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SCANNED AUG 0 4 2010

Department of the Treasury Internal Revenue Service

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) Open to Public Inspection ▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A F	or the	$=$ 2008 calendar year, or tax year beginning $SEP \ 1$, 2008 and ending	AUG 31, 2009			
В	heck if	Please C Name of organization	D Employer identifi	cation number		
а	pplicable	suse IPS STANFORD BUSINESS SCHOOL ALUMNI				
	Addre	ss label or print or ASSOCIATION				
	Name	type	94-6	104126		
]Initial	See Number and street (or P 0 box if mail is not delivered to street address) Room/su				
늗	_iretum ∏Termir	I Canada I		(650) 723-9735		
	⊣ation ∣Amend	ded tions Construction and ZID 1.4		G Gross receipts 1,981,039.		
늗	∟return ∏Apptic		H(a) Is this a group re			
_	∟ltión pendir		for affiliates?	Yes X No		
		STANFORD UNIVERSITY, STANFORD, CA 94305	H(b) Are all affiliates inc			
				list. (see instructions)		
		empt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527 te: ► WWW.GSB.STANFORD.EDU/ALUMNI				
			H(c) Group exemption	A State of legal domicite CA		
			ear of formation 1900; N	N State of legal domicile CA		
	ert I	Summary	TON OF THE CT	ANEODD		
9	1	Briefly describe the organization's mission or most significant activities: THE MISS	TON OF THE ST	F THE		
Activities & Governance	l	BUSINESS SCHOOL ALUMNI ASSOCIATION IS TO MEE				
Je T	l	Check this box I if the organization discontinued its operations or disposed of m		s. 16		
õ	1	Number of voting members of the governing body (Part VI, line 1a)	3	16		
∞	l	Number of independent voting members of the governing body (Part VI, line 1b)	4	10		
ies	1	Total number of employees (Part V, line 2a)	5	0		
Ξį	l	Total number of volunteers (estimate if necessary)	6	0.		
Ą		Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.		
_	b	Net unrelated business taxable income from Form 990-T, line 34	7b			
			Prior Year	Current Year		
9		Contributions and grants (Part VIII, line 1h)	740,115.	301,690.		
ē		Program service revenue (Part VIII, line 2g)	1,054,555.	526,270.		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	305,787.	-448,881.		
•	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0 100 455	795.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,100,457.	379,874.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	692,800.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)				
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)				
Š	ь	Total fundraising expenses (Part IX, column (D), line 25)				
Ü] 17	Other expenses (Part IX, column (A), lines 1 a-11d, 11f-24f)	1,275,585.	1,437,035.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, colon (4), line 25)	1,968,385.			
	19	Revenue less expenses. Subtract line 18 from line 12	132,072.	-1,057,161.		
200		Total assets (Part X, line 16)	Beginning of Year	End of Year		
Set	20	Total assets (Part X, line 16)	5,724,277.	4,292,302.		
t As	21	Total liabilities (Part X, line 26)	332,074.			
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line-24 from line 20-Al UT	5,392,203.	4,292,302.		
P	art II	Signature Block				
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	nts, and to the best of my knowled idge	ge and belief, it is true, correct,		
		Welma Paralda	$\bowtie e 1$	Plin		
Sig	n	My reynolas	2010	2/10		
He	re	Signature of officer	Date P			
		LYNNE REYNOLDS, EXECUTIVE DIRECTOR	<u>, , , , , , , , , , , , , , , , , , , </u>			
		Type or print name and title	Charlest Course			
Pai	đ	Preparer's Date	self- (see in	rer's identifying number istructions)		
_	parer's	signature Panh Sulas GP4110	employed			
	Only	voice if BROWN ADAMS LLP	EIN ►			
U86	July	self-employed), 2600 EL CAMINO REAL, SUITE 600		CEAL DES 1655		
		ZIP+4 PALO ALTO, CA 94306	Phone no 🕨 (<u>650) 857–1655</u>		
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)		Yes No		

