Form <b>990-T</b>	Exem	ot Organization Business In	com	e Tax Return (an	d proxy	tax under secti	on 6033(e))	OMB N	lo. 1545-0687	
Department of the Treasury		For calendar year 2008 or other tax year beginning, 2008, and ending, 20 . See separate instructions.							20 <b>08</b>	
Internal Revenue Service		ending , 20		Open to Public Inspection for 501(c)(3) Organizations Only Employer identification number						
A Check box if address changed		Name of organization ( Check box if name changed and see instructions.)							sation number	
B Exempt under section	-	CORDON E C DEMMY	т 1	MOODE EOUNDA	TT ON		on pag	je 9.)		
X 501(C)(3)	Print	GORDON E. & BETTY  Number, street, and room or suite no.	94-	3397785						
408(e) 220(e)	or			, , ,					ss activity codes	
408A 530(a)	i ype	   1661 PAGE MILL ROA	.D				(See	e instructions for Block E on page 9.)		
529(a)		City or town, state, and ZIP code								
C Book value of all assets at end of year		PALO ALTO, CA 9430	4				525	990		
at end of year	F Gro	up exemption number (See instruc	tions fo	or Block F on page 9	.) ▶					
4509705996.	<b>G</b> Che	eck organization type 🕨 🛛 🗓 501	(c) co	rporation	501(0	c) trust	401(a	) trust	Other trust	
		rimary unrelated business activity.								
•		corporation a subsidiary in an affil	•	•	sidiary o	controlled group	o?	▶ ∟	」Yes □X No	
		identifying number of the parent co	rporation				CEO 01	2 2000		
J The books are in care  Part I Unrelate		e or Business Income		(A) Income	-	e number ► (B) Exp			(C) Net	
		e or business income		(A) Income	:	(D) EXP	CIISCS		(O) Net	
		<b>c</b> Balance ▶	1 c							
		ule A, line 7)	2							
		2 from line 1c	3							
		ittach Schedule D)	4a							
		Part II, line 17) (attach Form 4797)	4b							
c Capital loss dedu	ction for t	rusts	4 c							
· ·		ps and S corporations (attach statement)	5	-12,838,5	578.	STMT 1		-12	,838,578.	
			6							
		come (Schedule E)	7							
	•	ties, and rents from controlled								
			8							
		section 501(c)(7), (9), or (17)	9							
		ncome (Schedule I)	10							
		dule J)	11							
		of the instructions; attach schedule.)	12							
		ough 12	13	-12,838,5	578.			-12	,838,578.	
		t <b>Taken Elsewhere</b> (See pag	-					,		
		tributions, deductions must l		•				ss income	e.)	
		directors, and trustees (Schedule K)								
							<b>I</b>			
									500,000.	
20 Charitable contril	butions (S	See page 13 of the instructions for	limitatio	on rules.)			20			
		4562)								
		on Schedule A and elsewhere on re					221	0		
23 Depletion							23			
		compensation plans								
25 Employee benefit	t programs	s					25			
26 Excess exempt ex	xpenses (	Schedule I)					26			
		chedule J)								
28 Other deductions	attach s: م	schedule)					28		500,000.	
<ul><li>Total deductions</li><li>Unrelated busine</li></ul>	. Aud IINE	es 14 through 28 e income before net operating loss	י לפליי	ction Subtract line 3	00 from	line 13	30		, 338, 578.	
		ion (limited to the amount on line 3							, 550, 570.	
		e income before specific deduction							,338,578.	
		ally \$1,000, but see line 33 instruc			_				1,000.	
		le income. Subtract line 33 from li								
32 enter the sm	aller of zo	ro or line 32					24	_1 2	330 570	

JSA For Privacy Act and Paperwork Reduction Act Notice, see instructions. 8E1610 3.000  $SX6869 \quad 2789 \qquad V0$ 

(Rev. April 2008)

