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TO: Office of Employee Benefits Security
Labor-Management Services Administration
U.S. Department of Labor
Washington, D.C. 20216

FROM: Employer: The Santa Barbara Humane Society
Employer I.D. Number: 95-1643377
Address: 5399 Overpass Road, Santa Barbara, CA 93111

This document constitutes the statement required by 29 C.F.R 2520.104-23(b)(1) to be filed with the Secretary of Labor in respect to Non-Qualified Deferred Compensation Plans maintained by the above employer.

The employer currently maintains one Non-Qualified Deferred Compensation Plan primarily for the purpose of providing deferred compensation for a select group of management or highly-compensated employees.

The number of participants in each plan is as follows:

Plan 1 - One

SIGNED:

Plan Administrator:

Title: President

Employer: Santa Barbara Humane Society

12-19-95