ASSOCIATION 94-6104126 Page 2 Form 990 (2008) Part III Statement of Program Service Accomplishments (see instructions) Briefly describe the organization's mission: THE MISSION OF THE STANFORD BUSINESS SCHOOL ALUMNI ASSOCIATION IS TO MEET THE NEEDS OF THE GRADUATE SCHOOL OF BUSINESS AND GRADUATE SCHOOL OF ALUMNI BY FOSTERING STRONG AFFILIATION THROUGH PROGRAMS AND SERVICES. Did the organization undertake any significant program services during the year which were not listed on Yes X No the prior Form 990 or 990-EZ? If "Yes", describe these new services on Schedule O. Yes X No. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes", describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 186, 115. including grants of \$ 62,554.)) (Expenses \$) (Revenue \$ (Code: CHAPTER PROGRAMS - THE SBSAA CHAPTERS UNITE ALUMNI REGIONALLY AND BY SPECIAL INTERESTS WORLDWIDE. ORGANIZED AND RUN BY GSB ALUMNI, CHAPTER EVENTS BRING ALUMNI TOGETHER FOR SOCIAL INTERACTION, PROFESSIONAL DEVELOPMENT, AND CONTINUING EDUCATION. 405,741.) 965,554. including grants of \$ 4h (Code:) (Revenue \$) (Expenses \$ ALUMNI EVENTS - EACH YEAR THE GSB AND SBSAA SPONSOR EVENTS TO HONOR THE ACHIEVEMENTS OF ALUMNUS/A WHO HAVE MADE SIGNIFICANT CONTRIBUTIONS TO THE SCHOOL, THE CORPORATE WORLD, AND THEIR COMMUNITY. 207,283. Including grants of \$) (Expenses \$) (Revenue \$ (Code: OTHER SERVICE ACTIVITIES - SBSAA PROVIDES CAREER SEARCH SUPPORT FOR STUDENTS AND ALUMNI, ACCESS TO LIBRARY RESEARCH DATABASES, ONLINE PROFESSIONAL NETWORKING, AND OTHER VARIOUS CONTINUING EDUCATION PROGRAMS. 4d Other program services. (Describe in Schedule O.) including grants of \$) (Revenue \$ (Expenses \$ 1,358,952. (Must equal Part IX, Line 25, column (B). 4e Total program service expenses ►\$

Form **990** (2008)

Part IV Checklist of Required Schedules

		_	\ <u></u>	
	1. II		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		X	
_	If "Yes," complete Schedule A	2	Λ_	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		х
	public office? If "Yes," complete Schedule C, Part I	<u>3</u>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	5		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	•		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	·		
0	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
Ŭ	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25?			
• •	If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was			
	prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Х
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity			
	located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18_		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23 24-	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	 	
4 48	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K.			
	If "No", go to question 25	24a		х
.	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		_
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240	_	
G	any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
ь	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a			
_	prior year? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial			
	contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	L	X
		Form	990	(2008)

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Part IV Checklist of Required Schedules (continued) No Yes During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other X 28a person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV b Have a family member who had a direct or indirect business relationship with the organization? X 28b If "Yes," complete Schedule L, Part IV c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional X corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 31 If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete X 32 Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? 34 Х If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? X If "Yes," complete Schedule R, Part V, line 2 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X 36 If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Form	990 (2008) ASSOCIATION 94-61	104126	_ P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	0		
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	_	X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:	_		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	ן נ		ĺ
	Tax Shelter Transaction?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6Ь		ļ
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	!		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	<u>9a</u>		-
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: N/A			
a	Initiation fees and capital contributions included on Part VIII, line 12			
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter: N/A			
a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
4.5	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
<u> </u>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b	I	ببسبيا	11

Form 990 (2008)

ASSOCIATION

94-6104126

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Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sec	tion A. Governing Body and Management			
			Yes	No_
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,			
	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body 1a 16			
b	Enter the number of voting members that are independent 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			v
	of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_5_		X
6	Does the organization have members or stockholders?	6		<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the	_		v
	governing body?	7a		<u>X</u>
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:	0-	Х	
	The governing body?	8a	X	
	Each committee with authority to act on behalf of the governing body?	8b	X	
	Does the organization have local chapters, branches, or affiliates?	9a		
þ	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,	0.	х	
	and branches to ensure their operations are consistent with those of the organization?	9b	Λ	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must	10	Х	
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Α	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	11		Х
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			
<u> </u>	tion B. Policies		Yes	No
100	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	103	X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	120		
U	to conflicts?	12b		
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	In Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶CA	_		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and	nd fina	incial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕨		
	LYNNE REYNOLDS - (650) 723-9735			
	STANFORD UNIVERSITY, STANFORD, CA 94305			

Form 990 (2008)

