

10/16/2003

**Alternative Reporting and Disclosure Statement
For Non-Qualified Deferred Compensation Plans**
(Mailed to the DOL within 120 days of the date you adopt your 457(b) plan)

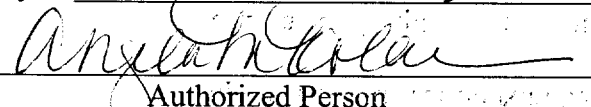
To: US Department of Labor
US Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, NW, Suite N-1513
Washington, DC 20210

2520040764007

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income and Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29CFR Sec.2520.104-23, the following information is provided by the undersigned administrator:

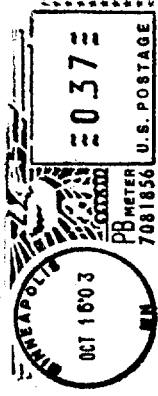
1. The name of the Employer is: National Marrow Donor Program
2. The mailing address of the Employer is: 3001 Broadway Street NE, Suite 500, Minneapolis MN 55413
3. The Employer Identification Number is: 84-0865803
4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of plans and Eligible in each Plan (Non-Qualified Plans):
1 Plan(s) covering 14 Eligible Employees
6. The Employer will provide a copy of the agreements(s) to the office of Pension and Welfare Benefit Program upon request.

Employer: National Marrow Donor Program

By: 
Authorized Person

Dated: 10/16/2003
436772005

National Marrow Donor Program
3001 Broadway St. N.E., Suite 500
Minneapolis, MN 55413-1753



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