om 990-T	E>				siness Income der section 6033(		n	OMB No 1545-0687
	For cale				07/01 , 2017, and ending		n 1/8	<u> </u>
Department of the Treasury	1,0,000				nstructions and the latest		Š/ [	
nternal Revenue Service	<b>▶</b> Da				y be made public if your orga	1 1 7 1	<u> </u>	Open to Public Inspection for 501(c)(3) Organizations Only
Check box if		Name of organization (			ne changed and see instruction			oyer identification number
address changed	,				•		(Emplo	yees trust, see instructions )
Exempt under section	7	NATURAL RESC	URCES D	EFEN	SE COUNCIL, INC			
X 501( C)( 3 )	Print	Number, street, and roo	m or suite no	lf a P O	box, see instructions		13-2	654926
408(g) 220(e	or						E Unrel	ated business activity codes
408A 530(a	Type	40 WEST 20TH	STREET				(See in	structions )
529(a)	1	City or town, state or pr	rovince, countr	y, and Z	IP or foreign postal code			
Book value of all assets	1	NEW YORK, NY	10011				5230	900002
at end of year	F Gro	up exemption number	(See instruct	ions ) l	<b>&gt;</b>			
411,463,366		eck organization type	<del>` ,                                   </del>			trust	401(a)	trust Other trus
Describe the organ					BT FINANCED INCOM			
					oup or a parent-subsidiary o			
		identifying number of				ormoned group .		
		VERONICA FOO,		. po. o		e number > 21	2-727-	-2700
		or Business Incon			(A) Income	(B) Expens		(C) Net
1a Gross receipts or			Ī		()coc	(=) =xpen		(5),1101
b Less returns and allow			c Balance ▶	1c				
		ule A, line 7)		2		· · · · · · · · · · · · · · · · · · ·		
-		2 from line 1c		3		<del></del>		
•				4a			•	<del> </del>
h Not son (loss) (	111CUITE (a	ittach Schedule D) Part II, line 17) (attach Fo	$\Lambda \Lambda : :$		-148			-148
				4b	140			140
		rusts	1	4c	-6,840	Ameri 1		-6,840
		ps and S corporations (atta	· .	5	-0,040	ATCH 1		, -0,040
				6	02 021	CI	E 5 4 2	27.20
		come (Schedule E)		7	82,835	5:	5,542	
		nts from controlled organization		8				- e-a
		1(c)(7), (9) or (17) organizati		9	-			
		ncome (Schedule I) .		10				
		lule J)		11	220 044	3 77 611 0		000 044
		tions, attach schedule)		12	228,044	ATCH 2		228,044
		ough 12		13	303,891		5,542	248,349
			•		ns for limitations on d	, ,	except f	or contributions,
					related business inco	me)	1	
		directors, and trustees	(Schedule K)				. 14	
			$\cdot \not \mid \cdots \not \mid \hat{\mathcal{L}}$	PER	<u>,</u>		. 15	ļ
6 Repairs and mail			1/2/	EU	FILE		. 16	<u> </u>
							ı	I .
			<b>/</b> &/···		FINFO -		. 17	
Interest (attach s	chedule)		A MA	٠. ر ۱۲	EIVED	3	. <u>17</u>	
Interest (attach s Taxes and license	chedule)	· · · · · · · · · · · /		ay 1	6. 2019 JO	ENT.3		
Interest (attach s Taxes and license Charitable contri	chedule) es butions (S	Gee instructions for limi		AY 1	6. 2019 S	ENT.3	. 18	
Interest (attach s Taxes and license Charitable contri Depreciation (att	chedule) es butions (S ach Form	Gee instructions for limit	tation Dies	)FA	6. 2019 8	ENT.3	. 18	
Interest (attach s Taxes and license Charitable contri Depreciation (att	chedule) es butions (S ach Form	Gee instructions for limi	tation Dies	)FA	6. 2019 S	ENT. 3	. 18	
Haterest (attach s Taxes and license Charitable contre Depreciation (att Less depreciatio Depletion	chedule) es butions (S ach Form n claimed	Gee instructions for limited 4562),	tation of the sewhere on te	PEN	6. 2019 S		. 18 . 19 . 20 . 22b . 23	
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Interest (attach s Taxes and license Charitable contri Depreciation (att Less depreciatio Depletion Contributions to Employee benefi	chedule) es butions (S ach Form n claimed deferred c	See instructions for limited 4562),	tation office to the sewhere on re	DEN.	6. 2019 S		. 18 . 19 . 20 . 22b . 23 . 24 . 25	
Interest (attach s Taxes and license Charitable contri Depreciation (att Less depreciatio Depletion Contributions to Employee benefi Excess exempt e	chedule) ces butions (S ach Form n claimed deferred c t programs xpenses (S	Gee instructions for limited 4562)	tation offeet	DEN.	6. 2019 Sol		. 18 . 19 . 20 . 22b . 23 . 24 . 25 . 26	