ASSOCIATION

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average			Posi			. h. A	Reportable	Reportable compensation	Estimated amount of
	hours per week	H		c all t	ınaı			compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2 1033 141100)		and related organizations
TOM SHANNON										
PRESIDENT	1.00	X		X				0.	0.	0.
DONALD FRANCIS CASS										
VICE PRESIDENT	1.00	Х		X		ļ		0.	0.	0.
PETER MONDAVI							1		_	
VICE PRESIDENT/TREASURER	1.00	X	ļ	X		ļ		0.	0.	0.
DUANE WADSWORTH					ŀ		l			•
MEMBER	1.00	Х	<u> </u>	ļ	<u> </u>	ļ	ļ	0.	0.	0.
MANUEL EBNER									_	•
MEMBER	1.00	X	<u> </u>	ļ	ļ	<u> </u>	ļ	0.	0.	0.
LARRY FRYE	1 00	١,,			ļ				^	0
MEMBER	1.00	X	<u> </u>	ļ		├		0.	0.	
LIBBY HLAVKA	1 00	٠,							0.	0.
MEMBER	1.00	X	-	├	⊢	├	⊢	0.	<u> </u>	
JANET KAVINOKY	1.00	l.						0.	0.	0.
MEMBER CHARLIE SWEAT	1.00	┢≏	├╌	┢	┢	 	-	0.	<u> </u>	
MEMBER	1.00	V.					-	0.	0.	0.
HANS VAULE	1.00	<u> </u>	H			<u> </u>		†		
MEMBER	1.00	x						0.	0.	0.
STEVE BRANDT		 	\vdash		 	 				
MEMBER	1.00	X						0.	0.	0.
DAVE DODSON		Ī								
MEMBER	1.00	X						_ 0.	0.	0.
EDUARDO MELLADO										
MEMBER	1.00	X						0.	0.	0.
LAURA SANCHEZ										
MEMBER	1.00	X		_		<u> </u>	<u> </u>	0.	0.	0.
KATHY LIPSCOMB STRAHS							}	_	_	
MEMBER	1.00	X	<u> </u>	1_	<u> </u>	1_	₋	0.	0.	0.
ROY VELLA					1					_
MEMBER	1.00	X	 	↓_	<u> </u>	_	↓_	0.	0.	0.
LYNNE REYNOLDS	40.00				١.,				120 600	0.
EXECUTIVE DIRECTOR	40.00		1	<u> </u>	X	1	<u> </u>	0.	138,600.	Form 990 (2008)

	1990 (2008) STANFORI ASSOCIAT	rion								94-61	0412	6	Pag	e 8
Par	** VII Section A. Officers, Directors, T (A) Name and title	rustees, Key E (B) Average hours			() Pos	C) Ition			(D) Reportable compensation	(E) Reportable compensation		(F Estima amou	ated nt of	
		per week	Individual trustee or director	Institutional trustee	Officer	Кеу етр!оуве	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MIS	C) (oth ompen from organiz and re organiz	isatio the zatioi lateo	n j
					-									
			-											_
											-			
1b 2	Total Total number of individuals (including the compensation from the organization	ose in 1a) who re	eceiv	ed r	nore	tha	▶ ın \$1	00,	0 . 000 in reportable	138,60	0.			0 .
3	Did the organization list any former office line 1a? If "Yes," complete Schedule J for			e, ke	y en	nplo	yee,	or	highest compensated e	mployee on		Ye 3	+	No X
4 5	For any individual listed on line 1a, is the and related organizations greater than \$1 Did any person listed on line 1a receive of	150,000? <i>If</i> "Yes	s," co	ompl	lete :	Sch	edul	e J	for such individual		_	•		<u>X</u>
Sec 1	the organization? If "Yes," complete Schootion B. Independent Contractors Complete this table for your five highest				ent o	cont	racto	ors	that received more than	\$100,000 of com		on fron		<u>X</u>
	the organization. NONE (A) Name and busine	ss address							(B) Description of	services	Com	(C) pensa	ition	
			_											
-												_		
2	Total number of independent contractors from the organization	s (including thos	se in	1) w	ho r	ecei	ved	mo	re than \$100,000 in con	npensation				

