



Girl Scouts of Western Ohio
4930 Cornell Road, Cincinnati, OH 45242-1804
513-489-1025 or 1-800-537-6241 Fax: 513-489-1417
www.girlscoutsofwesternohio.org



BOARD OF DIRECTORS RESOLUTION

WHEREAS, the Board of Directors of Girl Scouts of Western Ohio (the Employer) has assembled in a meeting this 12th day of June, 2010;

WHEREAS, the Employer established the 403(b) Thrift Plan (the Plan) to provide retirement benefits for employees of the Employer.

WHEREAS, the Employer has the right to amend the Plan pursuant to the provisions of the Plan.

NOW, THEREFORE, BE IT RESOLVED THAT:

1. This attached Plan Amendment is approved;
2. All other provisions and conditions of the Plan remain unchanged; and
3. Barbara J. Bonifas, CEO is hereby authorized and directed to take such further action as may be necessary, appropriate or advisable to effectuate the foregoing resolutions.

The undersigned Board President of the Employer hereby certifies that the foregoing resolutions were duly adopted by the Board of Directors on the 12th day of June, 2010, and that the documents attached thereto are the true copies of the documents referenced in those resolutions.

Board President

Date

Amendment to 403(b) Thrift Plan

of

Girl Scouts of Western Ohio

In accordance with the provisions of the Plan, the Employer hereby amends its Plan, effective as of June 1, 2010, as follows:

Appendix A

Part I:

Enter the following information for each Contract that is permitted to make and receive Rollovers and Transfers, and to accept Salary Reduction Contributions or Employer Contributions, under this Plan:

Name of Issuer: Mutual of America
Address: 320 Park Avenue, New York, NY 10022
Contract Number: 403(b) Thrift Plan – 069-228-A

Name of Issuer: _____
Address: _____
Contract Number: _____

Name of Issuer: _____
Address: _____
Contract Number: _____

Part II:

Enter the following information for each Contract that is permitted to make and receive Rollovers and Transfers, but may not accept Salary Reduction Contributions or Employer Contributions, under this Plan:

Name of Issuer: _____
Address: _____
Contract Number: _____

Name of Issuer: _____
Address: _____
Contract Number: _____

Name of Issuer: _____
Address: _____
Contract Number: _____

Part III:

Enter the following information for each Contract that is permitted to make Rollovers and Transfers, but may not receive Rollovers, Transfers, Salary Reduction Contribution or Employer Contributions, under this Plan:

Name of Issuer: Mutual of America
Address: 320 Park Avenue, New York, NY 10022
Contract Number: TDA Plan 069-228-A

Name of Issuer: _____
Address: _____
Contract Number: _____

Name of Issuer: _____
Address: _____
Contract Number: _____

This Amendment executed at _____ this _____ day
of _____, 20 _____.

Girl Scouts of Western Ohio

By: _____

Title: _____

Received in New York, NY this _____ day of _____, 20 _____.

Mutual of America Life Insurance Company

By: _____

Title: Vice President