09221317015 24-6

Form **1040** U.S. Individual Income Tax Return (99) **2015** OMB No. 1545-0074 IRS Use Only - Do not write or staple in this space.

For the year Jan. 1-Dec. 31, 2015, or other tax year beginning , 2015, ending , 20 See separate instructions.

Your first name and initial	Last name	Your social security number
DONALD J.	TRUMP	
If a joint return, spouse's first name and initial	Last name	Spouse's social security number
MELANIA	TRUMP	

Home address (number and street). If you have a P.O. box, see instructions. Apt. no.

▲ Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below.

NEW YORK, NY 10022

Presidential Election Campaign
Check here if you, or your spouse if filing jointly, want $3 to go to this fund. Checking a box below will not change your tax or refund.
[X] You [X] Spouse

Foreign country name | Foreign province/state/county | Foreign postal code

Filing Status Check only one box.

1 [ ] Single
2 [X] Married filing jointly (even if only one had income)
3 [ ] Married filing separately. Enter spouse's SSN above and full name here. ▶
4 [ ] Head of household (with qualifying person). If the qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child

Exemptions

6a [X] **Yourself.** If someone can claim you as a dependent, **do not** check box 6a
b [X] **Spouse**
Boxes checked on 6a and 6b: 2

c **Dependents:**

(1) First name / Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) ✓ if child under age 17 qualifying for child tax credit
		SON	

No. of children on 6c who:
- lived with you: 1
- did not live with you due to divorce or separation (see instructions):

Dependents on 6c not entered above:

If more than four dependents, see instructions and check here ▶ [ ]

d Total number of exemptions claimed: Add numbers on lines above ▶ 3

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	STMT 8		7	14,141.
8a	**Taxable** interest. Attach Schedule B if required			8a	9,393,096.
b	**Tax-exempt** interest. **Do not** include on line 8a	8b	18,586.		
9a	Ordinary dividends. Attach Schedule B if required			9a	1,729,897.
b	Qualified dividends	9b	718,317.		STMT 7
10	Taxable refunds, credits, or offsets of state and local income taxes	STMT 4 STMT 5		10	0.
11	Alimony received			11	
12	Business income or (loss). Attach Schedule C or C-EZ			12	<599,030.>
13	Capital gain or (loss). Attach Schedule D if required. If not required, check here ▶ [ ]			13	35,835,153.
14	Other gains or (losses). Attach Form 4797			14	6,603,042.
15a	IRA distributions 15a	b Taxable amount		15b	
16a	Pensions and annuities 16a	b Taxable amount		16b	77,808.
17	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E			17	<7,882,011.>
18	Farm income or (loss). Attach Schedule F			18	
19	Unemployment compensation			19	
20a	Social security benefits 20a	b Taxable amount		20b	
21	Other income. List type and amount SEE STATEMENT 1			21	<76,909,237.>
22	Combine the amounts in the far right column for lines 7 through 21. This is your **total income** ▶			22	<31,736,841.>

Adjusted Gross Income

23	Educator expenses	23			
24	Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24			
25	Health savings account deduction. Attach Form 8889	25			
26	Moving expenses. Attach Form 3903	26			
27	Deductible part of self-employment tax. Attach Schedule SE	27	19,594.		
28	Self-employed SEP, SIMPLE, and qualified plans	28			
29	Self-employed health insurance deduction	29			
30	Penalty on early withdrawal of savings	30			
31a	Alimony paid b Recipient's SSN ▶	31a			
32	IRA deduction	32			
33	Student loan interest deduction	33			
34	Tuition and fees. Attach Form 8917	34			
35	Domestic production activities deduction. Attach Form 8903	35			
36	Add lines 23 through 35			36	19,594.
37	Subtract line 36 from line 22. This is your **adjusted gross income** ▶			37	<31,756,435.>

Internal Revenue Service
Received LB WN 437
OCT 20 2016
SPC Kansas City, MO

510001
12-30-15

Tax and Credits	38	Amount from line 37 (adjusted gross income)		38	<31,756,435.>
Standard Deduction for - • People who check any box on line 39a or 39b **or** who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, $6,300 Married filing jointly or Qualifying widow(er), $12,600 Head of household, $9,250	39a	Check if: [X] **You** were born before January 2, 1951, [ ] Blind. [ ] **Spouse** was born before January 2, 1951, [ ] Blind. **Total boxes checked** ▶ 39a	1		
	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here ▶ 39b [ ]			
	40	**Itemized deductions** (from Schedule A) **or** your **standard deduction** (see left margin)		40	7,997,882.
	41	Subtract line 40 from line 38		41	<39,754,317.>
	42	**Exemptions.** If line 38 is $154,950 or less, multiply $4,000 by the number on line 6d. Otherwise, see inst.		42	12,000.
	43	**Taxable income.** Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-		43	0.
	44	**Tax.** Check if any from: a [ ] Form(s) 8814 b [ ] Form 4972 c [ ]		44	0.
	45	**Alternative minimum tax.** Attach Form 6251		45	2,127,670.
	46	Excess advance premium tax credit repayment. Attach Form 8962		46	
	47	Add lines 44, 45, and 46 ▶		47	2,127,670.
	48	Foreign tax credit. Attach Form 1116 if required			
	49	Credit for child and dependent care expenses. Attach Form 2441			
	50	Education credits from Form 8863, line 19			
	51	Retirement savings contributions credit. Attach Form 8880			
	52	Child tax credit. Attach Schedule 8812, if required			
	53	Residential energy credits. Attach Form 5695			
	54	Other credits from Form: a [X] 3800 b [ ] 8801 c [ ]	1,485,739.		
	55	Add lines 48 through 54. These are your **total credits**		55	1,485,739.
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- ▶		56	641,931.
Other Taxes	57	Self-employment tax. Attach Schedule SE		57	39,188.
	58	Unreported social security and Medicare tax from Form: a [ ] 4137 b [ ] 8919		58	
	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required		59	
	60a	Household employment taxes from Schedule H		60a	48,030.
	b	First-time homebuyer credit repayment. Attach Form 5405 if required		60b	
	61	Health care: Individual responsibility (see instructions) Full-year coverage [X]		61	
	62	Taxes from: a [X] Form 8959 b [ ] Form 8960 c [ ] Inst.; enter code(s)		62	6,023.
	63	Add lines 56 through 62. This is your **total tax** ▶		63	735,172.
Payments	64	Federal income tax withheld from Forms W-2 and 1099	3,017.		
	65	2015 estimated tax payments and amount applied from 2014 return	10,756.		
If you have a qualifying child, attach Schedule EIC.	66a	**Earned income credit (EIC)**			
	b	Nontaxable combat pay election 66b			
	67	Additional child tax credit. Attach Schedule 8812			
	68	American opportunity credit from Form 8863, line 8			
	69	Net premium tax credit. Attach Form 8962			
	70	Amount paid with request for extension to file			
	71	Excess social security and tier 1 RRTA tax withheld			
	72	Credit for federal tax on fuels. Attach Form 4136	14,276.		
	73	Credits from Form: a [ ] 2439 b [ ] Reserved c [ ] 8885 d [ ]			
	74	Add lines 64, 65, 66a, and 67 through 73. These are your **total payments** ▶		74	28,049.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you **overpaid**		75	
	76a	Amount of line 75 you want **refunded to you.** If Form 8888 is attached, check here ▶ [ ]		76a	
Direct deposit? See instructions.	b	Routing number ▶ c Type: [ ] Checking [ ] Savings ▶ d Account number			
	77	Amount of line 75 you want **applied to your 2016 estimated tax** ▶			
Amount You Owe	78	**Amount you owe.** Subtract line 74 from line 63. For details on how to pay, see instructions ▶		78	707,123.
	79	Estimated tax penalty (see instructions)			

Third Party Designee Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] **Yes.** Complete below. [ ] **No**

Designee's name ▶ DONALD BENDER Phone no. ▶ (516) 488-1200 Personal identification number (PIN) ▶

Sign Here Joint return? See instructions. Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
X	10/12/16	EXECUTIVE	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here
X	10/12/16	EXECUTIVE	

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
DONALD BENDER		10/14/16		

Firm's name ▶ WEISERMAZARS LLP Firm's EIN ▶ 13 1459550

Firm's address ▶ WOODBURY, NY 11797-2003 Phone no. (516) 488-1200

510002 12-30-15

SEE STATEMENT FOR INTEREST AND PENALTIES NOT INCLUDED

S4A 1485739

SCHEDULE A (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Itemized Deductions

▶ Information about Schedule A and its separate instructions is at www.irs.gov/scheduleа.

▶ Attach to Form 1040.

OMB No. 1545-0074

2015

Attachment Sequence No. 07

Name(s) shown on Form 1040

Your social security number

DONALD J. & MELANIA TRUMP

Medical and Dental Expenses		**Caution:** Do not include expenses reimbursed or paid by others.			
	1	Medical and dental expenses (see instructions)	1	19,411.	
	2	Enter amount from Form 1040, line 38	2 <31,756,435.>		
	3	Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead	3	0.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-		4	19,411.
Taxes You Paid	5	State and local **(check only one box):** a [X] Income taxes, **or** b [ ] General sales taxes — SEE STATEMENT 15	5	5,139,693.	
	6	Real estate taxes (see instructions) — SEE STATEMENT 19	6	968,463.	
	7	Personal property taxes	7		
	8	Other taxes. List type and amount ▶	8		
	9	Add lines 5 through 8		9	6,108,156.
Interest You Paid	10	Home mortgage interest and points reported to you on Form 1098	10		
	11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address ▶	11		
Note: Your mortgage interest deduction may be limited (see instructions).	12	Points not reported to you on Form 1098. See instructions for special rules	12		
	13	Mortgage insurance premiums (see instructions)	13		
	14	Investment interest. Attach Form 4952 if required. (See instructions.) STMT 17	14	975,139.	
	15	Add lines 10 through 14		15	975,139.
Gifts to Charity If you made a gift and got a benefit for it, see instructions.	16	Gifts by cash or check. If you made any gift of $250 or more, see instructions	16	134,442.	STMT 16
	17	Other than by cash or check. If any gift of $250 or more, see instructions. You **must** attach Form 8283 if over $500 — SEE STATEMENT 18	17	21,078,900.	
	18	Carryover from prior year	18	20,760,811.	
	19	Add lines 16 through 18		19	0.
Casualty and Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)		20	
Job Expenses and Certain Miscellaneous Deductions	21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶	21		
	22	Tax preparation fees	22	573,581.	
	23	Other expenses - investment, safe deposit box, etc. List type and amount ▶ SEE STATEMENT 13	23	293,146.	
	24	Add lines 21 through 23	24	866,727.	
	25	Enter amount from Form 1040, line 38	25 <31,756,435.>		
	26	Multiply line 25 by 2% (.02)	26	0.	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	866,727.
Other Miscellaneous Deductions	28	Other - from list in instructions. List type and amount ▶ SEE STATEMENT 14		28	28,449.
Total Itemized Deductions	29	Is Form 1040, line 38, over $154,950? [X] **No.** Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. [ ] **Yes.** Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.		29	7,997,882.
	30	If you elect to itemize deductions even though they are less than your standard deduction, check here ▶ [ ]			

Schedule A - Charitable Contributions Worksheet Page 1

NAME

DONALD J. & MELANIA TRUMP

50% of AGI 0. AGI <31,756,435.>

Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2006	Contributions							
Less:	Allowed ...							
Less:	NOL Abs. CRP							
	CRP C/O ...							
2007	Contributions							
Less:	Allowed ...							
Less:	NOL Abs. CRP							
	CRP C/O ...							
2008	Contributions							
Less:	Allowed ...							
Less:	NOL Abs. CRP							
	CRP C/O ...							
2009	Contributions							
Less:	Allowed ...							
Less:	NOL Abs. CRP							
	CRP C/O ...							
2010	Contributions							
Less:	Allowed ...							
Less:	NOL Absorb.							
Less:	NOL Abs. CRP							
	Lost C/O ...							
	CRP C/O ...							
2011	Contributions							
Less:	Allowed ...							
Less:	NOL Absorb.							
Less:	NOL Abs. CRP							
	Carryover ...							
	CRP C/O ...							
2012	Contributions							
Less:	Allowed ...							
Less:	NOL Absorb.							
Less:	NOL Abs. CRP							
	Carryover ...							
	CRP C/O ...							
2013	Contributions							
Less:	Allowed ...							
Less:	NOL Absorb.							
Less:	NOL Abs. CRP							
	Carryover ...							
	CRP C/O ...							

Schedule A - Charitable Contributions Worksheet Page 2

NAME

DONALD J. & MELANIA TRUMP

50% of AGI 0. AGI <31,756,435.>

Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2014	Contributions			20,760,811.				
Less:	Allowed ...							
Less:	NOL Absorb.			15,487,353.				
Less:	NOL Abs. CRP							
	Carryover ...			5,273,458.				5,273,458.
	CRP C/O ...							
2015	Contributions		21,163,842.	49,500.				
Less:	Allowed ...	0.	0.	0.	0.	0.		
Less:	NOL Absorb.		21,163,842.	49,500.				
Less:	NOL Abs. CRP							
	Carryover ...							
	CRP C/O ...							

Charitable contributions to Schedule A, Line 19 ..... 5,273,458.

Schedule A — Charitable Contributions Limitation

NAME DONALD J. & MELANIA TRUMP

50% Contributions

1.	50% of AGI	0.	
2.	Contributions qualifying for 50% limit	21,163,842.	
3.	Allowable 50% contributions		0.

30% Contributions

4.	Remaining 50% limit (Line 1 - Line 3)	0.	
5.	Less capital gain property - special 30% limits		
6.	Balance of 50% of AGI	0.	
7.	30% of AGI		
8.	Contributions qualifying for 30% limit	49,500.	
9.	Allowable 30% contributions (lesser of Line 6, 7 or 8)		0.

30% Special Contributions

10.	30% of AGI		
11.	Contributions qualifying for 30% special limit		
12.	Remaining 50% limit (line 1 less lines 3 and 9)	0.	
13.	Allowable 30% special contribution (lesser of Line 10, 11 or 12)		0.

20% Contributions

14.	20% of AGI		
15.	30% of AGI		
16.	Allowed 30% regular contributions		
17.	Line 15 less line 16	0.	
18.	Allowed 30% special contributions		
19.	Line 15 less line 18	0.	
20.	Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)	0.	
21.	Contributions subject to the 20% limitation		
22.	Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)		0.

50% and 100% Conservation Real Property Contributions

23.	Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)		
24.	Conservation real property contribution subject to 50% limit		
25.	Allowable 50% conservation real property contribution (lesser of Line 23 or 24)		0.
26.	Remaining 100% of AGI		
27.	Conservation real property contribution subject to 100% limit		
28.	Allowable 100% conservation real property contribution (lesser of Line 26 or 27)		0.
29.	Total 2015 contributions allowed on Schedule A		
30.	Total prior year carryovers allowed on Schedule A		
31.	Total charitable contributions to Schedule A, Line 19		

SCHEDULE B
(Form 1040A or 1040)
Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.
▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb .

OMB No. 1545-0074
2015
Attachment Sequence No. 08
Your social security number

DONALD J. & MELANIA TRUMP

Part I Interest

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

			Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶ SEE STATEMENT 20	1	9,395,718.
	SUBTOTAL FOR LINE 1		9,395,718.
	NOMINEE DISTRIBUTION SEE STATEMENT 22		<2,622.>
2	Add the amounts on line 1	2	9,393,096.
3	Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶	4	9,393,096.

Note: If line 4 is over $1,500, you must complete Part III.

Part II Ordinary Dividends

Note: If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

			Amount
5	List name of payer ▶ SEE STATEMENT 21	5	1,729,897.
6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶	6	1,729,897.

Note: If line 6 is over $1,500, you must complete Part III.

Part III Foreign Accounts and Trusts

You must complete this part if you **(a)** had over $1,500 of taxable interest or ordinary dividends; **(b)** had a foreign account; or **(c)** received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

		Yes	No
7a	At any time during 2015, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions	X	
	If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements	X	
b	If you are required to file FinCen Form 114, enter the name of the foreign country where the financial account is located ▶ UNITED KINGDOM, IRELAND, CHINA, ST		
8	During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions		X

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SCHEDULE C (Form 1040)
Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074
2015
Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): AVIATION

B Enter code from instructions ▶ 532290

C Business name. If no separate business name, leave blank. DJT OPERATIONS CX LLC

D Employer ID number (EIN), (see instr.) 46-0980157

E Business address (including suite or room no.) ▶
City, town or post office, state, and ZIP code NEW YORK, NY 10022

F Accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ☐ Yes ☒ No

H If you started or acquired this business during 2015, check here ▶ ☐

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ☒ Yes ☐ No

J If "Yes," did you or will you file required Forms 1099? ☒ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ ☐	1	1,345,779.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	1,345,779.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	1,345,779.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	259130
7	**Gross income.** Add lines 5 and 6 ▶	7	1,345,779.

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense	18	7592
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	101235
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	837385	21	Repairs and maintenance	21	539,900.
			715,027.	22	Supplies (not included in Part III)	22	94,997.
14	Employee benefit programs (other than on line 19)	14	120687	23	Taxes and licenses	23	5,797.
15	Insurance (other than health)	15	92,304.	24	Travel, meals, and entertainment:		
16	Interest:			a	Travel	24a	110888
a	Mortgage (paid to banks, etc.)	16a		b	Deductible meals and entertainment (see instructions)	24b	48676 48,126.
b	Other	16b	128339	25	Utilities	25	311,671.
17	Legal and professional services	17	110,134.	26	Wages (less employment credits)	26	75,703.
				27a	Other expenses (from line 48)	27a	<895,539.>
				b	**Reserved for future use**	27b	
28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶		1954647			28	1,098,120.
29	Tentative profit or (loss). Subtract line 28 from line 7					29	247,659.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30					30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.					31	247,659.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.					32a ☐ All investment is at risk. 32b ☐ Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

44 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:
a Business _____ b Commuting _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47 a Do you have evidence to support your deduction? ☐ Yes ☐ No
b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

LICENSES & PERMITS	300.
TELEPHONE	31,064.
EQUIPMENT LEASES	97,248.
NONDEDUCTIBLE EXPENSES	<717,691.>
SECTION 274 LIMITATION	<306,460.>

48 **Total other expenses.** Enter here and on line 27a 48 <895,539.>

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): MANAGEMENT SERVICES

B Enter code from instructions ▶ 541600

C Business name. If no separate business name, leave blank. DONALD J. TRUMP

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code: NEW YORK, NY 10022

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ... [ ] Yes [X] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ... [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? ... [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	214,500.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	214,500.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	214,500.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 23	6	225,884.
7	**Gross income.** Add lines 5 and 6 ▶	7	440,384.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	225,884.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	225,884.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	214,500.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	214,500.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): ACTOR

B Enter code from instructions ▶ 711510

C Business name. If no separate business name, leave blank. DONALD J. TRUMP

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code: NEW YORK, NY 10022

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses [X] Yes [ ] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	443.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	443.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	443.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	443.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	Reserved for future use	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	0.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	443.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	443.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): SPEAKING ENGAGEMENT

B Enter code from instructions ▶ 812990

C Business name. If no separate business name, leave blank. DONALD J TRUMP

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ... [X] Yes [ ] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ... [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? ... [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	100,000.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	100,000.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	100,000.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	100,000.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	0.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	100,000.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	100,000.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): SPEAKING ENGAGEMENT

B Enter code from instructions ▶ 812990

C Business name. If no separate business name, leave blank. DONALD J TRUMP

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses [X] Yes [ ] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	150,000.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	150,000.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	150,000.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	150,000.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	0.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	150,000.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	150,000.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

SCHEDULE C (Form 1040)
Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074
2015
Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): SPEAKING ENGAGEMENT

B Enter code from instructions ▶ 812990

C Business name. If no separate business name, leave blank. DONALD J TRUMP

D Employer ID number (EIN) (see instr.)

E Business address (including suite or room no.) ▶
City, town or post office, state, and ZIP code

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ... [X] Yes [ ] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ... [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? ... [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	50,000.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	50,000.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	50,000.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	50,000.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	46,162.
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	46,162.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	3,838.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	3,838.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): REAL ESTATE

B Enter code from instructions ▶ 531310

C Business name. If no separate business name, leave blank. TIHT HOLDING COMPANY LLC

D Employer ID number (EIN), (see instr.) 20-2249347

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code: NEW YORK, NY 10022

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses — [ ] Yes [X] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) — [X] Yes [ ] No

J If "Yes," did you or will you file required Forms 1099? — [X] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	88,632.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	88,632.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	88,632.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	88,632.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	15,696.	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	14,470.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	3,055.	25	Utilities	25	646.
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	27,002.
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	60,869.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	27,763.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	27,763.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

44 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:

a Business _____ b Commuting _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47 a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

COMMON CHARGES	26,977.
NYS FILING FEE	25.

48 **Total other expenses.** Enter here and on line 27a 48 27,002.

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): GOLF

B Enter code from instructions ▶ 713900

C Business name. If no separate business name, leave blank. TRUMP GOLF ACQUISITIONS LLC

D Employer ID number (EIN), (see instr.) 27-2412721

E Business address (including suite or room no.) ▶ C/O WEISERMAZARS

City, town or post office, state, and ZIP code WOODBURY, NY 11797

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ... [ ] Yes [X] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ... [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? ... [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 25	6	33,246.
7	**Gross income.** Add lines 5 and 6 ▶	7	33,246.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	300.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	50.
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	55.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	405.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	32,841.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	32,841.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): AVIATION

B Enter code from instructions ▶ 532290

C Business name. If no separate business name, leave blank. DJT AEROSPACE LLC

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ▶ C/O WEISERMAZARS

City, town or post office, state, and ZIP code: WOODBURY, NY 11797

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ... [ ] Yes [X] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ... [X] Yes [ ] No

J If "Yes," did you or will you file required Forms 1099? ... [X] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	568,412.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	568,412.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	568,412.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	568,412.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	7,892.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	56,828.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	106,662.	21	Repairs and maintenance	21	161,335.
				22	Supplies (not included in Part III)	22	
				23	Taxes and licenses	23	300.
14	Employee benefit programs (other than on line 19)	14	968.	24	Travel, meals, and entertainment:		
				a	Travel	24a	5,050.
15	Insurance (other than health)	15	28,383.	b	Deductible meals and entertainment (see instructions)	24b	550.
16	Interest:			25	Utilities	25	
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	26	231,384.
b	Other	16b		27 a	Other expenses (from line 48)	27a	<150,866.>
17	Legal and professional services	17	15,095.	b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	463,581.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	104,831.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions.) Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	104,831.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☒ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

44 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:

a Business _____ b Commuting _____ c Other _____

45	Was your vehicle available for personal use during off-duty hours?	☐ Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes	☐ No
47 a	Do you have evidence to support your deduction?	☐ Yes	☐ No
b	If "Yes," is the evidence written?	☐ Yes	☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

SEE STATEMENT 26	<150,866.>

48 **Total other expenses.** Enter here and on line 27a 48 <150,866.>

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): SPEAKING ENGAGEMENT

B Enter code from instructions ▶ 812990

C Business name. If no separate business name, leave blank. DONALD J TRUMP

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ... [X] Yes [ ] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ... [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? ... [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	450,000.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	450,000.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	450,000.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	450,000.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	59,626.
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	59,626.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	390,374.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	390,374.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [ ] All investment is at risk. 32b [ ] Some investment is not at risk.	