ASSOCIATION

Pa	t VII	Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a b c d e f	Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo	1c 1d 1e 1s, and 1f 1f 1f 1f 1f 1f 1f 1	01,690.				
<u>8</u> 0	h	Total. Add lines 1a-1f		•	301,690.			, , , , , , , , , , , , , , , , , , ,
Program Service Revenue	2 a b c d	NEW YORK TEADER	3	Business Code 900099 900099 900099 561300 519100	304,801. 74,240. 62,554. 31,650. 26,325.	304,801. 74,240. 62,554. 31,650. 26,325.		
ج ا	f	All other program service reve	enue	900099	26,700.	26,700.		
\Box	9	Total. Add lines 2a-2f		<u> </u>	526,270.			
	3 4 5	Investment income (including other similar amounts) Income from investment of ta Royalties		>	89,080.			89,080.
	6 a b	Gross Rents	(i) Real	(ii) Personal				
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 1063204. 1601165. -537961.	(II) Other				
		: Gain or (loss) I Net gain or (loss)	-33/301.		-537.961.	-537,961.		
Other Revenue	8 a	Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of e 1c). See a		33.7732.			
ธี		 Less: direct expenses Net income or (loss) from fundament 	b draieina evente			İ		
	9 a	Gross income from gaming at Part IV, line 19	ctivities. See					-
		Less: direct expensesNet income or (loss) from gan	b ning activities					
	ь	Gross sales of inventory, less and allowances Less: cost of goods sold	a b					
1		 Net income or (loss) from sale Miscellaneous Revent 		Business Code				
	11 a	MISC INCOME		900099	795.	795.		
	C .							
	·	I All other revenue Total. Add lines 11a-11d			795.	 		
	12	Total Revenue. Add lines 1h, 2g, 3,	4. 5. 6d 7d 8c 9c 10		379,874.	-10,896.	0.	89,080.
83200 02-02		. 3.2	, 0, 00, 70, 00, 50, 11	oo, and 110	<u>,</u>			Form 990 (2008)

ASSOCIATION

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must compl			(C)	
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				····
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				<u> </u>
ь	Legal				
c	Accounting	38,524.		38,524.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				· ·
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	ALUMNI EVENTS	965,554.	965,554.		
b	OTHER SERVICE ACTIVITIE	207,283.	207,283.		
c	CHAPTER PROGRAMS	186,115.	186,115.		
d	ADVISOR MGNT FEE	17,809.	,	17,809.	
e	BANK CHARGES	15,793.		15,793.	
f	All other expenses	5,957.		5,957.	
25	Total functional expenses. Add lines 1 through 24f	1,437,035.	1,358,952.		0
26	Jaint Costs. Check here ▶ ☐ If following	<u> </u>		•	
	SOP 98-2 Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	Tatalana varipagn and landraiding delicitation			· · · · · · · · · · · · · · · · · · ·	Form 990 (2008

·	TUTAL	OILD	DOGINEGO	PCHOOL	ALI OI
A	SSOC	TAT	ON		

			(A) Beginning of year		(B) End of year
			255,013.		217,301.
	1	Cash · non-interest-bearing	1,169,285.	1	465,370.
	2	Savings and temporary cash investments		2	403,370.
	3	Pledges and grants receivable, net	18,000.	3	3,018.
	4	Accounts receivable, net	2,708.	4	3,010.
	5	Receivables from current and former officers, directors, trustees, key		_	
	_	employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
`	9	Prepaid expenses and deferred charges	***************************************	9	
		Land, buildings, and equipment: cost basis 10a 6,020	•		
	b	Less: accumulated depreciation. Complete			0
		Part VI of Schedule D 10b 6,020		10c	3,606,613.
	11	Investments - publicly traded securities	4,279,271.	11	3,000,013.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	E 704 077	15	4 202 202
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,724,277.	16	4,292,302.
	17	Accounts payable and accrued expenses	2,074.	17_	
	18	Grants payable	330,000.	18	<u> </u>
	19	Deferred revenue	-	19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow account liability. Complete Part IV of Schedule D		21	<u> </u>
ij	22	Payables to current and former officers, directors, trustees, key employees,			
Liabilities		highest compensated employees, and disqualified persons. Complete Part II			
		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	222 074	25	0.
	26	Total liabilities. Add lines 17 through 25	332,074.	26	
		Organizations that follow SFAS 117, check here X and complete			
Ses		lines 27 through 29, and lines 33 and 34.	E 202 202		4 202 202
au	27	Unrestricted net assets	5,392,203.		4,292,302.
Ba	28	Temporarily restricted net assets		28	
Net Assets or Fund Baland	29	Permanently restricted net assets		29	
互		Organizations that do not follow SFAS 117, check here			
S		complete lines 30 through 34.		20	{
set	30	Capital stock or trust principal, or current funds		30	<u></u>
As	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
Ş	32	Retained earnings, endowment, accumulated income, or other funds	5,392,203.	33	4,292,302.
_	33	Total net assets or fund balances	5,724,277.	34	4,292,302.
Dat	rt XI	Total liabilities and net assets/fund balances Financial Statements and Reporting	3/12-1/2/1/6		1/232/0021
1 1	I A	Financial Statements and Reporting			Yes No
4	A	ounting method used to prepare the Form 990: Cash X Accrual	Other		
1 2a		ounting method used to prepare the Form 990: L Cash LX_I Accrual Let the organization's financial statements compiled or reviewed by an independe			2a X
		e the organization's financial statements compiled or reviewed by an independent accountant			2b X
		es" to lines 2a or 2b, does the organization have a committee that assumes resp		e audi	
Ü		w, or compilation of its financial statements and selection of an independent ac			" 2c
32					
		result of a federal award, was the organization required to undergo an audit or and OMB Circular A-133?			3a X
ь		es," did the organization undergo the required audit or audits?	•		3ь
	1 12-18				Form 990 (2008)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

