

**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2007, or fiscal year beginning 7/01, 2007, and ending 6/30, 2008.

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.  
▶ See instructions.

**2007**

Return ID (20-digit number) ▶ **95734020081180500054**

Name of exempt organization **California State University,  
Channel Islands Foundation**

Employer identification number  
**77-0433230**

Name and title of officer

**Joanne Coville**

**Board Member**

**Part I Tax Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here.....	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12).....	1b	<u>3,750,048.</u>
2a Form 990-EZ check here.....	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9).....	2b	
3a Form 1120-POL check here.....	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22).....	3b	
4a Form 990-PF check here.....	▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5).....	4b	
5a Form 8868 check here.....	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c).....	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize Vasin, Heyn & Company to enter my PIN 64439 as my signature  
ERO firm name do not enter all zeros

on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2007 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

*Joanne Coville*

Date ▶

April 28, 2009

**Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN ..... 95734005267  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2007 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers.

ERO's signature ▶

*[Signature]*

Date ▶

April 28, 2009

**ERO Must Retain This Form — See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

# Return of Organization Exempt From Income Tax

# 2007

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)**

Department of the Treasury  
Internal Revenue Service??

The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the **2007** calendar year, or tax year beginning **7/01** **2007**, and ending **6/30**, **2008**

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

**C** Please use IRS label or print or type. See specific instructions.

**California State University,  
Channel Islands Foundation  
One University Drive  
Camarillo, CA 93012**

**D** Employer Identification Number  
**77-0433230**

**E** Telephone number  
**(805) 437-8400**

**F** Accounting method:  Accrual

*H and I are not applicable to section 527 organizations.*

**H(a)** Is this a group return for affiliates? . . .  **No**

**H(b)** If Yes, enter number of affiliates.

**H(c)** Are all affiliates included?  
(If 'No,' attach a list. See instructions.)

**H(d)** Is this a separate return filed by an organization covered by a group ruling?  **No**

**I** Group Exemption Number...

**M** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**G** Web site: **N/A**

**J** Organization type (check only one). **501(c)**

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **3,750,048.**

### Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions.)

<b>1</b> Contributions, gifts, grants, and similar amounts received:				
<b>a</b> Contributions to donor advised funds	<b>1a</b>	2,419,015.		
<b>b</b> Direct public support (not included on line 1a)	<b>1b</b>	624,631.1		
<b>c</b> Indirect public support (not included on line 1a)	<b>1c</b>			
<b>d</b> Government contributions (grants) (not included on line 1a)				
<b>e</b> Total (add lines 1a through 1d) (cash 2,681,453 noncash 362,193)			<b>1e</b>	3,043,646.
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	40,653
<b>3</b> Membership dues and assessments			<b>3</b>	
<b>4</b> Interest on savings and temporary cash investments			<b>4</b>	512,701
<b>5</b> Dividends and interest from securities			<b>5</b>	
<b>6a</b> Gross rents	<b>6a</b>			
<b>b</b> Less: rental expenses				
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a			<b>6c</b>	
<b>7</b> Other investment income (describe)			<b>7</b>	
<b>8a</b> Gross amount from sales of assets other than inventory.				
<b>b</b> Less: cost or other basis and sales expenses				
<b>c</b> Gain or (loss) (attach schedule)				
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B)				
<b>9</b> Special events and activities (attach schedule). If any amount is from <b>gaming</b> , check here				
<b>a</b> Gross revenue (not including reported on line 1 b)				
<b>b</b> Less: direct expenses other than fundraising expenses				
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a				
<b>10a</b> Gross sales of inventory, less returns and allowances				
<b>b</b> Less: cost of goods sold				
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a				
<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>	153,048
<b>12</b> <b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11			<b>12</b>	3,750,048
<b>13</b> Program services (from line 44, column (B))			<b>13</b>	2,863,131
<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	774,522
<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	56,483
<b>16</b> Payments to affiliates (attach schedule)				
<b>17</b> <b>Total expenses.</b> Add lines 16 and 44, column (A)			<b>17</b>	3,694,136
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12			<b>18</b>	55,912
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	16,414,683
<b>20</b> Other changes in net assets or fund balances (attach explanation).				
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20			<b>21</b>	16,470,595

**BAA** For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.