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

10

Name of proprietor

DONALD J. TRUMP

Social security number (SSN)

A Principal business or profession, including product or service (see instructions)
ICE SKATING RINK

B Enter code from instructions ▶ 713900

C Business name. If no separate business name, leave blank.
WOLLMAN RINK OPERATIONS LLC

D Employer ID number (EIN), (see instr.)
13-4191030

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code NEW YORK, NY 10022

F Accounting method: (1) [ ] Cash (2) [X] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ... [ ] Yes [X] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ... [X] Yes [ ] No

J If "Yes," did you or will you file required Forms 1099? ... [X] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	9,260,373.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	9,260,373.
4	Cost of goods sold (from line 42)	4	74,150.
5	**Gross profit.** Subtract line 4 from line 3	5	9,186,223.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	9,186,223.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	5,750.	18	Office expense	18	48,238.
9	Car and truck expenses (see instructions)	9	17,069.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	10,003.
12	Depletion	12		b	Other business property	20b	3,271,460.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	348,710.	21	Repairs and maintenance	21	287,519.
14	Employee benefit programs (other than on line 19)	14	46,432.	22	Supplies (not included in Part III)	22	195,558.
15	Insurance (other than health)	15	210,118.	23	Taxes and licenses	23	121,485.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	1,140.
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	4,139.
17	Legal and professional services	17	86,716.	25	Utilities	25	404,020.
				26	Wages (less employment credits)	26	4,113,742.
				27 a	Other expenses (from line 48)	27a	1,301,846.
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	10,473,945.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<1,287,722.>
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** PAL • If a loss, you **must** go to line 32.	31	<1,287,722.>
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a [ ] Cost b [X] Lower of cost or market c [ ] Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation [ ] Yes [X] No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	255,992.
36	Purchases less cost of items withdrawn for personal use	36	103,630.
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	359,622.
41	Inventory at end of year	41	285,472.
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	74,150.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

44 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:

a Business _____ b Commuting _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? [ ] Yes [ ] No

46 Do you (or your spouse) have another vehicle available for personal use? [ ] Yes [ ] No

47 a Do you have evidence to support your deduction? [ ] Yes [ ] No

b If "Yes," is the evidence written? [ ] Yes [ ] No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

SEE STATEMENT 24	1,301,846.

48	**Total other expenses.** Enter here and on line 27a	48	1,301,846.

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): RESTAURANT

B Enter code from instructions ▶ 722513

C Business name. If no separate business name, leave blank. TRUMP RESTAURANTS LLC

D Employer ID number (EIN), (see instr.) 20-0343943

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code NEW YORK, NY 10022

F Accounting method: (1) [ ] Cash (2) [X] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ... [ ] Yes [X] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ... [X] Yes [ ] No

J If "Yes," did you or will you file required Forms 1099? ... [X] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	4873370 X3,304,403.
2	Returns and allowances 191369	2	X191,369.
3	Subtract line 2 from line 1 4682001	3	X3,113,034.
4	Cost of goods sold (from line 42) 1775383	4	X1,437,091.
5	**Gross profit.** Subtract line 4 from line 3	5	1,675,943.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	1,675,943.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	1,074.	18	Office expense 101642	18	X10,592.
9	Car and truck expenses (see instructions)	9	6,548.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	4,068.
12	Depletion	12		b	Other business property	20b	97,701.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions) 1807853	13	X39,101.	21	Repairs and maintenance	21	104,286.
14	Employee benefit programs (other than on line 19)	14	26,010.	22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	8,148.	23	Taxes and licenses	23	14,045.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	2,197.
b	Other 3101	16b		b	Deductible meals and entertainment (see instructions)	24b	2,736.
17	Legal and professional services	17	X19,512.	25	Utilities	25	76,520.
				26	Wages (less employment credits)	26	1,333,767.
				27a	Other expenses (from line 48) 132609	27a	X297,695.
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a 3490175 ▶	28	X2,044,000.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<368,057.>
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** PAL • If a loss, you **must** go to line 32.	31	<368,057.>
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a [X] Cost b [ ] Lower of cost or market c [ ] Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ..... [ ] Yes [X] No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	162,405.
36	Purchases less cost of items withdrawn for personal use	36	1,453,728.
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	1,616,133.
41	Inventory at end of year	41	179,042.
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	1,437,091.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

44 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:

a Business _____ b Commuting _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ..... [ ] Yes [ ] No

46 Do you (or your spouse) have another vehicle available for personal use? ..... [ ] Yes [ ] No

47 a Do you have evidence to support your deduction? ..... [ ] Yes [ ] No

b If "Yes," is the evidence written? ..... [ ] Yes [ ] No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

UNIFORM EXPENSE	40,836.
PAYROLL TAXES	150,424.
BANK CHARGES	69,609.
COMPUTER PAYROLL EXPENSE	9,708.
TELEPHONE	3,292.
COMPUTER SERVICES	13,343.
DUES AND SUBSCRIPTIONS	869.
EXTERMINATING	7,829.
NYS FILING FEE	25.
AMORTIZATION	1,760.

48 **Total other expenses.** Enter here and on line 27a ..... 48 297,695.

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): AVIATION

B Enter code from instructions ▶ 532290

C Business name. If no separate business name, leave blank. DJT OPERATIONS I LLC

D Employer ID number (EIN), (see instr.) 27-3212458

E Business address (including suite or room no.) ▶ C/O WEISERMAZARS

City, town or post office, state, and ZIP code WOODBURY, NY 11797

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ... [ ] Yes [X] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ... [X] Yes [ ] No

J If "Yes," did you or will you file required Forms 1099? ... [X] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	1,276,051.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	1,276,051.
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	1,276,051.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	1,276,051.

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	50.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	1,828,752.	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	3,022.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	2,934.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	<434,486.>
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	1,400,272.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<124,221.>
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** PAL • If a loss, you **must** go to line 32.	31	<124,221.>
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

44 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:
a Business _____ b Commuting _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47 a Do you have evidence to support your deduction? ☐ Yes ☐ No
b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

SECTION 274 LIMITATION	<434,511.>
NYS FILING FEE	25.

48	**Total other expenses.** Enter here and on line 27a	48	<434,486.>

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): SALES

B Enter code from instructions ▶ 423990

C Business name. If no separate business name, leave blank. TRUMP ICE LLC

D Employer ID number (EIN), (see instr.) 20-0956212

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code: NEW YORK, NY 10022

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ... [ ] Yes [X] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ... [X] Yes [ ] No

J If "Yes," did you or will you file required Forms 1099? ... [X] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	292,916.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	292,916.
4	Cost of goods sold (from line 42)	4	338,292.
5	**Gross profit.** Subtract line 4 from line 3	5	<45,376.>
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	<45,376.>

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8	9,150.	18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	1,909.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	5,000.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	4,132.
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	20,191.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<65,567.>
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** PAL • If a loss, you **must** go to line 32.	31	<65,567.>
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	338,292.
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	338,292.
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	338,292.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

44 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:

a Business _____ b Commuting _____ c Other _____

45	Was your vehicle available for personal use during off-duty hours?	☐ Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes	☐ No
47a	Do you have evidence to support your deduction?	☐ Yes	☐ No
b	If "Yes," is the evidence written?	☐ Yes	☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

NYS FILING FEE	25.
SERVICE CHARGES	4,107.

48 **Total other expenses.** Enter here and on line 27a 48 4,132.

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): MANAGEMENT SERVICES

B Enter code from instructions ▶ 541600

C Business name. If no separate business name, leave blank. 610 PARK DEVELOPMENT LLC

D Employer ID number (EIN), (see instr.) 13-3930013

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code: NEW YORK, NY 10022

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ... [X] Yes [ ] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ... [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? ... [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b	6,699.	b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	6,699.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<6,699.>
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	<6,699.>
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): REAL ESTATE MANAGEMENT

B Enter code from instructions ▶ 531310

C Business name. If no separate business name, leave blank. TRUMP 767 MANAGEMENT LLC

D Employer ID number (EIN), (see instr.) 13-4016770

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code: NEW YORK, NY 10022

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ... [X] Yes [ ] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ... [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? ... [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b	10,813.	b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	10,813.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<10,813.>
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	<10,813.>
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): MANAGEMENT SERVICES

B Enter code from instructions ▶ 541600

C Business name. If no separate business name, leave blank. TRUMP ORGANIZATION LLC

D Employer ID number (EIN), (see instr.) 13-4076569

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code: NEW YORK, NY 10022

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ... [ ] Yes [X] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ... [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? ... [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	9.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	110.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	119.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<119.>
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** PAL • If a loss, you **must** go to line 32.	31	<119.>
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): MORTGAGE BROKER

B Enter code from instructions ▶ 541940

C Business name. If no separate business name, leave blank. TRUMP REALTY SERVICES LLC

D Employer ID number (EIN), (see instr.) 13-4116884

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code NEW YORK, NY 10022

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ... [ ] Yes [X] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ... [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? ... [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	574.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	25.
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	599.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<599.>
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** PAL • If a loss, you **must** go to line 32.	31	<599.>
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

44 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:

a Business _____ b Commuting _____ c Other _____

45 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

47 a Do you have evidence to support your deduction? ☐ Yes ☐ No

b If "Yes," is the evidence written? ☐ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

NYS FILING FEE	25.

48 **Total other expenses.** Enter here and on line 27a 48 25.

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): REAL ESTATE DEVELOPMENT

B Enter code from instructions ▶ 531310

C Business name. If no separate business name, leave blank. TRUMP CHICAGO DEVELOPMENT LLC

D Employer ID number (EIN) (see instr.) 30-0050040

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code CHICAGO, IL

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ... [ ] Yes [X] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ... [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? ... [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	609.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	110.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	719.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<719.>
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** PAL • If a loss, you **must** go to line 32.	31	<719.>
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): REAL ESTATE DEVELOPMENT

B Enter code from instructions ▶ 531310

C Business name. If no separate business name, leave blank. TRUMP LAS VEGAS DEVELOPMENT LLC

D Employer ID number (EIN), (see instr.) 11-3668692

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code: LAS VEGAS, NV 89101

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ... [ ] Yes [X] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ... [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? ... [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	650.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	110.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	760.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<760.>
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** PAL • If a loss, you **must** go to line 32.	31	<760.>
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

SCHEDULE C (Form 1040)
Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074
2015
Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): REAL ESTATE DEVELOPMENT

B Enter code from instructions ▶ 531390

C Business name. If no separate business name, leave blank. TRUMP PHOENIX DEVELOPMENT LLC

D Employer ID number (EIN), (see instr.) 20-0238198

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code NEW YORK, NY 10022

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ... [ ] Yes [X] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ... [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? ... [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	300.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	55.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	355.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<355.>
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** PAL • If a loss, you **must** go to line 32.	31	<355.>
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): GOLF MANAGEMENT

B Enter code from instructions ▶ 713900

C Business name. If no separate business name, leave blank. TRUMP GOLF MANAGEMENT LLC

D Employer ID number (EIN), (see instr.) 20-2306412

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code: BRIAR CLIFF MANOR, NY 10510

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ... [ ] Yes [X] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ... [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? ... [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	55.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	55.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<55.>
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** PAL • If a loss, you **must** go to line 32.	31	<55.>
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): REAL ESTATE

B Enter code from instructions ▶ 531390

C Business name. If no separate business name, leave blank. CHICAGO UNIT ACQUISITION LLC

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code

F Accounting method: (1) ☐ Cash (2) ☒ Accrual (3) ☐ Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ☐ Yes ☒ No

H If you started or acquired this business during 2015, check here ▶ ☐

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ☒ Yes ☐ No

J If "Yes," did you or will you file required Forms 1099? ☒ Yes ☐ No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ ☐	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	609.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	1,110.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	1,719.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<1,719.>
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** PAL • If a loss, you **must** go to line 32.	31	<1,719.>
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a ☒ All investment is at risk. 32b ☐ Some investment is not at risk.	

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): GAME SHOW

B Enter code from instructions ▶ 711510

C Business name. If no separate business name, leave blank. DONALD J TRUMP

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ... [ ] Yes [X] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ... [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? ... [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	

Part II Expenses. Enter expenses for business use of your home only on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b	1,084.	b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	Reserved for future use	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	1,084.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<1,084.>
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** PAL • If a loss, you **must** go to line 32.	31	<1,084.>
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): AVIATION

B Enter code from instructions ▶ 532290

C Business name. If no separate business name, leave blank. DJT OPERATIONS II LLC

D Employer ID number (EIN), (see instr.) 27-3212492

E Business address (including suite or room no.) ▶ C/O WEISERMAZARS

City, town or post office, state, and ZIP code WOODBURY, NY 11797

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses ... [ ] Yes [X] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ... [X] Yes [ ] No

J If "Yes," did you or will you file required Forms 1099? ... [X] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	300.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	2,055.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27a	Other expenses (from line 48)	27a	25.
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	2,380.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<2,380.>
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** PAL • If a loss, you **must** go to line 32.	31	<2,380.>
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

Part III Cost of Goods Sold (see instructions)

33 Method(s) used to value closing inventory: a ☐ Cost b ☐ Lower of cost or market c ☐ Other (attach explanation)

34 Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☐ No

35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	
41	Inventory at end of year	41	
42	**Cost of goods sold.** Subtract line 41 from line 40. Enter the result here and on line 4	42	

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ / /

44 Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:

a Business _____ b Commuting _____ c Other _____

45	Was your vehicle available for personal use during off-duty hours?	☐ Yes	☐ No
46	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes	☐ No
47 a	Do you have evidence to support your deduction?	☐ Yes	☐ No
b	If "Yes," is the evidence written?	☐ Yes	☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

NYS FILING FEE	25.

48 **Total other expenses.** Enter here and on line 27a 48 25.

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): REAL ESTATE

B Enter code from instructions ▶ 531390

C Business name. If no separate business name, leave blank. THC HOTEL DEVELOPMENT LLC

D Employer ID number (EIN). (see instr.) 46-1174418

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses [X] Yes [ ] No

H If you started or acquired this business during 2015, check here ▶ [X]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	300.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	300.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<300.>
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	<300.>
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

SCHEDULE C (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

▶ Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

▶ Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

2015

Attachment Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

A Principal business or profession, including product or service (see instructions): REAL ESTATE DEVELOPMENT

B Enter code from instructions ▶ 531310

C Business name. If no separate business name, leave blank. TRUMP C DEVELOPMENT LLC

D Employer ID number (EIN), (see instr.) 11-3626042

E Business address (including suite or room no.) ▶

City, town or post office, state, and ZIP code: CHICAGO, IL

F Accounting method: (1) [X] Cash (2) [ ] Accrual (3) [ ] Other (specify) ▶

G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses: [X] Yes [ ] No

H If you started or acquired this business during 2015, check here ▶ [ ]

I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions): [ ] Yes [X] No

J If "Yes," did you or will you file required Forms 1099? [ ] Yes [ ] No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked ▶ [ ]	1	
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	
4	Cost of goods sold (from line 42)	4	
5	**Gross profit.** Subtract line 4 from line 3	5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	**Gross income.** Add lines 5 and 6 ▶	7	

Part II Expenses. Enter expenses for business use of your home **only** on line 30.

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	110.	25	Utilities	25	
				26	Wages (less employment credits)	26	
				27 a	Other expenses (from line 48)	27a	
				b	**Reserved for future use**	27b	

28	**Total expenses** before expenses for business use of home. Add lines 8 through 27a ▶	28	110.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	<110.>
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). **Simplified method filers only:** enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ . Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	**Net profit or (loss).** Subtract line 30 from line 29. • If a profit, enter on both **Form 1040, line 12** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see instructions). Estates and trusts, enter on **Form 1041, line 3.** • If a loss, you **must** go to line 32.	31	<110.>
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both **Form 1040, line 12,** (or **Form 1040NR, line 13**) and on **Schedule SE, line 2.** (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on **Form 1041, line 3.** • If you checked 32b, you **must** attach **Form 6198.** Your loss may be limited.	32a [X] All investment is at risk. 32b [ ] Some investment is not at risk.	

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.
▶ Information about Schedule D and its separate instructions is at *www.irs.gov/scheduled* .
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2015

Attachment Sequence No. 12

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Your social security number

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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). However, 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 with **Box A** checked	38,841,496.	39,167,884.	2,763.	<323,625.>
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 STMT 27	4	20,401.
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 29	5	<76,723.>
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	6	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2	7	<379,947.>

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 the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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	6,848,449.	6,837,977.		10,472.
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked	8,415,599.	7,759,886.		655,713.
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 28 SEE STATEMENT 30	11	30,139,013.
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	4,644,386.
13	Capital gain distributions SEE STATEMENT 31	13	765,816.
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	14	( )
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then go to Part III on page 2	15	36,215,400.

Part III Summary

16 Combine lines 7 and 15 and enter the result ..... 16 35,835,453.

- If line 16 is a **gain,** enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- If line 16 is a **loss,** skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

[X] **Yes.** Go to line 18.

[ ] **No.** Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** in the instructions ..... ▶ 18

19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions ..... SEE STATEMENT 32 ▶ 19

20 Are lines 18 and 19 **both** zero or blank?

[X] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). **Do not** complete lines 21 and 22 below.

[ ] **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Do not** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or
- ($3,000), or if married filing separately, ($1,500)

..... 21 ( )

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

[ ] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).

[ ] **No.** Complete the rest of Form 1040 or Form 1040NR.

520512
12-05-15

SCHEDULE E
(Form 1040)
Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

2015

Attachment Sequence No. 13

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Your social security number

Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use **Schedule C** or **C-EZ** (see instructions). If you are an individual, report farm rental income or loss from **Form 4835** on page 2, line 40.

A Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) [X] Yes [ ] No

B If "Yes," did you or will you file required Forms 1099? [X] Yes [ ] No

1a Physical address of each property (street, city, state, ZIP code)

A REGENCY ENERGY PARTNERS LP - Royalty

B ENERGY TRANSFER PARTNERS LP - Royalty

C

1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the **QJV** box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	6				
B	6				
C					

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental

2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:		A	B	C
3	Rents received	3			
4	Royalties received	4	13.	12.	
Expenses:					
5	Advertising	5			
6	Auto and travel (see instructions)	6			
7	Cleaning and maintenance	7			
8	Commissions	8			
9	Insurance	9			
10	Legal and other professional fees	10			
11	Management fees	11			
12	Mortgage interest paid to banks, etc. (see instructions)	12			
13	Other interest	13			
14	Repairs	14		5477	45276
15	Supplies	15			
16	Taxes	16			
17	Utilities	17			
18	Depreciation expense or depletion	18	8.		
19	Other (list) ▶	19			
20	Total expenses. Add lines 5 through 19	20	8.		
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file **Form 6198**	21	5.	12.	
22	Deductible rental real estate loss after limitation, if any, on **Form 8582** (see instructions)	22	( )	( )	( )

23a	Total of all amounts reported on line 3 for all rental properties	23a	122,334.	
b	Total of all amounts reported on line 4 for all royalty properties	23b	3,144,118.	
c	Total of all amounts reported on line 12 for all properties	23c	9,853.	
d	Total of all amounts reported on line 18 for all properties	23d	56,010.	
e	Total of all amounts reported on line 20 for all properties	23e	1,417,559.	
24	**Income.** Add positive amounts shown on line 21. **Do not** include any losses	24		2,265,524.
25	**Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25		(416,631.)
26	**Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26		1,848,893.

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

2015

Attachment Sequence No. 13

Name(s) shown on return

Your social security number

DONALD J. & MELANIA TRUMP

Part I **Income or Loss From Rental Real Estate and Royalties** **Note:** If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No

B If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

1a Physical address of each property (street, city, state, ZIP code)

A

B , PALM BEACH, FL 33480

C ALM BEACH, FL 33480

1b	Type of Property (from list below)
A	1
B	1
C	1

2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.

	Fair Rental Days	Personal Use Days	QJV
A	365		☐
B	365		☐
C	365		☐

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental

2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income: / Expenses:		Properties: A	B	C
3 Rents received	3		46,700.	75,634.
4 Royalties received	4			
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			7,560.
9 Insurance	9		3,892.	2,152.
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12		6,601.	3,252.
13 Other interest	13	8,756.		
14 Repairs	14		5,477.	48,276.
15 Supplies	15			
16 Taxes	16		142,939.	40,330.
17 Utilities	17		23,482.	12,891.
18 Depreciation expense or depletion	18		42,639.	13,363.
19 Other (list) ▶ STMT 40 STMT 41	19		10,872.	4,349.
20 Total expenses. Add lines 5 through 19	20	8,756.	235,902.	132,173.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	<8,756.>	<189,202.>	<56,539.>
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(8,756.)	(189,202.)	(56,539.)

23a Total of all amounts reported on line 3 for all rental properties	23a		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e		

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses	24	
25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	( )
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

2015

Attachment Sequence No. 13

Name(s) shown on return

Your social security number

DONALD J. & MELANIA TRUMP

Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No

B If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

1a Physical address of each property (street, city, state, ZIP code)

A , NY

B

C ROYATLY INCOME

1b	Type of Property (from list below)
A	1
B	1
C	6

2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.