STANFORD BUSINESS SCHOOL ALUMNI ASSOCIATION

Employer identification number 94-6104126

Schedule A (Form 990 or 990-EZ) 2008

Part I	Reason	for Public Chari	ity Status (All organiz	zations mu:	st complet	e this part	.) (see ins	ructions)				
The orga	nization is not a	private foundation l	because it is: (Please ch	neck only o	ne organiz	ation.)						
1	A church, co	nvention of churches	s, or association of chur	ches desci	nbed in se	ction 170	(b)(1)(A)(i)	•				
2	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E.)								
з 🗀	A hospital or	a cooperative hospit	tal service organization	described	n section	170(b)(1)(A)(iii). (Att	ach Sche	dule H.)			
4 🗀	A medical res	search organization of	operated in conjunction	with a hos	pıtal descr	ibed in se	ction 170	(b)(1)(A)(iii	i). Enter t	he hospital's name,		
	city, and stat								_			
5 🗀	An organizati	on operated for the	benefit of a college or u	niversity ov	vned or op	erated by	a governr	nental unit	describ	ed in		
	-	(b)(1)(A)(iv). (Comple		·		·						
6	7		ent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).					
7 =	•	•						r from the	general i	public described in		
	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)											
8	1		ection 170(b)(1)(A)(vi).	(Complete	Part II.)							
9			eives: (1) more than 33			om contri	butions, m	embershi	o fees, ar	nd aross receipts from		
•	_		nctions - subject to certa									
			axable income (less sec									
		509(a)(2). (Complete	*	11011 011 14	,	J100000 C	.04000.0	, and orga				
10	-		perated exclusively to te	est for publi	ic safety. S	see sectio	n 509(a)(4	l), (see ins	tructions)		
11 X			perated exclusively for the									
11 [22												
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
	a Type			с 🗓 Тур			egrated		d -	Type III · Other		
e 🗀			it the organization is not			-	-	more disc	nualified	• •		
•			han one or more publicl									
f			ten determination from						(-)(-)			
•	-	rganization, check th			20 10 to 10 y	po 1, 1, po	, , , , .					
•	,, ,	-	organization accepted a	ny aift ar ci	ontribution	from any	of the follo	owina pers	sons?			
9			rectly controls, either a							Yes No		
			upported organization?							11g(i) X		
	•	• •	n described in (i) above?	7						11g(ii) X		
		•	person described in (i)		e?					11g(iii) X		
h			about the organizations			ports.				<u> </u>		
••	r rovide the r	Ollowing information	about the organization	o tino organi		эролго.						
		(II) E111	(iii) Type of	(iv) is the (organization	(v) Did voi	notify the	(vi) is	the	(vii) Amount of		
	ne of supported	(II) EIN	organization		sted in your			i organizatio	on in col l	support		
OI	ganization		(described on lines 1-9 above or IRC section	governing	document?	(i) of your	support?	(I) organiz U S	.? " " "	Juppon		
			(see instructions))	Yes	No	Yes	No	Yes	No			
STAN	FORD											
UNTV	ERSITY G	94-1156365	2	х			Х	х		0.		
								1				
					†							
						<u> </u>						