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Internal Revenue S			► File a separate application for each return.	
		Automatic 3-M	onth Extension, complete only Part I and check this box	<b>•</b>
If you are f	iling for ar	Additional (No	t Automatic) 3-Month Extension, complete only Part II (on page already been granted an automatic 3-month extension on a prev	
Part I Auto	matic 3-	Month Extensi	ion of Time. Only submit original (no copies needed).	
			T and requesting an automatic 6-month extension - check this b	ox and complete
All other corpo	•	•	filers), partnerships, REMICs, and trusts must use Form 7004 to re	equest an extension of
one of the re- electronically i returns, or a c	turns note if (1) you omposite	ed below (6 mo want the addition or consolidated	can electronically file Form 8868 if you want a 3-month autonths for a corporation required to file Form 990-T). However, onal (not automatic) 3-month extension or (2) you file Forms From 990-T. Instead, you must submit the fully completed and filing of this form, visit www.irs.gov/efile and click on e-file for Co.	er, you cannot file Form 8868 990-BL, 6069, or 8870, group I signed page 2 (Part II) of Form
Type or	Name of	Exempt Organizati	on	Employer identification number
print	GOF	RDON E. & BE	ETTY I. MOORE FOUNDATION	94-3397785
File by the			or suite no. If a P.O. box, see instructions.	
due date for	166	1 PAGE MILI	L ROAD	
filing your return. See	City, tow	n or post office, st	ate, and ZIP code. For a foreign address, see instructions.	
instructions.	PAI	O ALTO, CA	94304	
Check type o	f return t	o be filed (file a_s	separate application for each return):	
Form 990	)		X Form 990-T (corporation) Form	m 4720
Form 990	-BL		Form 990-T (sec. 401(a) or 408(a) trust)	m 5227
Form 990	-EZ		Form 990-T (trust other than above)	m 6069
Form 990	-PF		Form 1041-A Form	m 8870
<ul> <li>If the organ</li> <li>If this is for for the whole one of the whole of the</li></ul>	nization do a Group group, che Ns of all n an autom ganizatior calendar	Return, enter the eck this box hembers the extended atic 3-month (6 round 11/16,2009) is return for:  year 2008 or	office or place of business in the United States, check this box organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box  ension will cover.  months for a corporation required to file Form 990-T) extension of the group, to file the exempt organization return for the organization necessarily.	amed above. The extension is
2 If this tax	year is fo	or less than 12 m	onths, check reason: Initial return Final return	Change in accounting period
	•	is for Form 990 dits. See instructi	-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, ions.	less any 3a \$2,300,000
<b>b</b> If this ap	plication i	s for Form 990-	PF or 990-T, enter any refundable credits and estimated tax page	
		<u> </u>	ayment allowed as a credit.	<b>3b</b> \$1,800,000
			m line 3a. Include your payment with this form, or, if required,	deposit
with FTI	O coupor	or, if required	d, by using EFTPS (Electronic Federal Tax Payment System	m). See
instructio	ns.			<b>3c</b> \$ 500,000
Caution. If you	are goin	to make an ele	ctronic fund withdrawal with this Form 8868, see Form 8453-EC	and Form 8879-EO
for payment in	structions			
For Privacy A	ct and Pa	perwork Reduct	tion Act Notice, see Instructions.	Form <b>8868</b> (Rev. 4-2008)