	Fair Rental Days	Personal Use Days	QJV
A	365		☐
B	365		☐
C			☐

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental

2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income: / Expenses:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4			421,930.
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13	830.	7,508.	
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	9.		
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶ STMT 42	19			371,305.
20 Total expenses. Add lines 5 through 19	20	839.	7,508.	371,305.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	<839.>	<7,508.>	50,625.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(839.)	(7,508.)	( )

23a Total of all amounts reported on line 3 for all rental properties	23a		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e		

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses	24	
25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	( )
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

2015

Attachment Sequence No. 13

Name(s) shown on return

Your social security number

DONALD J. & MELANIA TRUMP

Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No

B If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

1a Physical address of each property (street, city, state, ZIP code)

A

B ROYALTY INCOME

C ROYALTY INCOME

1b	Type of Property (from list below)
A	6
B	1
C	1

2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.

	Fair Rental Days	Personal Use Days	QJV
A			☐
B	365		☐
C	365		☐

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental

2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:		Properties: A	B	C
3 Rents received	3			
4 Royalties received	4	2,705,902.		
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8	397,500.		
9 Insurance	9			
10 Legal and other professional fees	10		110.	110.
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16		153.	300.
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶ STMT 44	19	109,781.		
20 Total expenses. Add lines 5 through 19	20	507,281.	263.	410.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	2,198,621.	<263.>	<410.>
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	( )	(263.)	(410.)

23a Total of all amounts reported on line 3 for all rental properties	23a		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e		

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses	24		
25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	( )	
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26		

SCHEDULE E (Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

2015

Attachment Sequence No. 13

Name(s) shown on return

Your social security number

DONALD J. & MELANIA TRUMP

Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ☐ Yes ☐ No

B If "Yes," did you or will you file required Forms 1099? ☐ Yes ☐ No

1a Physical address of each property (street, city, state, ZIP code)

A ROYALTY INCOME

B

C

1b	Type of Property (from list below)
A	1
B	1
C	1

2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.

	Fair Rental Days	Personal Use Days	QJV
A	365		☐
B	365		☐
C	365		☐

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental

2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10	125,571.	55.	
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	144.	144.	
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶ STMT 46 STMT 47	19	709.		25.
20 Total expenses. Add lines 5 through 19	20	126,424.	199.	25.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	<126,424.>	<199.>	<25.>
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	(126,424.)	(199.)	(25.)

23a Total of all amounts reported on line 3 for all rental properties	23a		
b Total of all amounts reported on line 4 for all royalty properties	23b		
c Total of all amounts reported on line 12 for all properties	23c		
d Total of all amounts reported on line 18 for all properties	23d		
e Total of all amounts reported on line 20 for all properties	23e		

24 **Income.** Add positive amounts shown on line 21. **Do not** include any losses	24		
25 **Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	( )	
26 **Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26		

SCHEDULE E
(Form 1040)
Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

▶ Attach to Form 1040, 1040NR, or Form 1041.

▶ Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545-0074

2015

Attachment Sequence No. 13

Name(s) shown on return

Your social security number

DONALD J. & MELANIA TRUMP

Part I Income or Loss From Rental Real Estate and Royalties **Note:** If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

A Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) ☑ Yes ☐ No

B If "Yes," did you or will you file required Forms 1099? ☑ Yes ☐ No

1a Physical address of each property (street, city, state, ZIP code)

A

B

C

1b	Type of Property (from list below)
A	6
B	1
C	6

2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.

	Fair Rental Days	Personal Use Days	QJV
A			☐
B	365		☐
C			☐

Type of Property:

1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental

2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe)

Income: / Expenses:		Properties: A	B	C
3 Rents received	3			
4 Royalties received	4	62.		16,199.
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10		55.	
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16		144.	
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶ STMT 48	19		26,267.	
20 Total expenses. Add lines 5 through 19	20		26,466.	
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	62.	<26,466.>	16,199.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	( )	26,466.	( )

23a	Total of all amounts reported on line 3 for all rental properties	23a	
b	Total of all amounts reported on line 4 for all royalty properties	23b	
c	Total of all amounts reported on line 12 for all properties	23c	
d	Total of all amounts reported on line 18 for all properties	23d	
e	Total of all amounts reported on line 20 for all properties	23e	

24	**Income.** Add positive amounts shown on line 21. **Do not** include any losses	24	
25	**Losses.** Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25	( )
26	**Total rental real estate and royalty income or (loss).** Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26	

Name(s) shown on return. Do not enter name and social security number if shown on page 1.

DONALD J. & MELANIA TRUMP

Your social security number

Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1.

Part II Income or Loss From Partnerships and S Corporations

Note: If you report a loss from an at-risk activity for which any amount is **not** at risk, you **must** check column **(e)** on line 28 and attach **Form 6198.** See instructions.

27 Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? [X] Yes [ ] No

If you answered "Yes," see instructions before completing this section.

28	(a) Name	(b) Enter P for partnership; S for S corporation	(c) Check if foreign partnership	(d) Employer identification number	(e) Check if any amount is not at risk
A	SEE STATEMENT 50				
B					
C					
D					

	Passive Income and Loss		Nonpassive Income and Loss		
	(f) Passive loss allowed (attach **Form 8582** if required)	(g) Passive income from **Schedule K-1**	(h) Nonpassive loss from **Schedule K-1**	(i) Section 179 expense deduction from **Form 4562**	(j) Nonpassive income from **Schedule K-1**
A					
B					
C					
D					
29a Totals		43,810,000.			25,711,876.
b Totals	25,974,559.		53,153,212.	125,009.	

30	Add columns (g) and (j) of line 29a	30	69,521,876.
31	Add columns (f), (h), and (i) of line 29b	31	(79,252,780.)
32	**Total partnership and S corporation income or (loss).** Combine lines 30 and 31. Enter the result here and include in the total on line 41 below	32	<9,730,904.>

Part III Income or Loss From Estates and Trusts

33	(a) Name	(b) Employer identification number
A	SEE STATEMENT 51	
B		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach **Form 8582** if required)	(d) Passive income from **Schedule K-1**	(e) Deduction or loss from **Schedule K-1**	(f) Other income from **Schedule K-1**
A				
B				
34a Totals				
b Totals				

35	Add columns (d) and (f) of line 34a	35	
36	Add columns (c) and (e) of line 34b	36	( )
37	**Total estate and trust income or (loss).** Combine lines 35 and 36. Enter the result here and include in the total on line 41 below	37	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

38	(a) Name	(b) Employer identification number	(c) Excess inclusion from **Schedules Q**, line 2c (see instructions)	(d) Taxable income (net loss) from **Schedules Q**, line 1b	(e) Income from **Schedules Q**, line 3b

39	Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below	39	

Part V Summary

* ENTIRE DISPOSITION OF ACTIVITY

40	Net farm rental income or (loss) from **Form 4835.** Also, complete line 42 below	40	
41	**Total income or (loss).** Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 ▶	41	<7,882,011.>
42	**Reconciliation of farming and fishing income.** Enter your **gross** farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions)	42	
43	**Reconciliation for real estate professionals.** If you were a real estate professional (see instructions), enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate activities in which you materially participated under the passive activity loss rules	43	STATEMENT 52 26,572,380.

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at *www.irs.gov/form1116.*

OMB No. 1545-0121

2015

Attachment Sequence No. 19

Name

DONALD J. & MELANIA TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a [X] Passive category income
b [ ] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	CANADA	GREECE	OTHER COUNTRIES		
1a Gross income from sources within country shown above and of the type checked above:	1,023,983.		230,123.	1a	
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ [ ]					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)			825.		
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.		
b Other deductions (attach statement)					
c Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.		
d Gross foreign source income	1,023,983.		230,123.		
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.		
f Divide line 3d by line 3e	.00324	.00000	.00073		
g Multiply line 3c by line 3f	22,692.		5,096.		
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	22,692.		5,921.	6	
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7	

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) [X] Paid (i) [ ] Accrued (j) Date paid or accrued	Foreign taxes paid or accrued: In foreign currency — Taxes withheld at source on: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars — Taxes withheld at source on: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										
B										
C						4,026.			4,570.	8,596.
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶										8

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **1116** (2015)

511501
11-30-15

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

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OMB No. 1545-0121

2015

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a [X] Passive category income
b [ ] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	PANAMA	BRAZIL	DOMINICAN REPUBLIC		
1a Gross income from sources within country shown above and of the type checked above:	855,560.			1a	
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ [ ]					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)			820.		
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.		
b Other deductions (attach statement)					
c Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.		
d Gross foreign source income	855,560.				
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.		
f Divide line 3d by line 3e	.00270	.00000	.00000		
g Multiply line 3c by line 3f	18,961.				
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	18,961.		820.	6	
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7	

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) [X] Paid (i) [ ] Accrued (j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency: Taxes withheld at source on (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars: Taxes withheld at source on (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

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OMB No. 1545-0121

2015

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a [X] Passive category income
b [ ] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C	Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	PHILIPPINES	TURKEY	MEXICO	
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ [ ]				
Deductions and losses (*Caution: See instructions*):				
2 Expenses **definitely related** to the income on line 1a (attach statement)				
3 Pro rata share of other deductions **not definitely related:**				
a Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.	
d Gross foreign source income				
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.	
f Divide line 3d by line 3e	.00000	.00000	.00000	
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) [X] Paid (i) [ ] Accrued (j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency — Taxes withheld at source on: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars — Taxes withheld at source on: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										
B										
C										
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶										8

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

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OMB No. 1545-0121

2015

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a [X] Passive category income
b [ ] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	UNITED ARAB EMIRATES	OTHER COUNTRIES	EGYPT		
1a Gross income from sources within country shown above and of the type checked above:		230,123.		1a	
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ [ ]					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)		825.			
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.		
b Other deductions (attach statement)					
c Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.		
d Gross foreign source income		230,123.			
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.		
f Divide line 3d by line 3e	.00000	.00073	.00000		
g Multiply line 3c by line 3f		5,092.			
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5		5,917.		6	
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7	

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) [X] Paid (i) [ ] Accrued (j) Date paid or accrued	Foreign taxes paid or accrued: In foreign currency — Taxes withheld at source on: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars — Taxes withheld at source on: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										
B						4,026.			4,570.	8,596.
C										
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶										8

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **1116** (2015)

511501
11-30-15

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

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a [X] Passive category income
b [ ] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C	Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	PUERTO RICO	SOUTH AFRICA	THAILAND	
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ [ ]				
Deductions and losses (*Caution: See instructions*):				
2 Expenses **definitely related** to the income on line 1a (attach statement)				
3 Pro rata share of other deductions **not definitely related:**				
a Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.	
d Gross foreign source income				
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.	
f Divide line 3d by line 3e	.00000	.00000	.00000	
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) [X] Paid (i) [ ] Accrued (j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency: Taxes withheld at source on (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars: Taxes withheld at source on (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

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a [X] Passive category income
b [ ] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C	Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	INDIA	GEORGIA	ISRAEL	
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ [ ]				
Deductions and losses (*Caution: See instructions*):				
2 Expenses **definitely related** to the income on line 1a (attach statement)				
3 Pro rata share of other deductions **not definitely related:**				
a Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.	
d Gross foreign source income				
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.	
f Divide line 3d by line 3e	.00000	.00000	.00000	
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) [X] Paid (i) [ ] Accrued	Foreign taxes paid or accrued: In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest		
A										
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **1116** (2015)

511501
11-30-15

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Department of the Treasury
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a [X] Passive category income
b [ ] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C	Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	GRENADA	URUGUAY	UNITED KINGDOM	
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ [ ]				
Deductions and losses (*Caution: See instructions*):				
2 Expenses **definitely related** to the income on line 1a (attach statement)				
3 Pro rata share of other deductions **not definitely related:**				
a Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.	
d Gross foreign source income				
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.	
f Divide line 3d by line 3e	.00000	.00000	.00000	
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) [X] Paid (i) [ ] Accrued	Foreign taxes paid or accrued: In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest		
A										
B										
C										
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶										8

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a [X] Passive category income
b [ ] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C	Total (Add cols. A, B, and C.)	
g Enter the name of the foreign country or U.S. possession ▶	AZERBAIJAN	SAINT MARTIN	QATAR		
1a Gross income from sources within country shown above and of the type checked above:				1a	2,339,789.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ [ ]					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement) SEE STATEMENT 55	152,520.		85,403.		
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.		
b Other deductions (attach statement)					
c Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.		
d Gross foreign source income					
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.		
f Divide line 3d by line 3e	.00000	.00000	.00000		
g Multiply line 3c by line 3f					
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	152,520.		85,403.	6	292,234.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7	2,047,555.

Part II Foreign Taxes Paid or Accrued

SEE STATEMENT 54

Country	Credit is claimed for taxes (you must check one) (h) [X] Paid (i) [ ] Accrued (j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency: Taxes withheld at source on (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars: Taxes withheld at source on (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8 8,596.

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	8,596.	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	8,596.	
12	Reduction in foreign taxes	12		
13	Taxes reclassified under high tax kickout	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14 8,596.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	2,047,555.	
16	Adjustments to line 15	16	<2,047,555.>	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17		
18	**Individuals:** Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. **Estates and trusts:** Enter your taxable income without the deduction for your exemption	18		
	Caution: *If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.*			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19
20	**Individuals:** Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37			20
	Caution: *If you are completing line 20 for separate category e (lump-sum distributions), see instructions.*			
21	Multiply line 20 by line 19 (maximum amount of credit)			21
22	Enter the **smaller** of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV ▶			22 0.

Part IV Summary of Credits From Separate Parts III

23	Credit for taxes on passive category income	23	
24	Credit for taxes on general category income	24	
25	Credit for taxes on certain income re-sourced by treaty	25	
26	Credit for taxes on lump-sum distributions	26	
27	Add lines 23 through 26		27 0.
28	Enter the **smaller** of line 20 or line 27		28 0.
29	Reduction of credit for international boycott operations		29
30	Subtract line 29 from line 28. This is your **foreign tax credit.** Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a ▶		30 0.

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at *www.irs.gov/form1116.*

OMB No. 1545-0121

2015

Attachment Sequence No. 19

Name

DONALD J. & MELANIA TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Passive category income
b ☒ General category income
c ☐ Section 901(j) income
d ☐ Certain income re-sourced by treaty
e ☐ Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C	Total (Add cols. A, B, and C.)	
g Enter the name of the foreign country or U.S. possession ▶	OTHER COUNTRIES	KOREA, SOUTH	UNITED KINGDOM		
1a Gross income from sources within country shown above and of the type checked above:	7,351,696.		22,386,312.		1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ ☐					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)	1,689,378.	9.	36,142,607.		
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.		
b Other deductions (attach statement)					
c Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.		
d Gross foreign source income	7,351,696.		22,386,312.		
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.		
f Divide line 3d by line 3e	.02323	.00000	.07073		
g Multiply line 3c by line 3f	163,119.		496,696.		
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	1,852,497.	9.	36,639,303.		6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶					7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) ☒ Paid (i) ☐ Accrued (j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A									211,431.	211,431.
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at *www.irs.gov/form1116.*

OMB No. 1545-0121

2015

Attachment Sequence No. 19

Name

DONALD J. & MELANIA TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Passive category income
b ☒ General category income
c ☐ Section 901(j) income
d ☐ Certain income re-sourced by treaty
e ☐ Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	CHINA	DOMINICAN REPUBLIC	PANAMA		
1a Gross income from sources within country shown above and of the type checked above:			1,769,455.	1a	
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ ☐					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)	1,498,456.	51,530.	569,467.		
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.		
b Other deductions (attach statement)					
c Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.		
d Gross foreign source income			1,769,455.		
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.		
f Divide line 3d by line 3e	.00000	.00000	.00559		
g Multiply line 3c by line 3f			39,255.		
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	1,498,456.	51,530.	608,722.	6	
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7	

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) ☒ Paid (i) ☐ Accrued — (j) Date paid or accrued	Foreign taxes paid or accrued: In foreign currency — Taxes withheld at source on: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars — Taxes withheld at source on: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A									55,202.	55,202.
B										
C										
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶										8

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **1116** (2015)

511501
11-30-15

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at *www.irs.gov/form1116.*

OMB No. 1545-0121

2015

Attachment Sequence No. **19**

Name

DONALD J. & MELANIA TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Passive category income
b ☒ General category income
c ☐ Section 901(j) income
d ☐ Certain income re-sourced by treaty
e ☐ Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C	Total (Add cols. A, B, and C.)	
g Enter the name of the foreign country or U.S. possession ▶	UNITED ARAB EMIRATES	PUERTO RICO	CANADA		
1a Gross income from sources within country shown above and of the type checked above:	1,507,971.		486,218.		1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ ☐					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)	185,122.	6,882.	345,098.		
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.		
b Other deductions (attach statement)					
c Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.		
d Gross foreign source income	1,507,971.		486,218.		
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.		
f Divide line 3d by line 3e	.00476	.00000	.00154		
g Multiply line 3c by line 3f	33,429.		10,792.		
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	218,551.	6,882.	355,890.		6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶					7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) ☒ Paid (i) ☐ Accrued (j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										
B										
C									4,286.	4,286.
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶										8

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **1116** (2015)

511501
11-30-15

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at *www.irs.gov/form1116.*

OMB No. 1545-0121

2015

Attachment Sequence No. 19

Name

DONALD J. & MELANIA TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Passive category income
b ☒ General category income
c ☐ Section 901(j) income
d ☐ Certain income re-sourced by treaty
e ☐ Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C	Total (Add cols. A, B, and C.)	
g Enter the name of the foreign country or U.S. possession ▶	PHILIPPINES	GRENADA	INDIA		
1a Gross income from sources within country shown above and of the type checked above:	11,088.	20,662.	2,907,785.		1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ ☐					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)	1,438.	82.	558,758.		
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.		
b Other deductions (attach statement)					
c Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.		
d Gross foreign source income	11,088.	20,662.	2,907,785.		
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.		
f Divide line 3d by line 3e	.00004	.00007	.00919		
g Multiply line 3c by line 3f	249.	436.	64,511.		
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	1,687.	518.	623,269.		6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶					7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) ☒ Paid (i) ☐ Accrued — (j) Date paid or accrued	Foreign taxes paid or accrued: In foreign currency — Taxes withheld at source on: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars — Taxes withheld at source on: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A									1,109.	1,109.
B										
C									193,403.	193,403.
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶										8

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **1116** (2015)

51150I
11-30-15

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

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OMB No. 1545-0121

2015

Attachment Sequence No. 19

Name

DONALD J. & MELANIA TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Passive category income
b ☒ General category income
c ☐ Section 901(j) income
d ☐ Certain income re-sourced by treaty
e ☐ Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C	Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	GEORGIA	ISRAEL	AZERBAIJAN	
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ ☐				
Deductions and losses (*Caution: See instructions*):				
2 Expenses **definitely related** to the income on line 1a (attach statement)	405.	65,893.	96,935.	
3 Pro rata share of other deductions **not definitely related:**				
a Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.	
d Gross foreign source income				
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.	
f Divide line 3d by line 3e	.00000	.00000	.00000	
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	405.	65,893.	96,935.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) ☒ Paid (i) ☐ Accrued	Foreign taxes paid or accrued: In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest		
A										
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

OMB No. 1545-0121

2015

Attachment Sequence No. 19

Name

DONALD J. & MELANIA TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Passive category income
b ☒ General category income
c ☐ Section 901(j) income
d ☐ Certain income re-sourced by treaty
e ☐ Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C	Total (Add cols. A, B, and C.)	
g Enter the name of the foreign country or U.S. possession ▶	BRAZIL	SAINT MARTIN	MEXICO		
1a Gross income from sources within country shown above and of the type checked above:		782,551.			1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ ☐					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)	39,489.	782,551.	22,290.		
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.		
b Other deductions (attach statement)					
c Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.		
d Gross foreign source income		782,551.			
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.		
f Divide line 3d by line 3e	.00000	.00247	.00000		
g Multiply line 3c by line 3f		17,378.			
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	39,489.	799,929.	22,290.		6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶					7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) ☒ Paid (i) ☐ Accrued (j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A									316.	316.
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **1116** (2015)

511501
11-30-15

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

OMB No. 1545-0121

2015

Attachment Sequence No. 19

Name

DONALD J. & MELANIA TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Passive category income
b ☒ General category income
c ☐ Section 901(j) income
d ☐ Certain income re-sourced by treaty
e ☐ Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C	Total (Add cols. A, B, and C.)	
g Enter the name of the foreign country or U.S. possession ▶	QATAR	INDONESIA	IRELAND		
1a Gross income from sources within country shown above and of the type checked above:		3,763,769.	8,277,541.		1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ ☐					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)	1,737.	96,331.	12,402,242.		
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	7,022,743.	7,022,743.	7,022,743.		
b Other deductions (attach statement)					
c Add lines 3a and 3b	7,022,743.	7,022,743.	7,022,743.		
d Gross foreign source income		3,763,769.	8,277,541.		
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.		
f Divide line 3d by line 3e	.00000	.01189	.02615		
g Multiply line 3c by line 3f		83,511.	183,664.		
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	1,737.	179,842.	12,585,906.		6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶					7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) ☒ Paid (i) ☐ Accrued	Foreign taxes paid or accrued: In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest		
A										
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **1116** (2015)

511501
11-30-15

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at *www.irs.gov/form1116.*

OMB No. 1545-0121

2015

Attachment Sequence No. 19

Name

DONALD J. & MELANIA TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Passive category income
b ☒ General category income
c ☐ Section 901(j) income
d ☐ Certain income re-sourced by treaty
e ☐ Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	TURKEY				
1a Gross income from sources within country shown above and of the type checked above:	1,044,632.			1a	50,309,680.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ ☐					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement) SEE STATEMENT 57	244,486.				
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	7,022,743.				
b Other deductions (attach statement)					
c Add lines 3a and 3b	7,022,743.				
d Gross foreign source income	1,044,632.				
e Gross income from all sources	316,509,660.				
f Divide line 3d by line 3e	.00330				
g Multiply line 3c by line 3f	23,159.				
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	267,645.			6	55,917,385.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7	<5,607,705.>

Part II Foreign Taxes Paid or Accrued

SEE STATEMENT 56

Country	Credit is claimed for taxes (you must check one) (h) ☒ Paid (i) ☐ Accrued	Foreign taxes paid or accrued: In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest		
A										
B										
C										
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶									8	465,747.