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Sch	edule A (Form 990 or 990-EZ) 2008			· 			Page 2			
Pa	rt II Support Schedule for	_)(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	ri)			
_	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I.)							
	ction A. Public Support				1	T				
	endar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not			1		ļ				
_	include any "unusual grants.")			 						
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
_	or expended on its behalf			,	 					
3	The value of services or facilities furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 - 3									
5	The portion of total contributions									
3	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public Support. Subtract line 5 from line 4									
	ction B. Total Support									
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total			
7	Amounts from line 4					_				
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties									
	and income from similar sources									
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on				-		·			
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part IV.)			1						
	Total support. Add lines 7 through 10 Gross receipts from related activities	etc (see instructi	one)	J		12				
	First five years. If the Form 990 is fo			rd fourth or fifth	tax vear as a section					
	organization, check this box and sto	•	5 m5t, 5555mg, tm	.0, 100,111, 01 11.11	tat your as a sosti	S (=)(=)	▶□			
Se	ction C. Computation of Publ		rcentage							
	Public support percentage for 2008 (· -	column (f))		14	%			
15			=			15	%			
16a	33 1/3% support test - 2008. If the	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or i	more, check this bo	x and			
	stop here. The organization qualifies	as a publicly supp	orted organizatio	n	•		▶∟_			
t	33 1/3% support test - 2007. If the	organization did no	ot check a box on	line 13 or 16a, an	d line 15 is 33 1/39	% or more, check th	nis box			
	and stop here. The organization qua									
17a	17a 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,									
	and if the organization meets the "fac					art IV how the organ	nization			
	meets the "facts-and-circumstances"					_	▶ ـ			
t	10% -facts-and-circumstances tes									
	more, and if the organization meets t						·			
	organization meets the "facts-and-cir									
<u>18</u>	Private foundation. If the organization	on did not check a	box on line 13, 16	oa, 100, 1/a, or 17		and see instruction edule A (Form 990				
					Sch	edule A (Form 990	or 990-EZ) 2000			

Section A. Public Support						
Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons		1				
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7¢ from line 6)				<u> </u>		
Section B. Total Support						<u>,</u>
Calendar year (or fiscal year beginning in)▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)	·	<u> </u>	.]	<u></u>		L
14 First five years. If the Form 990 is for	the organization	's first, second, th	ird, fourth, or fifth t	ax year as a sect	ion 501(c)(3) organi	zation,
check this box and stop here						
Section C. Computation of Publ	c Support Po	ercentage				· · · · · · · · · · · · · · · · · · ·
15 Public support percentage for 2008 (I			column (f))		15	
16 Public support percentage from 2007					16	
Section D. Computation of Inves					11	
17 Investment income percentage for 20					17	
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2008. If the						1 / is not
more than 33 1/3%, check this box a						▶ ∟
b 33 1/3% support tests - 2007. If the						
line 18 is not more than 33 1/3%, che						~
20 Private foundation. If the organization	n ala not check a	a box on line 14, 1	ea, or 19b, check t	nis box and see i	IISTRUCTIONS	

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008 Open to Public Inspection

OMB No 1545-0047

Name of the organization

STANFORD BUSINESS SCHOOL ALUMNI ASSOCIATION

Employer identification number 94-6104126

Schedule D (Form 990) 2008

Pa	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	is or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	rised funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds may b	pe used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor or other impermissible p	private benefit? Yes No
Pai	till Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an h	nistorically important land area
	Protection of natural habitat	Preservation of cert	ified historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified cons	servation contribution in the form of a co	nservation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by t	he organization during the taxable
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	_
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, violations,	and
	enforcement of the conservation easements it holds?		└── Yes └── No
6	Staff or volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing easements during the year	\$
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	⁷ 0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ı)?		. L Yes L No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expen-	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describe	s the organization's accounting for
	conservation easements.		
Pa	TIII Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, no		
	treasures, or other similar assets held for public exhibition, e		bublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these		
b	If the organization elected, as permitted under SFAS 116, to		
	or other similar assets held for public exhibition, education, of	or research in furtherance of public servi	ce, provide the following amounts relating to
	these items:		. .
	(i) Revenues included in Form 990, Part VIII, line 1		► \$ ► \$
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		cial gain, provide
	the following amounts required to be reported under SFAS 1	16 relating to these items:	. .
а	Revenues included in Form 990, Part VIII, line 1		· ► \$ ► \$
b	Assets included in Form 990, Part X		> \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

STANFORD BUSINESS SCHOOL ALUMNI ASSOCIATION 94-6104126 Page 2 Schedule D (Form 990) 2008 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply): Public exhibition Loan or exchange programs ь Scholarly research Other Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes No on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIV and complete the following table: **Amount** 1c c Beginning balance d Additions during the year 1đ 1e e Distributions during the year Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21? Yes Nο b If "Yes," explain the arrangement in Part XIV Part ¥ | Endowment Funds. Complete if organization answered 'Yes' to Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance **b** Contributions c Investment earnings or losses d Grants or scholarships Other expenditures for facilities and programs Administrative expenses g End of year balance Provide the estimated percentage of the year end balance held as: Board designated or quasi-endowment Permanent endowment ▶ % Term endowment 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization Yes No by: (i) unrelated organizations 3a(i) (ii) related organizations 3a(ii) 3b b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Pa	t VI Investments - Land, Buildings,	and Equipment. Se	e Form 990, Part X, line 1	0.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a	Land				
b	Buildings				
c	Leasehold improvements				
d	Equipment		6,020.	6,020.	0,
е	Other				
Tota	I. Add lines 1a·1e. (Column (d) should equal Form	990. Part X. column (B).	line 10(c).)	•	0.