-								I .	1		
<b>4 a</b> Ad	dditional	section 263A costs			ı	Part I, line 2		7		,	
(a	ttach sc	hedule)	4 a		8 I	Do the rules of	section 263/	A (with r	espect to	Yes	No
<b>b</b> O	ther cos	ts (attach schedule) .	4 b			property produced	•				
5 To	otal. Add	lines_1-through 4b	75		1	to the organization?	<u></u>	<u></u>			Х
	Under pe correct, a	malties of perjury, I declare nd complete Declaretion of p	hat heve examined this reparer (the than axpayer) i	return, including is based on all info	accomp rmation	panying schedules and sta of which preparer has any	atements, and to the knowledge.	best of my k	nowledge and	belief, it	is tru
Sign Here	<b>s</b> /	Steven J. McC		11/13/2		Presiden		the prep	IRS discuss t arer shown be		
	Signatu	re of officer	THE COLOR	D/ate /	(	T/tie	7 - 7/	instructio	ons)? Y	es X	No
Paid		Preparer's signature	ames A. Cox			Date 11/06/2009	Check if self-employed	r1 .	parer's SSN or P001833		
Prepai Jse O		Firm's name (or yours if self-employed),	ERNST & YOU	NG U.S.	LLP		EIN	34-656			
	,	address, and ZIP code	560 MISSION	STREET,	SU	TE 1600	Phone no. 4	<u> 15-894-</u>	8000		
			SAN FRANCIS	CO, CA	9410	)5			Form 9	90-T	(200
				•							

SX6869 2789

Form 990-T (2008) 94-3397785 Page **3** 

Schedule C - Rent Income (see instructions on page 1		rty aı	nd Personal Prope	erty	Lea	ased Wi	th Real Prope	rty)		
1 Description of property										
(1)										
(2)										
(2)										
(4)										
	2 Rent received or a	accrue	ed							
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not pe	rcenta	om real and personal propage of rent for personal pro if the rent is based on pro	perty	exce	eds				ected with the income in attach schedule)
(1)										
(2)										
(3)										
(4)										
	Total	1								
Total  (c) Total income. Add totals of concern the con	olumns 2(a) and 2(b). Ente						Ènter here and or	n pag	je 1,	. ▶
Schedule E - Unrelated De	ebt-Financed Incom	<b>e</b> (se	e instructions on page	ge 19	9)					
1 Description of del	ot-financed property		2 Gross income from allocable to debt-finance		3 Deductions directly connected with or allocable debt-financed property  (a) Straight line depreciation (attach schedule)  7 Gross income reportable (column 2 x column 6)  8 Allocable de (column 6 x total 3 (a) and 3					
			property		,					attach schedule)
(1)										
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  5 Average adjusted basis of or allocable to debt-financed property (attach schedule)								8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%						
(2)				%						
(3)				%						
(4)				%						
Totals Total dividends-received deduct	inns included in column 8			<b>•</b>	Pa	rt I, line 7	nd on page 1, column (A).			ere and on page 1, ne 7, column (B).
Schedule F - Interest, Ann			ents From Control	led	Ord	ganizati	ons (see instru	ction	ns on	nage 20)
Gonedale 1 - Interest, Am	laities, regulies, ai	_	cempt Controlled Org			_	ons (see msuu	Ctioi	13 011	page 20)
1 Name of controlled 2 Employer organization identification number		;	3 Net unrelated income (loss) (see instructions)	<b>4</b> To	Total of specified payments made		5 Part of column 4 that included in the controlli organization's gross inco		ling	6 Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	nizations						I			
7 Taxable Income	8 Net unrelated incom (loss) (see instructions		<b>9</b> Total of specified payments made	d		include	of column 9 that is d in the controlling ation's gross income			Deductions directly nected with income in column 10
(1)							<del>-</del>			
(2)										
(3)										
(4)								_		
\¬/	<u> </u>		<u> </u>			Enter here	and on page 1,	E	Enter h	olumns 6 and 11.
Totals				1		Part I, line	8, column (A).	F	-art I,	line 8, column (B).