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	465,747.	
10	Carryback or carryover (attach detailed computation) SEE STATEMENT 58	10	7,712,308.	
11	Add lines 9 and 10	11	8,178,055.	
12	Reduction in foreign taxes	12		
13	Taxes reclassified under high tax kickout	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14 8,178,055.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	<5,607,705.>	
16	Adjustments to line 15	16	2,047,555.	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	<3,560,150.>	
18	**Individuals:** Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. **Estates and trusts:** Enter your taxable income without the deduction for your exemption	18		
	Caution: *If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.*			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19
20	**Individuals:** Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37			20
	Caution: *If you are completing line 20 for separate category e (lump-sum distributions), see instructions.*			
21	Multiply line 20 by line 19 (maximum amount of credit)			21
22	Enter the **smaller** of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV ▶			22 0.

Part IV Summary of Credits From Separate Parts III

23	Credit for taxes on passive category income	23	
24	Credit for taxes on general category income	24	
25	Credit for taxes on certain income re-sourced by treaty	25	
26	Credit for taxes on lump-sum distributions	26	
27	Add lines 23 through 26		27
28	Enter the **smaller** of line 20 or line 27		28
29	Reduction of credit for international boycott operations		29
30	Subtract line 29 from line 28. This is your **foreign tax credit.** Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a ▶		30

Name of person with **self-employment** income (as shown on Form 1040 or Form 1040NR)

DONALD J. TRUMP

Social security number of person with **self-employment** income ▶

Section B - Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is **church employee income,** see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had $400 or more of **other** net earnings from self-employment, check here and continue with Part I ▶ ☐

1a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. **Note.** Skip lines 1a and 1b if you use the farm optional method (see instructions)		1a	
b	If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z		1b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. **Note.** Skip this line if you use the nonfarm optional method (see instructions) SEE STATEMENT 53		2	980,058.
3	Combine lines 1a, 1b, and 2		3	980,058.
4a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3		4a	905,084.
	Note. If line 4a is less than $400 due to Conservation Reserve Program payments on line 1b, see instructions.			
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		4b	
c	Combine lines 4a and 4b. If less than $400, **stop**; you do not owe self-employment tax. **Exception.** If less than $400 and you had **church employee income,** enter -0- and continue ▶		4c	905,084.
5a	Enter your **church employee income** from Form W-2. See instructions for definition of church employee income	5a		
b	Multiply line 5a by 92.35% (.9235). If less than $100, enter -0-		5b	
6	Add lines 4c and 5b		6	905,084.
7	Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2015		7	118,500.00
8a	Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If $118,500 or more, skip lines 8b through 10, and go to line 11	8a 14,141.		
b	Unreported tips subject to social security tax (from Form 4137, line 10)	8b		
c	Wages subject to social security tax (from Form 8919, line 10)	8c		
d	Add lines 8a, 8b, and 8c		8d	14,141.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 ▶		9	104,359.
10	Multiply the **smaller** of line 6 or line 9 by 12.4% (.124)		10	12,941.
11	Multiply line 6 by 2.9% (.029)		11	26,247.
12	**Self-employment tax.** Add lines 10 and 11. Enter here and on **Form 1040, line 57,** or **Form 1040NR, line 55**		12	39,188.
13	**Deduction for one-half of self-employment tax.** Multiply line 12 by 50% (.50). Enter the result here and on **Form 1040, line 27,** or **Form 1040NR, line 27**	13 19,594.		

Part II Optional Methods To Figure Net Earnings (see instructions)

Farm Optional Method. You may use this method **only** if **(a)** your gross farm income[1] was not more than $7,320, **or (b)** your net farm profits[2] were less than $5,284.

14	Maximum income for optional methods	14	4,880.00
15	Enter the **smaller** of: two-thirds (2/3) of gross farm income[1] (not less than zero) **or** $4,880. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if **(a)** your net nonfarm profits[3] were less than $5,284 and also less than 72.189% of your gross nonfarm income,[4] **and (b)** you had net earnings from self-employment of at least $400 in 2 of the prior 3 years. **Caution.** You may use this method no more than five times.

16	Subtract line 15 from line 14	16	
17	Enter the **smaller** of: two-thirds (2/3) of gross nonfarm income[4] (not less than zero) **or** the amount on line 16. Also include this amount on line 4b above	17	

[1] From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

[2] From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

[3] From Sch. C , line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

[4] From Sch. C , line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

Form **3800**

Department of the Treasury
Internal Revenue Service (99)

General Business Credit

▶ Information about Form 3800 and its separate instructions is at *www.irs.gov/form3800.*

▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0895

2015

Attachment Sequence No. 22

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)

(See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked		1	
2	Passive activity credits from line 2 of all Parts III with box B checked	2		
3	Enter the applicable passive activity credits allowed for 2015 (see instructions)		3	
4	Carryforward of general business credit to 2015. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach		4	15,068,133.
5	Carryback of general business credit from 2016. Enter the amount from line 2 of Part III with box D checked		5	
6	Add lines 1, 3, 4, and 5		6	15,068,133.

Part II Allowable Credit

7	Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return		7	0.
8	Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 35 • Corporations. Enter the amount from Form 4626, line 14 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56		8	2,127,670.
9	Add lines 7 and 8		9	2,127,670.
10a	Foreign tax credit	10a		
b	Certain allowable credits (see instructions)	10b	750.	
c	Add lines 10a and 10b		10c	750.
11	**Net income tax.** Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16		11	2,126,920.
12	**Net regular tax.** Subtract line 10c from line 7. If zero or less, enter -0-	12	0.	
13	Enter 25% (.25) of the excess, if any, of line 12 over $25,000 (see instructions)	13		
14	Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 33 • Corporations. Enter the amount from Form 4626, line 12 • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54	14	2,127,670.	
15	Enter the greater of line 13 or line 14		15	2,127,670.
16	Subtract line 15 from line 11. If zero or less, enter -0-		16	0.
17	Enter the **smaller** of line 6 or line 16 **C corporations:** See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.		17	0.

Part II Allowable Credit *(Continued)*

Note. If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (.75) (see instructions)	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked — 23		
24	Enter the applicable passive activity credit allowed for 2015 (see instructions)	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	2,126,920.
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	2,126,920.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	280,588.
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked — 32 320,240.		
33	Enter the applicable passive activity credits allowed for 2015 (see instructions)	33	
34	Carryforward of business credit to 2015. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	1,205,151.
35	Carryback of business credit from 2016. Enter the amount from line 5 of Part III with box D checked (see instructions)	35	
36	Add lines 30, 33, 34, and 35	36	1,485,739.
37	Enter the **smaller** of line 29 or line 36	37	1,485,739.
38	**Credit allowed for the current year.** Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return: • Individuals. Form 1040, line 54, or Form 1040NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b	38	1,485,739.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

Identifying number:

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

A [ ] General Business Credit From a Non-Passive Activity
B [ ] General Business Credit From a Passive Activity
C [X] General Business Credit Carryforwards
D [ ] General Business Credit Carrybacks
E [ ] Reserved
F [ ] Reserved
G [ ] Eligible Small Business Credit Carryforwards
H [ ] Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ▶ [ ]

Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		15,068,133.
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		15,068,133.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		1,182,447.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		1,182,447.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		16,250,580.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

Identifying number:

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

A ☐ General Business Credit From a Non-Passive Activity
B ☐ General Business Credit From a Passive Activity
C ☐ General Business Credit Carryforwards
D ☐ General Business Credit Carrybacks
E ☐ Reserved
F ☐ Reserved
G ☐ Eligible Small Business Credit Carryforwards
H ☐ Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ▶ X

Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		600,828.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		600,828.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		600,828.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

Identifying number:

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

- A [X] General Business Credit From a Non-Passive Activity
- B [ ] General Business Credit From a Passive Activity
- C [ ] General Business Credit Carryforwards
- D [ ] General Business Credit Carrybacks
- E [ ] Reserved
- F [ ] Reserved
- G [ ] Eligible Small Business Credit Carryforwards
- H [ ] Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ▶ [ ]

Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-8202438	131.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		131.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		131.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

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Part III General Business Credits or Eligible Small Business Credits (see instructions)

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F [ ] Reserved
G [ ] Eligible Small Business Credit Carryforwards
H [ ] Reserved

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Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162256	5,578.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		5,578.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		5,578.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

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Part III General Business Credits or Eligible Small Business Credits (see instructions)

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Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308	274,879.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		274,879.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		274,879.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

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Part III General Business Credits or Eligible Small Business Credits (see instructions)

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	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		14,169.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		14,169.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		14,169.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

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Part III General Business Credits or Eligible Small Business Credits (see instructions)

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	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	65-0567671	7,962.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		7,962.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		7,962.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

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	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	13-3818196	8.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		8.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		8.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

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Part III General Business Credits or Eligible Small Business Credits (see instructions)

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	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	65-0750446	2,748.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		2,748.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		2,748.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

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Complete a separate Part III for each box checked below. (see instructions)

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	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	26-3467517	124.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		124.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		124.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

Identifying number: –

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

A [ ] General Business Credit From a Non-Passive Activity
B [X] General Business Credit From a Passive Activity
C [ ] General Business Credit Carryforwards
D [ ] General Business Credit Carrybacks
E [ ] Reserved
F [ ] Reserved
G [ ] Eligible Small Business Credit Carryforwards
H [ ] Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ▶ [ ]

Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	26-4187508	39.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		39.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		39.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

Identifying number: [redacted]

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

A [ ] General Business Credit From a Non-Passive Activity
B [X] General Business Credit From a Passive Activity
C [ ] General Business Credit Carryforwards
D [ ] General Business Credit Carrybacks
E [ ] Reserved
F [ ] Reserved
G [ ] Eligible Small Business Credit Carryforwards
H [ ] Reserved

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Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-1445354	1,861.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		1,861.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		1,861.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

Identifying number:

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

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- B [X] General Business Credit From a Passive Activity
- C [ ] General Business Credit Carryforwards
- D [ ] General Business Credit Carrybacks
- E [ ] Reserved
- F [ ] Reserved
- G [ ] Eligible Small Business Credit Carryforwards
- H [ ] Reserved

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	(a) Description of credit Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-2802479	12,954.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		12,954.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		12,954.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

Identifying number:

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

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- C [ ] General Business Credit Carryforwards
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- E [ ] Reserved
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- G [ ] Eligible Small Business Credit Carryforwards
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Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308	204,465.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		204,465.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		204,465.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

Identifying number:

Part III General Business Credits or Eligible Small Business Credits (see instructions)

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- B [X] General Business Credit From a Passive Activity
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- F [ ] Reserved
- G [ ] Eligible Small Business Credit Carryforwards
- H [ ] Reserved

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Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308	6,543.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		6,543.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		6,543.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

Identifying number:

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

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- B [X] General Business Credit From a Passive Activity
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- E [ ] Reserved
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- G [ ] Eligible Small Business Credit Carryforwards
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Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308	12,200.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		12,200.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		12,200.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

Identifying number:

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

A [ ] General Business Credit From a Non-Passive Activity
B [X] General Business Credit From a Passive Activity
C [ ] General Business Credit Carryforwards
D [ ] General Business Credit Carrybacks
E [ ] Reserved
F [ ] Reserved
G [ ] Eligible Small Business Credit Carryforwards
H [ ] Reserved

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Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308	3,789.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		3,789.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		3,789.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

Identifying number:

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

A [ ] General Business Credit From a Non-Passive Activity
B [X] General Business Credit From a Passive Activity
C [ ] General Business Credit Carryforwards
D [ ] General Business Credit Carrybacks
E [ ] Reserved
F [ ] Reserved
G [ ] Eligible Small Business Credit Carryforwards
H [ ] Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III [ ]

Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	45-3554818	2,805.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		2,805.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		2,805.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

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Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

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- C [ ] General Business Credit Carryforwards
- D [ ] General Business Credit Carrybacks
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- F [ ] Reserved
- G [ ] Eligible Small Business Credit Carryforwards
- H [ ] Reserved

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Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	45-3815157	67.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		67.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		67.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

Identifying number:

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

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- B [X] General Business Credit From a Passive Activity
- C [ ] General Business Credit Carryforwards
- D [ ] General Business Credit Carrybacks
- E [ ] Reserved
- F [ ] Reserved
- G [ ] Eligible Small Business Credit Carryforwards
- H [ ] Reserved

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Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308	11,447.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		11,447.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		11,447.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

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Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

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G [ ] Eligible Small Business Credit Carryforwards
H [ ] Reserved

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Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308	9,964.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		9,964.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		9,964.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

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Part III General Business Credits or Eligible Small Business Credits (see instructions)

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	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308	28,298.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		28,298.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		28,298.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

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Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308	578.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		578.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		578.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

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Part III General Business Credits or Eligible Small Business Credits (see instructions)

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- D [ ] General Business Credit Carrybacks
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- G [ ] Eligible Small Business Credit Carryforwards
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Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	45-3714434	117.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		117.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		117.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

Identifying number:

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

A [ ] General Business Credit From a Non-Passive Activity
B [X] General Business Credit From a Passive Activity
C [ ] General Business Credit Carryforwards
D [ ] General Business Credit Carrybacks
E [ ] Reserved
F [ ] Reserved
G [ ] Eligible Small Business Credit Carryforwards
H [ ] Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ▶ [ ]

Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	46-1085876	102.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		102.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		102.

Name(s) shown on return: DONALD J. & MELANIA TRUMP

Identifying number:

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

A [ ] General Business Credit From a Non-Passive Activity
B [ ] General Business Credit From a Passive Activity
C [ ] General Business Credit Carryforwards
D [ ] General Business Credit Carrybacks
E [ ] Reserved
F [ ] Reserved
G [X] Eligible Small Business Credit Carryforwards
H [ ] Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ▶ [ ]

Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l	Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
o	Nonconventional source fuel	1o		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		22,704.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		22,704.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		22,704.

Form **4136**
Department of the Treasury
Internal Revenue Service (99)

Credit for Federal Tax Paid on Fuels

▶ Information about Form 4136 and its separate instructions is at *www.irs.gov/form4136* .

OMB No. 1545-0162
2015
Attachment Sequence No. **23**

Name (as shown on your income tax return)

DONALD J. & MELANIA TRUMP

Taxpayer identification number

Caution: *Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 or 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 or 14), claimant certifies that a certificate has not been provided to the credit card issuer.*

1 Nontaxable Use of Gasoline

Note: CRN is credit reference number.

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Off-highway business use		$ .183	78009		
b Use on a farm for farming purposes		.183			362
c Other nontaxable use (see **Caution** above line 1)		.183		$ 14,276.	
d Exported		.184			411

2 Nontaxable Use of Aviation Gasoline

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Use in commercial aviation (other than foreign trade)		$ .15		$	354
b Other nontaxable use (see **Caution** above line 1)		.193			324
c Exported		.194			412
d LUST tax on aviation fuels used in foreign trade		.001			433

3 Nontaxable Use of Undyed Diesel Fuel

Claimant certifies that the diesel fuel did not contain visible evidence of dye.
Exception. If any of the diesel fuel included in this claim **did** contain visible evidence of dye, attach an explanation and check here ▶ ☐

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Nontaxable use	2	$ .243			
b Use on a farm for farming purposes		.243		$	360
c Use in trains		.243			353
d Use in certain intercity and local buses (see **Caution** above line 1)		.17			350
e Exported		.244			413

4 Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

Claimant certifies that the kerosene did not contain visible evidence of dye.
Exception. If any of the kerosene included in this claim **did** contain visible evidence of dye, attach an explanation and check here ▶ ☐

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Nontaxable use taxed at $.244		$ .243			
b Use on a farm for farming purposes		.243		$	346
c Use in certain intercity and local buses (see **Caution** above line 1)		.17			347
d Exported		.244			414
e Nontaxable use taxed at $.044		.043			377
f Nontaxable use taxed at $.219		.218			369

5 Kerosene Used in Aviation (see **Caution** above line 1)

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Kerosene used in commercial aviation (other than foreign trade) taxed at $.244		$ .200		$	417
b Kerosene used in commercial aviation (other than foreign trade) taxed at $.219		.175			355
c Nontaxable use (other than use by state or local government) taxed at $.244		.243			346
d Nontaxable use (other than use by state or local government) taxed at $.219		.218			369
e LUST tax on aviation fuels used in foreign trade		.001			433

6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel **Registration No.** ▶

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim **did** contain visible evidence of dye, attach an explanation and check here ..... ▶ ☐

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Use by a state or local government	$ .243		$	360
b Use in certain intercity and local buses	.17			350

7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation) **Registration No.** ▶

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim **did** contain visible evidence of dye, attach an explanation and check here ..... ▶ ☐

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Use by a state or local government	$ .243			
b Sales from a blocked pump	.243		$	346
c Use in certain intercity and local buses	.17			347

8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation **Registration No.** ▶

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Use in commercial aviation (other than foreign trade) taxed at $.219		$ .175		$	355
b Use in commercial aviation (other than foreign trade) taxed at $.244		.200			417
c Nonexempt use in noncommercial aviation		.025			418
d Other nontaxable uses taxed at $.244		.243			346
e Other nontaxable uses taxed at $.219		.218			369
f LUST tax on aviation fuels used in foreign trade		.001			433

9 Reserved Registration No. ▶

	(b) Rate	(c) Gallons of alcohol	(d) Amount of credit	(e) CRN
a Reserved				
b Reserved				

10 Biodiesel or Renewable Diesel Mixture Credit Registration No. ▶

Biodiesel mixtures. Claimant produced a mixture by mixing biodiesel with diesel fuel. The biodiesel used to produce the mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller. **Renewable diesel mixtures.** Claimant produced a mixture by mixing renewable diesel with liquid fuel (other than renewable diesel). The renewable diesel used to produce the renewable diesel mixture was derived from biomass process, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975, D396, or other equivalent standard approved by the IRS. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller, both of which have been edited as discussed in the Instructions for Form 4136. See the instructions for line 10 for information about renewable diesel used in aviation.

	(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of credit	(e) CRN
a Biodiesel (other than agri-biodiesel) mixtures	$ 1.00		$	388
b Agri-biodiesel mixtures	$ 1.00			390
c Renewable diesel mixtures	$ 1.00			307

11 Nontaxable Use of Alternative Fuel

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).

	(a) Type of use	(b) Rate	(c) Gallons or gasoline gallon equivalents (GGE)	(d) Amount of credit	(e) CRN
a Liquefied petroleum gas (LPG)		$ .183		$	419
b "P Series" fuels		.183			420
c Compressed natural gas (CNG) (GGE = 126.67 cu. ft.)		.183			421
d Liquefied hydrogen		.183			422
e Fischer-Tropsch process liquid fuel from coal (including peat)		.243			423
f Liquid fuel derived from biomass		.243			424
g Liquefied natural gas (LNG)		.243			425
h Liquefied gas derived from biomass		.183			435

12 Alternative Fuel Credit Registration No. ▶

	(b) Rate	(c) Gallons or gasoline gallon equivalents (GGE)	(d) Amount of credit	(e) CRN
a Liquefied petroleum gas (LPG)	$ .50		$	426
b "P Series" fuels	.50			427
c Compressed natural gas (CNG) (GGE = 121 cu. ft.)	.50			428
d Liquefied hydrogen	.50			429
e Fischer-Tropsch process liquid fuel from coal (including peat)	.50			430
f Liquid fuel derived from biomass	.50			431
g Liquefied natural gas (LNG)	.50			432
h Liquefied gas derived from biomass	.50			436
i Compressed gas derived from biomass (GGE = 121 cu. ft.)	.50			437

13 Registered Credit Card Issuers Registration No. ▶

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Diesel fuel sold for the exclusive use of a state or local government	$ .243		$	360
b Kerosene sold for the exclusive use of a state or local government	.243			346
c Kerosene for use in aviation sold for the exclusive use of a state or local government taxed at $.219	.218			369

14 Nontaxable Use of a Diesel-Water Fuel Emulsion

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Nontaxable use		$ .197		$	309
b Exported		.198			306

15 Diesel-Water Fuel Emulsion Blending Registration No. ▶

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
Blender credit	$ .046		$	310

16 Exported Dyed Fuels and Exported Gasoline Blendstocks

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Exported dyed diesel fuel and exported gasoline blendstocks taxed at $ .001	$ .001		$	415
b Exported dyed kerosene	.001			416

17 Total income tax credit claimed. Add lines 1 through 16, column (d). Enter here and on Form 1040, line 72; Form 1120, Schedule J, line 19b; Form 1120S, line 23c; Form 1041, line 24g; or the proper line of other returns. ▶	17	$ 14,276.	

Form **4797**
Department of the Treasury
Internal Revenue Service
Name(s) shown on return

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))
▶ Attach to your tax return.
▶ Information about Form 4797 and its separate instructions is at *www.irs.gov/form4797.*

OMB No. 1545-0184
2015
Attachment Sequence No. 27

DONALD J. & MELANIA TRUMP

Identifying number

1 Enter the gross proceeds from sales or exchanges reported to you for 2015 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SEE STATEMENT 59						39528336

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	39,528,336.
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years (see instructions) STATEMENT 61	8	9,419,925.
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	30,108,411.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

SEE STATEMENT 60						<2,816,883>

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	9,419,925.
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	6,603,042.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	6,603,042.

518011
12-28-15

* ENTIRE DISPOSITION OF ACTIVITY

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** See line 1 before completing.)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24				
25 **If section 1245 property:**					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975 (see instructions)	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a (see instructions)	26b				
c Subtract line 26a from line 24. If residential rental property **or** line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 **If section 1252 property:** Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 **If section 1254 property:**					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 **If section 1255 property:**					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the **smaller** of line 24 or 29a (see instructions)	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation (see instructions)	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

Form **4797**
Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

OMB No. 1545-0184

2015

Attachment Sequence No. 27

Name(s) shown on return: TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LIMITED

Identifying number: 98-0485744

1 Enter the gross proceeds from sales or exchanges reported to you for 2015 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2						

3	Gain, if any, from Form 4684, line 39	3
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5
6	Gain, if any, from line 32, from other than casualty or theft	6
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8	Nonrecaptured net section 1231 losses from prior years (see instructions)	8
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9

Part II Ordinary Gains and Losses

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	12,468.
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	12,468.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A FURNITURE & FIXTURES	063012	010115
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20 Gross sales price (Note: See line 1 before completing.)	20	41,971.			
21 Cost or other basis plus expense of sale	21	74,213.			
22 Depreciation (or depletion) allowed or allowable	22	44,710.			
23 Adjusted basis. Subtract line 22 from line 21	23	29,503.			
24 Total gain. Subtract line 23 from line 20	24	12,468.			
25 If section 1245 property:					
a Depreciation allowed or allowable from line 22	25a	44,710.			
b Enter the **smaller** of line 24 or 25a	25b	12,468.			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a	26b				
c Subtract line 26a from line 24. If residential rental property **or** line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 If section 1254 property:					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 If section 1255 property:					
a Applicable percentage of payments excluded from income under section 126	29a				
b Enter the **smaller** of line 24 or 29a	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	12,468.
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	12,468.
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions.)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation (see instructions)	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

Form **8959**

Department of the Treasury
Internal Revenue Service

Additional Medicare Tax

▶ If any line does not apply to you, leave it blank. See separate instructions.
▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.
▶ Information about Form 8959 and its instructions is at www.irs.gov/form8959.

