

**ACTION BY UNANIMOUS CONSENT OF THE BOARD OF DIRECTORS
AMENDMENT OF QUALIFIED RETIREMENT PLAN**

The undersigned, being all the members of the Board of Directors of Tahoe Donner Association ("Employer"), hereby consent to the following resolutions:

WHEREAS, the Employer has maintained the Tahoe Donner Association Salary Savings Plan ("Plan") since 1-1-1991 for the benefit of eligible employees;

WHEREAS, the Employer has decided to amend the above-referenced Plan;

WHEREAS, the Board of Directors has reviewed and evaluated the proposed amendment(s) to the Plan; and

WHEREAS, Section 14.01(b) of the Plan authorizes the Employer to amend the selections under the Adoption Agreement.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors hereby approves the proposed amendment(s) to the Tahoe Donner Association Salary Savings Plan, and authorizes the Employer to adopt the amendment(s), to be effective on the date the amendment is executed by the Employer;

RESOLVED FURTHER that the President of the Employer is authorized to execute the Plan amendment and authorize the performance of any other actions necessary to implement the adoption of the Plan amendment. The President may designate any other authorized person to execute the Plan amendment and perform the necessary actions to adopt the amended Plan. The Employer will maintain a copy of the Plan amendment, as approved by the Board of Directors, in its files; and

RESOLVED FURTHER, if the Plan amendment modified the provisions of the Summary Plan Description, Plan participants will receive a Summary Plan Description incorporating the changes under the Plan amendment.

DIRECTORS:

_____	_____	_____
[Name of Director]	[Signature]	[Date]
_____	_____	_____
[Name of Director]	[Signature]	[Date]
_____	_____	_____
[Name of Director]	[Signature]	[Date]
_____	_____	_____
[Name of Director]	[Signature]	[Date]
_____	_____	_____
[Name of Director]	[Signature]	[Date]

**AMENDMENT NUMBER 8
TAHOE DONNER ASSOCIATION SALARY SAVINGS PLAN**

BY THIS AGREEMENT, Tahoe Donner Association Salary Savings Plan (herein referred to as the "Plan") is hereby amended as follows, effective as of the later of the date the employer executes the Amendment or each respective trustee acceptance document is effective, except as otherwise provided herein:

:

1. Section G. in the Administrative Procedures is amended as follows:

G. **Trustee(s) or Insurer(s).** Information regarding Trustee(s)/Insurer(s) (required for the Summary Plan Description and, if requested, the Trust Agreement)

(NOTE: Select a. if not using provided trust. MUST select b and following questions as applicable):

- a. Do not produce the trust agreement
- b. Complete the following UNLESS not selecting supporting forms:

Trustee/Insurer (select c. OR one or more of d. - e.)

c. **Insurer.** This Plan is funded exclusively with Contracts (select one or more of 1. - 4. skip to q.)

Name of Insurer(s)/Address

- 1. _____
- 2. _____
- 3. Use Employer address/telephone number/email
- 4. Use following address/telephone number/email
 - a. Street: _____
 - b. City: _____
 - c. State: _____
 - d. Zip: _____
 - e. Telephone: _____
 - f. Email: _____

d. Individual Trustee(s)

e. Corporate Trustee

Name of Trust

f. Specify name of Trust (required for FIS trust): Tahoe Donner Association Salary Savings Plan and Trust

Individual Trustees (if d. selected above, complete g. - j.)

Directed/Discretionary Trustees. The individual Trustee(s) executing this Adoption Agreement are (select g. or h.)

g. Select for each individual Trustee (skip to next question)

h. The following selections apply to all individual Trustee(s) (select 1. - 4. as applicable)

- 1. A discretionary Trustee over all plan assets (may not be selected with 2. - 4.)
- 2. A nondiscretionary (directed) Trustee over all plan assets (may not be selected with 1., 3. or 4.)
- 3. The individual Trustee(s) will serve as a discretionary Trustee over the following assets: _____ (may not be selected with 1. or 2.)
- 4. The individual Trustee(s) will serve as a nondiscretionary (directed) Trustee over the following assets: _____ (may not be selected with 1. or 2.)

Individual Trustee(s)

i. Individual Trustee(s) are (select one or more of a. - j.; enter address at j. below)

a. **Name** Annie Rosenfeld

Title/Email:

- 1. Title Trustee
- 2. Email _____ (optional)

Trustee is: (complete if g. selected above; select 3. - 6. as applicable)

- 3. Discretionary Trustee over all plan assets (may not be selected with 4. - 6.)
- 4. A discretionary Trustee over the following plan assets: _____ (may not be selected with 3. or 5.)
- 5. Nondiscretionary Trustee over all plan assets (may not be selected with 3., 4. or 6.)
- 6. A nondiscretionary (directed) Trustee or Custodian over the following plan assets: _____ (may not be selected with 3. or 5.)

b. **Name** Justin Malley

Title/Email:

- 1. Title Trustee
- 2. Email _____ (optional)

Trustee is: (complete if g. selected above; select 3. - 6. as applicable)

3. Discretionary Trustee over all plan assets (may not be selected with 4. - 6.)
4. A discretionary Trustee over the following plan assets: _____ (may not be selected with 3. or 5.)
5. Nondiscretionary Trustee over all plan assets (may not be selected with 3. - 4. or 6.)
6. A nondiscretionary (directed) Trustee or Custodian over the following plan assets: _____ (may not be selected with 3. or 5.)

