balance				
35	Balances used to offse	et funding requirement	3149			3149				
36	Additional cash requir	ement (item 34 minus item 35		36	0					
37		d toward minimum required co	37	0						
38	Interest-adjusted exce	ess contributions for current ye	38	0						
39	Unpaid minimum requ	uired contribution for current ye	item 37)	39	0					
40	Unpaid minimum requ	uired contribution for all years.			40	0				

(Rev. January 2008) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

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

File With IRS Only

Pa	rt I Identification								
A	Name of filer, plan administrator, or plan sponsor (see instructions) CONSULTING BY CARTER	B Filer's identifying number (see instructions). Employer identification number (EIN). 31-1777052							
	Number, street, and room or suite no. (If a P.O. box, see instructions)								
	9025 HAYWOOD CT City or town, state, and ZIP code		Social	security	number (SSN)				
	ORLANDO FL 3282500000				{	}			
		-	Plan	1	Plon	year endir	· · · · · · · · · · · · · · · · · · ·		
С	Plan name		numb	- 1	MM	DD DD	YYYY		
			1						
1	CONSULTING BY CARTER DEFINED BENEFIT PENSION PLAN	0	0	1	12	31	2009		
2									
3		į							
	t II Extension of Time to File Form 5500 or Form 5500-EZ (s	ee ins	struct	ions)					
1	I request an extension of time until	า 5500	or Fo	orm 550	00-EZ.				
	The application is automatically approved to the date shown on line 1 normal due date of Form 5500 or 5500-EZ for which this extension is requested the normal due date.	(above uested	e) if: (a , and	a) the (b) the	Form 5558 is date on line	s filed on o	or before the ore than 2½		
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ f	iled afi	ter the	due d	ate for the pl	lans listed i	n C above.		
Note	. A signature is not required if you are requesting an extension to file Form 5500 o	r Form	5500.	.E7					
2	I request an extension of time until/ to file Form You may be approved for up to a six (6) month extension to file Form 5330, after			lue date	e of Form 533	so.			
а	Enter the Code section(s) imposing the tax	•	<u>a</u>	<u> </u>					
b	Enter the payment amount attached				▶	b	,		
с 3	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/a State in detail why you need the extension	mendr	nent d	ate .	▶	с			
Under	penalties of perjury, I declare that to the best of my knowledge and belief, the statements	made	on this	form are	e true, correct,	and complete	, and that I am		
	ized to prepare this application.		D						
SIGUS	iture ▶		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

Voor	Number of Future	la stellar sate	Value of Future
Year	Installments	Installments	<u>Installments</u>
(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 7 \$3149 (pro rated)

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-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).

2009

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

o o - 580	art I Annual Report Identification Information				
For	calendar plan year 2009 or fiscal plan year beginning		and ending		
Α	This return/report is for: single-employer plan	multiple-	employer plan (not multiemployer)		one-participant plan
В	This return/report is for:	final retu	n/report		_
	an amended return/report	short pla	n year return/report (less than 12 mor	nths)	
C	Check box if filing under:	≓	extension	•	DFVC program
	special extension (enter description)	-	Oxionolon		_ bi ve biogiam
Ď,			- W		
******************************	art II Basic Plan Information—enter all requested inform	nation		1h	Thurs digit
	Name of plan ISULTING BY CARTER DEFINED BENEFIT PENSION PLAN			ID	Three-digit plan number
COI	NOULTING BY CARTER DEFINED BENEFTT FENSION FLAN				(PN) • 001
				1c	Effective date of plan
					01/01/2001
	Plan sponsor's name and address (employer, if for single-employe ISULTING BY CARTER	r plan)			Employer Identification Number (EIN) 31-1777052
CON	NOULTING BY CARTER				Plan sponsor's telephone number
902	5 HAYWOOD CT				304-529-7156
	ANDO FL 32825			2d	Business code (see instructions)
20	Diam administratoria nana and address (if some as Diam annua		_ 15\	2 h	541600
SAM	Plan administrator's name and address (if same as Plan sponsor,	enter Sam	e)	งม	Administrator's EIN 31-1777052
O				3с	Administrator's telephone number
		· · · · · · · · · · · · · · · · · · ·			304-529-7156
	If the name and/or EIN of the plan sponsor has changed since the la name, EIN, and the plan number from the last return/report. Spons		eport filed for this plan, enter the	4b	EIN
	mano, Ent, and the plan named from the last retains open.	or o marrio		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
С	Total number of participants with account balances as of the end of	of the plan	ear (defined benefit plans do not		
	complete this item)	<u></u>		<u>5c</u>	3
_	Were all of the plan's assets during the plan year invested in eligi				X Yes No
b	Are you claiming a waiver of the annual examination and report of under 29 CFR 2520.104-46? (See instructions on waiver eligibility				X Yes No
	If you answered "No" to either 6a or 6b, the plan cannot use I				
Pa	art III Financial Information				-
7	Plan Assets and Liabilities		(a) Beginning of Year		(b) End of Year
а	Total plan assets	1	1027186		1292805
b	Total plan liabilities	7b			
С	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
а	Contributions received or receivable from:			36.3	
	(1) Employers	—	0	- 1668	
	(2) Participants	8a(2) 8a(3)	0		
	(3) Others (including rollovers)	0			
b	· · ·		265619		
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	<u>8c</u>		6.	265619
d	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	0	AC X	
е			0		
f	Administrative service providers (salaries, fees, commissions)		0	- ` `	
g	Other expenses	8g	0	_	
h	Total expenses (add lines 8d, 8e, 8f, and 8g)				0
i	Net income (loss) (subtract line 8h from line 8c)				265619
:	Transfers to (from) the plan (see instructions)		per en regional de como de comentación propriado de la colocidade de decido CEA (qui de d	70.5	
J	Transition to (north) the plan (occ mondonorto)	∣ Si		54251, 545	

