



La Clínica

La Clínica de La Raza
1515 Fruitvale Ave.
Oakland, CA 94601
Tel 510-535-4000
Fax 510-535-4189

San Antonio Neighborhood Health Center
1030 International Blvd.
Oakland, CA 94606
Tel 510-238-5400
Fax 510-238-5437

Clínica Alta Vista
1515 Fruitvale Ave.
Oakland, CA 94601
Tel 510-535-6300
Fax 510-535-4019

Family Optical
3060 B. East 9th St.
(Fruitvale Station Shopping Center)
Oakland, CA 94601
Tel 510-535-4141

La Clínica Pittsburg
335 E. Leland Road
Pittsburg, CA 94565
Tel 925-431-1259
Fax 925-431-1247

La Clínica Vallejo
243 Georgia St., Suite B
Vallejo, CA 94590
Tel 707-556-8100
Fax 707-556-8107

La Clínica Monument
2100 Monument Blvd., Ste. 8
Pleasant Hill, CA 94523
Tel 925-363-2000
Fax 925-363-2006

www.laclinica.org

A member of
Alameda Health Consortium
California Primary Care Association
National Alliance
for Hispanic Health
National Association of Community
Health Centers
National Council of La Raza
United Way

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January 5, 2009

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

To Whom It May Concern:

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. Name of the Employer is: La Clinica de La Raza, Inc.
2. Mailing Address of Employer is: 1515 Fruitvale Ave.
Oakland, CA 94601
3. Employer Identification Number is: 94-1744108
4. The above named Employer maintains a Plan 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 10 Eligible Employees
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

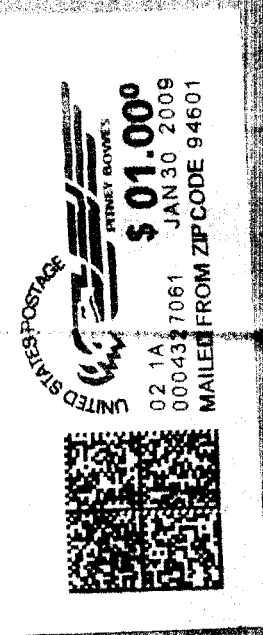
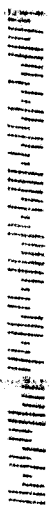
La Clinica de La Raza, Inc.
A California Organization

By: Patricia Rogall
Authorized Person

Dated: 1/5/09

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12/12/08



Mr. [unclear]
400 [unclear] Ave. NW
Washington, DC 20000