



Statement Date: December 1, 2021

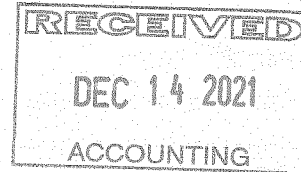


SmartBenefits  
www.federalreservebenefits.org



A003149

LAGUNA HONDA HOSPITAL  
LAGUNA HONDA HOSPITAL AND  
REHABILITATION CENTER  
375 LAGUNA HONDA BLVD.  
SAN FRANCISCO CA 94116



## Thrift Plan - Confirmation of Payment

Location: San Francisco  
Status at Payment: Enrolled Beneficiary  
Payment Type: December Required Minimum Distribution

This statement describes how your **November 30, 2021** distribution from the Thrift Plan was paid and provides you with the information you need to calculate the taxes you may owe. Because the legal and tax rules for a payment can be different for each person based on individual circumstances, please see your attorney or tax advisor.

If your Thrift Plan account contains both Roth 401(k) monies and monies other than Roth 401(k) amounts, you will need to process separate, Roth 401(k) only payments and will receive separate statements describing the distribution of your Roth 401(k) and other non-Roth 401(k) amounts.

### Payment Information

#### Cash Payment

Your total cash payment was calculated as follows:

<b>Gross Cash Payment</b>	<b>\$20,874.15</b>
Less Federal Withholding	0.00 -
Less California Withholding	0.00 -
<b>Net Cash Payment</b>	<b>\$20,874.15</b>

Your check will be mailed separately within 2 business days from the distribution date above. Please allow an additional one to three business days for postal delivery. If you chose direct deposit for your payment, the net cash payment amount should be deposited in your account two to three business days from the distribution date above.



**Tax Information****Gross Distribution**

Your gross distribution for tax return preparation is as follows:

Gross Cash Payment	\$20,874.15
<b>Gross Distribution</b>	<b>\$20,874.15</b>

**Federal Taxable Amount**

Your federal taxable income for your 2021 tax return is as follows:

Gross Distribution	\$20,874.15
Less Nontaxable Amount Received	\$164.70-
<b>Reported Federal Taxable Income</b>	<b>\$20,709.45</b>
Ordinary Income	\$20,709.45

**Remaining Rollover**

As a non-spousal beneficiary of the Plan, any portion of your payment paid directly to you is not eligible for indirect rollover.

**State Taxable Amount**

Your state taxable income for your 2021 tax return is as follows:

California Taxable Income	\$20,709.45
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**Balance Information****Transaction Detail**

Fund	Value	Units	Unit Value
<b>Government Securities</b>	<b>\$20,874.15-</b>	<b>1,135.694429-</b>	<b>18.380076</b>
Deferred Compensation	12,362.95-	672.627806-	
Savings	2,966.80-	161.413949-	
Pre-July 2007 Employer Match	5,544.40-	301.652674-	
<b>Total Payment</b>	<b>\$20,874.15-</b>		

**Closing Balance as of November 30, 2021**

<b>Fund</b>	<b>Value</b>	<b>Units</b>	<b>Unit Value</b>
Government Securities	\$60,913.11	3,314.083971	18.380076
<b>Total Thrift Plan Balance</b>	<b>\$60,913.11</b>		

**Withholding Information**

The taxable portion of your payment that is not eligible for rollover is subject to federal income tax withholding unless you elect not to have withholding apply.

You may elect not to have federal withholding apply to the taxable portion of your payment that is not eligible for rollover, or change your withholding, by calling the Federal Reserve Benefits Center. Your election will remain in effect for any subsequent payments that are part of the same payment stream until you revoke it. You may make and revoke your election not to have withholding apply as often as you wish. Any election or revocation will be effective as soon as administratively possible after your election or revocation is received.

If the payment is a periodic payment, withholding will be taken according to the wage withholding tables as if you were married, claiming three allowances. If the payment is a nonperiodic payment, withholding will be taken at a flat 10% rate.

