Form 990-T	Eveni	ot Organization Business In	oom	o Tay Baturn	3 /I			0000/-	" ⊢	OMB N	o. 1545-0687
	Exemi	For calendar year 2009 or other tax year							"	20	009
Department of the Treasury Internal Revenue Service		ending , 20	ai begi				structions.	iu		Open to P	Public Inspection Organizations Only
A Check box if			x if nan	ne changed and se	e ins	tructions	s.)			yer identific	ation number
address changed	1								mploye page 9		ructions for Block D
B Exempt under section		GORDON E. & BETTY I.	. MO	ORE FOUNDA	ITA	ON					
X 501(C)(3)	Print or	Number, street, and room or suite no. If	a P.O.	box, see page 8 of	instr	uctions.				397785	
408(e) 220(e) Type							1			ss activity codes lock E on page 9.)
408A530(a)	1661 PAGE MILL ROAD									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
529(a) C Book value of all assets	-	City or town, state, and ZIP code						5.2	599	20	
at end of year	F Gro	PALO ALTO, CA 94304 up exemption number (See instruction	ons for	Block F on page	9)	_		1 12	333	90	
5200576871.		eck organization type X 501			<i>-</i> 0.)) trust	401	(a) t	rust	Other trust
	•	•		RTNERSHIP	IN				(α) τ	iust [Outer trust
		orporation a subsidiary in an affiliated									Yes X No
• • • • • • • • • • • • • • • • • • • •		lentifying number of the parent corpo	•	•		,	3 - 1	• • •	• •		
J The books are in ca	re of 🕨	SUSAN AU			Те	lephon	e number 🕨	650-2	213	-3000	
Part I Unrelate	ed Trade	e or Business Income	1	(A) Inco	me		(B) Exp	enses			(C) Net
1a Gross receipts o	sales										
b Less returns and allow		c Balance ▶									
-		ule A, line 7)	2								
		? from line 1c	3	6.4.0) 6	93.					640,693.
		tach Schedule D)	4a	040	, 0	93.					040,093.
• , , ,		rt II, line 17) (attach Form 4797) rusts	4b 4c								
		s and S corporations (attach statement)	5	-12,563	3,6	87.	ATCH	1		-12	2,563,687.
			6	,							
		come (Schedule E)	7								
		ties, and rents from controlled									
organizations (So	chedule F)		8								
		section 501(c)(7), (9), or (17)									
			9								
		come (Schedule I)	10								
		ule J)	11								
•		of the instructions; attach schedule.)	12	-11,922	9.9	94				-11	,922,994.
		: Taken Elsewhere (See pag					limitations (on ded	ucti		, , , , , , , , , , , , , , , , , , , ,
		ributions, deductions must be								,)
14 Compensation or	officers, o	directors, and trustees (Schedule K)							14		
15 Salaries and wag	jes								15		
16 Repairs and mai	ntenance								16		
								–	17		
									18		100,000.
		ee page 13 of the instructions for limi							19		100,000.
		ee page 13 of the instructions for limit 4562)						• • •	20		
		on Schedule A and elsewhere on ret							22b		
				_					23		
		ompensation plans							24		
		3							25		
26 Excess exempt 6	expenses (Schedule I)						📙	26		
		Schedule J)							27		
		chedule)							28		100 000
29 Total deductions		*							29	_10	100,000.
		income before net operating loss de						• • •	30 31	-12	., 044, 334.
· · · · · · · · · · · · · · · · · · ·		on (limited to the amount on line 30) in come before specific deduction. S		t line 31 from line					32	-12	2,022,994.
		illy \$1,000, but see line 33 instruction				-			33		1,000.
		e income. Subtract line 33 from line									
32 enter the em				•					24	1 _12	022 994