Schedule D (Form 990) 2008

Schedule D (Form 990) 2008 ASSOCIATIO			94-6104126	Page
Part VII Investments - Other Securities.	See Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value	C	(c) Method of valuation: ost or end-of-year market value	
Financial derivatives and other financial products				
Closely-held equity interests				
Other				
		-		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12)	>			
Part VIII Investments - Program Related.		e 13.		
(a) Description of investment type	(b) Book value		(c) Method of valuation: ost or end-of-year market value	
				· · · · ·
	 			
	-			
			· · · · · · · · · · · · · · · · · · ·	
				
	-			
Total. (Col (b) should equal Form 990, Part X, col (B) line 13)				
Part IX Other Assets. See Form 990, Part X, III				
	a) Description		(b) Book	value
	a) boomphon			
				
				
				
		· · · · · · · · · · · · · · · · · · ·		
		<u>.</u>		
	n. de 1		•	
Total. (Column (b) should equal Form 990, Part X, col (B) Part X Other Liabilities. See Form 990, Part		-		
(a) Description of liability	A, IIIIe 25.	(b) Amount		
		(-)	-	
Federal income taxes			1	
			-	
			┪	
			4	

Total. (Column (b) should equal Form 990, Part X, col (B) line 25.)

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

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Sche	dule D (Form 990) 2008 ASSOCIATION				94-6	5104126	_Page 4
Pai	TXI Reconciliation of Change in Net Assets from Form 990 to I	Financ	ial Statem	ents			_
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1				
2	Total expenses (Form 990, Part IX, column (A), line 25)		2				
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3				
4	Net unrealized gains (losses) on investments		4				
5	Donated services and use of facilities		_ 5			<u> </u>	
6	Investment expenses		6				
7	Prior period adjustments		7				
8	Other (Describe in Part XIV)		8				
9	Total adjustments (net). Add lines 4-8		9				
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10				
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	nts Wit	h Revenue	per l	<u>Return</u>		
1	Total revenue, gains, and other support per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1					
а	Net unrealized gains on investments	2a			4 1		
b	Donated services and use of facilities	2b			4 1		
C	Recoveries of prior year grants	2c			4 1		
d	Other (Describe in Part XIV)	2d			1 1		
е	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			- 1		
Ь	Other (Describe in Part XIV)	4b			4 1		
c	Add lines 4a and 4b				4c		
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		th Evnens		5 Dotter		
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ints wi	in Expens	es pei	т . т	m	
1	Total expenses and losses per audited financial statements				1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	اما					
a	Donated services and use of facilities	2a			-		
b	Prior year adjustments	2b			1 1		
C	Losses reported on Form 990, Part IX, line 25	2c			-		
d	Other (Describe in Part XIV)	_2d			1 20 1		
e	Add lines 2a through 2d				2e 3		
3	Subtract line 2e from line 1					-	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a					
a b	Other (Describe in Part XIV)	4b			1 1		
_	Add lines 4a and 4b		<u> </u>		4c		
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)				5	 · · · · · · · · · · · · · · · 	
	t XIV Supplemental Information				1 •		
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	, lines 1a	and 4; Part IV	/, lines	1b and 2	b; Part V, line	4; Part
		-					
			·	-		<u>. </u>	<u> </u>
						<u> </u>	_
							
				-			
							

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008 Open to Public Inspection