	Form 5500 OF 0000		0 [1						
1 (505-500)	Form 5500-SF 2009	P	age 2- [1						······
	Plan Characteristics If the plan provides pension benefits, enter the applicable pension feat	hero godoo from the	List of Dian Char		tio Co	doe in	the instruct	iono:	
Ja	1A 1I 3B 3D								
b	If the plan provides welfare benefits, enter the applicable welfare feature	ure codes from the	List of Plan Chara	cteris	tic Co	des in	the instruction	ons:	
Parl	V Compliance Questions								· · · · · · · · · · · · · · · · · · ·
10	During the plan year:		T.		Yes	No		Amount	
a	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiducial	ry Correction Progr	am)	10a		х		· · · · · · · · · · · · · · · · · · ·	
b	Were there any nonexempt transactions with any party-in-interest? (C on line 10a.)			10b		Х			
C	Was the plan covered by a fidelity bond?		•••••	10c		Х			
d	Did the plan have a loss, whether or not reimbursed by the plan's fide or dishonesty?	elity bond, that was	caused by fraud	10d		Х	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
е	Were any fees or commissions paid to any brokers, agents, or other prinsurance service or other organization that provides some or all of the instructions.)	e benefits under th	e plan? (See	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	vear end.)		10g		x			•
h	If this is an individual account plan, was there a blackout period? (Sec 2520.101-3.)			10h				in the second	Tr. E. ard s
i	If 10h was answered "Yes," check the box if you either provided the reexceptions to providing the notice applied under 29 CFR 2520.101-3.	equired notice or or	ne of the	101			ne v	Special Control	
Part	VI Pension Funding Compliance								
11	Is this a defined benefit plan subject to minimum funding requirements 5500))							X Yes	∏ No
12	Is this a defined contribution plan subject to the minimum funding req							Yes	X No
а	(if "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable if a waiver of the minimum funding standard for a prior year is being a granting the waiver.	mortized in this pla							
lf :	ou completed line 12a, complete lines 3, 9, and 10 of Schedule Mi			"· <u> </u>		Day			
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 negative amount)	-	us sign to the left	of a	[12d			0
е	Will the minimum funding amount reported on line 12d be met by the f	funding deadline?					x 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 ye	ear or any prior yea	ır?	••••••				X Yes	No
	If "Yes," enter the amount of any plan assets that reverted to the empl					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?								
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.)									
1	3c(1) Name of plan(s):		 	ļ.,,	130	c(2) El	N(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.									
Unde SB o	r penalties of perjury and other penalties set forth in the instructions, I or Schedule MB completed and signed by an enrolled actuary, as well as it is true, correct, and complete.	declare that I have	examined this retu	ım/rep	oort, in	cludin	g, if applicat	ole, a Sch nowledge	edule and
SIG	D 10 11 C-+ 1	10-5-10	DEBORAH CAF	RTER					
HER		Date	Enter name of in	<u>idivid</u> u	ıal sigi	ning as	plan admir	istrator	

