



San Francisco Department of Public Health

Grant Colfax, MD
Director of Health

City and County of San Francisco
London N. Breed
Mayor

To: Honorable Dan Bernal, President, San Francisco Health Commission and the Members of the Health Commission

Through: Grant Colfax, MD, Public Health Director

From: Michael Phillips, Chief Executive Officer
Lily Conover, Chief Financial Officer
Laguna Honda Hospital and Rehabilitation Center

Date: February 10, 2022

Subject: Acceptance of Funds from the Estate of Janet Kramer

The Office of the Public Administrator for the City and County of San Francisco notified Laguna Honda and Rehabilitation Center (Laguna Honda) of the passing of Janet D. Kramer and that Ms. Kramer had named Laguna Honda as the beneficiary to her retirement account with the Federal Reserve Benefits Center. Ms. Kramer's connection to the hospital is unknown. As of February 7th, the value of her retirement plan was eighty-one thousand sixty-five dollars and 86 cents (81,065.86). That amount will continue to fluctuate based on the performance of the investments of the retirement plan. Laguna Honda would deposit the funds upon liquidation into the Laguna Honda Gift Fund.

Laguna Honda requests that the San Francisco Health Commission recommend to the Board of Supervisors acceptance and expenditure the total of Ms. Kramer's retirement plan as a gift to the Laguna Honda Hospital Gift Fund. Expenditure of the proceeds would be consistent with the purpose of the Laguna Honda Gift Fund to provide support to, and enhance the well-being of, the residents of Laguna Honda. Expenditures of the proceeds will also be consistent as provided for through the San Francisco Administrative Code Sections governing the acceptance of gifts to the Department of Public Health, including San Francisco Administrative Code Section 10.100-201.

We are grateful to the memory of Janet D. Kramer, whose generous gift will enable Laguna Honda to further enhance the quality of life and care for our residents.

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London N. Breed
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Department of
PUBLIC HEALTH

[Date]

[Donor Name]

[Address]

To Whom it may Concern,

Thank you for your generous contribution to the San Francisco Department of Public Health (DPH). In order to help DPH comply with the San Francisco Sunshine Ordinance,* we ask that you please complete this form and return it as soon as possible to: Department of Public Health, 101 Grove St #110, San Francisco CA 94102.

Contributor & Contribution Information:

Name: Janet Kramer (deceased)

Phone: 415-751-2482

Money, Goods, or Services (description):

Death benefit payable to Lagunda Honda Hospital

Date: 03/23/2022

Address: 435 Euclid, Apt 24

San Francisco CA 94118

Estimated Value: \$59,619.32 (RMD already paid in 2021
\$20,874.15)

The above address is a: Business X Residence

Financial Interest:

The San Francisco Sunshine Ordinance requires that a department that receives a gift of money, goods, or services worth more than \$100 in the aggregate to report any financial interest that the contributor has involving the City and County of San Francisco (the City). Please check the appropriate box or boxes that describe your financial interest in the City.

Contract with City

(Please describe): _____

Grant from the City

(Please describe):

Lease of Space to or from the City

(Please describe):

City License, Permit, or Entitlement for Use

(Please describe):

Other Financial Interest

(Please describe): _____

Pending Financial Interest

(Please describe): _____

☒ No Financial Interest

*San Francisco Administrative Code Chapter 67 section 67.29-6 (Sources of Outside Funding) provides:

No official or employee or agent of the City shall accept, allow to be collected, or direct or influence the spending of, any money, or any goods or services worth more than one hundred dollars in aggregate, for the purpose of carrying out or assisting any City function unless the amount and source of all such funds is disclosed as a public record and made available on the website for

SFDPH | 101 Grove Street, Room 308, San Francisco, CA 94102



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the department to which the funds are directed. When such funds are provided or managed by an entity, and not an individual, that entity must agree in writing to abide by this ordinance. The disclosure shall include the names of all individuals or organizations contributing such money and a statement as to any financial interest the contributor has involving the City.

Jean Marshall
Signature

03/23/2022
Date



Statement Date: December 1, 2021



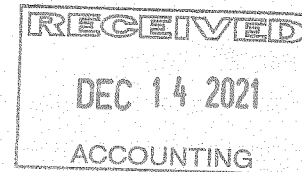
SmartBenefits

www.federalreservebenefits.org



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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:

Gross Cash Payment	\$20,874.15
Less Federal Withholding	0.00 -
Less California Withholding	0.00 -
Net Cash Payment	\$20,874.15

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
Gross Distribution	\$20,874.15

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-
Reported Federal Taxable Income	\$20,709.45
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
Government Securities	\$20,874.15-	1,135.694429-	18.380076
Deferred Compensation	12,362.95-	672.627806-	
Savings	2,966.80-	161.413949-	
Pre-July 2007 Employer Match	5,544.40-	301.652674-	
Total Payment	\$20,874.15-		

Closing Balance as of November 30, 2021

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

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



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.



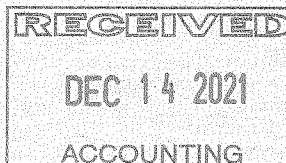


STATE STREET.

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

5-2
110

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

⑈005048254⑈ ⑆011000028⑆ 99060048⑈



Statement Date: March 11, 2022



SmartBenefits

www.federalreservebenefits.org



A000066

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

Janet Kramer

Thrift Plan - Account Statement

Here is a summary of your Thrift Plan account as of **March 10, 2022**.

Personal Information

Birth Date	01-01-1800
Location	San Francisco
Vested Years of Service	0.00000

Your Year-to-Date Employee Contributions

Post-86 Employee After-Tax Contributions	\$0.00
Deferred Before-Tax Contributions	\$0.00
Roth 401(k) After-Tax Contributions	\$0.00

Your Year-to-Date Employer Contributions

Post-June 2007 Employer Contributions	\$0.00
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RCVD Human Resources LHH
2022 APR 6 AM 10:01



Activity From January 1, 2022 through March 10, 2022

	Government Securities	Total
Opening Balance	\$60,785.06	\$60,785.06
Investment Results	-917.05	-917.05
Closing Balance	\$59,868.01	\$59,868.01
Closing Units	3,314.083971	
Unit Value	\$18.064723	

Closing Balance Summary

	Government Securities	Total
Deferred Compensation	\$35,457.51	\$35,457.51
Savings	8,508.91	8,508.91
Employer Match	15,901.59	15,901.59
Total	\$59,868.01	\$59,868.01

Minimum Distribution

Your remaining required minimum distribution is \$11,918.64.

Protect Your Data

Maintaining the security of your account is important. In addition to the strict security measures and procedures we take to limit risk, below are commonsense steps you can follow to protect your account:

- **Keep all contact information (including mobile number) up to date** so that we may contact you quickly if we suspect suspicious activity.
- **Update security software on any device you use to access your account.** Use a private device and a protected wireless connection.
- **Choose a password that you'll only use for this account.** Don't save your logon information on a device.
- **Do not share your account access or logon information** with anyone, including friends and family.
- **Contact us immediately if:**
 - Your account logon information was compromised or your account-related information was affected by identity theft (for example, if someone's using your credentials to impersonate you).
 - You receive any communications about suspicious account activity.

For More Information



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RCVD Human Resources LHH
2022 APR 6 AM 10:00

