

**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

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

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service(77)

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: Cash Accrual
 Other (specify) _____

H and **I** are not applicable to section 527 organizations.
H (a) Is this a group return for affiliates? . . . Yes No
H (b) If 'Yes,' enter number of affiliates . . . Yes No
H (c) Are all affiliates included? Yes No
 (If 'No,' attach a list. See instructions.)
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site: **N/A**

J Organization type (check only one) 501(c) **3** (insert no.) 4947(a)(1) or 527

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.**

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

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

1 Contributions, gifts, grants, and similar amounts received:				
a Contributions to donor advised funds		1a	2,419,015.	
b Direct public support (not included on line 1a)		1b	624,631.	
c Indirect public support (not included on line 1a)		1c		
d Government contributions (grants) (not included on line 1a)		1d		
e Total (add lines 1a through 1d) (cash \$ 2,681,453. noncash \$ 362,193.)		1e		3,043,646.
2 Program service revenue including government fees and contracts (from Part VII, line 93)		2		40,653.
3 Membership dues and assessments		3		
4 Interest on savings and temporary cash investments		4		512,701.
5 Dividends and interest from securities		5		
6a Gross rents		6a		
b Less: rental expenses		6b		
c Net rental income or (loss). Subtract line 6b from line 6a		6c		
7 Other investment income (describe)		7		
8a Gross amount from sales of assets other than inventory		(A) Securities	(B) Other	
b Less: cost or other basis and sales expenses		8a	8b	
c Gain or (loss) (attach schedule)		8c		
d Net gain or (loss). Combine line 8c, columns (A) and (B)		8d		
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1b)		9a		
b Less: direct expenses other than fundraising expenses		9b		
c Net income or (loss) from special events. Subtract line 9b from line 9a		9c		
10a Gross sales of inventory, less returns and allowances		10a		
b Less: cost of goods sold		10b		
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a		10c		
11 Other revenue (from Part VII, line 103)		11		153,048.
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11		12		3,750,048.
13 Program services (from line 44, column (B))		13		2,863,131.
14 Management and general (from line 44, column (C))		14		774,522.
15 Fundraising (from line 44, column (D))		15		56,483.
16 Payments to affiliates (attach schedule)		16		
17 Total expenses. Add lines 16 and 44, column (A)		17		3,694,136.
18 Excess or (deficit) for the year. Subtract line 17 from line 12		18		55,912.
19 Net assets or fund balances at beginning of year (from line 73, column (A))		19		16,414,683.
20 Other changes in net assets or fund balances (attach explanation)		20		
21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20		21		16,470,595.