Form 8868

(Rev. April 2009)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

OMB No. t545-1709

Internal Revenue S	ervice 1		File a separate	application for each re	turn.	l		
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	······	Automatic 3-Mont	h Extension, complet	e only Part I and ch	eck this box			▶ X
 If you are fi 	ling for an	Additional (Not Au	itomatic) 3-Month Ext ady been granted an a	ension, complete on	iy Partil (on pa			
Part I Auto	matic 3-	Month Extension	of Time. Only subr	mit original (no copi	es needed).			
			requesting an automa			and complete		
•								▶ 🗓
ime to file in c o	ome tax re	turns.	filers), partnerships, i					
one of the re- electronically i returns, or a c	turns note if (1) you omposite	ed below (6 mont) want the additional or consolidated Fro	n electronically file F ns for a corporation il (not automatic) 3-r om 990-T. Instead, yo ng of this form, visit w	required to file For nonth extension or to ou must submit the fi	m 990-T). Howe (2) you file Form ully completed ar	ver, you canr s 990-BL, 606 nd signed page	not file F i9, or 88 e 2 (Part	Form 8868 870, group
Гуре ог	Name of	Exempt Organization				Employer ide	ntificatio	n number
print	GOI	RDON E. & BETT	TY I. MOORE FOU	NDATION		94-339	37785	
·		······································	ite no. If a P.O. box, see					
File by the fue date for		51 PAGE MILL E						
iling your			and ZIP code. For a fore	on address, see instructi	ons.			
eturn. See nstructions.	1	LO ALTO, CA 94		g., 000 , 000, 000 ,,,,,,	· · · · · ·			
Check type of	•	·····	arate application for e	ach return):				
Form 990		X	Form 990-T (corporation		□ F	orm 4720		
Form 990			Form 990-T (sec. 401(a	•	├ ─┤ ``	orm 5227		
			Form 990-T (trust other			orm 6069		
Form 990			•	(nair above)				
Form 990	-PF	لـــا	Form 1041-A		L [orm 8870		
If the organ If this is for or the whole g	ization do a Group F group, che	Return, enter the <u>or</u> g	ee or place of business panization's four digit (Group Exemption Num	check this box	and attach a li		
			(6 months for a	corporation requi	red to file Fo	rm 990-T) (extension	of time
until	ganization		, to file the exempt					
> []	tax year t	peginning		, and ending				
		less than 12 month	s, check reason:	Initial return	Final return	Change in	accounti	ng period
•	•	is for Form 990-BL lits. See instructions	., 990 - PF, 990-T, 47	20, or 6069, enter	the tentative tax	- 1	3a \$ 2	2,200,000
			or 990-T, enter any	refundable credits ar	nd estimated tax	······		
			ent allowed as a cred				3b s 1.	,800,00
			ne 3a. Include your		rm, or, if require			
			by using EFTPS (El	•	· · · · · · · · · · · · · · · · · · ·			
instruction	-	1 · · · · · · · · · · · · · · · · · ·)		,	ļ	3c \$	400,000
		to make an electron	ic fund withdrawal wit	this Form 8868 eac	Form 8453-FO 2		·····	
or payment ins		to make all decitor	ne fortic with the total with		1 5iiii 5-705- 20 a			
		amunul Dadiiatia	Lat Matica can laste:	-tione		r~ _	goco	(Rev. 4-2009)
UI TIIVACY AC	rana Lab	EIWOIK REGUCTION A	Act Notice, see Instru	LUVIIS.		Fo	HII 0000	(INDV. 4-ZUUS)