OMB No. 1545-0074

2015

Attachment Sequence No. 71

Name(s) shown on return
DONALD J. & MELANIA TRUMP

Your social security number

Part I Additional Medicare Tax on Medicare Wages

1	Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5		1	14,141.	
2	Unreported tips from Form 4137, line 6		2		
3	Wages from Form 8919, line 6		3		
4	Add lines 1 through 3		4	14,141.	
5	Enter the following amount for your filing status: Married filing jointly $250,000; Married filing separately $125,000; Single, Head of household, or Qualifying widow(er) $200,000		5	250,000.	
6	Subtract line 5 from line 4. If zero or less, enter -0-				6 0.
7	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go to Part II				7

Part II Additional Medicare Tax on Self-Employment Income

8	Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)		8	905,084.	
9	Enter the following amount for your filing status: Married filing jointly $250,000; Married filing separately $125,000; Single, Head of household, or Qualifying widow(er) $200,000		9	250,000.	
10	Enter the amount from line 4		10	14,141.	
11	Subtract line 10 from line 9. If zero or less, enter -0-		11	235,859.	
12	Subtract line 11 from line 8. If zero or less, enter -0-				12 669,225.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter here and go to Part III				13 6,023.

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

14	Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)		14		
15	Enter the following amount for your filing status: Married filing jointly $250,000; Married filing separately $125,000; Single, Head of household, or Qualifying widow(er) $200,000		15		
16	Subtract line 15 from line 14. If zero or less, enter -0-				16
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (.009). Enter here and go to Part IV				17

Part IV Total Additional Medicare Tax

18	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V	18	6,023.

Part V Withholding Reconciliation

19	Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6		19	205.	
20	Enter the amount from line 1		20	14,141.	
21	Multiply line 20 by 1.45% (.0145). This is your regular Medicare tax withholding on Medicare wages		21	205.	
22	Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages				22 0.
23	Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)				23
24	**Total Additional Medicare Tax withholding.** Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)				24

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property) OTHER 1

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at *www.irs.gov/form4562.*

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

Name(s) shown on return: TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LIMITED

Business or activity to which this form relates:

Identifying number: 98-0485744

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	1,698,719.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	1,698,719.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2015 tax year:					
43 Amortization of costs that began before your 2015 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

Form **6781**
Department of the Treasury
Internal Revenue Service

Gains and Losses From Section 1256 Contracts and Straddles

▶ Information about Form 6781 and its instructions is at *www.irs.gov/form6781.*
▶ Attach to your tax return.

OMB No. 1545-0644
2015
Attachment Sequence No. **82**

Name(s) shown on tax return

DONALD J. & MELANIA TRUMP

Identifying number

Check all applicable boxes (see instructions).
A ☐ Mixed straddle election
B ☐ Straddle-by-straddle identification election
C ☐ Mixed straddle account election
D ☐ Net section 1256 contracts loss election

Part I Section 1256 Contracts Marked to Market

	(a) Identification of account	(b) (Loss)	(c) Gain
1	FROM K-1 - AG ELEVEN PARTNERS LP		48,598.
	FROM K-1 - AG DIVERSIFIED CREDIT STRATEGIES FUND LP		2,405.
2	Add the amounts on line 1 in columns (b) and (c) ... 2	( )	51,003.
3	Net gain or (loss). Combine line 2, columns (b) and (c)		3 51,003.
4	Form 1099-B adjustments. See instructions and attach statement		4
5	Combine lines 3 and 4		5 51,003.
	Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions.		
6	If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number. If you did not check box D, enter -0-		6
7	Combine lines 5 and 6		7 51,003.
8	**Short-term capital gain or (loss).** Multiply line 7 by 40% (.40). Enter here and include on line 4 of Schedule D or on Form 8949 (see instructions)		8 20,401.
9	**Long-term capital gain or (loss).** Multiply line 7 by 60% (.60). Enter here and include on line 11 of Schedule D or on Form 8949 (see instructions)		9 30,602.

Part II Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components.

Section A - Losses From Straddles

	(a) Description of property	(b) Date entered into or acquired / (c) Date closed out or sold (Mo. Day Yr.)	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Loss. If column (e) is more than (d), enter difference. Otherwise, enter -0-	(g) Unrecognized gain on offsetting positions	(h) Recognized loss. If column (f) is more than (g), enter difference. Otherwise, enter -0-
10							

11a Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule D or on Form 8949 (see instructions) ... 11a ( )

b Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule D or on Form 8949 (see instructions) ... 11b ( )

Section B - Gains From Straddles

	(a) Description of property	(b) Date entered into or acquired / (c) Date closed out or sold (Mo. Day Yr.)	(d) Gross sales price	(e) Cost or other basis plus expense of sale	(f) Gain. If column (d) is more than (e), enter difference. Otherwise, enter -0-
12					

13a Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D or on Form 8949 (see instructions) ... 13a

b Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form 8949 (see instructions) ... 13b

Part III Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo Entry Only (see instructions)

	(a) Description of property	(b) Date acquired (Mo. Day Yr.)	(c) Fair market value on last business day of tax year	(d) Cost or other basis as adjusted	(e) Unrecognized gain. If column (c) is more than (d), enter difference. Otherwise, enter -0-
14					

Form **8846**

Department of the Treasury
Internal Revenue Service

Credit for Employer Social Security and Medicare Taxes Paid on Certain Employee Tips

▶ Attach to your tax return.

▶ Information about Form 8846 and its instructions is at *www.irs.gov/form8846.*

OMB No. 1545-1414

2015

Attachment Sequence No. **98**

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Identifying number

Note: Claim this credit **only** for employer social security and Medicare taxes paid by a food or beverage establishment where tipping is customary for providing food or beverages. See the instructions for line 1.

1	Tips received by employees for services on which you paid or incurred employer social security and Medicare taxes during the tax year (see instructions)	1	185,217.
2	Tips not subject to the credit provisions (see instructions)	2	
3	Creditable tips. Subtract line 2 from line 1	3	185,217.
4	Multiply line 3 by 7.65% (0.0765). If you had any tipped employees whose wages (including tips) exceeded $118,500, see instructions and check here ▶ ☐	4	14,169.
5	Credit for employer social security and Medicare taxes paid on certain employee tips from partnerships and S corporations	5	586,659.
6	Add lines 4 and 5. Partnerships and S corporations, report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 4f	6	600,828.

Form **8582**

Department of the Treasury
Internal Revenue Service (99)

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.
▶ Information about Form 8582 and its instructions is available at www.irs.gov/form8582.

OMB No. 1545-1008

2015

Attachment Sequence No. 88

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Identifying number

Part I 2015 Passive Activity Loss

Caution: *Complete Worksheets 1, 2, and 3 before completing Part I.*

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a	Activities with net income (enter the amount from Worksheet 1, column (a))	1a		
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(289,509.)	
c	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	( )	
d	Combine lines 1a, 1b, and 1c			1d <289,509.>

Commercial Revitalization Deductions From Rental Real Estate Activities

2a	Commercial revitalization deductions from Worksheet 2, column (a)	2a	( )	
b	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	( )	
c	Add lines 2a and 2b			2c ( )

All Other Passive Activities

3a	Activities with net income (enter the amount from Worksheet 3, column (a))	3a	45,279,007.	
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(27,805,050.)	
c	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	( )	
d	Combine lines 3a, 3b, and 3c			3d 17,473,957.
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used			4 17,184,448.

If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
- Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
- Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: *If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.*

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: *Enter all numbers in Part II as positive amounts. See instructions for an example.*

5	Enter the **smaller** of the loss on line 1d or the loss on line 4			5
6	Enter $150,000. If married filing separately, see instructions	6		
7	Enter modified adjusted gross income, but not less than zero (see instructions)	7		
	Note: *If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.*			
8	Subtract line 7 from line 6	8		
9	Multiply line 8 by 50% (.5). **Do not** enter more than $25,000. If married filing separately, see instructions			9
10	Enter the **smaller** of line 5 or line 9			10

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: *Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.*

11	Enter $25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions	11	
12	Enter the loss from line 4	12	
13	Reduce line 12 by the amount on line 10	13	
14	Enter the **smallest** of line 2c (treated as a positive amount), line 11, or line 13	14	

Part IV Total Losses Allowed

15	Add the income, if any, on lines 1a and 3a and enter the total	15	
16	**Total losses allowed from all passive activities for 2015.** Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	

Caution: *The worksheets must be filed with your tax return. Keep a copy for your records.*

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 1				
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶		<289,509.>			

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

Name of activity	(a) Current year deductions (line 2a)	(b) Prior year unallowed deductions (line 2b)	(c) Overall loss
Total. Enter on Form 8582, lines 2a and 2b ▶			

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 3				
Total. Enter on Form 8582, lines 3a, 3b, and 3c ▶	45,279,007.	<27,805,050.>			

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Special allowance	(d) Subtract column (c) from column (a)
Total ▶					

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

Name of activity	Form or schedule and line number to be reported on (see instructions)	(a) Loss	(b) Ratio	(c) Unallowed loss
Total ▶				

Form **8582-CR**
(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

Passive Activity Credit Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or 1041.

OMB No. 1545-1034

Attachment Sequence No. 89

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

Part I Passive Activity Credits

Caution: *If you have credits from a publicly traded partnership, see Publicly Traded Partnerships (PTPs) in the instructions.*

Credits From Rental Real Estate Activities With Active Participation (Other Than Rehabilitation Credits and Low-Income Housing Credits) (See **Lines 1a through 1c** in the instructions.)

1a	Credits from Worksheet 1, column (a)	1a			
b	Prior year unallowed credits from Worksheet 1, column (b)	1b			
c	Add lines 1a and 1b			1c	

Rehabilitation Credits From Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990) (See **Lines 2a through 2c** in the instructions.)

2a	Credits from Worksheet 2, column (a)	2a			
b	Prior year unallowed credits from Worksheet 2, column (b)	2b			
c	Add lines 2a and 2b			2c	

Low-Income Housing Credits for Property Placed in Service After 1989 (See **Lines 3a through 3c** in the instructions.)

3a	Credits from Worksheet 3, column (a)	3a			
b	Prior year unallowed credits from Worksheet 3, column (b)	3b			
c	Add lines 3a and 3b			3c	

All Other Passive Activity Credits (See **Lines 4a through 4c** in the instructions.)

4a	Credits from Worksheet 4, column (a)	4a	320,240.		
b	Prior year unallowed credits from Worksheet 4, column (b)	4b	711,080.		
c	Add lines 4a and 4b			4c	1,031,320.
5	Add lines 1c, 2c, 3c, and 4c			5	1,031,320.
6	Enter the tax attributable to net passive income (see instructions)			6	0.
7	Subtract line 6 from line 5. If line 6 is more than or equal to line 5, enter -0- and see instructions			7	1,031,320.

Note: *If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II, III, or IV. Instead, go to line 37.*

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: *Complete this part only if you have an amount on line 1c. Otherwise, go to Part III.*

8	Enter the smaller of line 1c or line 7			8	
9	Enter $150,000. If married filing separately, see instructions	9			
10	Enter modified adjusted gross income, but not less than zero (see instructions). If line 10 is equal to or more than line 9, skip lines 11 through 15 and enter -0- on line 16	10			
11	Subtract line 10 from line 9	11			
12	Multiply line 11 by 50% (.50). **Do not** enter more than $25,000. If married filing separately, see instructions	12			
13a	Enter the amount, if any, from line 10 of Form 8582	13a			
b	Enter the amount, if any, from line 14 of Form 8582	13b			
c	Add lines 13a and 13b	13c			
14	Subtract line 13c from line 12	14			
15	Enter the tax attributable to the amount on line 14 (see instructions)			15	
16	Enter the **smaller** of line 8 or line 15			16	

Part III Special Allowance for Rehabilitation Credits From Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990)

Note: *Complete this part only if you have an amount on line 2c. Otherwise, go to Part IV.*

17	Enter the amount from line 7			17	
18	Enter the amount from line 16			18	
19	Subtract line 18 from line 17. If zero, enter -0- here and on lines 30 and 36, and then go to Part V			19	
20	Enter the **smaller** of line 2c or line 19			20	
21	Enter $250,000. If married filing separately, see instructions to find out if you can skip lines 21 through 26		21		
22	Enter modified adjusted gross income, but not less than zero. (See instructions for line 10.) If line 22 is equal to or more than line 21, skip lines 23 through 29 and enter -0- on line 30		22		
23	Subtract line 22 from line 21		23		
24	Multiply line 23 by 50% (.50). Do not enter more than $25,000. If married filing separately, see instructions		24		
25a	Enter the amount, if any, from line 10 of Form 8582	25a			
b	Enter the amount, if any, from line 14 of Form 8582	25b			
c	Add lines 25a and 25b		25c		
26	Subtract line 25c from line 24		26		
27	Enter the tax attributable to the amount on line 26 (see instructions)		27		
28	Enter the amount, if any, from line 18		28		
29	Subtract line 28 from line 27			29	
30	Enter the **smaller** of line 20 or line 29			30	

Part IV Special Allowance for Low-Income Housing Credits for Property Placed in Service After 1989

Note: *Complete this part only if you have an amount on line 3c. Otherwise, go to Part V.*

31	If you completed Part III, enter the amount from line 19. Otherwise, subtract line 16 from line 7	31	
32	Enter the amount from line 30	32	
33	Subtract line 32 from line 31. If zero, enter -0- here and on line 36	33	
34	Enter the **smaller** of line 3c or line 33	34	
35	Tax attributable to the remaining special allowance (see instructions)	35	
36	Enter the **smaller** of line 34 or line 35	36	

Part V Passive Activity Credit Allowed

37	**Passive Activity Credit Allowed.** Add lines 6, 16, 30, and 36. See instructions to find out how to report the allowed credit on your tax return and how to allocate allowed and unallowed credits if you have more than one credit or credits from more than one activity. If you have any credits from a publicly traded partnership, see **Publicly Traded Partnerships (PTPs)** in the instructions.	37	0.

Part VI Election To Increase Basis of Credit Property

38 If you disposed of your entire interest in a passive activity or former passive activity in a fully taxable transaction, and you elect to increase your basis in credit property used in that activity by the unallowed credit that reduced your basis in the property, check this box. See instructions ▶ ☐

39 Name of passive activity disposed of ▶

40 Description of the credit property for which the election is being made ▶

41 Amount of unallowed credit that reduced your basis in the property ▶ $

ALTERNATIVE MINIMUM TAX

SCHEDULE D (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.
▶ Information about Schedule D and its separate instructions is at *www.irs.gov/scheduled* .
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2015

Attachment Sequence No. 12

Name(s) shown on return

Your social security number

DONALD J. & MELANIA TRUMP

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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). However, 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 with **Box A** checked	38,841,496.	39,167,884.	2,763.	<323,625.>
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				

4	Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 STMT 35	4	20,401.
5	Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 37	5	<76,723.>
6	Short-term capital loss carryover. Enter the amount, if any, from line 8 of your **Capital Loss Carryover Worksheet** in the instructions	6	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2	7	<379,947.>

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 the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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	6,848,449.	6,837,977.		10,472.
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked	8,415,599.	7,759,886.		655,713.
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11	Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 36 SEE STATEMENT 33	11	30,139,015.
12	Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1	12	4,644,386.
13	Capital gain distributions SEE STATEMENT 34	13	765,816.
14	Long-term capital loss carryover. Enter the amount, if any, from line 13 of your **Capital Loss Carryover Worksheet** in the instructions	14	( )
15	**Net long-term capital gain or (loss).** Combine lines 8a through 14 in column (h). Then go to Part III on page 2	15	36,215,402.

Part III Summary

16 Combine lines 7 and 15 and enter the result ..... 16 35,835,455.

- If line 16 is a **gain,** enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.
- If line 16 is a **loss,** skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.
- If line 16 is **zero,** skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.

17 Are lines 15 and 16 **both** gains?

[X] **Yes.** Go to line 18.

[ ] **No.** Skip lines 18 through 21, and go to line 22.

18 Enter the amount, if any, from line 7 of the **28% Rate Gain Worksheet** in the instructions ..... ▶ 18

19 Enter the amount, if any, from line 18 of the **Unrecaptured Section 1250 Gain Worksheet** in the instructions ..... SEE STATEMENT 38 ▶ 19

20 Are lines 18 and 19 **both** zero or blank?

[X] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). **Do not** complete lines 21 and 22 below.

[ ] **No.** Complete the **Schedule D Tax Worksheet** in the instructions. **Do not** complete lines 21 and 22 below.

21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the **smaller** of:

- The loss on line 16 or
- ($3,000), or if married filing separately, ($1,500)

..... 21 ( )

Note: When figuring which amount is smaller, treat both amounts as positive numbers.

22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?

[ ] **Yes.** Complete the **Qualified Dividends and Capital Gain Tax Worksheet** in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).

[ ] **No.** Complete the rest of Form 1040 or Form 1040NR.

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at *www.irs.gov/form8949.*
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2015

Attachment Sequence No. **12A**

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Social security number or taxpayer identification no.

Before you check Box A, B, or C 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 I **Short-Term.** Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.
Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [X] **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [ ] **(B)** Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- [ ] **(C)** Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
OPPENHEIMER	VARIOUS	12/31/15	22,355.	28,710.			<6,355.>
BARCLAYS CAPITAL INC	VARIOUS	12/31/15	31,351.	29,438.			1,913.
THE BARON FUNDS	VARIOUS	12/31/15	508,098.	560,322.			<52,224.>
DEUTSCHE BANK	VARIOUS	12/31/15	37,674,012.	37,933,005.	W	2,470.	<256,523.>
DEUTSCHE BANK	VARIOUS	12/31/15	605,680.	616,409.	W	293.	<10,436.>

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

DONALD J. & MELANIA TRUMP

Social security number or taxpayer identification no.

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, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [X] **(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 was **not** reported to the IRS
- [ ] **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
OPPENHEIMER	VARIOUS	12/31/15	883,520.	1,020,800.			<137,280.>
BARCLAYS CAPITAL INC	VARIOUS	12/31/15	15,019.	23,001.			<7,982.>
THE BARON FUNDS	VARIOUS	12/31/15	752,595.	606,541.			146,054.
DEUTSCHE BANK	VARIOUS	12/31/15	3,900,000.	3,986,552.			<86,552.>
DEUTSCHE BANK	VARIOUS	12/31/15	1,297,315.	1,201,083.			96,232.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side | Social security number or taxpayer identification no.

DONALD J. & MELANIA TRUMP

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, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more 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)
- [X] (E) Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- [ ] (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
GENERAL ELEC CAP CORP	03/12/13	01/09/15	600,000.	616,812.			<16,812.>
INDIANA ST FIN AUTH HOSP							
REVENUE VAR	03/05/13	03/06/15	100,000.	100,000.			0.
INDIANA ST FIN AUTH HOSP							
REVENUE VAR	03/05/13	04/02/15	210,000.	210,000.			0.
INDIANA ST FIN AUTH HOSP							
REVENUE VAR	03/12/15	04/02/15	290,000.	290,000.			0.
JP MORGAN CHASE & CO	12/10/13	01/20/15	600,000.	619,878.			<19,878.>
MASSACHUSETTS ST WTR POLL							
ABATEMENT	05/09/13	02/19/15	600,000.	600,000.			0.
NEW JERSEY ST HLTH CARE							
FACS FING AUTH	05/02/13	02/19/15	200,000.	200,000.			0.
NEW JERSEY ST HLTH CARE							
FACS FING AUTH	05/09/13	02/19/15	30,000.	30,000.			0.
NEW JERSEY ST HLTH CARE							
FACS FING AUTH	05/21/13	04/22/15	125,000.	125,000.			0.
NEW JERSEY ST HLTH CARE							
FACS FING AUTH	05/23/13	04/22/15	35,000.	35,000.			0.
NEW JERSEY ST HLTH CARE							
FACS FING AUTH	04/22/13	04/22/15	140,000.	140,000.			0.
NEW JERSEY ST HLTH CARE							
FACS FING AUTH	04/22/13	02/19/15	70,000.	70,000.			0.
ROYAL BANK OF CANADA	08/08/13	01/07/15	300,000.	300,444.			<444.>
ROYAL BANK OF CANADA	08/08/13	01/07/15	300,000.	300,444.			<444.>
TORONTO DOMINION BANK	08/08/13	05/01/15	240,000.	240,082.			<82.>
TORONTO DOMINION BANK	09/26/13	05/01/15	360,000.	360,541.			<541.>
TOYOTA MOTOR CREDIT CORP	05/15/13	03/10/15	600,000.	600,798.			<798.>
BANK OF AMERICA	11/14/12	09/18/15	35,474.	37,196.			<1,722.>
BANK OF AMERICA	11/14/12	11/09/15	50,485.	53,137.			<2,652.>
BANK OF AMERICA	11/14/12	11/10/15	40,387.	42,510.			<2,123.>
BANK OF AMERICA	11/14/12	12/16/15	25,145.	26,569.			<1,424.>
CITIGROUP INC	09/06/12	05/14/15	50,167.	50,636.			<469.>
CITIGROUP INC	09/06/12	04/01/15	50,247.	50,636.			<389.>
KRAFT FOODS INC	04/23/12	06/23/15	91,707.	98,506.			<6,799.>
2 **Totals.** Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ▶			8,415,599.	7,759,886.			655,713.

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.

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

Social security number or taxpayer identification no.

