

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 sections 6057(b) and 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 <div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2011</div> This Form is Open to Public Inspection
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Part I Annual Report Identification Information		
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A This return/report is for:	☒ a single-employer plan	☐ a multiple-employer plan (not multiemployer)
B This return/report is:	☐ the first return/report	☐ the final return/report
	☐ an amended return/report	☐ a short plan year return/report (less than 12 months)
C Check box if filing under:	☒ Form 5558	☐ automatic extension
	☐ special extension (enter description)	☐ DFVC program

Part II Basic Plan Information —enter all requested information		
1a Name of plan <u>EMERALD CASCADE RESTAURANT SYSTEMS, INC. DEFINED BENEFIT PENSION PLAN</u>	1b Three-digit plan number (PN)	<u>001</u>
	1c Effective date of plan	<u>01/01/2002</u>
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>EMERALD CASCADE RESTAURANT SYSTEMS, INC.</u> <u>5055 AVENIDA ENCINAS STE 200</u> <u>CARLSBAD, CA 92008</u>	2b Employer Identification Number (EIN)	<u>91-1414851</u>
	2c Sponsor's telephone number	<u>760-476-3411</u>
	2d Business code (see instructions)	<u>722210</u>
3a Plan administrator's name and address (if same as plan sponsor, enter "Same") <u>EMERALD CASCADE RESTAURANT SYSTEMS, INC.</u> <u>5055 AVENIDA ENCINAS STE 200</u> <u>CARLSBAD, CA 92008</u>	3b Administrator's EIN	<u>91-1414851</u>
	3c Administrator's telephone number	<u>760-476-3411</u>
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. a Sponsor's name	4b EIN	
5a Total number of participants at the beginning of the plan year	4c PN	
b Total number of participants at the end of the plan year	5a	<u>12</u>
c Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)	5b	<u>12</u>
6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)	5c	<u>12</u>
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 ☒ 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	<u>332489</u>	<u>431527</u>	
b Total plan liabilities	7b			
c Net plan assets (subtract line 7b from line 7a)	7c	<u>332489</u>	<u>431527</u>	
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total	
a Contributions received or receivable from:				
(1) Employers	8a(1)	<u>75000</u>		
(2) Participants	8a(2)			
(3) Others (including rollovers)	8a(3)			
b Other income (loss)	8b	<u>35873</u>		
c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d			
e Certain deemed and/or corrective distributions (see instructions)	8e			
f Administrative service providers (salaries, fees, commissions)	8f			
g Other expenses	8g	<u>11835</u>		
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h			
i Net income (loss) (subtract line 8h from line 8c)	8i	<u>99038</u>		
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 1G 3D 1I

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		100000
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		61973
h If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
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	
c Enter the amount contributed by the employer to the plan for this plan year	12c	
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	

e Will the minimum funding amount reported on line 12d be met by the funding deadline?

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted in any plan year?

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

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.)

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.	10/14/2012	OLIVER MARTIN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2012	OLIVER MARTIN
	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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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 <u>EMERALD CASCADE RESTAURANT SYSTEMS, INC. DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>EMERALD CASCADE RESTAURANT SYSTEMS, INC.</u>	D Employer Identification Number (EIN) <u>91-1414851</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>359374</u>
b Actuarial value	2b <u>356374</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment	3a
b For terminated vested participants	3b <u>6</u> <u>159390</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>1355917</u>
(3) Total active	3c(3) <u>6</u> <u>1355917</u>
d Total	3d <u>12</u> <u>1515307</u>
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>4.78 %</u>
6 Target normal cost	6 <u>0</u>

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	<u>10/12/2012</u>
Signature of actuary	Date
<u>BASHARAT A. JAVAID</u>	<u>11-04793</u>
Type or print name of actuary	Most recent enrollment number
<u>THE BKS COMPANY</u>	<u>858-578-3202</u>
Firm name	Telephone number (including area code)
<u>9265 DOWDY DERIVE, SUITE 226</u>	
<u>1</u> <u>SAN DIEGO, CA 92126-6378</u>	
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) 2011
v.012611

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 (line 13 from prior year)	19020	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	19020	0
10 Interest on line 9 using prior year's actual return of <u>4.22</u> %	803	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		0
b Interest on (a) using prior year's effective rate of _____% except as otherwise provided (see instructions)		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 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	19823	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	22.14 %
15 Adjusted funding target attainment percentage.....	15	27.00 %
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	24.65 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	23.51 %

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
12/15/2011	75000	0			
			Totals ►	18(b)	75000
				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 contributions from prior years.	19a	66950
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? ☒ Yes ☐ No		
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ 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
0	0	0
		0
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 1.99%	2nd segment: 5.12%	3rd segment: 6.24 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 64
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 contributions for all prior years	28	191484
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	66950
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	124534

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	0	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1179704	240661	
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 (lines 31a - 31b + 32a + 32b - 33)...	34	240661	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			
36 Additional cash requirement (line 34 minus line 35)	36	240661	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a		
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	240661	
40 Unpaid minimum required contributions for all years.....	40	365195	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Emerald Cascade Restaurant Systems, Inc. Defined Benefit Pension Plan
Valuation As of 12/31/2011 (Plan Frozen As of 12/31/2006)

Age	Years of Credited Service										Total
	Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 +	
Under 25											
25 - 29											
30 - 34			1								1
35 - 39											
40 - 44											
45 - 49				1	1	1					3
50 - 54											
55 - 59			1								1
60 - 64											
65 - 69											
70 & over				1							1
Total			2	2	1	1					6