Form 990-T (2009) 94-3397785 Page **2**

Par	III Tax	Computati	on									
35	Organizations	s Taxable a	s Corporations	s. See instructio	ns <u>f</u> or	tax cor	nputation	on page	15.			
	Controlled gro	oup members (se	ections 1561 and 1	1563) check here	▶	ee instruction	ons and:					
а	Enter your s	share of the \$	50,000, \$25,000	o, and \$9,925,000	taxable	income b	rackets ((in that order):				
	(1) \$		(2) \$		(3)							
b	Enter organiza	ation's share of:	(1) Additional 5%	tax (not more than \$	11,750)		. \$					
			e than \$100,000)				. \$		_			0
		the amount on I							▶ 35c			0
36				structions for tax	•							
		n line 34 from:	Tax rate sch									
37 38	Alternative min											
39		es 37 and 38 to I	ine 35c or 36 whi	ichever applies					38			0
		and Payme							35			
40 a				18; trusts attach Form	n 1116)		40a					
b	Other credits ((see page 16 of	the instructions)				40b					
							40c					
				3801 or 8827)			40d					
е	Total credits.	Add lines 40a th	rough 40d						. 40e			
41	Subtract line 4	40e from line 39							- 41			0
42	Other taxes. Ch	eck if from:	Form 4255 F	form 8611 Form	8697	Form 8866	6 Ot	ther (attach schedule	e) 42			
43		d lines 41 and 42				1			43			0
44 a				09			44a	1 200 00	0.			
b		ed tax payments					44b	1,300,00	0.			
C	•	d with Form 8868					44c		-			
d				ource (see instructior			44d 44e					
e f		and payments:	ictions)	Form 2439			446					
•	Form 4	. ,		Other			44f					
45									45	1,3	300,00	00.
46			•	tions). Check if Form					46			
47	Tax due. If line	e 45 is less than	the total of lines	43 and 46, enter amo	unt owed				▶ 47			0
48		•	•	of lines 43 and 46, en		nt overpaid			▶ 48		300,00	
49				to 2010 estimated t			4.0	0. Refunded			300,00	00.
Par				tain Activities								
1	,	o .	, ,	id the organization h			•		,		Yes I	No
				country? If YES, the name of the foreign	-			FORM 1D F 90-22	т, кероп	or Foreign	X	
2				ive a distribution from	-			transferor to a f	oreian trus	 et?	Σ	
2				forms the organization			itor or, or	transieror to, a r	oreign trus	ot:		7
3		· ·		d or accrued during t	,							
				er method of inven								
1	Inventory at be	eginning of year	. 1		6 In	ventory at e	nd of yea	r	6			
2	Purchases .		2		7 C	ost of go	ods so	ld. Subtract lir	ne			
3	Cost of labor		3		6	from line	5. En	ter here and	in			
4 a	Additional sec	ction 263A costs			P	art I, line 2			7			
	(attach schedu	ule)	. <u>4</u> a		_ 8 D	o the ru	les of	section 263A	(with re	espect to	Yes I	No
	`	attach schedule)					oduced	•		,	_	
		es 1 through 4b	- 5	mined this return, including	to	the organiz	ation?	monts and to the h	oct of my k	nowledge and l		X truo
Sigr	correct, and co	complete. Declaration	of preparer (other than	n taxpayer) is based on all in					COL OI IIIY KI	nowieuge and I	Jones, IL IS	uue
Here		Steve McC	ormick	11/1	5/10	Pre	esiden	t		RS discuss thi		ith
1161	Signature of	officer	/	Date		Title			instruction	rer shown belons)? X Ye	`	No
_	Dry	eparer's	c/ lomas f	Cov		Date			Prep	arer's SSN or		<u> </u>
Paid	sig	gnature	s/ James	COX		11/1	1/10	Check if self-employed		P001833	50	
		rm's name (or	ERNST &		LLP				4-6565			
<u>—</u>		urs if self-employed dress, and ZIP cod		SION STREET,	SUIT	E 1600		Phone no. 41	5-894-	8000		
			SANLERA	ANCISCO, CA	94105					Form 9	90-T (20	009)

Form 990-T (2009) 94 – 33 97 78 5 Page **3**

Schedule C - Rent Income (see instructions on page 18		perty a	nd Personal Prop	erty	Leased W	ith Real Prop	erty)	
1. Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent received o	or accrue	d					
(a) From personal property (if the personal property is more than more than 50%)		percentag	om real and personal prop ge of rent for personal prop f the rent is based on profi	erty e	exceeds			ected with the income (attach schedule)
(1)								
(2)								
(3)								
(4)								
Total	To	otal						
(c) Total income. Add totals of collhere and on page 1, Part I, line 6,	. , . , ,					(b) Total deduction Enter here and o Part I, line 6, columns	n page 1,	
Schedule E - Unrelated De	ebt-Financed Inco	ome(se	e instructions on pag	e 19	9)			
1. Description of debt	t-financed property		2. Gross income from allocable to debt-finance			uctions directly conne debt-finance	d property	
·			property		(a) Straight (attach	line depreciation schedule)) Other deductions (attach schedule)
<u>(1)</u>								
(2)								
(3)								
(4)								
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	 Average adjusted be of or allocable to debt-financed prope (attach schedule) 	erty	4 divided			7. Gross income reportable (column 2 x column 6)		llocable deductions n 6 x total of columns 3(a) and 3(b))
(1)				%				
(2)				%				
(3)				%				
(4)				%				
Totals Total dividends-received deducti				>	Part I, line 7	ind on page 1, , column (A).	Enter h Part I,	nere and on page 1, line 7, column (B).
Schedule F - Interest, Ann							ıctions or	n nago 20\
Schedule i - Interest, Alli	iuities, Royaities,		empt Controlled Org			liona see msuc	ictions of	i page 20)
Name of controlled organization	2. Employer identification number	3	Net unrelated income (loss) (see instructions)	4 . T	otal of specified	5. Part of column included in the coorganization's grounds.	ontrolling	6. Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Organiz	zations	•				•		
7. Taxable Income	8. Net unrelated inco (loss) (see instruction		9. Total of specifie payments made	d	include	t of column 9 that is ed in the controlling ation's gross income	cor	Deductions directly nected with income in column 10
(1)						5 : : : : : : : : : : : : : : : : : : :		
(2)								
(3)								
(4)								
Totals					Enter here	nns 5 and 10. and on page 1, 8, column (A).	Enter	olumns 6 and 11. here and on page 1, line 8, column (B).