c. **Name** Jason Hajduk-Dorworth

Title/Email:

1. Title Trustee
2. Email _____ (optional)

Trustee is: (complete if g. selected above; select 3. - 6. as applicable)

3. Discretionary Trustee over all plan assets (may not be selected with 4. - 6.)
4. A discretionary Trustee over the following plan assets: _____ (may not be selected with 3. or 5.)
5. Nondiscretionary Trustee over all plan assets (may not be selected with 3. - 4. or 6.)
6. A nondiscretionary (directed) Trustee or Custodian over the following plan assets: _____ (may not be selected with 3. or 5.)

j. **Individual Trustee Address** (complete if d. selected above)

1. Use Employer address/telephone number/email
2. Use following address/telephone number/email
 - a. Street: _____
 - b. City: _____
 - c. State: _____
 - d. Zip: _____
 - e. Telephone: _____
 - f. Email: _____

Corporate Trustee Name/Type/Address (complete if e. selected above)

k. **Name** _____

Address/telephone number/email

1. Use Employer address/telephone number/email
2. Use following address/telephone number/email
 - a. Street: _____
 - b. City: _____
 - c. State: _____
 - d. Zip: _____
 - e. Telephone: _____
 - f. Email: _____

Directed/Discretionary. The Corporate Trustee is (select 3. - 6. as applicable)

3. A discretionary Trustee over all plan assets (may not be selected with 4. - 6.)
4. A nondiscretionary (directed) Trustee over all plan assets (may not be selected with 3., 5. or 6.)
5. A discretionary Trustee over the following assets: _____ (may not be selected with 3. - 4.)
6. A nondiscretionary (directed) Trustee over the following plan assets _____ (may not be selected with 3. - 4.)

Signee (optional):

7. Name of person signing on behalf of the corporate Trustee _____
8. Email address of person signing on behalf of the corporate Trustee _____

Special Trustee for collection of contributions. The Employer appoints the following Special Trustee with the responsibility to collect delinquent contributions (*optional*)

1. **Name** _____
Title:
1. _____

Address/telephone number/email

- 2. Use Employer address/telephone number/email
- 3. Use following address/telephone number/email
 - a. Street: _____
 - b. City: _____
 - c. State: _____
 - d. Zip: _____
 - e. Telephone: _____
 - f. Email: _____

Custodian(s) Name/Address. The Custodian(s) are *(optional)*

m. **Name(s)** _____

Address/telephone number/email

- 1. Use Employer address/telephone number/email
- 2. Use following address/telephone number/email
 - a. Street: _____
 - b. City: _____
 - c. State: _____
 - d. Zip: _____
 - e. Telephone: _____
 - f. Email: _____

Investment in common, collective or pooled trust funds. The nondiscretionary Trustee, as directed or the discretionary Trustee acting without direction (and in addition to the discretionary Trustee's authority to invest in its own funds), may invest in any of the following trust funds: *(optional)*

n. _____ (Specify the names of one or more trust funds in which the Plan can invest)

Choice of law

- o. This trust will be governed by the laws of the state of:
 - 1. State in which the Employer's principal office is located
 - 2. State in which the corporate trustee or insurer is located
 - 3. Other _____

The Employer executes this Amendment on the date specified below.

Tahoe Donner Association

Date: _____

By: _____
EMPLOYER

[print name/title]

ADOPTING RESOLUTION

The undersigned authorized representative of Tahoe Donner Association (the Employer) hereby certifies that the following resolutions were duly adopted by the Employer on the date specified below, and that such resolutions have not been modified or rescinded as of the signature date below:

RESOLVED, that Amendment Number 8, presented to this meeting is hereby approved and adopted and that an authorized representative of the Employer is hereby authorized and directed to execute and deliver to the Administrator the amendment.

The undersigned further certifies that attached hereto is a true copy of Amendment Number 8 to Tahoe Donner Association Salary Savings Plan approved and adopted in the foregoing resolution.

Date: _____

By: _____

[print name/title]

**AMENDMENT NUMBER 8 TO
TAHOE DONNER ASSOCIATION SALARY SAVINGS PLAN**

**SUMMARY PLAN DESCRIPTION
MATERIAL MODIFICATIONS**

**I
INTRODUCTION**

This is a Summary of Material Modifications regarding the Tahoe Donner Association Salary Savings Plan ("Plan"). Unless stated otherwise, the modifications described in this summary are effective as of January 31, 2025. The actual effective date may vary, based on the execution date of any applicable trustee acceptance or resignation notices. This is merely a summary of the most important changes to the Plan and information contained in the Summary Plan Description ("SPD") previously provided to you. It supplements and amends that SPD so you should retain a copy of this document with your copy of the SPD. If you have any questions, contact the Administrator. If there is any discrepancy between the terms of the Plan, as modified, and this Summary of Material Modifications, the provisions of the Plan will control.

**II
SUMMARY OF CHANGES**

1. Plan Trustee Information

There has been a change to the Plan's Trustees. The names of the Plan's Trustees are:

Annie Rosenfeld, Trustee
Justin Malley, Trustee
Jason Hajduk-Dorworth, Trustee