

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR
(A) NONQUALIFIED DEFERRED COMPENSATION PLAN(S)

To: Top Hat Plan Exemption
Employee Benefits Security Administration
Room N-5644
US Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

In accordance with 29 CFR Section 2520.104-23 of the Department of Labor Regulations, which provides an alternative method for complying with the reporting and disclosure requirements of Part 1 of Title I of the Employee Retirement Income Security Act of 1974, you are hereby notified that the Employer identified below maintains the Plan identified below for the purpose of providing deferred compensation for a select group of management or highly compensated employees, and that all benefits provided by this Plan are paid as needed solely from the general assets of that Employer.

Employer's Name: National Kidney Foundation of Michigan, Inc.

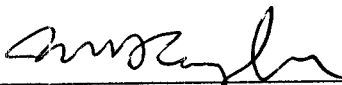
Employer's Address: 1169 Oak Valley Dr.
Ann Arbor, Michigan 48108

Employer's Identification Number: 38-1559941

457(b) Eligible Deferred Compensation plan, which covers three (3) Participants.

Total Number of Plans: One (1)

Plan Administrator of the Plan Specified Above

By: 
M. David Campbell
Chairman, Board of Directors

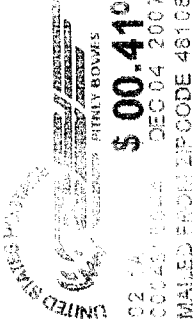
Date: November 15, 2007

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National Kidney Foundation™

of MICHIGAN



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