



2520080800528

A Donate Life Organization

**Alternative Reporting And Disclosure Statement
For Nonqualified Deferred Compensation Plans**

07/07-0 11:05

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

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

1. The name of the Employer is: Donor Network of Arizona
2. The mailing address of the Employer is: 201 W. Coolidge
Phoenix, AZ 85013
3. The Employer Identification Number is: 86-0707697
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 Employees in each Plan:
One Plan covering 9 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

Donor Network of Arizona
An Arizona Corporation

By: Man L Hanser
Authorized Person

Dated: 5/1/2007



A Donate Life Organization

201 W. Coolidge
Phoenix, Arizona 85013



1201 U.S. POSTAGE P B 3 5 8 2 9 4 6
5165 600-390 MAY 02 2007
4315 MAILED FROM ZIP CODE 85013

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N 1513
U.S. Department of Labor
200 Constitution Ave. N.W.
Washington, DC 20210