If you elect not to have withholding apply, or if you do not have enough federal income tax withheld, you may be responsible for the payment of estimated tax. You may incur penalties under the estimated tax rules if your withholding and estimated tax payments are not sufficient.

**Tax Form Timing**

Please retain this statement for your tax records. In early 2022, you'll receive your applicable tax form(s) for this payment.

**For More Information**

**Online**  
SmartBenefits website  
at [www.federalreservebenefits.org](http://www.federalreservebenefits.org)



**Phone**  
Toll free at 877-FRS-CALL (877-377-2255), between 8 a.m. and 6 p.m., Eastern Time, Monday through Friday.  
If you are hearing-impaired, dial 711 for your state's number for TTY/TDD access.



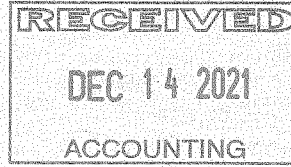


# STATE STREET.

FEDERAL RESERVE BENEFIT CENTER  
ATTN: FRS BENEFITS PROCESSING TEAM  
P. O. BOX 1405  
LINCOLNSHIRE, IL 60069-1405

TO CHANGE YOUR PERSONAL INFORMATION PLEASE  
CALL THE FEDERAL RESERVE BENEFITS CENTER AT  
1-877-377-2255 (8AM - 6PM ET M-F).  
WRITTEN CHANGES WILL NOT BE ACCEPTED.

LAGUNA HONDA HOSPITAL  
375 LAGUNA HONDA BLVD.  
REHABILITATION CENTER  
LAGUNA HONDA HOSPITAL AND  
SAN FRANCISCO CA 94116



ACCOUNT ID FRS -THRF- PLAN NAME THRIFT PLAN FOR EMPLOYEES OF THE FED RESERVE SYS

PAYEE INFORMATION			
PAYMENT DATE	CHECK NO.	PAYEE SOC SEC NO.	PAYEE
Nov 30, 2021	005048254	*****	LAGUNA HONDA HOSPITAL

PAYMENT INFORMATION		TAX REPORTING INFORMATION	
GROSS PAYMENT AMOUNT	20,874.15	TAX YEAR	2021
FEDERAL TAX WITHHELD	6,212.84	EMPLOYER ID NO.	04-3581074
STATE TAX WITHHELD -		DISTRIBUTION AMOUNT	20,874.15
NRA TAX WITHHELD -		FEDERAL TAXABLE AMOUNT	20,709.45
OTHER DEDUCTIONS		STATE TAXABLE AMOUNT	20,709.45
NET PAYMENT AMOUNT	14,661.31	TAXES WITHHELD	6,212.84
		AFTER TAX EE CONTRIBUTIONS	164.70
		CAPITAL GAINS	
		ORDINARY INCOME	20,709.45
		NET APPRECIATION	
		IRS DISTRIBUTION CODE	4
		TYPE OF DISTRIBUTION	

MESSAGE: (PARTICIPANT)

THIS STUB IS THE TAX REPORT PERTAINING TO THE ATTACHED DISTRIBUTION. RETAIN THIS PORTION FOR YOUR INCOME TAX RECORDS. THIS INFORMATION IS BEING REPORTED TO THE INTERNAL REVENUE SERVICE.

DATE Nov 30, 2021 PLAN NAME THRIFT PLAN FOR EMPLOYEES OF THE FED RESERVE SYS CHECK NO. 005048254

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PAY *Fourteen thousand six hundred sixty one and 31/100 Dollars*

TO THE ORDER OF LAGUNA HONDA HOSPITAL  
375 LAGUNA HONDA BLVD.  
REHABILITATION CENTER  
LAGUNA HONDA HOSPITAL AND  
SAN FRANCISCO CA 94116

AMOUNT  
\$14,661.31  
NOT VALID AFTER 180 DAYS  
FRS -THRF-



# STATE STREET.

Payable at: State Street Bank & Trust  
Boston, MA 02101

*Carol A. Johnson*

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