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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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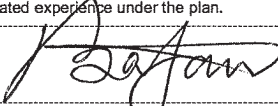
A Name of plan Emerald Cascade Restaurant Systems, Inc. DBP Plan	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Emerald Cascade Restaurant Systems, Inc.	D Employer Identification Number (EIN) 91-1414851

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☒ 100 or fewer ☐ 101-500 ☐ More than 500

Part I Basic Information			
1 Enter the valuation date: Month <u>12</u> Day <u>31</u> Year <u>2011</u>			
2 Assets:			
a Market value	2a		359,374
b Actuarial value	2b		356,374
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	6	159,390
c For active participants:			
(1) Non-vested benefits.....	3c(1)		0
(2) Vested benefits	3c(2)		1,355,917
(3) Total active.....	3c(3)	6	1,355,917
d Total.....	3d	12	1,515,307
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate	5		4.78 %
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	 Signature of actuary	<u>10/12/2012</u> Date <u>11-04793</u> Most recent enrollment number <u>(858) 578-3202</u> Telephone number (including area code)
<u>Basharat A. Javaid</u> Type or print name of actuary <u>The BKS Company</u> Firm name <u>9265 Dowdy Drive, Suite 226</u> Address of the firm <u>San Diego CA 92126-6378</u>		

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 ☐

Attachment to Schedule SB (Form 5500)

Line 32, Schedule of Amortization Bases

Emerald Cascade Restaurant Systems, Inc. Defined Benefit Pension Plan

Plan Year End: 12/31/2011

EIN : 91-1414851

	<u>Initial Date</u>	<u>Original Amount</u>	<u>Original Period</u>	<u>Balance As of 01/01/11</u>	<u>Prior Yr Charge/ (Credit)</u>	<u>Balance As of 12/31/11</u>	<u>Remaing. Period</u>	<u>Annual Charge/ (Credit)</u>
<u>Charges</u>								
Shortfall Charge	12/31/08	686,975	7	543,246	115,469	448,533	4	115,469
Shortfall Charge	12/31/09	58,085	7	53,055	9,725	46,764	5	9,725
Shortfall Charge	12/31/10	385,631	7	385,631	62,557	349,551	6	62,557
Shortfall Charge	12/31/11	334,856	7			334,856	7	52,910
Total Charges		1,465,547		981,931	187,751	1,179,704		240,661

Emerald Cascade Restaurant Systems, Inc. Defined Benefit Pension Plan

Principal Plan Provisions as of the Valuation Date of 12/31/2011

Plan Effective Date: 01/01/1992 Benefit Accruals Ceased: 12/31/2006

Accrued Benefit: Retirement Benefit formula is a Unit Credit type.

Actuarial Equivalent Basis:	Pre-Retirement	Post-Retirement
Interest:	7.00%	5.00%
Mortality:	None	IAM 1983 (Females)
Setback:	0 Years	0 Years
Load:	0.0%	0.0%

Applicable Interest Rate & Mortality:

Pre/Post Retirement Interest: Prescribed Segment Rates for the 1st Month preceding the Plan Year.

Post Retirement Mortality: Prescribed Mortality Table for the Plan Year.

Normal Retirement Age:

Later of 62nd Birthday and 16th Anniversary of Participation.

Normal Retirement Date: Plan Anniversary nearest to the date the NRA eligibility is met.

Normal Retirement Benefit:

Benefit accrued as of 12/31/2006.

Credited Service for Benefits: Participation service from 01/01/2003.

Normal Form of Benefit: Life annuity.

Minimum Retirement Benefit: No minimum benefit other than the Top Heavy minimum, if applicable.

Minimum Accrued Benefit: Not Applicable.

Credited Service for Minimum Benefits: Not Applicable.

Year of Service for Benefit Accrual: A plan year with 1000 or more credited hours.

Average Compensation: Average of highest 3 consecutive years of compensation during participation.

Eligibility for Participation: Later of Age 21 and 12 months of service.

Entry Dates: First day of the Plan Year nearest to eligibility.

Vesting Service: Service with the employer from 01/01/1992

Vesting: Top Heavy schedule - 20% after 2 years service, increasing by 20% per year of additional service.

Emerald Cascade Restaurant Systems, Inc. Defined Benefit Pension Plan

Funding Method and Actuarial Assumptions

Valuation Date: 12/31/2011

Funding Method: Unit Credit Funding Method as prescribed in IRC Section 430.

Funding Assumptions:

Interest Assumption: Segment interest rates for the valuation month.

	---- Segment Term (Years) ----		
	<u>1-5</u>	<u>Next 15</u>	<u>20+</u>
Segment Interest Rates:	1.99%	5.12%	6.24%
Mortality Assumption:	<u>Pre-Retirement</u>	<u>Post-Retirement</u>	
Male:	None	2011 Combined Static Mortality (Males)	
Setback:	0 Years	0 Years	
Female:	None	2011 Combined Static Mortality (Females)	
Setback:	0 Years	0 Years	
Load:	0.0%	0.0%	

Applicable Interest & Mortality:

	---- Segment Term (Years) ----		
	<u>1-5</u>	<u>Next 15</u>	<u>20+</u>
Segment Interest Rates:	2.47%	5.07%	6.10%
	<u>Pre-Retirement</u>	<u>Post-Retirement</u>	
Applicable Mortality:	None	2011 Applicable Mortality - Notice 2008-85	

Normal Retirement Age:

Later of 62nd Birthday and 16th Anniversary of Participation.

Normal Form of Benefit: Life annuity.

Salary Increases: None

Termination from Service: None

Disability: None

Proportion Married at Retirement: Not applicable.

Spouse's Age Difference: Not applicable.

Asset Valuation Method: Fair market value of Assets.