DONALD J. & MELANIA TRUMP

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, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more 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)
- [X] (E) Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- [ ] (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
KRAFT FOODS INC	04/23/12	06/02/15	61,320.	65,671.			<4,351.>
MCDONALDS CORP	07/12/12	07/15/15	157,005.	166,668.			<9,663.>
PROCTOR & GAMBLE CO	07/12/12	08/25/15	165,606.	179,748.			<14,142.>
THERMO FISHER SCIENTIFIC	03/15/12	11/02/15	60,420.	64,028.			<3,608.>
THERMO FISHER SCIENTIFIC	03/15/12	07/06/15	40,546.	42,685.			<2,139.>
THERMO FISHER SCIENTIFIC	03/15/12	09/23/15	50,463.	53,357.			<2,894.>
UNITED STATES TREAS NTS	07/31/12	02/06/15	27,101.	29,615.			<2,514.>
UNITED STATES TREAS NTS	07/31/12	03/03/15	81,088.	88,846.			<7,758.>
UNITED STATES TREAS NTS	05/29/13	02/18/15	108,844.	113,949.			<5,105.>
UNITED STATES TREAS NTS	01/08/13	04/27/15	49,668.	49,135.			533.
UNITED STATES TREAS NTS	01/08/13	08/04/15	24,498.	24,567.			<69.>
BARON EMERGING MARKETS							
FUND RETAIL	01/06/11	06/23/15	305,361.	250,000.			55,361.
BARON INTERNATIONAL							
GROWTH FD INST	VARIOUS	06/23/15	724,694.	580,079.			144,615.
BARON FOCUSED GROWTH FD							
INST CLASS	VARIOUS	06/23/15	898,390.	518,253.			380,137.
BARON OPPORTUNITIY FUND							
INST CLASS	10/29/10	06/23/15	516,983.	335,096.			181,887.

ALTERNATIVE MINIMUM TAX

Sales and Other Dispositions of Capital Assets

Form **8949**

Department of the Treasury
Internal Revenue Service

▶ Information about Form 8949 and its separate instructions is at *www.irs.gov/form8949.*
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2015

Attachment Sequence No. **12A**

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Social security number or taxpayer identification no.

Before you check Box A, B, or C 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 I **Short-Term.** Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.
Note: You may aggregate all short-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 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [X] **(A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- [ ] **(B)** Short-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- [ ] **(C)** Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
OPPENHEIMER	VARIOUS	12/31/15	22,355.	28,710.			<6,355.>
BARCLAYS CAPITAL INC	VARIOUS	12/31/15	31,351.	29,438.			1,913.
THE BARON FUNDS	VARIOUS	12/31/15	508,098.	560,322.			<52,224.>
DEUTSCHE BANK	VARIOUS	12/31/15	37,674,012.	37,933,005.	W	2,470.	<256,523.>
DEUTSCHE BANK	VARIOUS	12/31/15	605,680.	616,409.	W	293.	<10,436.>

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

Social security number or taxpayer identification no.

DONALD J. & MELANIA TRUMP

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, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- [X] **(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 was **not** reported to the IRS
- [ ] **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
OPPENHEIMER	VARIOUS	12/31/15	883,520.	1,020,800.			<137,280.>
BARCLAYS CAPITAL INC	VARIOUS	12/31/15	15,019.	23,001.			<7,982.>
THE BARON FUNDS	VARIOUS	12/31/15	752,595.	606,541.			146,054.
DEUTSCHE BANK	VARIOUS	12/31/15	3,900,000.	3,986,552.			<86,552.>
DEUTSCHE BANK	VARIOUS	12/31/15	1,297,315.	1,201,083.			96,232.

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

DONALD J. & MELANIA TRUMP

Social security number or taxpayer identification no.

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, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more 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 was **not** reported to the IRS
- ☐ **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
GENERAL ELEC CAP CORP	03/12/13	01/09/15	600,000.	616,812.			<16,812.>
INDIANA ST FIN AUTH HOSP REVENUE VAR	03/05/13	03/06/15	100,000.	100,000.			0.
INDIANA ST FIN AUTH HOSP REVENUE VAR	03/05/13	04/02/15	210,000.	210,000.			0.
INDIANA ST FIN AUTH HOSP REVENUE VAR	03/12/15	04/02/15	290,000.	290,000.			0.
JP MORGAN CHASE & CO MASSACHUSETTS ST WTR POLL ABATEMENT	12/10/13	01/20/15	600,000.	619,878.			<19,878.>
NEW JERSEY ST HLTH CARE FACS FING AUTH	05/09/13	02/19/15	600,000.	600,000.			0.
NEW JERSEY ST HLTH CARE FACS FING AUTH	05/02/13	02/19/15	200,000.	200,000.			0.
NEW JERSEY ST HLTH CARE FACS FING AUTH	05/09/13	02/19/15	30,000.	30,000.			0.
NEW JERSEY ST HLTH CARE FACS FING AUTH	05/21/13	04/22/15	125,000.	125,000.			0.
NEW JERSEY ST HLTH CARE FACS FING AUTH	05/23/13	04/22/15	35,000.	35,000.			0.
NEW JERSEY ST HLTH CARE FACS FING AUTH	04/22/13	04/22/15	140,000.	140,000.			0.
NEW JERSEY ST HLTH CARE FACS FING AUTH	04/22/13	02/19/15	70,000.	70,000.			0.
ROYAL BANK OF CANADA	08/08/13	01/07/15	300,000.	300,444.			<444.>
ROYAL BANK OF CANADA	08/08/13	01/07/15	300,000.	300,444.			<444.>
TORONTO DOMINION BANK	08/08/13	05/01/15	240,000.	240,082.			<82.>
TORONTO DOMINION BANK	09/26/13	05/01/15	360,000.	360,541.			<541.>
TOYOTA MOTOR CREDIT CORP	05/15/13	03/10/15	600,000.	600,798.			<798.>
BANK OF AMERICA	11/14/12	09/18/15	35,474.	37,196.			<1,722.>
BANK OF AMERICA	11/14/12	11/09/15	50,485.	53,137.			<2,652.>
BANK OF AMERICA	11/14/12	11/10/15	40,387.	42,510.			<2,123.>
BANK OF AMERICA	11/14/12	12/16/15	25,145.	26,569.			<1,424.>
CITIGROUP INC	09/06/12	05/14/15	50,167.	50,636.			<469.>
CITIGROUP INC	09/06/12	04/01/15	50,247.	50,636.			<389.>
KRAFT FOODS INC	04/23/12	06/23/15	91,707.	98,506.			<6,799.>
2 **Totals.** Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ▶			8,415,599.	7,759,886.			655,713.

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.

ALTERNATIVE MINIMUM TAX

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

DONALD J. & MELANIA TRUMP

Social security number or taxpayer identification no.

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, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more 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 was **not** reported to the IRS
- ☐ (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
KRAFT FOODS INC	04/23/12	06/02/15	61,320.	65,671.			<4,351.>
MCDONALDS CORP	07/12/12	07/15/15	157,005.	166,668.			<9,663.>
PROCTOR & GAMBLE CO	07/12/12	08/25/15	165,606.	179,748.			<14,142.>
THERMO FISHER SCIENTIFIC	03/15/12	11/02/15	60,420.	64,028.			<3,608.>
THERMO FISHER SCIENTIFIC	03/15/12	07/06/15	40,546.	42,685.			<2,139.>
THERMO FISHER SCIENTIFIC	03/15/12	09/23/15	50,463.	53,357.			<2,894.>
UNITED STATES TREAS NTS	07/31/12	02/06/15	27,101.	29,615.			<2,514.>
UNITED STATES TREAS NTS	07/31/12	03/03/15	81,088.	88,846.			<7,758.>
UNITED STATES TREAS NTS	05/29/13	02/18/15	108,844.	113,949.			<5,105.>
UNITED STATES TREAS NTS	01/08/13	04/27/15	49,668.	49,135.			533.
UNITED STATES TREAS NTS	01/08/13	08/04/15	24,498.	24,567.			<69.>
BARON EMERGING MARKETS							
FUND RETAIL	01/06/11	06/23/15	305,361.	250,000.			55,361.
BARON INTERNATIONAL							
GROWTH FD INST	VARIOUS	06/23/15	724,694.	580,079.			144,615.
BARON FOCUSED GROWTH FD							
INST CLASS	VARIOUS	06/23/15	898,390.	518,253.			380,137.
BARON OPPORTUNITIY FUND							
INST CLASS	10/29/10	06/23/15	516,983.	335,096.			181,887.

ALTERNATIVE MINIMUM TAX

Form **4797**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

▶ Information about Form 4797 and its separate instructions is at *www.irs.gov/form4797.*

OMB No. 1545-0184

2015

Attachment Sequence No. **27**

Identifying number

DONALD J. & MELANIA TRUMP

1 Enter the gross proceeds from sales or exchanges reported to you for 2015 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SEE STATEMENT 62						39,528,336.

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7	39,528,336.
	Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years (see instructions) STATEMENT 64	8	9,419,923.
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9	30,108,413.

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

SEE STATEMENT 63						<2,816,883>

11	Loss, if any, from line 7	11	( )
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	9,419,923.
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	6,603,040.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b	6,603,040.

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20 Gross sales price (**Note:** See line 1 before completing.)	20				
21 Cost or other basis plus expense of sale	21				
22 Depreciation (or depletion) allowed or allowable	22				
23 Adjusted basis. Subtract line 22 from line 21	23				
24 Total gain. Subtract line 23 from line 20	24				
25 **If section 1245 property:**					
a Depreciation allowed or allowable from line 22	25a				
b Enter the **smaller** of line 24 or 25a	25b				
26 **If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a Additional depreciation after 1975 (see instructions)	26a				
b Applicable percentage multiplied by the **smaller** of line 24 or line 26a (see instructions)	26b				
c Subtract line 26a from line 24. If residential rental property **or** line 24 is not more than line 26a, skip lines 26d and 26e	26c				
d Additional depreciation after 1969 and before 1976	26d				
e Enter the **smaller** of line 26c or 26d	26e				
f Section 291 amount (corporations only)	26f				
g Add lines 26b, 26e, and 26f	26g				
27 **If section 1252 property:** Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
a Soil, water, and land clearing expenses	27a				
b Line 27a multiplied by applicable percentage	27b				
c Enter the **smaller** of line 24 or 27b	27c				
28 **If section 1254 property:**					
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a				
b Enter the **smaller** of line 24 or 28a	28b				
29 **If section 1255 property:**					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	29a				
b Enter the **smaller** of line 24 or 29a (see instructions)	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30 Total gains for all properties. Add property columns A through D, line 24	30	
31 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allowable in prior years	33		
34 Recomputed depreciation (see instructions)	34		
35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

ALTERNATIVE MINIMUM TAX

Form **6198**
(Rev. November 2009)
Department of the Treasury
Internal Revenue Service

At-Risk Limitations

▶ Attach to your tax return.
▶ See separate instructions.

OMB No. 1545-0712

Attachment Sequence No. 31

Name(s) shown on return

Identifying number

DONALD J. TRUMP

Description of activity (see page 2 of the instructions)

TRUMP INTERNATIONAL GOLF CLUB INC 65-0711659

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	<238,052.>
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	( )
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	<238,052.>

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. **Do not** enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10 a	Subtract line 9 from line 8 ▶ 10a		
b	If line 10a is **more** than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules	10b	

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. **Do not** enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	☐ At effective date. Subtract line 14 from line 13. **Do not** enter less than zero.		
b	☐ From your prior year Form 6198, line 19b. **Do not** enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):		
a	☐ Effective date b ☐ The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	☐ Effective date b ☐ The end of your prior year	18	
19 a	Subtract line 18 from line 17 ▶ 19a		
b	If line 19a is **more** than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules	19b	

Part IV Deductible Loss

20	**Amount at risk.** Enter the **larger** of line 10b or line 19b	20	0.
21	**Deductible loss.** Enter the **smaller** of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover SEE STATEMENT 75	21	(0.)

Note: *If the loss is from a passive activity, see the Instructions for* **Form 8582**, *Passive Activity Loss Limitations, or the Instructions for* **Form 8810**, *Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.*

ALTERNATIVE MINIMUM TAX

Form **6198**
(Rev. November 2009)
Department of the Treasury
Internal Revenue Service

At-Risk Limitations

▶ Attach to your tax return.
▶ See separate instructions.

OMB No. 1545-0712

Attachment Sequence No. **31**

Name(s) shown on return

Identifying number

DONALD J. TRUMP

Description of activity (see page 2 of the instructions)

TRUMP INTERNATIONAL GOLF CLUB LLC 65-0750446

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	2,956,914.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	4,852.
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	( )
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	2,961,766.

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. **Do not** enter less than zero	6	3,074,277.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	3,074,277.
9	Decreases for the tax year (see page 4 of the instructions)	9	
10 a	Subtract line 9 from line 8 ▶ 10a 3,074,277.		
b	If line 10a is **more** than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules	10b	3,074,277.

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. **Do not** enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	☐ At effective date. Subtract line 14 from line 13. **Do not** enter less than zero.		
b	☐ From your prior year Form 6198, line 19b. **Do not** enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):		
a	☐ Effective date b ☐ The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	☐ Effective date b ☐ The end of your prior year	18	
19 a	Subtract line 18 from line 17 ▶ 19a		
b	If line 19a is **more** than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules	19b	

Part IV Deductible Loss

20	**Amount at risk.** Enter the **larger** of line 10b or line 19b	20	3,074,277.
21	**Deductible loss.** Enter the **smaller** of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	( )

Note: *If the loss is from a passive activity, see the Instructions for* **Form 8582,** *Passive Activity Loss Limitations, or the Instructions for* **Form 8810,** *Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.*

ALTERNATIVE MINIMUM TAX

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At-Risk Limitations

▶ Attach to your tax return.
▶ See separate instructions.

OMB No. 1545-0712

Attachment Sequence No. **31**

Name(s) shown on return

Identifying number

DONALD J. TRUMP

Description of activity (see page 2 of the instructions)

TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP 26-3467517

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	<19,197.>
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	(1.)
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	<19,198.>

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. **Do not** enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10 a	Subtract line 9 from line 8 ▶ 10a		
b	If line 10a is **more** than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules	10b	

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. **Do not** enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	☐ At effective date. Subtract line 14 from line 13. **Do not** enter less than zero.		
b	☐ From your prior year Form 6198, line 19b. **Do not** enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):		
a	☐ Effective date b ☐ The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	☐ Effective date b ☐ The end of your prior year	18	
19 a	Subtract line 18 from line 17 ▶ 19a		
b	If line 19a is **more** than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules	19b	

Part IV Deductible Loss

20	**Amount at risk.** Enter the **larger** of line 10b or line 19b	20	0.
21	**Deductible loss.** Enter the **smaller** of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover SEE STATEMENT 76	21	(0.)

Note: *If the loss is from a passive activity, see the Instructions for* **Form 8582**, *Passive Activity Loss Limitations, or the Instructions for* **Form 8810**, *Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.*

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At-Risk Limitations

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Identifying number

DONALD J. TRUMP

Description of activity (see page 2 of the instructions)

ULTIMATE AIR CORP 13-3747981

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	<17,842.>
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	( )
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	<17,842.>

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. **Do not** enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions) SEE STATEMENT 66	7	9,474.
8	Add lines 6 and 7	8	9,474.
9	Decreases for the tax year (see page 4 of the instructions)	9	
10 a	Subtract line 9 from line 8 ▶ 10a 9,474.		
b	If line 10a is **more** than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules	10b	9,474.

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. **Do not** enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	☐ At effective date. Subtract line 14 from line 13. **Do not** enter less than zero.		
b	☐ From your prior year Form 6198, line 19b. **Do not** enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):		
a	☐ Effective date b ☐ The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	☐ Effective date b ☐ The end of your prior year	18	
19 a	Subtract line 18 from line 17 ▶ 19a		
b	If line 19a is **more** than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules	19b	

Part IV Deductible Loss

20	**Amount at risk.** Enter the **larger** of line 10b or line 19b	20	9,474.
21	**Deductible loss.** Enter the **smaller** of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover SEE STATEMENT 65	21	(9,474.)

Note: *If the loss is from a passive activity, see the Instructions for* **Form 8582,** *Passive Activity Loss Limitations, or the Instructions for* **Form 8810,** *Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.*

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At-Risk Limitations

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Identifying number

DONALD J. TRUMP

Description of activity (see page 2 of the instructions)

TRUMP LAS OLAS MEMBER CORP 20-3002512

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	<2,092.>
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	( )
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	<2,092.>

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. **Do not** enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10 a	Subtract line 9 from line 8 ▶ 10a		
b	If line 10a is **more** than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules	10b	

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. **Do not** enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	☐ At effective date. Subtract line 14 from line 13. **Do not** enter less than zero.	15	
b	☐ From your prior year Form 6198, line 19b. **Do not** enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	☐ Effective date b ☐ The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	☐ Effective date b ☐ The end of your prior year	18	
19 a	Subtract line 18 from line 17 ▶ 19a		
b	If line 19a is **more** than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules	19b	

Part IV Deductible Loss

20	**Amount at risk.** Enter the **larger** of line 10b or line 19b	20	0.
21	**Deductible loss.** Enter the **smaller** of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover SEE STATEMENT 67	21	(0.)

Note: *If the loss is from a passive activity, see the Instructions for* **Form 8582,** *Passive Activity Loss Limitations, or the Instructions for* **Form 8810,** *Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.*

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Identifying number

DONALD J. TRUMP

Description of activity (see page 2 of the instructions)

TRUMP INTERNATIONAL GOLF CLUB INC 65-0711659

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	<238,051.>
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	( )
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	<238,051.>

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. **Do not** enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10 a	Subtract line 9 from line 8 ▶ 10a		
b	If line 10a is **more** than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules	10b	

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. **Do not** enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	☐ At effective date. Subtract line 14 from line 13. **Do not** enter less than zero.		
b	☐ From your prior year Form 6198, line 19b. **Do not** enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):		
a	☐ Effective date b ☐ The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	☐ Effective date b ☐ The end of your prior year	18	
19 a	Subtract line 18 from line 17 ▶ 19a		
b	If line 19a is **more** than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules	19b	

Part IV Deductible Loss

20	**Amount at risk.** Enter the **larger** of line 10b or line 19b	20	0.
21	**Deductible loss.** Enter the **smaller** of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover SEE STATEMENT 69	21	(0.)

Note: *If the loss is from a passive activity, see the Instructions for* **Form 8582,** *Passive Activity Loss Limitations, or the Instructions for* **Form 8810,** *Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.*

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At-Risk Limitations

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Name(s) shown on return

Identifying number

DONALD J. TRUMP

Description of activity (see page 2 of the instructions)

TRUMP INTERNATIONAL GOLF CLUB LLC 65-0750446

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	3,021,465.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	4,852.
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	( )
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	3,026,317.

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. **Do not** enter less than zero	6	3,028,229.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	3,028,229.
9	Decreases for the tax year (see page 4 of the instructions)	9	
10 a	Subtract line 9 from line 8 ▶ 10a: 3,028,229.		
b	If line 10a is **more** than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules	10b	3,028,229.

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. **Do not** enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies): a ☐ At effective date. Subtract line 14 from line 13. **Do not** enter less than zero. b ☐ From your prior year Form 6198, line 19b. **Do not** enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies): a ☐ Effective date b ☐ The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies): a ☐ Effective date b ☐ The end of your prior year	18	
19 a	Subtract line 18 from line 17 ▶ 19a		
b	If line 19a is **more** than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules	19b	

Part IV Deductible Loss

20	**Amount at risk.** Enter the **larger** of line 10b or line 19b	20	3,028,229.
21	**Deductible loss.** Enter the **smaller** of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	( )

Note: *If the loss is from a passive activity, see the Instructions for* **Form 8582,** *Passive Activity Loss Limitations, or the Instructions for* **Form 8810,** *Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.*

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At-Risk Limitations

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Name(s) shown on return

Identifying number

DONALD J. TRUMP

Description of activity (see page 2 of the instructions)

TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP 26-3467517

Part I **Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts.** See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	<19,507.>
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	( )
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	<19,507.>

Part II **Simplified Computation of Amount At Risk.** See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. **Do not** enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10 a	Subtract line 9 from line 8 ▶ 10a		
b	If line 10a is **more** than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules	10b	

Part III **Detailed Computation of Amount At Risk.**

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. **Do not** enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	☐ At effective date. Subtract line 14 from line 13. **Do not** enter less than zero.		
b	☐ From your prior year Form 6198, line 19b. **Do not** enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):		
a	☐ Effective date b ☐ The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	☐ Effective date b ☐ The end of your prior year	18	
19 a	Subtract line 18 from line 17 ▶ 19a		
b	If line 19a is **more** than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules	19b	

Part IV **Deductible Loss**

20	**Amount at risk.** Enter the **larger** of line 10b or line 19b	20	0.
21	**Deductible loss.** Enter the **smaller** of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover SEE STATEMENT 70	21	(0.)

Note: *If the loss is from a passive activity, see the Instructions for* **Form 8582,** *Passive Activity Loss Limitations, or the Instructions for* **Form 8810,** *Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.*

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At-Risk Limitations

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Attachment Sequence No. **31**

Name(s) shown on return

Identifying number

DONALD J. TRUMP

Description of activity (see page 2 of the instructions)

RESTAURANT 40 MEMBER CORP 45-4146506

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	<271.>
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	( )
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	<271.>

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. **Do not** enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10 a	Subtract line 9 from line 8 ▶ 10a		
b	If line 10a is **more** than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules	10b	

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. **Do not** enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	☐ At effective date. Subtract line 14 from line 13. **Do not** enter less than zero.		
b	☐ From your prior year Form 6198, line 19b. **Do not** enter the amount from line 19b of your prior year form.	15	
16	Increases since (check box that applies):		
a	☐ Effective date b ☐ The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	☐ Effective date b ☐ The end of your prior year	18	
19 a	Subtract line 18 from line 17 ▶ 19a		
b	If line 19a is **more** than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules	19b	

Part IV Deductible Loss

20	**Amount at risk.** Enter the **larger** of line 10b or line 19b	20	0.
21	**Deductible loss.** Enter the **smaller** of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover SEE STATEMENT 71	21	(0.)

Note: *If the loss is from a passive activity, see the Instructions for* **Form 8582,** *Passive Activity Loss Limitations, or the Instructions for* **Form 8810,** *Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.*

Form **6198**
(Rev. November 2009)
Department of the Treasury
Internal Revenue Service

At-Risk Limitations

▶ Attach to your tax return.
▶ See separate instructions.

