

2520040762869

**Alternative Reporting and Disclosure Statement
For Non-Qualified Deferred Compensation Plans**

12/15/03

To: **US Department of Labor**
Pension and Welfare Benefit Administration
Room N 5638
200 Constitutional Ave. N.W.
Washington, DC 20210

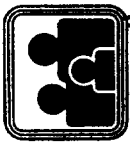
In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income and Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department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

1. The name of the Employer is:
Family Health Centers of San Diego
2. The mailing address of the Employer is:
823 Gateway Center Way, San Diego, CA 92102
3. The Employer Identification Number is: 95 - 2833205
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 51 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: Family Health Centers of San Diego, Inc.

By: Judy San Diego-Javate
Authorized Person

Dated: 12-15-03
436772005



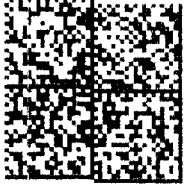
Family Health Centers of
San Diego Foundation
823 Gateway Center Way
San Diego, CA 92102-4541

HR

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