Interest (attach s Taxes and license Charitable contri Depreciation (att Less depreciatio Depletion Contributions to Employee benefi Excess exempt e Excess readershi	chedule) es butions (S ach Form n claimed deferred c t programs xpenses (S p costs (Sc	Gee instructions for limit 4562)	tation of the sewhere on re	DEN.	6. 2019 Sol		. 18 . 19 . 20 . 22b . 23 . 24 . 25 . 26	250
Interest (attach s Taxes and license Charitable contri Depreciation (att Less depreciatio Depletion Contributions to Employee benefi Excess exempt e Excess readershi Other deductions	chedule) es butions (S ach Form n claimed deferred c t programs xpenses (S p costs (Sc s (attach se	Gee instructions for limit 4562)	tation of the sewhere on re	DEN.	6. 2019 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	CNT. 4	. 18 . 19 . 20 . 22b . 23 . 24 . 25 . 26 . 27	11,597
Interest (attach s Taxes and license Charitable contri Depreciation (att Less depreciatio Depletion Contributions to Employee benefit Excess exempt e Excess readershi Other deductions Total deductions	chedule) es butions (S ach Form n claimed deferred c t programs xxpenses (S p costs (Sc s (attach si	Gee instructions for limit 4562),	tation of the	DEN.	6. 2019 S	CNT. 4	. 18 . 19 . 20 . 22b . 23 . 24 . 25 . 26 . 27 . 28	11,597 11,859
Interest (attach s Taxes and license Charitable contri Depreciation (att Less depreciatio Depletion Contributions to Employee benefit Excess exempt e Excess readershi Other deductions Unrelated busine	butions (S ach Form n claimed t programs xpenses (S p costs (So s (attach so a Add lines	Gee instructions for limit 4562),	tation of the sewhere on re	loss	ATTACHME	CNT. 4	. 18 . 19 . 20 . 22b . 23 . 24 . 25 . 26 . 27 . 28 . 29 3	11,597 11,855 236,494
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nterest (attach s Taxes and license Charitable contri Depreciation (att Less depreciatio Depletion Contributions to Employee benefit Excess exempt e Excess readershi Other deductions Unrelated busine Net operating los Unrelated busine	butions (S ach Form n claimed t programs xpenses (S p costs (S s (attach s c Add lines ess taxable ess taxable	on Schedule A and else compensation plans schedule I)	tation pless tewhere on re toperating unt on line 30 fic deduction	loss (	ATTACHME	CNT. 4	. 18 . 19 . 20 . 22b . 23 . 24 . 25 . 26 . 27 . 28 . 29 . 3 . 31	11,597 11,855 236,494 236,494
Interest (attach s Taxes and license Charitable contri Depreciation (att Less depreciatio Depletion Contributions to Employee benefit Excess exempt e Excess readershi Other deductions Unrelated busine Net operating los Unrelated busine Specific deductions	butions (S ach Form n claimed t programs xpenses (S p costs (S c (attach se Add lines ess taxables des deductions taxables on (General	on Schedule A and else compensation plans schedule I)	tation pless tewhere on re toperating unt on line 30 fic deduction ne 33 instruct	loss (	ATTACHME deduction Subtract line 30 rexceptions)	CNT. 4	. 18 . 19 . 20 . 22b . 23 . 24 . 25 . 26 . 27 . 28 . 29 . 31 . 32 . 33	11,597 11,855 236,494 236,494
Interest (attach s Taxes and license Charitable contribution (att Less depreciation Depletion Contributions to Employee benefit Excess exempt e Excess readershi Other deductions Unrelated busine Specific deduction Unrelated busine Specific deduction Unrelated busine	butions (S ach Form n claimed t programs xpenses (S p costs (So s (attach so a (attach so a taxable cost taxable on (General	See instructions for lumit 4562)	tation pless tewhere on re t operating unt on line 30 fic deduction ne 33 instruct line 33 fro	loss (	ATTACHME	CNT 4	. 18 . 19 . 20 . 22b . 23 . 24 . 25 . 26 . 27 . 28 . 29 . 31 . 32 . 33	11,597 11,855 236,494 236,494