OMB No. 1545-0712

Attachment Sequence No. 31

Name(s) shown on return

Identifying number

DONALD J. TRUMP

Description of activity (see page 2 of the instructions)

TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC 20-5075337

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	<1,490,509.>
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	18.
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	(5,201.)
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	<1,495,692.>

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. **Do not** enter less than zero		6	254,369.
7	Increases for the tax year (see page 3 of the instructions)	SEE STATEMENT 72	7	2,126,582.
8	Add lines 6 and 7		8	2,380,951.
9	Decreases for the tax year (see page 4 of the instructions)	SEE STATEMENT 73	9	839,160.
10a	Subtract line 9 from line 8 ▶	10a 1,541,791.		
b	If line 10a is **more** than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules		10b	1,541,791.

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. **Do not** enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	☐ At effective date. Subtract line 14 from line 13. **Do not** enter less than zero.		
b	☐ From your prior year Form 6198, line 19b. **Do not** enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):		
a	☐ Effective date b ☐ The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	☐ Effective date b ☐ The end of your prior year	18	
19a	Subtract line 18 from line 17 ▶ 19a		
b	If line 19a is **more** than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules	19b	

Part IV Deductible Loss

20	**Amount at risk.** Enter the **larger** of line 10b or line 19b	20	1,541,791.
21	**Deductible loss.** Enter the **smaller** of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover LOSS(ES) FULLY DEDUCTIBLE	21	(1,495,692.)

Note: *If the loss is from a passive activity, see the Instructions for* **Form 8582,** *Passive Activity Loss Limitations, or the Instructions for* **Form 8810,** *Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.*

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		THE EAST 61 ST. COMPANY

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 106	4	11,169.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	11,169.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	11,169.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	11,169.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		11,169.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		40 WALL DEVELOPMENT ASSOC, LLC

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 107	4	480,976.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	480,976.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	480,976.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	480,976.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		480,976.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		PENN YARDS ASSOCIATES

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 108	4	10,679.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	10,679.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	10,679.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	10,679.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		10,679.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18	Was your vehicle available for personal use during off-duty hours?	☐ Yes	☐ No
19	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes	☐ No
20	Do you have evidence to support your deduction?	☐ Yes	☐ No
21	If "Yes," is the evidence written?	☐ Yes	☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		PLAZA OPERATING PARTNERS LTD

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 109	4	111,128.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	111,128.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	111,128.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	111,128.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		111,128.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP CPS LLC

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 110	4	101,315.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	101,315.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	101,315.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	101,315.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		101,315.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP CPS DEVELOPMENT LLC

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 111	4	10,455.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	10,455.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1			
7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation			
8 Subtract line 7 from line 6	8	10,455.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	10,455.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		10,455.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP 845 UN GP LLC (MGR)

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 112	4	55,361.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	55,361.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	55,361.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	55,361.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		55,361.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP EQUITABLE FIFTH AVENUE CO

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 113	4	191,195.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	191,195.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	191,195.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	191,195.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		191,195.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22 Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1 — 22

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		MISS UNIVERSE LP, LLP

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 114	4	75,013.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	75,013.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	75,013.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	75,013.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		75,013.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP PALACE/PARC LLC

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 115	4	45,476.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	45,476.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	45,476.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	45,476.	

10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10	45,476.

Part II Vehicle Expenses

Section A. - General Information			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18	Was your vehicle available for personal use during off-duty hours?	☐ Yes	☐ No
19	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes	☐ No
20	Do you have evidence to support your deduction?	☐ Yes	☐ No
21	If "Yes," is the evidence written?	☐ Yes	☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		DONVAN ENTERPRISES INC

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 116	4	3,735.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	3,735.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	3,735.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	3,735.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		3,735.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22 Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1 — 22

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		FLIGHTS INC.

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 117	4	76,241.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	76,241.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	76,241.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	76,241.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		76,241.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		FOOTBALL GENERALS INC.

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 118	4	12,910.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	12,910.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	12,910.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	12,910.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		12,910.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		HELICOPTER AIR SERVICES INC

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 119	4	11,326.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	11,326.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	11,326.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	11,326.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		11,326.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP PALM BEACHES CORP.

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 120	4	12,426.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	12,426.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	12,426.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	12,426.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		12,426.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		THE TRUMP CORPORATION

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 121	4	170,697.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	170,697.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	170,697.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	170,697.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		170,697.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP EMPIRE STATE, INC.

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 122	4	15,729.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	15,729.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	15,729.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	15,729.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		15,729.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP PROJECT MANAGEMENT CORP

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 123	4	9,665.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	9,665.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	9,665.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	9,665.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		9,665.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP PLAZA MANAGEMENT CORP.

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 124	4	4,402.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	4,402.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	4,402.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	4,402.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		4,402.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18	Was your vehicle available for personal use during off-duty hours?	☐ Yes	☐ No
19	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes	☐ No
20	Do you have evidence to support your deduction?	☐ Yes	☐ No
21	If "Yes," is the evidence written?	☐ Yes	☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		SOFO REALTY CORP

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 125	4	31,055.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	31,055.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	31,055.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	31,055.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		31,055.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18	Was your vehicle available for personal use during off-duty hours?	☐ Yes	☐ No
19	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes	☐ No
20	Do you have evidence to support your deduction?	☐ Yes	☐ No
21	If "Yes," is the evidence written?	☐ Yes	☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle		(b) Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				
24a	Vehicle rentals	24a				
b	Inclusion amount	24b				
c	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on line 1	29				

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle		(b) Vehicle	
30	Enter cost or other basis	30				
31	Enter section 179 deduction and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36				
37	Multiply line 36 by the percentage on line 14	37				
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38				

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		ULTIMATE AIR CORP

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 126	4	9,474.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	9,474.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	9,474.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	9,474.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		9,474.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22 Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1 — 22

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		SHUTTLE INC

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 127	4	255,245.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	255,245.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	255,245.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	255,245.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		255,245.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22 Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1 — 22

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		T MANAGEMENT LLC (TMG MEMBER LLC)

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 128	4	69,337.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	69,337.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	69,337.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	69,337.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		69,337.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18	Was your vehicle available for personal use during off-duty hours?	☐ Yes	☐ No
19	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes	☐ No
20	Do you have evidence to support your deduction?	☐ Yes	☐ No
21	If "Yes," is the evidence written?	☐ Yes	☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP PARK AVENUE LLC (DELMONICO)

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 129	4	18,089.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	18,089.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	18,089.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	18,089.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		18,089.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		767 LLC (767 MANAGER LLC)

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 130	4	12,602.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	12,602.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1			
7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation				
8 Subtract line 7 from line 6	8	12,602.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	12,602.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶			10	12,602.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		RPV DEVELOPMENT LLC

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 131	4	2,487.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	2,487.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	2,487.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	2,487.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		2,487.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP PARK AVE LLC - ACQUISITIONS

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 132	4	10,080.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	10,080.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	10,080.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	10,080.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		10,080.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP ENTREPRENEUR INITIATIVE LLC

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 133	4	1,571.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	1,571.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	1,571.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	1,571.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		1,571.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP ENTREPRENEUR INITIATIVE LLC

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 134	4	16,967.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	16,967.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	16,967.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	16,967.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		16,967.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22 Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1 — 22

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		BAYROCK-TRUMP SOHO MEMBER LLC

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 135	4	1,025.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	1,025.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	1,025.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	1,025.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		1,025.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22 Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1 — 22

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TIHT COMMERCIAL LLC

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 136	4	1,336.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	1,336.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	1,336.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	1,336.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		1,336.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP MARKS HOLDING LP

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 137	4	19,128.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	19,128.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	19,128.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	19,128.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		19,128.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP INTERNATIONAL GOLF CLUB LLC

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 138	4	712,670.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	712,670.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	712,670.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	712,670.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		712,670.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18	Was your vehicle available for personal use during off-duty hours?	☐ Yes	☐ No
19	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes	☐ No
20	Do you have evidence to support your deduction?	☐ Yes	☐ No
21	If "Yes," is the evidence written?	☐ Yes	☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		MAR-A-LAGO CLUB LLC

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 139	4	734,021.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	734,021.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	734,021.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	734,021.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		734,021.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP RESORTS HOLDINGS LP

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 140	4	210,677.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	210,677.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	210,677.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	210,677.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		210,677.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle		(b) Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				
24a	Vehicle rentals	24a				
b	Inclusion amount	24b				
c	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on line 1	29				

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle		(b) Vehicle	
30	Enter cost or other basis	30				
31	Enter section 179 deduction and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36				
37	Multiply line 36 by the percentage on line 14	37				
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38				

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP PRODUCTIONS LLC

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 141	4	103,865.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	103,865.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	103,865.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	103,865.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		103,865.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18	Was your vehicle available for personal use during off-duty hours?	☐ Yes	☐ No
19	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes	☐ No
20	Do you have evidence to support your deduction?	☐ Yes	☐ No
21	If "Yes," is the evidence written?	☐ Yes	☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		DJT HOLDINGS LLC - SEVEN SPRINGS

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 142	4	54,425.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	54,425.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	54,425.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	54,425.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		54,425.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP NATIONAL GOLF CLUB

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 143	4	58,539.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	58,539.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	58,539.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	58,539.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		58,539.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18	Was your vehicle available for personal use during off-duty hours?	☐ Yes	☐ No
19	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes	☐ No
20	Do you have evidence to support your deduction?	☐ Yes	☐ No
21	If "Yes," is the evidence written?	☐ Yes	☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		DJT HOLDINGS LLC TRUMP ENDEAVOR 12

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 144	4	274,364.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	274,364.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	274,364.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	274,364.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		274,364.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11 Enter the date vehicle was placed in service	11		
12 Total miles vehicle was driven during 2015	12	miles	miles
13 Business miles included on line 12	13	miles	miles
14 Percent of business use. Divide line 13 by line 12	14	%	%
15 Average daily roundtrip commuting distance	15	miles	miles
16 Commuting miles included on line 12	16	miles	miles
17 Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22 Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23 Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a Vehicle rentals	24a		
b Inclusion amount	24b		
c Subtract line 24b from line 24a	24c		
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26 Add lines 23, 24c, and 25	26		
27 Multiply line 26 by the percentage on line 14	27		
28 Depreciation. Enter amount from line 38 below	28		
29 Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle	(b) Vehicle
30 Enter cost or other basis	30		
31 Enter section 179 deduction and special allowance	31		
32 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33 Enter depreciation method and percentage	33		
34 Multiply line 32 by the percentage on line 33	34		
35 Add lines 31 and 34	35		
36 Enter the limitation amount	36		
37 Multiply line 36 by the percentage on line 14	37		
38 Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP INTERNATIONAL HOTEL HAWAII

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 145	4	355.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	355.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	355.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	355.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		355.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		DJT HOLDINGS LLC (TURNBERRY SCOTLAND LLC)

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 146	4	247,683.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	247,683.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	247,683.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	247,683.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		247,683.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18	Was your vehicle available for personal use during off-duty hours?	☐ Yes	☐ No
19	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes	☐ No
20	Do you have evidence to support your deduction?	☐ Yes	☐ No
21	If "Yes," is the evidence written?	☐ Yes	☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TUMP KOREAN PROJECTS LLC

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 147	4	9.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	9.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	9.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	9.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		9.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22 Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1 — 22

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP MARKS FT LAUDERDALE LLC

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 148	4	1,850.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	1,850.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	1,850.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	1,850.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		1,850.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP HOME MARKS LLC

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 149	4	1,850.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	1,850.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	1,850.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	1,850.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		1,850.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18	Was your vehicle available for personal use during off-duty hours?	☐ Yes	☐ No
19	Do you (or your spouse) have another vehicle available for personal use?	☐ Yes	☐ No
20	Do you have evidence to support your deduction?	☐ Yes	☐ No
21	If "Yes," is the evidence written?	☐ Yes	☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle		(b) Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				
24a	Vehicle rentals	24a				
b	Inclusion amount	24b				
c	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on line 1	29				

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle		(b) Vehicle	
30	Enter cost or other basis	30				
31	Enter section 179 deduction and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36				
37	Multiply line 36 by the percentage on line 14	37				
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38				

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WAHINGTON DC L

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 150	4	520,711.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	520,711.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	520,711.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	520,711.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		520,711.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TIHT MEMBER LLC

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 151	4	500.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	500.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	500.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	500.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		500.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11 Enter the date vehicle was placed in service	11		
12 Total miles vehicle was driven during 2015	12	miles	miles
13 Business miles included on line 12	13	miles	miles
14 Percent of business use. Divide line 13 by line 12	14	%	%
15 Average daily roundtrip commuting distance	15	miles	miles
16 Commuting miles included on line 12	16	miles	miles
17 Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22 Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23 Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a Vehicle rentals	24a		
b Inclusion amount	24b		
c Subtract line 24b from line 24a	24c		
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26 Add lines 23, 24c, and 25	26		
27 Multiply line 26 by the percentage on line 14	27		
28 Depreciation. Enter amount from line 38 below	28		
29 Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

		(a) Vehicle	(b) Vehicle
30 Enter cost or other basis	30		
31 Enter section 179 deduction and special allowance	31		
32 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33 Enter depreciation method and percentage	33		
34 Multiply line 32 by the percentage on line 33	34		
35 Add lines 31 and 34	35		
36 Enter the limitation amount	36		
37 Multiply line 36 by the percentage on line 14	37		
38 Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		TRUMP HOTEL MANAGEMENT CORP

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 152	4	1,101.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	1,101.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	1,101.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	1,101.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		1,101.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Statement SBE
Supplemental Business Expenses

2015

Your name	Social security number	Business in which expenses were incurred
DONALD J. TRUMP		DJT HOLDINGS TRUMP TW VENTURE II LLC

Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that **did not** involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. **Do not** include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. **Do not** include meals and entertainment SEE STATEMENT 153	4	149,565.	
5 Meals and entertainment expenses	5		
6 **Total expenses.** In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	149,565.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were **not** reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	149,565.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	149,565.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses ▶	10		149,565.

Part II Vehicle Expenses

Section A. - General Information

			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles

18 Was your vehicle available for personal use during off-duty hours? ☐ Yes ☐ No

19 Do you (or your spouse) have another vehicle available for personal use? ☐ Yes ☐ No

20 Do you have evidence to support your deduction? ☐ Yes ☐ No

21 If "Yes," is the evidence written? ☐ Yes ☐ No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22 Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1 — 22

Section C. - Actual Expenses

			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
31	Enter section 179 deduction and special allowance	31		
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32		
33	Enter depreciation method and percentage	33		
34	Multiply line 32 by the percentage on line 33	34		
35	Add lines 31 and 34	35		
36	Enter the limitation amount	36		
37	Multiply line 36 by the percentage on line 14	37		
38	Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38		

Form **8938**

Department of the Treasury
Internal Revenue Service

Statement of Specified Foreign Financial Assets

▶ Information about Form 8938 and its separate instructions is at www.irs.gov/form8

▶ Attach to your tax return.

No. 1545-2195

2015

Attachment Sequence No. **175**

For calendar year 2015 or tax year beginning _____ and ending _____.

If you have attached continuation statements, check here [X] Number of continuation statements 1

Name(s) shown on return	TIN
DONALD J. & MELANIA TRUMP	

Part I Foreign Deposit and Custodial Accounts Summary

1	Number of Deposit Accounts (reported on Form 8938) ▶	
2	Maximum Value of All Deposit Accounts	$
3	Number of Custodial Accounts (reported on Form 8938) ▶	
4	Maximum Value of All Custodial Accounts	$
5	Were any foreign deposit or custodial accounts closed during the tax year?	[ ] Yes [ ] No

Part II Other Foreign Assets Summary

1	Number of Foreign Assets (reported on Form 8938) ▶	2
2	Maximum Value of All Assets	$
3	Were any foreign assets acquired or sold during the tax year?	[ ] Yes [X] No

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)

(a) Asset Category	(b) Tax item	(c) Amount reported on form or schedule	Where reported (d) Form and line	Where reported (e) Schedule and line
1 Foreign Deposit and Custodial Accounts	1a Interest	$		
	1b Dividends	$		
	1c Royalties	$		
	1d Other income	$		
	1e Gains (losses)	$		
	1f Deductions	$		
	1g Credits	$		
2 Other Foreign Assets	2a Interest	$		
	2b Dividends	$		
	2c Royalties	$		
	2d Other income	$		
	2e Gains (losses)	$		
	2f Deductions	$		
	2g Credits	$		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

1. Number of Forms 3520 _____
2. Number of Forms 3520-A _____
3. Number of Forms 5471 _____
4. Number of Forms 8621 _____
5. Number of Forms 8865 _____

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

If you have more than one account to report, attach a continuation statement for each additional account (see instructions).

1	Type of account [ ] Deposit [ ] Custodial	2 Account number or other designation
3	Check all that apply a [ ] Account opened during tax year b [ ] Account closed during tax year c [ ] Account jointly owned with spouse d [ ] No tax item reported in Part III with respect to this asset	
4	Maximum value of account during tax year	$
5	Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars?	[ ] Yes [ ] No
6	If you answered "Yes" to line 5, complete all that apply.	

(a) Foreign currency in which account is maintained	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions) (continued)

7a Name of financial institution in which account is maintained — b Reserved

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.

9 City or town, state or province, and country (including postal code)

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

Note. *If you reported specified foreign financial assets on Forms 3520, 3520-A, 5471, 8621, or 8865, you do not have to include the assets on Form 8938. You must complete Part IV. See instructions.*

If you have more than one asset to report, attach a continuation statement for each additional asset (see instructions).

1 Description of asset	2 Identifying number or other designation
PARTNERSHIP INTEREST	

3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.

a Date asset acquired during tax year, if applicable .....

b Date asset disposed of during tax year, if applicable .....

c ☐ Check if asset jointly owned with spouse d ☐ Check if no tax item reported in Part III with respect to this asset

4 Maximum value of asset during tax year (check box that applies)

a ☐ $0 - $50,000 b ☐ $50,001 - $100,000 c ☐ $100,001 - $150,000 d ☐ $150,001 - $200,000

e If more than $200,000, list value ..... $

5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? ..... ☒ Yes ☐ No

6 If you answered "Yes" to line 5, complete all that apply.

(a) Foreign currency in which asset is denominated	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
CANADA, DOLLAR		

7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

a Name of foreign entity TRUMP EDUCATION ULC b Reserved

c Type of foreign entity (1) ☒ Partnership (2) ☐ Corporation (3) ☐ Trust (4) ☐ Estate

d Mailing address of foreign entity. Number, street, and room or suite no.

40 WALL STREET

e City or town, state or province, and country (including postal code)

NEW YORK, NEW YORK 10005

8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

Note. *If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty (see instructions).*

a Name of issuer or counterparty

Check if information is for ☐ Issuer ☐ Counterparty

b Type of issuer or counterparty

(1) ☐ Individual (2) ☐ Partnership (3) ☐ Corporation (4) ☐ Trust (5) ☐ Estate

c Check if issuer or counterparty is a ☐ U.S. person ☐ Foreign person

d Mailing address of issuer or counterparty. Number, street, and room or suite no.

e City or town, state or province, and country (including postal code)

Last Name or Organization Name
DONALD J. & MELANIA TRUMP

Identification Number

Form 8938

Part VI Other Foreign Assets

Note. *If you reported specified foreign financial assets on Forms 3520, 3520-A, 5471, 8621, or 8865, you do not have to include the assets on Form 8938. You must complete Part IV. See instructions.*

If you have more than one asset to report, attach a continuation sheet with the same information for each additional asset (see instructions).

1 Description of asset	2 Identifying number or other designation
RENTAL PROPERTY	

3 Complete all that apply

a Date asset acquired during tax year, if applicable .....

b Date asset disposed of during tax year, if applicable .....

c ☐ Check if asset jointly owned with spouse

d ☒ Check if no tax item reported in Part III with respect to this asset

4 Maximum value of asset during tax year (check box that applies)

a ☐ $0 - $50,000 b ☐ $50,001 - $100,000 c ☐ $100,001 - $150,000 d ☐ $150,001 - $200,000

e If more than $200,000, list value ..... $

5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? ..... ☐ Yes ☒ No

6 If you answered "Yes" to line 5, complete all that apply.

(1) Foreign currency in which asset is denominated	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

a Name of foreign entity _____ b Reserved

c Type of foreign entity (1) ☐ Partnership (2) ☐ Corporation (3) ☐ Trust (4) ☐ Estate

d Mailing address of foreign entity. Number, street, and room or suite no.

e City or town, state or province, and country (including postal code)

8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

Note. If this asset has more than one issuer or counterparty, attach a continuation sheet with the same information for each additional issuer or counterparty (see instructions).

a Name of issuer or counterparty

Check if information is for ☐ Issuer ☐ Counterparty

b Type of issuer or counterparty

(1) ☐ Individual (2) ☐ Partnership (3) ☐ Corporation (4) ☐ Trust (5) ☐ Estate

c Check if issuer or counterparty is a ☐ U.S. person ☐ Foreign person

d Mailing address of issuer or counterparty. Number, street, and room or suite no.

e City or town, province or state, and country (including postal code)

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return. SUMMARY

▶ Information about Form 4562 and its separate instructions is at *www.irs.gov/form4562.*

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
DONALD J. & MELANIA TRUMP	ALL BUSINESS ACTIVITIES	

Part I **Election To Expense Certain Property Under Section 179** **Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	127,115.
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000.

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
TOTAL ALLOWABLE PASS-THROUGH SECTION 179 EXPENSE		57,237.

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	57,237.
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	57,237.
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	73,409.
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	500,000.
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	130,646.
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not** include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return. SCHEDULE C- 25

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2015

Attachment Sequence No. 179

Name(s) shown on return	Business or activity to which this form relates	Identifying number
DONALD J. & MELANIA TRUMP	WOLLMAN RINK OPERATIONS LLC	

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	211,059.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	16,917.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	100,804.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		60,813.	5 YRS.	HY	200DB	12,163.
c	7-year property		2,743.	7 YRS.	HY	200DB	392.
d	10-year property						
e	15-year property		147,500.	15 YRS.	HY	150DB	7,375.
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	348,710.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No | 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2015 tax year:					
43 Amortization of costs that began before your 2015 tax year				43	217.
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	217.

Schedule E

Publicly Traded Partnerships

Name of Activity: REGENCY ENERGY PARTNERS LP - ACTIVITY NO. 426

Activity net income		
Activity net loss	<3,655.>	
Prior year unallowed losses	<117,746.>	
Net income (loss)	<121,401.>	100% DISPOSITION
Total loss allowed from the PTP for 2015	121,401.	