Form 990-T (2009) 94-3397785 Page 4

Schedule G - Investment Ir	ncome of a Sec	tion 501(c)(7), (9), or (17) Organi	izatio	n (see inst	ructions on pa	ge 20)
1. Description of income	2. Amount of			3. Deductions directly connected (attach schedule)		4. Se	t-asides schedule)	5. Total deductions 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 Exe	mpt Activity In	come, Othe	r Tha	an Advertising I	ncom	ne (see instru	ctions on page	21)
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected w production unrelated business incomparison.	rith of	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	fron	Gross income n activity that not unrelated sincome	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here an page 1, Par line 10, col. (t I,					Enter here and on page 1, Part II, line 26.
Totals Schedule J - Advertising II	ncome (see instri	ictions on na	go 21	1				
	•			<u> </u>				
Part I Income From Per	riodicais Repor	ted on a Co	JIISO	lidated basis	1		T	
1. Name of periodical	2. Gross advertising income	3. Direct advertising co		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5.	. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)								
(2)								
(3)								
(4)								
(1)								
Totals (carry to Part II, line (5))								
	riodicals Repor	ted on a S	epar	ate Basis (For e	ach p	periodical lis	sted in Part	II, fill in columns 2
		<u>'</u>						
1. Name of periodical	2. Gross advertising income	3. Direct advertising co		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5.	. Circulation income	6. Readership 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 an page 1, Pai line 11, col. (rt I					Enter here and on page 1, Part II, line 27.
Schedule K - Compensation		Directors o	nd T	rustans/coo instru	ıctions	s on page 24)	1	
1. Name	on on onicers, L	nieciois, a		2. Title	ictions	3. Percent of time devoted to	4. Comp	ensation attributable to related business
						business		ii ciatea basiiiess
							%	
							%	
							%	
Total Enterbrowned 1.5	and II the code						%	
Total. Enter here and on page 1, P	aπ II, line 14						. 🏲 📗	

Form **4626**

Alternative Minimum Tax - Corporations

► See separate instructions.

2009

OMB No. 1545-0175

Department of the Treasury Internal Revenue Service

► Attach to the corporation's tax return.

Employer identification number 94-3397785 GORDON E. AND BETTY I. MOORE FOUNDATION **Alternative Minimum Tax Computation** Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e). -12,022,994 Adjustments and preferences: a Depreciation of post-1986 property 651,535 **b** Amortization of certified pollution control facilities c Amortization of mining exploration and development costs d Amortization of circulation expenditures (personal holding companies only) -182,825 e Adjusted gain or loss f Long-term contracts 2f g Merchant marine capital construction funds 2g h Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only) 2h i Tax shelter farm activities (personal service corporations only) i Passive activities (closely held corporations and personal service corporations only) 2j k Loss limitations I Depletion 142 21 m Tax-exempt interest income from specified private activity bonds 1,037,990 n Intangible drilling costs 2n o Other adjustments and preferences 20 -10,516,152 Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 20 Adjusted current earnings (ACE) adjustment: 4a -10,516,152 a ACE from line 10 of the ACE worksheet in the instructions **b** Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference 4b as a negative amount (see instructions) c Multiply line 4b by 75% (.75). Enter the result as a positive amount **d** Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions). Note: You must enter an amount on line 4d (even if line 4b is positive) 4d e ACE adjustment. • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the **smaller** of line 4c or line 4d as a negative amount -10,516,152 Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT..... Alternative tax net operating loss deduction (see instructions) 6 **Alternative minimum taxable income.** Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions 7 -10,516,152 Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c): a Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-c Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, 40,000 see instructions). If zero or less, enter -0-NONE Subtract line 8c from line 7. If zero or less, enter -0-9 10 If the corporation had qualified timber gain, complete Part II and enter the amount from line 24 here. NONE Otherwise, multiply line 9 by 20% (.20) NONE 11 Alternative minimum tax foreign tax credit (AMTFTC) (see instructions) 11 NONE 12 NONE 13 13 Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return NONE Form 4626 (2009) Page **2**