Par	t III	Tax Computation						
35	_Organi	zations Taxable as Corporations S	ee instructions for tax com	putation Controlled grou	اعتسانہ ا			
	member	rs (sections 1561 and 1563) check here	See instructions and					
а	Enter y	our share of the \$50,000, \$25,000, and	\$9,925,000 taxable income br	ackets (in that order)				
	(1) \$	(2) \$	(3)[\$					
b	Enter o	rganization's share of (1) Additional 5% tax (no	ot more than \$11,750)	\$				
	(2) Addı	tional 3% tax (not more than \$100,000)		[\$				
С		tax on the amount on line 34			▶ 35c			
36	Trusts	Taxable at Trust Rates See in	structions for tax comp	utation Income tax	on			
	the amo	ount on line 34 from Tax rate schedule	or Schedule D (Form 1	041)	▶ 36			
37		ax See instructions			1 -1- 1			
38	•	ive minimum tax			. 38			
39	Tax on	Non-Compliant Facility Income See instruction	ns		. 39			
40	Total A	dd lines 37, 38 and 39 to line 35c or 36, which	hever applies		. 40			
Par	t IV	Tax and Payments				<u></u>		
		tax credit (corporations attach Form 1118, tru	ists attach Form 1116)	4f(a				1
		redits (see instructions)			_			
		business credit Attach Form 3800 (see instru						
d	Credit f	or prior year minimum tax (attach Form 8801 o	or 8827).	410				
e	Total cr	redits Add lines 41a through 41d			41e			
42		t line 41e from line 40			1 11 1			
43		kes Check if from Form 4255 Form 861						
44		x Add lines 42 and 43						0
		ats A 2016 overpayment credited to 2017						
h	2017 es	stimated tax payments		45b				
		osited with Form 8868			╡			
		organizations Tax paid or withheld at source			7			
	Backun	withholding (see instructions)	see mandedons)	45e	\lnot			
f	Credit fo	or small employer health insurance premiums	(Attach Form 8941)	45f				
			2439		<b>~</b>			
9			Total ▶				_	
46		ayments Add lines 45a through 45g			4.6			
47		ed tax penalty (see instructions) Check if Forr		-	<del></del>			
48		If line 46 is less than the total of lines 44 ar			— <del>       </del>			-
49		yment If line 46 is larger than the total of line						
50		e amount of line 49 you want		Refunded	. <del>-   -  </del>			
		Statements Regarding Certain A			<u></u>			
51		time during the 2017 calendar year, did	<del></del>	•		authority	Yes	No
•		financial account (bank, securities, or or	=			_		
		Form 114, Report of Foreign Bank and		-	-			
		CHINA		•	J	•	x	ĺ
52	-	the tax year, did the organization receive a dis	tribution from or was it the gra	ntor of or transferor to a fe	oreian triis	:t2		Х
32	_	see instructions for other forms the organization		inter of, or transferor to, a re	or orgin tras			
53		ie amount of tax-exempt interest received or a						
	Ur	nder penalties of perjury, I declare that I have examined	this return, including accompanying so		he best of n	ny knowledge	and beli	ef, it is
Sigr	n tru	ie, correct, and complete Declaration of preparer (other than	taxpayer) is based on all information of whi	ich preparer has any knowledge	<del> </del>			
Her		tel much by	1 =   5   19	FO		IRS discuss preparer sh		
		gnature of officer	Date Tille	· · · · · · · · · · · · · · · · · · ·	(see instruct			No
-		Print/Type preparer's name	Preparer's signature	Date	bask	, PTIN		
Paid		SCOTT THOMPSETT	Sign Shampson	105/03/20101	ا لـــــا heck elf-employed	P007	4149	0
•	parer	Firm's name ▶ GRANT THORNTON LL	<u> </u>			36-6055		
Use	Only			10017 0010		212-599		0
		1					10 T	