Form **990-T** (2008)

Schedule G - Investment I	noomo of o Co	tion 501/a\/7\	(0) or (17) Orgo	94-339 / /85		Page <b>4</b>	
			3 Deductions		4 Set-asides		
1 Description of income	2 Amount o	rincome	directly connected (attach schedule)	(attac	h schedule)	and set-asides (col. 3 plus col. 4)	
(1)							
(2)							
(3)							
(4)							
	Enter here and Part I, line 9, co					Enter here and on page 1 Part I, line 9, column (B).	
Totals ▶		, ,					
Schedule I - Exploited Ex	empt Activity In	come, Other T	han Advertising Ir	ncome (see instru	uctions on pa	ge 21)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income		5 Gross income from activity that is not unrelated business income	6 Expenses attributable column 5		
(1)							
(2)							
(3)							
(4)							
Totals ▶	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.	
Schedule J - Advertising li		uctions on nage	21)				
Part I Income From Per	riodicais Repor	ted on a Consc	Diluateu Basis	1			
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readersh costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)							
(2)							
(3)							
(4)							
. ,							
Totals (carry to Part II, line (5))	•						
	riodicals Repor		ate Basis (For ea	ch periodical lis	ted in Part II	, fill in columns 2	
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5 Circulation income	6 Readersh costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)							
(2)							
(3)							
(4)							
(5) Totals from Part I							
Totals, Part II (lines 1-5) ▶	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I line 11, col. (B).				Enter here and on page 1, Part II, line 27.	
Schedule K - Compensation		irectors, and 1	Trustees (see instru	uctions on page 2	2)		
1 Name		2 Title	3 Percent of time devoted	f 4 Com	pensation attributable to unrelated business		
				business	0/		
					%		
					%		
					%		
Total Enter here and an near 4	Part II lina 14				%		
<b>Total.</b> Enter here and on page 1, I	i ait II, IIII <del>C</del> 14	<u> </u>		<u></u>	<u>. ▶  </u>		

Form **990-T** (2008)

## FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

ABRAMS CAPITAL PARTNERS II, LP ACACIA CREDIT FUND 10-A, LLC ACACIA INSTITUTIONAL PARTNERS LP ADAMAS OPPORTUNITIES, LP BAKER BIOTECH LIFESCIENCES LP BAUPOST VALUE PARTNERS LP BROOKSIDE CAPITAL PARTNERS FUND, LP CARMEL PARTNERS INVESTMENT FUND LII LP CELERO ENERGY COMPANY, LP CP INVESTMENT FUND, LP CP INVESTMENT FUND, LP CP INVESTMENT FUND II, L.P. DECCAN VALUE ADVISORS FUND LP HIGHFIELDS CAPITAL IV LP KLEINER PERKINS CAUFIELD & BYERS XII LLC LBA REALTY FUND IV LP NATURAL GAS PARTNERS VII, LP NATURAL GAS PARTNERS VII, LP NATURAL GAS PARTNERS VIII, LP SERVOIR CAPITAL INVESTMENT OPPORTUNITIES FUND II, LP PAUL CAPITAL PARTNERS VIII-A, LP RESERVOIR CAPITAL INVESTMENT PARTNERS (CAYMAN) LP RIVA CAPITAL PARTNERS, LP SAGEVIEW CAPITAL GROWTH FUND III, LP SEQUOIA CAPITAL INDIA III, LP VALUEACT CAPITAL INDIA III, LP VALUEACT CAPITAL INSTITUTIONAL PARTNERS LP	-127,376. 447,72423,43322,650. 249,275280,86460,497442,184979,89963,315158,949374,5614231,27213,855258,1182,006,9724,156,865870,700237,26916,6712,987,963183,000. 21558,83319208,0122,092.
INCOME (LOSS) FROM PARTNERSHIPS	-12,838,578.

=========

Gordon E. & Betty I. Moore Foundation Net Operating Loss Carryforwards to 2008 Form 990T, 12/31/2008

## Form 990T, Line 31, Net Operation Loss Deduction

	NOL Carryover	NOL Carryover		
	From Previous Year	Generated	Utilized	to Following Year
2007	-	(4,674,723)	-	(4,674,723)
2008	(4,674,723)	(13,338,578)	-	(18,013,301)
NOL Carryover as of 12/31/2008				(18,013,301)