Alternative Tax for Corporations with Qualified Timber Gain. Complete Part II only if the corporation had Part II qualified timber gain under section 1201(b). See instructions. 15 Enter qualified timber gain from Schedule D (Form 1120), line 15, as refigured for the AMT, if necessary. If you are filing Form 1120-RIC, see instructions for the amount to enter 15 Enter the amount from Schedule D (Form 1120), line 13, as refigured for the AMT, if necessary 16 16 Enter the amount from Part I, line 9 17 17 Enter the smallest of the amount on line 15, line 16, or line 17 18 18 19 Multiply line 18 by 15% (.15)_______ 19 Subtract line 18 from line 17 20 20 Multiply line 20 by 20% (.20)______ 21 21 Enter the total of line 19 and line 21 22 22 23 Multiply line 17 by 20% (.20)______ Enter the smaller of line 22 or line 23 here and on part I, line 10 24 24

Form 4626 (2009)

ATTACHMENT 1

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 BAUPOST VALUE PARTNERS, LP - IV BROOKSIDE CAPITAL PARTNERS FUND, LP CELERO ENERGY COMPANY, LP CP INVESTMENT FUND, LP CP INVESTMENT FUND II, L.P. CARMEL PARTNERS INVESTMENT FUND III, LP CYPRESS REALTY VI LIMITED PARTNERSHIP HIGHFIELDS CAPITAL IV, LP LBA REALTY FUND IV, LP NATURAL GAS PARTNERS VII, LP NGP VII INCOME CO-INVESTMENT OPPORTUNITIES, LP NGP INCOME CO-INVESTMENT OPPORTUNITIES FUND II, LP NATURAL GAS PARTNERS VIII, LP PAUL CAPITAL PARTNERS VIII-A, LP RIVA CAPITAL PARTNERS VIII-A, LP RIVA CAPITAL GROWTH FUND III, LP VALUEACT CAPITAL GROWTH FUND III, LP VALUEACT CAPITAL INSTITUTIONAL PARTNERS, LP GOLDEN GATE CAPITAL INSTITUTIONAL PARTNERS, LP RESERVOIR CAPITAL INSTITUTIONAL PARTNERS, LP SEQUOIA CAPITAL INSTITUTIONAL PARTNERS (CAYMAN), LP SEQUOIA CAPITAL INSTITUTIONAL PARTNERS (CAYMAN), LP SEQUOIA CAPITAL INDIA GROWTH FUND II, LP SEQUOIA CAPITAL INDIA GROWTH FUND II, LP SEQUOIA CAPITAL US GROWTH FUND IV, LP JBG VII	-24,3581,340,1783,1932,7211,483,552. 104,191577,679199,731115,361253,223. 2,18018,226251,793275,3643,950,856292,2161,939,542594,18827,410. 30,469. 76,180. 5031,458543,480898,6468504. 16,477.
INCOME (LOSS) FROM PARTNERSHIPS	-12,563,687.