NATURAL RESOURCES DEFENSE COUNCIL, INC

Form **990-T** (2017)

JSA

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PAGE 104

	ioods Sold. En	<u>iter meth</u> od	d of inventory valuation	<u> </u>	<b>'</b>	
1 Inventory at beginning of					ar	6
2 Purchases	· ·				ld Subtract line	
3 Cost of labor				-	ter here and in	1 1
4a Additional section 263A of			Part I, line	2		.   7
(attach schedule)	4a					with respect to
<b>b</b> Other costs (attach sched			<del></del>		•	or resale) apply
5 Total Add lines 1 through				anization?	•	
Schedule C - Rent Incom	e (From Real P	roperty a	nd Personal Property	Leased V		
(see instructions)					<del></del>	
1 Description of property						
(1)					<del></del>	
(2)						
(3)						
(4)						
	2 Rent recei	ved or accru	ed			
(a) From personal property (if the		(b) F	rom real and personal property	(If the		directly connected with
for personal property is more to more than 50%		percent	age of rent for personal property r if the rent is based on profit or	exceeds	ın columns 2	2(a) and 2(b) (attach sch
(1)					•	
(2)				·		
(3)						
(4)						
Total		Total				
(c) Total income Add totals of c	columns 2(a) and 2(	b) Enter			(b) Total deducti Enter here and o	
here and on page 1, Part I, line 6					Part I, line 6, colu	
Cabadula E Handated D	ebt-Financed I	ncome (se	ee instructions)			
Schedule E - Unrelated D				3 C		onnected with or allocat need property
••	ebt-financed property		2 Gross income from or allocable to debt-financed			
1 Description of de	ebt-financed property		2 Gross income from or allocable to debt-financed property		t line depreciation	(b) Other dedu
1 Description of de	- ebi-financed property		allocable to debt-financed			(b) Other dedu
1 Description of de	- ebt-financed property		allocable to debt-financed		t line depreciation	(b) Other dedu
1 Description of de  (1) ATTACHMENT 5  (2)	- ebt-financed property		allocable to debt-financed		t line depreciation	(b) Other dedu
1 Description of de	- ebt-financed property		allocable to debt-financed		t line depreciation	(b) Other dedu
1 Description of de  (1) ATTACHMENT 5  (2)  (3)	5 Average adjus	sled basis	allocable to debt-financed property		t line depreciation	(b) Other dedi (attach sche
1 Description of de  (1) ATTACHMENT 5  (2)  (3)  (4)  4 Amount of average acquisition debt on or	5 Average adjus	ble to	allocable to debt-financed	(atta	nt line depreciation ch schedule)	(b) Other dedi (attach sche
1 Description of de  (1) ATTACHMENT 5  (2)  (3)  (4)  4 Amount of average	5 Average adjus	ble to property	allocable to debt-financed property  6 Column	(atta	nt line depreciation ch schedule)	(b) Other dedi (attach sche attach sche (attach sche 8 Allocable de (column 6 x total
1 Description of de  (1) ATTACHMENT 5  (2)  (3)  (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjus of or allocal debt-financed	ble to property	allocable to debt-financed property  6 Column 4 divided by column 5	(atta	nt line depreciation ch schedule)	(b) Other dedi (attach sche attach sche (attach sche 8 Allocable de (column 6 x total
1 Description of de  (1) ATTACHMENT 5  (2) (3) (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1)	5 Average adjus of or allocal debt-financed	ble to property	allocable to debt-financed property  6 Column 4 divided	(atta	nt line depreciation ch schedule)	(b) Other dedi (attach sche attach sche (attach sche 8 Allocable de (column 6 x total
1 Description of de  (1) ATTACHMENT 5  (2)  (3)  (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1)  (2)	5 Average adjus of or allocal debt-financed	ble to property	allocable to debt-financed property  6 Column 4 divided by column 5  %	(atta	nt line depreciation ch schedule)	(b) Other dedi (attach sche attach sche (attach sche 8 Allocable de (column 6 x total
1 Description of de  (1) ATTACHMENT 5  (2)  (3)  (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1)  (2)  (3)	5 Average adjus of or allocal debt-financed	ble to property	allocable to debt-financed property  6 Column 4 divided by column 5	(atta	nt line depreciation ch schedule)	(b) Other dedu
1 Description of de  (1) ATTACHMENT 5  (2)  (3)  (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1)  (2)	5 Average adjus of or allocal debt-financed	ble to property	allocable to debt-financed property  6 Column 4 divided by column 5  %	7 Gross i	nt line depreciation ch schedule)	(b) Other dedi (attach sche attach sche (attach sche 8 Allocable de (column 6 x total
1 Description of de  (1) ATTACHMENT 5  (2)  (3)  (4)  4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)  (1)  (2)  (3)	5 Average adjus of or allocal debt-financed	ble to property	allocable to debt-financed property  6 Column 4 divided by column 5  %	7 Gross (column	nt line depreciation ch schedule)	(b) Other dedi (attach sche (attach sche 8 Allocable de (column 6 x total 3(a) and 3