Date

Enter name of individual signing as employer or plan sponsor

SIGN (HERE

Signature of employer/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

For calendar plan year 2009 or fiscal plan year beginning			and end	ing					
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			B Three-dig	nit	d roop				
CONSULTING BY CARTER DEFINED BENEFIT PENSION PLAN			plan num	•	•	001			
			piantian	Estable Self					
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF		D Employer	Identifica	tion Number	(EIN)				
CONSULTING BY CARTER	CONSULTING BY CARTER								
			31-1777052						
E Type of plan: Single	Prior vear pl	an size: 🔯	100 or fewer	101-5	00 ☐ More	than 500			
September 2 and September 2 an	, ,				🔲э.э				
Part I Basic Information			-						
1 Enter the valuation date: Month 12 Day 31	Year_	2009			Postonenia approvanciami				
2 Assets:									
a Market value	•••••			2a		1292805			
b Actuarial value				2b		1292805			
3 Funding target/participant count breakdown		(1) Nu	ımber of partici	pants	(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)	1				0			
(2) Vested benefits	- :-:	-				1795883			
• •				3		1795883			
(3) Total active	<u> </u>			3		1795883			
d Total		<u> </u>	<u> </u>			1793003			
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 trans				4b		,			
at-risk for fewer than five consecutive years and disregarding loading	ng factor								
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 schedul accordance with applicable law and regulations. In my opinion, each other assumption is reasonab	les, statements le (taking into a	and attachme account the ex	ents, if any, is comple perience of the plan	ete and accu and reasona	rate. Each prescr	ibed assumption was applied in and such other assumptions, in			
combination, offer my best estimate of anticipated experience under the plan.						,			
SIGN \ /									
HERE Salhel Schweder 09/16/2010									
Signature of actuary Date									
KATHY A SCHROEDER, MSPA, CPC, EA 08-07066									
30 07 00									
Type or print name of actuary HALLETT ASSOCIATES, INC. Most recent enrollment number 724-934-2790									
124 004 2100									
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 as willian assured.	46	in an1 1	dan Abia		45 - 4				
If the actuary has not fully reflected any regulation or ruling promulgated under instructions	rne statute	ın complet	ing this schedu	ie, check	tne box and	see [

Pá	art II Begin	ning of year	carryove	er and prefunding ba	lances							
C. C		<u> </u>				(a) (Carryover balance		(b)	Prefundir	ng balar	ice
7				cable adjustments (Item 13	•	I SEON I				0		
8	Portion used to d	offset prior year's	funding red	quirement (Item 35 from pric	or year)			0				0
9	Amount remainir	ng (Item 7 minus	item 8)				8	608				0
10	Interest on item s	9 using prior year	's actual re	turn of -37.23 %			-3	205				0
11				I to prefunding balance:					1 1 1 1 1	-6	3.5	
	a Excess contributions (Item 38 from prior year)							o de la Completa de policia de la capación de la completa de la completa de la completa de la completa de la c			0	
				rate of5.74_%								0
				year to add to prefunding bala				-				0
			•	alance								0
12		<u>·</u>		emed elections			<u> </u>	0				0
13				+ item 10 + item 11d – item	***************************************		5	403				0
- 1 m	All car de regiserans	ding percent				L	· · · · · · · · · · · · · · · · · · ·		****			
0.00.00.00.00	00,000,000,000,000,000									14	7	.66 %
						•				15		.67 %
16	Prior year's fund	ing percentage fo	r purposes	of determining whether car	ryover/pref	unding balar	nces may be used to	reduc	e	16		.21 %
17	current year's funding requirement									17		^{/0}
. pr.e 3					, idilding te	igot, criter a	den percentage			- ' ' -		/0
		tributions an		 					· · · · · · · · · · · · · · · · · · ·			
10	(a) Date	de to the plan to (b) Amount p		ear by employer(s) and emp (c) Amount paid by		Date	(b) Amount paid	l by	1 4	c) Amour	at poid b	
(M	IM-DD-YYYY)	employer		employees		D-YYYY)	employer(s)		,	emplo		y
						,					· · · · · · · · · · · · · · · · · · ·	
						, .						
	· · · · · · · · · · · · · · · · · · ·											<u>:</u>
										,		
10 (124) 2 (124)	I				Totals ▶	18(b)			18(c)			
19	Discounted empl	over contribution	c _ cee incl	ructions for small plan with			a heginning of the v	oor:	1 (-)			
				mum required contribution				19a				0
				ljusted to valuation date			 	19b				C
				-			 	19c				
20	Quarterly contrib			uired contribution for current y .	ear aujuste	ı to valuatior	i date	130				
20								Ŀ		П	Von I	J Na
				he prior year?						=	,	X No
			-	tallments for the current yea		ı timely man	ner?	F		<u> </u>	Yes [<u> </u> No
	C If 20a is "Yes,"	see instructions	and comple	ete the following table as ap		an of this sel-	D 11001		* 1 5 2 1			
	(1) 1s	t		Liquidity shortfall as of er (2) 2nd	id of Quart	er of this pla (3)	n year 3rd			(4) 4th		
	(1)			\(-, \)		(-/			· · · · · ·			