Form 990T, Line 31, Net Operation Loss Deduction

		Carried back	
	Generated	to previous years	Remaining
2007	(4,674,723)	4,674,723	=
2008	(13,338,578)	1,120,517	(12,218,061)
2009	(12,022,994)	-	(12,022,994)
NOL Carryover as of 12/31/2009			(24,241,055)

Form 4626, Line 6, AMT Net Operation Loss Deduction

	Generated	Carried back to previous years	Remaining
2007	(2,968,059)	2,968,059	-
2008	(10,939,662)	3,420,901	(7,518,761)
2009	(10,516,152)	-	(10,516,152)
AMT NOL Carryover as of 12/31/200	9		(18,034,913)

Gordon E. & Betty I. Moore Foundation Charitable Contribution Carryforwards to 2009 Form 990T, 12/31/2009

94-3397785

Form 990T, Line 20, Charitable Contribution Deduction

Total Contributions in 2009	141,973,954
10% Taxable Income Limit	-
Charitable Contributions Carryover from 2009	141,973,954
Charitable Contribution Deduction Allowed 2009	
Form 990T, Line 20	-

_	Generated	Utilized	Remaining
2007	273,490,972	-	273,490,972
2008	234,406,519	-	234,406,519
2009	141,973,954		141,973,954
Contribution Carryover as of 12/31/2009			376,380,473

SCHEDULE D (Form 1120)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► See separate instructions.

OMB No. 1545-0123

2009

Employer identification number GORDON E. & BETTY I. MOORE FOUNDATION 94-3397785 Short-Term Capital Gains and Losses - Assets Held One Year or Less Part I (e) Cost or other (a) Description of property (c) Date sold (b) Date acquired (d) Sales price (f) Gain or (loss) basis (see (Example: 100 shares of Z Co.) (mo., day, yr.) (mo., day, yr.) (see instructions) (Subtract (e) from (d)) instructions) Short-term capital gain from installment sales from Form 6252, line 26 or 37 2 Short-term gain or (loss) from like-kind exchanges from Form 8824 3 Unused capital loss carryover (attach computation) 4 Net short-term capital gain or (loss). Combine lines 1 through 4 5 Long-Term Capital Gains and Losses-Assets Held More Than One Year 6 640,693. 640,693. ATTACHMENT 1 Enter gain from Form 4797, line 7 or 9 8 Long-term capital gain from installment sales from Form 6252, line 26 or 37 8 Long-term gain or (loss) from like-kind exchanges from Form 8824 9 9 Capital gain distributions (see instructions) 10 10 11 Net long-term capital gain or (loss). Combine lines 6 through 10 640,693. Summary of Parts I and II Enter excess of net short-term capital gain (line 5) over net long-term capital loss (line 11) 12 Net capital gain. Enter excess of net long-term capital gain (line 11) over net short-term capital loss (line 5) 13 640,693. Add lines 12 and 13. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV 640,693. Note . If losses exceed gains, see Capital losses in the instructions. Alternative Tax for Corporations with Qualified Timber Gains. Complete Part IV only if the corporation has Part IV qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions. 15 Enter qualified timber gain (as defined in section 1201(b)(2)) 16 Enter taxable income from Form 1120, page 1, line 30, or the applicable line of your tax return 17 Enter the smallest of: (a) the amount on line 15; (b) the amount on line 16; or (c) the amount on Part III, line 13 18 Multiply line 17 by 15% 18 Subtract line 13 from line 16. If zero or less, enter -0-19 19 20 Enter the tax on line 19, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed 20 21 Add lines 17 and 19 21 Subtract line 21 from line 16. If zero or less, enter -0-22 23 Multiply line 22 by 35% 23 Add lines 18, 20, and 23 24 24 Enter the tax on line 16, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for 25 the return with which Schedule D (Form 1120) is being filed 25 26 Enter the smaller of line 24 or line 25. Also enter this amount on Form 1120, Schedule J, line 2, or the applicable line of your tax return

Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
ADAMAS OPPORTUNITIES, LP	VAR	VAR	-13,658.	240.0	-13,658.
BROOKSIDE CAPITAL PARTNERS FUND LP	VAR	VAR	-621.		-621.
			600 050		500 050
CARMEL PARTNERS INVESTMENT FUND III LP	VAR	VAR	683 , 859.		683 , 859.
RESERVOIR CAPITAL INVESTMENT PARTNERS	VAR	VAR	64,628.		64,628.
RESERVOIR CAFITAL INVESTMENT FARTNERS	VAN	VAN	04,020.		04,020.
VALUEACT CAPITAL PARTNERS LP	VAR	VAR	-93,515.		-93 , 515.
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			6.4.0 6.0.0		
Totals			640,693.		640,693.