Form 990-T (2017)

Schedule G - Investment	Income of a Section 501(c	)(7), (9), or (17) Organiza	tion (see instructions)	<u> </u>
1 Description of income	2 Amount of income	Deductions directly connected (attach schedule)	4 Set-asides (attach schedule)	5 Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
	Enter here and on page 1, Part I, line 9, column (A)			Enter here and on page 1 Part I, line 9, column (B)
Totals .	<b>.</b>		_ •	

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1 Description of exploited activity	2 Gross unrelated business income from trade or business	-3 Expenses directly connected with production of unrelated business income	4 Net income (loss) from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempl 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 and on page 1, Part I, line 10, col (B)		,	٠	Enter here and on page 1, Part II, line 26
Totals ▶						

Schedule J - Advertising Income (see instructions)

Part I Income From Per	iodicals Repor	ted on a Consol	dated Basis			
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 Readership 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)) ▶					<u> </u>	

Form 990-T (2017)

JSA

Part II Income From Per			rate Basis (For	each periodical	listed in Part II	
2 through 7 on a	ine-by-line basis	Sr) 42		~*	<b>.</b>	* * ~ 1 % F2* 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 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)		1				
(4)						
Totals from Part I ▶						
	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
Totals, Part II (lines 1-5) ▶						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see insti	ructions)		
1 Name		2	Title	3 Percent of time devoted to business	4 Compensation	
(1)				%		
(2)				%		
(3)				%		
(4)			•	%		

Form **990-T** (2017)

Total Enter here and on page 1, Part II, line 14

The strains

···	
	ATTACHMENT 1 · ·
•	
FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS	
ORDINARY LOSS FROM LIMITED PARTNERSHIPS PORTFOLIO INCOME FROM LIMITED PARTNERSHIPS	-8,892 2,052
INCOME (LOSS) FROM PARTNERSHIPS	-6,840

ATTACHMENT 2

PART I - LINE 12 - OTHER INCOME

EMPLOYEE PRE-TAX FRINGE BENEFITS JAN 2018 - JUNE 2018

228,044

PART I - LINE 12 - OTHER INCOME

228,044

. ,	1	<u> </u>	**		-	•	ATTACHMENT 3	•
	•							
	FORM 990T -	PART II - LIN	IE 18 -	INTEREST				
	FROM INVESTM	ENTS IN LIMIT	ED PART	NERSHIPS				8
	рарт тт	- I.INF 18 -	INTERES	ጥ				8

ATTACHMENT- 4

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

TAX PREPARATION FEES
PORTFOLIO EXPENSES FROM LIMITED PARTNERSHIPS

10,025

PART II - LINE 28 - OTHER DEDUCTIONS

11,597.