Name of the organization

STANFORD BUSINESS SCHOOL ALUMNI ASSOCIATION

Employer identification number 94-6104126

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
GRADUATE SCHOOL OF BUSINESS AND GRADUATE SCHOOL OF ALUMNI BY FOSTERING
STRONG AFFILIATION THROUGH PROGRAMS AND SERVICES.
FORM 990, PART VI, SECTION A, LINE 10: EXECUTIVE DIRECTOR DISTRIBUTES THE
FORM 990 TO THE MEMBERS OF THE EXECUTIVE COMMITTEE FOR THEM TO REVIEW. THE
EXECUTIVE COMMITTEE WILL THEN ADDRESS ANY NECESSARY CHANGES BACK TO THE
EXECUTIVE DIRECTOR.
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS AND
FINANCIAL STATEMENTS ARE NOT CURRENTLY AVAILABLE TO THE PUBLIC.
SCH R, PART V, LINE 2:
TRANSACTIONS WITH RELATED ORGANIZATIONS
THE STANFORD BUSINESS SCHOOL ALMUNI ASSOCIATION FUNCTIONS WITHIN THE
STANFORD UNIVERITY GRADUATE SCHOOL OF BUSINESS AND THEREFORE OPERATES
USING THE SAME FACILITIES AND OTHER ASSETS. EMPLOYEES OF THE GRADUATE
BUSINESS SCHOOL SERVE AS THE STAFF FOR THE ALUMNI ASSOCIATION AS WELL.

OMB No 1545-0047 Schedule R (Form 990) 2008 Open to Public Inspection Employer identification number 94-6104126Direct controlling Direct controlling entity entity Œ 170(B)(1)(A)(IIN/A End-of-year assets status (if section Public charity ► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. 501(c)(3)) Œ **Exempt Code** Total income section 501(C)(3) ê ê Related Organizations and Unrelated Partnerships Legal domicile (state or Legal domicile (state or foreign country) foreign country) ▶ See separate instructions. CALIFORNIA LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. STANFORD BUSINESS SCHOOL ALUMNI PROVIDE MBA, MASTER'S AND PHD BUSINESS PROGRAMS. Primary activity Primary activity <u>@</u> Identification of Related Tax-Exempt Organizations ASSOCIATION BUSINESS - 94-1156365, 518 MEMORIAL WAY STANFORD UNIVERSITY GRADUATE SCHOOL OF Identification of Disregarded Entities Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization CA 94305 Department of the Treasury Internal Revenue Service SCHEDULE R STANFORD, (Form 990) Part H Part

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ASSOCIATION

Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

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Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, investment, unrelated)		Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
										-
					_					
								_		
								_		
									ļ	-
Part IV Identification of Related Organizations Taxable as a Corporation or Trust	ganizations Taxable as a Cor	poration or	Trust							
8			(B)	(0)	(<u>Q</u>)	Œ	Ē		(5)	£
Name, address, and EIN of related organization	≚ c	<u>~</u>	Pnmary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	orp, Share of total orp,		Share of Pe end-of-year ov assets	Percentage ownership
		<u> </u>						-		
		T -						-		
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			7.7					;		
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STANFORD BUSINESS SCHOOL ALUMNI ASSOCIATION

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Schedule R (Form 990) 2008

th Related Organizations
Transactions Wil
Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		^	Yes	٥
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				-
a Receipt of (i) interest (ii) annuties (iii) royalties (iv) rent from a controlled entity		1a	×	J
b Gift, grant, or capital contribution to other organization(s)		1p	~	J
c Gift, grant, or capital contribution from other organization(s)		10	×	اب
d Loans or loan guarantees to or for other organization(s)		19	~	
e Loans or loan guarantees by other organization(s)		1e	X	J
f Sale of assets to other organization(s)		=	×	
g Purchase of assets from other organization(s)		19	X	
		ŧ	×	Ų
		Ę	×	
j Lease of facilities, equipment, or other assets from other organization(s)		1j	×	
		1k	X	J.
l Performance of services or membership or fundraising solicitations by other organization(s)		1	×	<u> </u>
m Sharing of facilities, equipment, mailing lists, or other assets		E E	×	
n Sharing of paid employees		1n	X	
Reimbursement paid to other organization for expenses		10	×	~
p Reimbursement paid by other organization for expenses		4	~	J
			\dashv	
q Other transfer of cash or property to other organization(s)		19	×	J
		÷	×	J.
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	on thresholds			1
(A) Name of other organization(s)		(C) Amount involved	olved	
	type (a-r)			
(1) STANFORD UNIVERSITY GRADUATE SCHOOL OF BUSINESS (SEE SCH. 0)	М			6
(2) STANFORD UNIVERSITY GRADUATE SCHOOL OF BUSINESS (SEE SCH. 0)	Z		0	:
(C)				
(4)				
(2)				
(9)	-			1
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ASSOCIATION Schedule R (Form 990) 2008 Part Vi Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A)	(B)	0	(Q)	(E)	Œ	(5)	£
Name, address, and EIN of entity	Primary activity	nicile	Are all partners section 501(c)(3)	Share		Code V-UBI amount in box 20	g E
(and the control of t			Yes No			of Schedule K-1 (Form 1065)	1 ' 1
					_		
					_		
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	1						
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Schedule R (Form 990) 2008