

IRA Qualified Charitable Distribution

If you are over the age of 70 1/2 you may now transfer up to \$100,000 from your IRA to the Orange Catholic Foundation. Qualified gifts from your IRA that meet the requirements below are not reportable as taxable income .

The IRA Qualified Charitable Distribution allows you to make a direct distribution from your IRA account to the Orange Catholic Foundation to benefit your favorite ministries including your parish, schools, and the Orange Catholic Foundation funds. The following conditions apply: (1) you must be age 70 1/2 or older at the time your distribution is made, and (2) there is a limit of \$100,000 per individual per year.

The transfer of funds must be made directly by your IRA plan administrator to the Orange Catholic Foundation.

Who?	Donors who are at least 70 1/2 years of age or older at the time of distribution and have an IRA.					
What?	An individual owner of an IRA may instruct their IRA manager to distribute any amount up to \$100,000 directly to the Orange Catholic Foundation for the benefit of your parish, school or the Foundation without the distribution being included as taxable income.					
How?	Contact your IRA custodian or representative ASAP to arrange for the proper transfer of funds from your IRA directly to the Orange Catholic Foundation. Please use the attached form to request the transfer.					

The check issued from your IRA must be made payable to the Orange Catholic Foundation.

The transfer of your IRA distribution must be made directly by your plan administrator to The Orange Catholic Foundation by December 31 to qualify for that tax year.

For further information, please contact the Orange Catholic Foundation at 714.282.3021 or <u>info@OrangeCatholicFoundation.org</u> or visit www.OrangeCatholicFoundation.org

> Mailing Address: Orange Catholic Foundation PO BOX #3860 | Seal Beach, CA 90740 Our office is temporarily closed due to COVID-19. Please send mail to address above until further notice.

This information is intended to be general in nature. Please consult with your own personal tax advisor for professional advice and further details.



QUALIFIED CHARITABLE DISTRIBUTION INSTRUCTIONS TO PLAN ADMINISTRATOR

TO:	Your IRA Plan Administrator						
FROM:	Plan Owner:						
ADDRESS:							
EMAIL:	PHONE:						
ACCOUNT #:	DATE:						
RE:	Request for Charitable Distribution from Individual Retirement Account						
	of IRA account [] that is in the custody of your organization, I request that you hat account the sum of [] that is in the custody of your organization, I request that you hat account the sum of [] that is in the custody of your organization, I request that you have a second seco	u					
Please issue a	check in the amount of \$ payable to:						
<u>Oran</u> g	e Catholic Foundation, Tax ID #33-0934571						
For th	e benefit of:(specify parish, school, or campaign)	ol, or campaign)					
Mail c	neck to: Orange Catholic Foundation PO BOX #3860 Seal Beach, CA 90740 Our office is temporarily closed due to COVID-19. Please send mail to address <u>above</u> until further notice.						

Please accept this form as my request to make a direct charitable distribution from my IRA. In your transmittal to the charity, please memorialize my name and address as the donor of record in connection with the transfer. Please copy me on your transmittal.

If you have any questions or need to contact me, I can be reached at the information listed above.

Thank you for your assistance in this matter.

Sincerely,

Signature



Orange Catholic Foundation Gift Form

I/We wish to support the mission of the Orange Catholic Foundation:

Donor Inf	ormation									
	Mr.	Mrs.	Ms.	Dr.	Other					
First Name(s	5)		M.I.	Last N	Vame(s)					
Street Addre	ess									
City				State		Zip				
Home Phone	e]	Business Phone						
FAX			E	Email						
Your Gift	t									
IMPORTANT: Please contact our office prior to sending cash or securities. To give securities, please visit our website at <u>j wr ⊲lqtcpi gecy qrlehqwpf cvlqpQti lj qy /vq/i kxg</u> land obtain the Stock Donation Form. I/We would like to make a one-time gift of \$										
I/We	would like	to pledge a total o	f \$	to be paid as fol						
\$		now_and \$			Semi-annually	Quarterly	Monthly			
Enclosed is my check payable to Orange Catholic Foundation in the amount of \$										
Please charge my credit card in the amount of \$										
Card #						Exp Date				
I authorize tl	he above tra	nsaction:								
			Signa	ture		Date				
Designat	ion									
To:	OCF Unr	estricted Fund to b	be used w	where need is gr	eatest					
	My/Our l	Donor Advised Fu	nd	Fund Name:						
	Parish or	School Endowme	nt Fund	Fund Name:						
	School T	uition Assistance	Fund		Seminarian Ed	lucation Fund				
	Retired P	riest Fund			Parishes in Ne	ed Fund				
	Other, ple	ease describe								
For mor	e information			c Foundation at TatholicFoundati		021 or Fax: 657.206	.4453			

Orange Catholic Foundation 13280 Chapman Avenue, Garden Grove, CA 92840