INC	
COUNCIL,	
DEFENSE	
RESOURCES	
NATURAL	

13-2654926

			-					
SCHEDULE E - UNRELATED DEBT-FINANCED INCOME				ATTACHMENT 5	9			
				प	S.		٢	80
		ю		AVERAGE	AVERAGE	9	GROSS INCOME	ALLOCABLE
1	2	DEDUCTIONS DIRECTLY CONNECTED	TLY CONNECTED	ACQUISITION	ADJUSTED	, 4 IS	REPORTABLE	DEDUCTIONS
DESCRIPTION OF DEBI-FINANCED PROPERTY	GROSS INCOME	(3A)	(38)	DEBT	BASIS	OF 5	(2 × 6)	6 · (3A + 3B)
RENTAL'INCOME - NEW YORK OFFICE	761,423	356,830	153,710	986,843	9,071,155	10 879	82,835	55,542
				TOTALS			82,835	55, 542

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. ~ ···

Tax	NOL	NOL	Amount of
Year End	Generated	Utılızed	NOL
6/30/2008	(14,435)	14,435	-
6/30/2009 <sup>\</sup>	(307,069)	307,069	-
6/30/2010	(695,226)	59,167	(636,059)
6/30/2011	(437,681)	-	(437,681)
6/30/2012	(363, 936)	- >	(363, 936)
6/30/2013	(190,502)	-	(190,502)
6/30/2014	(87,351)	-	(87,351)
6/30/2015	· -	-	=
6/30/2016	(65,612)	-	(65,612)
6/30/2017	-	-	-
6/30/2018	-	-	-
TOTAL			
CARRIED FORWARD			
TO 6/30/2019			(1,781,141)

ATTACHMENT 6

i.

Natural Resouces Defense Council, Inc Capital Loss Carryover

Tax	Capital Loss	Capital Loss	Amount of		
Year End	Generated	Utilized	Capital Loss		
6/30/2015	(70,231)	166	(70,065)		
6/30/2016	(290,749)	<del>-</del>	(290,749)		
6/30/2017	(179,435)	_	(179, 435)		
6/30/2018	-	-	-		

TOTAL
CARRIED FORWARD
TO 6/30/2019

(540,249)

ATTACHMENT 7

## SCHEDULE D (Form 1120)

## 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

OMB No 1545-0123

Department of the Treasury Internal Revenue Service

► Go to www irs gov/Form1120 for instructions and the latest information

Employer identification number 13-2654926 NATURAL RESOURCES DEFENSE COUNCIL, INC Short-Term Capital Gains and Losses - Assets Held One Year or Less (g) Adjustments to gain See instructions for how to figure the amounts to enter on (h) Gain or (loss) (d) Subtract column (e) from the lines below or loss from Form(s) Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) the result with column (q) column (g) whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) Howe if you choose to report all these transactions on Form 8949 leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 3 Totals for all transactions reported on Form(s) 8949 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 540,415) 6 Unused capital loss carryover (attach computation) 6 -540,415 7 Net short-term capital gain or (loss) Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) the lines below Subtract column (e) from or loss from Form(s) Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) column (g) whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However if you choose to report all these transactions on Form 8949 leave this line blank and go to line 8b . . . 8b Totals for all transactions reported on Form(s) 8949 with Box D checked . . . . . . . . . . . . . . . . 9 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 with Box F checked . . . . . . . . . . . . . . . . 166 166 11 Enter gain from Form 4797, line 7 or 9 11 Long-term capital gain from installment sales from Form 6252 line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 15 Net long-term capital gain or (loss) Combine lines \$a through 14 in column h 166 15 Summary of Parts I and II Part III 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 Add lines 16 and 17 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

For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Note If losses exceed gains, see Capital losses in the instructions

Schedule D (Form 1120) 2017

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side

NATURAL RESOURCES DEFENSE COUNCIL, INC

13-2654926

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1

**Note**: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box If more than one box applies for your long-term transactions, co	mplete
a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for or	ne or
more of the boxes, complete as many forms with the same box checked as you need	

1101	e of the boxes, complete as many forms with the same box checked as you need
	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
	(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
Х	(F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property (Example 100 sh XYZ Co)	Date acquired	(c) Date sold or disposed	(d) Proceeds (sales pnce) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and
		(Mo , day, yr )			(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LT INVESTMENTS FROM LP'S	VAR	VAR	166				166
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2 Totals Add the amounts in columns (inegative amounts) Enter each total fine 8b (if Box D above is above is checked), or line 10 (if Box	nere and includes checked), line	de on your 9 (if Box E	166		-		166

Note If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2017)

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