		ns used to determine f	funding target and tai	rget n	ormal cost					
21		4.4								
	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 ret	tirement age				22	58			
23	Mortality table(s) (see	e instructions) 🐰 Pre	escribed - combined	Pres	cribed - separate	Substitut	е			
Pa	rt VI Miscellane	ous items								
24	=	nade in the non-prescribed act	•		•					
25	Has a method change	e been made for the current pla	an year? If "Yes," see instru	ıctions r	egarding required attac	nment	X Yes No			
26	Is the plan required to	provide a Schedule of Active	Participants? If "Yes," see i	instructi	ons regarding required	attachment.	Yes X No			
27		or (and is using) alternative fur				27				
Pa	rt VII Reconcilia	ation of unpaid minimu	ım required contribut	tions	or prior years					
28	Unpaid minimum requ	uired contribution for all prior y	ears		•••••	28	0			
29	Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)						0			
30	Remaining amount of	unpaid minimum required cor	ntributions (item 28 minus ite	em 29)		30	0			
Pai	rt VIII Minimum	required contribution t	for current year							
31	Target normal cost, a	djusted, if applicable (see instr	ructions)			31	0			
32	Amortization installme	ents:		7	Outstanding Bala	nce	Installment			
	a Net shortfall amorti	ization installment				401023				
	b Waiver amortization	n installment				0	0 0			
33	If a waiver has been a	33								
34	Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)									
			Carryover balance		Prefunding balar	nce	Total balance			
35	Balances used to offs	et funding requirement		3149			3149			
36	Additional cash requir	ement (item 34 minus item 35)			36	0			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)						0			
38	8 Interest-adjusted excess contributions for current year (see instructions)						0			
39						39	0			
40	Unpaid minimum requ	uired contribution for all years .				40	0			
							- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			

(Rev. January 2008) Department of the Treasury Internal Revenue Service

Application for Extension of Time To File Certain Employee Plan Returns

OMB No. 1545-0212

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

File With IRS Only

Pa	rt I Identification								
A	Name of filer, plan administrator, or plan sponsor (see instructions) CONSULTING BY CARTER	B Filer's identifying number (see instructions). Employer identification number (EIN).							
	Number, street, and room or suite no. (If a P.O. box, see instructions) 9025 HAYWOOD CT	31-	17770	52		<u> </u>			
	City or town, state, and ZIP code	$\dashv \Box$	Social	security	number (SSN)				
	ORLANDO FL 3282500000				1	1			
	Plan name		Plan		Plan	year endin	α		
	rian name		numb	+	MM	DD	YYYY		
	CONSULTING BY CARTER DEFINED BENEFIT PENSION PLAN	0	0	1	12	31	2009		
3	2 3 rt II Extension of Time to File Form 5500 or Form 5500-EZ <i>(</i> s			(ana)					
1	I request an extension of time until 10 / 15 / 2010 to file Form The application is automatically approved to the date shown on line 1 normal due date of Form 5500 or 5500-EZ for which this extension is requestion of time until 10 / 15 / 2010 to file Form The application is automatically approved to the date shown on line 1 normal due date of Form 5500 or 5500-EZ for which this extension is requestion.	(above	e) if: (a	the	Form 5558 i	s filed on o e 1 is no mo	r before the ore than 2½		
	You must attach a copy of this Form 5558 to each Form 5500 and 5500-EZ for	iled aft	ter the	due d	ate for the p	lans listed ir	C above.		
Note	. A signature is not required if you are requesting an extension to file Form 5500 o	r Earm	5500	E 7					
2	I request an extension of time until/ to file Form You may be approved for up to a six (6) month extension to file Form 5330, after Enter the Code section(s) imposing the tax	the no			e of Form 533	30.	· · · · · · · · · · · · · · · · · · ·		
	Enter the payment amount attached				•	b			
с 3	For excise taxes under section 4980 or 4980F of the Code, enter the reversion/a State in detail why you need the extension	mendr	ment d	ate .	▶	С			
Under author	r penalties of perjury, I declare that to the best of my knowledge and belief, the statements rized to prepare this application.	made	on this	form are	e true, correct,	and complete	and that I am		
Signa	ature ▶		Date 1	>					

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 7 \$3149 (pro rated)

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

	Number of Future		Value of Future
Year	Installments	Installments	<u>Installments</u>
(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 7 \$3149 (pro rated)

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.

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