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**ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT FOR
A NONQUALIFIED DEFERRED COMPENSATION PLAN**

To: Top Hat Plan Exemption
Pension and Welfare Benefits 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: Human Services Association

Employer's Address: 6800 Florence Ave.

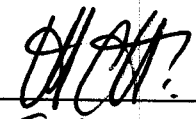
Bell Gardens, CA 90201

Employer Identification Number: 95-1816054.

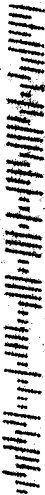
Human Services Association 457 (b) Deferred Compensation Plan which covers 4 (Four) Participants.

Total Number of Plans: 1 (one).

Human Services Association
Plan Administrator of the Plans Specified Above

By: , Board President

Date: 8-1, 20 08.



HUMAN SERVICES ASSOCIATION

6800 Florence Ave.
Bell Gardens, CA 90201-4958
Tel (562)806-5400 Fax (562)806-5394

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