Disallowed losses from this PTP

Form or Schedule	Gain/Loss	Prior Year Carryover	Net Gain/Loss	Unallowed Loss	Allowed Loss
SCH E	<3,466.>	117,746.	<121,212.>		121,212.
FORM 4797	<189.>	0.	<189.>		189.
	<3,655.>	117,746.	<121,401.>		121,401.

Alternative Minimum Tax

Activity net income		
Activity net loss	<3,193.>	
Prior year unallowed losses	<116,085.>	
Net income (loss)	<119,278.>	100% DISPOSITION
Total loss allowed from the PTP for 2015	119,278.	

Disallowed losses from this PTP

Alternative minimum tax adjustment	2,123.

Form or Schedule	Gain/Loss	Prior Year Carryover	Net Gain/Loss	Unallowed Loss	Allowed Loss
SCH E	<3,004.>	116,085.	<119,089.>		119,089.
FORM 4797	<189.>	0.	<189.>		189.
	<3,193.>	116,085.	<119,278.>		119,278.

Schedule E

Publicly Traded Partnerships

Name of Activity: ENERGY TRANSFER PARTNERS LP - ACTIVITY NO. 427

Activity net income	
Activity net loss	<49,609.>
Prior year unallowed losses	<227,421.>
Net income (loss)	<277,030.>
Total loss allowed from the PTP for 2015	
Disallowed losses from this PTP	277,030.

Form or Schedule	Gain/Loss	Prior Year Carryover	Net Gain/Loss	Unallowed Loss	Allowed Loss
SCH E	<48,546.>	224,817.	<273,363.>	273,363.	
FORM 4797	<1,063.>	2,604.	<3,667.>	3,667.	
	<49,609.>	227,421.	<277,030.>	277,030.	

Alternative Minimum Tax

Activity net income	
Activity net loss	<48,795.>
Prior year unallowed losses	<226,299.>
Net income (loss)	<275,094.>
Total loss allowed from the PTP for 2015	
Disallowed losses from this PTP	275,094.
Alternative minimum tax adjustment	

Form or Schedule	Gain/Loss	Prior Year Carryover	Net Gain/Loss	Unallowed Loss	Allowed Loss
SCH E	<47,732.>	223,695.	<271,427.>	271,427.	
FORM 4797	<1,063.>	2,604.	<3,667.>	3,667.	
	<48,795.>	226,299.	<275,094.>	275,094.	

Schedule of Mineral Interest Properties - Summary

Identifying Number

Name

DONALD J. TRUMP

Taxable income including NOL carryover	0.
Plus allowable depletion	8.
Minus cost depletion	8.
Taxable income before % depletion	0.
65% of taxable income	0.

Property Number	Property Description	Gross Income	Royalty Paid	Severance Tax	Operating Expense	IDC Expense	Dry Hole Costs	Other Expenses	Depreciation	Amortization	Overhead Expense	Net Income Before Depletion
1	REGENCY ENERGY PARTNERS LP											
TOTALS												

Property Number	Property Description	% Depletion	% Depletion Limited to Net Income	Daily Production (Barrel)	Quantity Limitation Rate	% Depletion After Quantity Limitation	Cost Depletion	Prior Year % Depletion C/O	Greater of Cost or % Depletion	% Depletion 1st Iteration	Allocation Ratio	* Limited % Depletion	% Depletion Final Iteration
1	REGENCY ENERGY PARTNERS LP				1.000000		8.		8.				
TOTALS							8.		8.				

Property Number	Property Description	Reallocation Ratio	* Allowable Depletion	Net Income After Depletion	% Depletion C/O To Next Year	Excess Depletion	Beginning Accum. IDC	Amortized Pref. IDC Expense	* Net Income for Excess IDC Calc.	Excess IDC	* Cost Depletion for 65% Limit	Reserved	Reserved
1	REGENCY ENERGY PARTNERS LP		8.	<8.>							8.		
TOTALS			8.	<8.>							8.		

Property Number	Property Description	Beginning Recover-ables	Production	Ending Recoverables	Basis	Beginning Accum. Depletion	Adjusted Basis	Cost Depletion Rate	Cost Depletion	* Allowable Depletion	Ending Accum. Depletion	Reserved	Reserved
1	REGENCY ENERGY PARTNERS LP								8.	8.			
TOTALS									8.	8.			

* "Limited % Depletion" - has been limited to 65% of Taxable Income
* "Allowable Depletion" - Greater of "Percentage Depletion" or "Cost Depletion" after calculation for the 65% taxable income limitations or "Non-Oil & Gas Depletion"
* "Net Income for Excess IDC CALC" - has been reduced by "Allowable Depletion" and "Excess IDC" has been added back.
* "Cost Depletion for 65% Limitation" - Used for computation of taxable income limitation statement for AMT

Total excess Intangible Drilling Cost

Less 65% of Net Income for Excess IDC Calculation

Excess Intangible Drilling Cost Preference

Schedule of Mineral Interest Properties - Alternative Minimum Tax

Identifying Number

Name

DONALD J. TRUMP

AMT Income (From AMT Depletion Taxable Income Limitation Worksheet) ..... 23,831,561.

65% of AMT Income ..... 15,490,515.

(1) includes overhead AMT depreciation

Property Number	Property Description	Gross Income	Royalty Paid	Severance Tax	Operating Expense	IDC Expense	Dry Hole Costs	Other Expenses	AMT Depreciation	Amortization	(1) Overhead Expense	AMT Adjustment	Net Income Before Depletion
1	REGENCY ENERGY PARTNERS LP												
Totals													

Property Number	Property Description	AMT % Depletion	AMT % Depl. Limited to Net Income	Daily Production (Barrel)	Quantity Limitation Rate	AMT % Depletion After Quantity Limit.	AMT Cost Depletion	AMT Prior Year % Depletion C/O	AMT Greater of Cost or % Depletion	AMT % Depletion 1st Iteration	Allocation Ratio	(2) AMT Limited % Depletion	AMT % Depletion Final Iteration
1	REGENCY ENERGY PARTNERS LP				1.00		8.		8.				
Totals							8.		8.				

Property Number	Property Description	Reallocation Ratio	(3) AMT Allowable Depletion	AMT % Depletion C/O	Begin Accum. IDC	(5) AMT Cost Depletion for 65% Limit	Reserved	Reserved	Reserved	Reserved	Reserved	Reserved	Reserved
1	REGENCY ENERGY PARTNERS LP		8.			8.							
Totals			8.			8.							

Property Number	Property Description	Beginning Recoverables	Production	Ending Recoverables	AMT Basis	Beginning AMT Accumulated Depletion	AMT Adjusted Basis	Cost Depletion Rate	AMT Cost Depletion	**(4) AMT Allowable Depletion**	**(4) Regular Allowable Depletion**	**(4) AMT Depletion Adjustment**	Ending AMT Accumulated Depletion
1	REGENCY ENERGY PARTNERS LP								8.	8.	8.	0.	
Totals									8.	8.	8.		

(2) "Limited AMT % Depletion" - has been limited to 65% of AMT Income

(3) "AMT Allowable Depletion" - Greater of "AMT Percentage Depletion" or "AMT Cost Depletion" after calculation for the 65% AMT income limitations.

(4) AMT Depletion Adjustment is the difference between regular allowable depletion and AMT depletion.

(5) "AMT Cost Depletion for 65% Limitation" - Used for computation of taxable income limitation statement for AMT

Form 6251 - AMT Charitable Contributions Worksheet Page 1

AGI <31,756,435.>

50% of AGI <15,878,218.>

DONALD J. & MELANIA TRUMP

Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2006	Contributions							
Less:	Allowed							
Less:	NOL Abs. CRP							
	CRP c/o							
2007	Contributions							
Less:	Allowed							
Less:	NOL Abs. CRP							
	CRP c/o							
2008	Contributions							
Less:	Allowed							
Less:	NOL Abs. CRP							
	CRP c/o							
2009	Contributions							
Less:	Allowed							
Less:	NOL Abs. CRP							
	CRP c/o							
2010	Contributions			1,694,095.				
Less:	Allowed							
Less:	NOL Absorb.			0.				
Less:	NOL Abs. CRP							
	Lost c/o			1,694,095.				
	CRP c/o							
2011	Contributions							
Less:	Allowed							
Less:	NOL Absorb.							
Less:	NOL Abs. CRP							
	Carryover ...							
	CRP c/o							
2012	Contributions							
Less:	Allowed							
Less:	NOL Absorb.							
Less:	NOL Abs. CRP							
	Carryover ...							
	CRP c/o							
2013	Contributions							
Less:	Allowed							
Less:	NOL Absorb.							
Less:	NOL Abs. CRP							
	Carryover ...							
	CRP c/o							
2014	Contributions			20,760,811.				
Less:	Allowed							
Less:	NOL Absorb.			0.				
Less:	NOL Abs. CRP and MWD							
	Carryover ...			20,760,811.				20,760,811.
	CRP c/o							

Form 6251 - AMT Charitable Contributions Worksheet Page 2

Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2015	Contributions		21,163,842.	49,500.				
Less:	Allowed							
Less:	NOL Absorb.		16,291,863.	0.				
Less:	NOL Abs. CRP and MWD							
	Carryover		4,871,979.	49,500.				4,921,479.
	CRP c/o							
	AMT charitable contributions							25,682,290.
Less:	Charitable contributions allowed under regular tax calculation							
	Charitable contributions adjustment to Form 6251, line 27							

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TIHM MEMBER CORP						
	* REGULAR INCOME	<1,875.>					
	* AMT NET INCOME	<1,875.>					
K1-	TRUMP LAS OLAS LLC						
	* REGULAR INCOME	<440.>					
	* AMT NET INCOME	<440.>					
K1-	TRUMP INTERNATIONAL GO LF CLUB SCOTLAND LTD						
	* REGULAR INCOME	<2,934,805.>					
	* AMT NET INCOME	<2,934,805.>					
K1-	BAYROCK- TRUMP SOHO ME MBER LLC						
	* REGULAR INCOME	<1,025.>					
	* AMT NET INCOME	<1,025.>					
K1-	TRUMP FOLLIES LLC						
	* REGULAR INCOME	<88.>					
	* AMT NET INCOME	<88.>					
K1-	809 NORTH CANON MEMBER CORP						
	* REGULAR INCOME	<225.>					
	* AMT NET INCOME	<225.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP FLORIDA MANAGER CORP						
	* REGULAR INCOME	<387.>					
	* AMT NET INCOME	<387.>					
K1-	THE TRUMP MARKS REAL E STATE CORP						
	* REGULAR INCOME	<560.>					
	* AMT NET INCOME	<560.>					
K1-	TRUMP MARKS REAL ESTAT E LLC						
	* REGULAR INCOME	<25,765.>					
	* AMT NET INCOME	<25,765.>					
K1-	TRUMP MARKS PANAMA LLC						
	* REGULAR INCOME	1,444,007.					
	* AMT NET INCOME	1,444,007.					
K1-	TRUMP MARKS PHILADELPH IA LLC						
	* REGULAR INCOME	<2,129.>					
	* AMT NET INCOME	<2,129.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS HOLLYWOOD LLC						
	* REGULAR INCOME	<2,271.>					
	* AMT NET INCOME	<2,271.>					
K1-	TRUMP MARKS WAIKIKI LLC						
	* REGULAR INCOME	247,731.					
	* AMT NET INCOME	247,731.					
K1-	TRUMP MARKS DUBAI LLC						
	* REGULAR INCOME	<3,777.>					
	* AMT NET INCOME	<3,777.>					
K1-	TRUMP MARKS PALM BEACH LLC						
	* REGULAR INCOME	<2,129.>					
	* AMT NET INCOME	<2,129.>					
K1-	TRUMP MARKS SOHO LLC						
	* REGULAR INCOME	<1,925.>					
	* AMT NET INCOME	<1,925.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS WHITE PLAI						
	NS LLC						
	* REGULAR INCOME	<322.>					
	* AMT NET INCOME	<322.>					
K1-	TRUMP MARKS WESTCHESTE						
	R LLC						
	* REGULAR INCOME	<2,153.>					
	* AMT NET INCOME	<2,153.>					
K1-	TRUMP MARKS STAMFORD L						
	LC						
	* REGULAR INCOME	546,022.					
	* AMT NET INCOME	546,022.					
K1-	TRUMP MARKS NEW ROCHEL						
	LE LLC						
	* REGULAR INCOME	628,997.					
	* AMT NET INCOME	628,997.					
K1-	TRUMP MARKS CANOUAN LL						
	C						
	* REGULAR INCOME	<404.>					
	* AMT NET INCOME	<404.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)	Social Security Number
DONALD J. & MELANIA TRUMP	

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS JERSEY CITY LLC						
	* REGULAR INCOME	<2,129.>					
	* AMT NET INCOME	<2,129.>					
K1-	TRUMP MARKS HOLLYWOOD CORP						
	* REGULAR INCOME	<273.>					
	* AMT NET INCOME	<273.>					
K1-	TRUMP MARKS SUNNY ISLES I LLC						
	* REGULAR INCOME	389,819.					
	* AMT NET INCOME	389,819.					
K1-	TRUMP MARKS SUNNY ISLES II LLC						
	* REGULAR INCOME	<2,183.>					
	* AMT NET INCOME	<2,183.>					
K1-	TRUMP MARKS WAIKIKI CORP						
	* REGULAR INCOME	1,372.					
	* AMT NET INCOME	1,372.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS CANOUAN CORP						
	* REGULAR INCOME	<334.>					
	* AMT NET INCOME	<334.>					
K1-	TRUMP MARKS DUBAI CORP						
	* REGULAR INCOME	<318.>					
	* AMT NET INCOME	<318.>					
K1-	TRUMP MARKS SOHO LICENSE CORP						
	* REGULAR INCOME	<74.>					
	* AMT NET INCOME	<74.>					
K1-	TRUMP MARKS WESTCHESTER CORP						
	* REGULAR INCOME	<72.>					
	* AMT NET INCOME	<72.>					
K1-	TRUMP MARKS STAMFORD CORP						
	* REGULAR INCOME	5,025.					
	* AMT NET INCOME	5,025.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS JERSEY CIT						
	Y CORP						
	* REGULAR INCOME	<571.>					
	* AMT NET INCOME	<571.>					
K1-	TRUMP MARKS SUNNY ISLE						
	S I MEMBER CORP						
	* REGULAR INCOME	3,938.					
	* AMT NET INCOME	3,938.					
K1-	TRUMP MARKS MORTGAGE C						
	ORP						
	* REGULAR INCOME	<352.>					
	* AMT NET INCOME	<352.>					
K1-	TRUMP MARKS EGYPT LLC						
	* REGULAR INCOME	<2,237.>					
	* AMT NET INCOME	<2,237.>					
K1-	TRUMP MARKS EGYPT CORP						
	* REGULAR INCOME	<358.>					
	* AMT NET INCOME	<358.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS BEVERAGES CORP						
	* REGULAR INCOME	<537.>					
	* AMT NET INCOME	<537.>					
K1-	TRUMP MARKS PUERTO RIC O I LLC						
	* REGULAR INCOME	<3,504.>					
	* AMT NET INCOME	<3,504.>					
K1-	TRUMP MARKS PUERTO RIC O I MEMBER CORP						
	* REGULAR INCOME	<140.>					
	* AMT NET INCOME	<140.>					
K1-	TRUMP MARKS PHILADELPH IA CORP						
	* REGULAR INCOME	<271.>					
	* AMT NET INCOME	<271.>					
K1-	TRUMP MARKS LAS VEGAS LLC						
	* REGULAR INCOME	<2,183.>					
	* AMT NET INCOME	<2,183.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS LAS VEGAS CORP						
	* REGULAR INCOME	<302.>					
	* AMT NET INCOME	<302.>					
K1-	TRUMP MARKS MAGAZINE C ORP						
	* REGULAR INCOME	<247.>					
	* AMT NET INCOME	<247.>					
K1-	TRUMP MARKS MAGAZINE L LC						
	* REGULAR INCOME	<2,153.>					
	* AMT NET INCOME	<2,153.>					
K1-	TRUMP MARKS NEW ROCHEL LE CORP						
	* REGULAR INCOME	6,193.					
	* AMT NET INCOME	6,193.					
K1-	TRUMP MARKS PALM BEACH CORP						
	* REGULAR INCOME	<296.>					
	* AMT NET INCOME	<296.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	PARK BRIAR ASSOCIATES LLC						
	* REGULAR INCOME	89,360.					
	DEPR ADJ	919.		919.			
	* AMT NET INCOME	90,279.		919.			
K1-	THE TRUMP CORPORATION						
	* REGULAR INCOME	<5,305,869.>					
	DEPR ADJ	156,621.		156,621.			
	* AMT NET INCOME	<5,149,248.>		156,621.			
K1-	TRUMP PAGEANTS, INC.						
	* REGULAR INCOME	<11,603.>					
	DEPR ADJ	<626.>		<626.>			
	* AMT NET INCOME	<12,229.>		<626.>			
K1-	SC LP SHOPPING CENTER LLC						
	* REGULAR INCOME	17,621.					
	DEPR ADJ	<789.>		<789.>			
	* AMT NET INCOME	16,832.		<789.>			
K1-	THE OBSIDIAN FUND LLC						
	* REGULAR INCOME	<1,870,600.>					
	DEPR ADJ	23.		23.			
	* AMT NET INCOME	<1,870,577.>		23.			

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DJT HOLDINGS MANAGING						
	MEMBER LLC						
	* REGULAR INCOME	<364,393.>					
	DEPR ADJ	<1,781.>		<1,781.>			
	* AMT NET INCOME	<366,174.>		<1,781.>			
K1-	DJT HOLDINGS TRUMP END						
	EAVOR 12 LLC						
	* REGULAR INCOME	<11,670,464.>					
	DEPR ADJ	299,855.		299,855.			
	* AMT NET INCOME	<11,370,609.>		299,855.			
K1-	MISS UNIVERSE LP, LLLP						
	* REGULAR INCOME	<788,887.>					
	DEPR ADJ	<30,691.>		<30,691.>			
	* AMT NET INCOME	<819,578.>		<30,691.>			
E-	REGENCY ENERGY PARTNER						
	S LP - PTP						
	* REGULAR INCOME	<121,212.>					
	AMT ADJUSTMENTS	2,123.			2,123.		
	* AMT NET INCOME	<119,089.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
C-	WOLLMAN RINK OPERATION						
	S LLC						
	* REGULAR INCOME	<1,287,722.>					
	AMT DEPR ADJ	<18,895.>			<18,895.>		
	* AMT NET INCOME	<1,306,617.>			<18,895.>		
C-	TRUMP RESTAURANTS LLC						
	* REGULAR INCOME	<368,057.>					
	AMT DEPR ADJ	<167.>			<167.>		
	* AMT NET INCOME	<368,224.>			<167.>		
C-	DJT AEROSPACE LLC						
	* REGULAR INCOME	104,831.					
	AMT DEPR ADJ	<47,959.>			<47,959.>		
	* AMT NET INCOME	56,872.			<47,959.>		
C-	DJT OPERATIONS I LLC						
	* REGULAR INCOME	<124,221.>					
	AMT DEPR ADJ	<809,550.>			<809,550.>		
	* AMT NET INCOME	<933,771.>			<809,550.>		
C-	DJT OPERATIONS CX LLC						
	* REGULAR INCOME	247,659.					
	AMT DEPR ADJ	<142,396.>			<142,396.>		
	* AMT NET INCOME	105,263.			<142,396.>		

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
E-							
	* REGULAR INCOME	<189,202.>					
	AMT DEPR ADJ	13,254.			13,254.		
	* AMT NET INCOME	<175,948.>			13,254.		
E-							
	* REGULAR INCOME	<56,539.>					
	AMT DEPR ADJ	3,571.			3,571.		
	* AMT NET INCOME	<52,968.>			3,571.		
4797	OCEAN AIR INVESTORS LL C						
	* REGULAR INCOME	17,227.					
	* AMT NET INCOME	17,227.					
4797	OAKDALE INVESTORS LLC						
	* REGULAR INCOME	8,012.					
	* AMT NET INCOME	8,012.					
4797	VH PROPERTY CORP						
	* REGULAR INCOME	<1,232,459.>					
	* AMT NET INCOME	<1,232,459.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	MAR-A-LAGO CLUB, LLC						
	* REGULAR INCOME	3,334,568.					
	AMT ADJUSTMENTS	<562,751.>			<562,751.>		
	* AMT NET INCOME	2,771,817.			<562,751.>		
K1-	HUDSON WATERFRONT ASSOC V, L.P.						
	* REGULAR INCOME	221,546.					
	AMT ADJUSTMENTS	364.			364.		
	* AMT NET INCOME	221,910.			364.		
K1-	HUDSON WATERFRONT ASSOC II, LP						
	* REGULAR INCOME	<35,257.>					
	* AMT NET INCOME	<35,257.>					
K1-	TRUMP 845 UN GP LLC						
	* REGULAR INCOME	2,168.					
	* AMT NET INCOME	2,168.					
K1-	TRUMP 845 UN LIMITED PARTNERSHIP						
	* REGULAR INCOME	<57,571.>					
	* AMT NET INCOME	<57,571.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MODEL MANAGEMENT LLC (TMG MEMBER LLC)						
	* REGULAR INCOME	<349,151.>					
	* AMT NET INCOME	<349,151.>					
K1-	TRUMP KOREA LLC (KOREAN PROJECTS)						
	* REGULAR INCOME	<9.>					
	* AMT NET INCOME	<9.>					
K1-	TRUMP PROJECT MANAGEMENT CORP						
	* REGULAR INCOME	<9,715.>					
	* AMT NET INCOME	<9,715.>					
K1-	TRUMP'S CASTLE MANAGEMENT CORP.						
	* REGULAR INCOME	<855.>					
	* AMT NET INCOME	<855.>					
K1-	TRAVEL ENTERPRISES MANAGEMENT INC						
	* REGULAR INCOME	74,625.					
	* AMT NET INCOME	74,625.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	ALL COUNTY BLDG SUPPLY & MAINT CO						
	* REGULAR INCOME	<5,637.>					
	* AMT NET INCOME	<5,637.>					
K1-	HELICOPTER AIR SERVICE S INC						
	* REGULAR INCOME	<11,851.>					
	* AMT NET INCOME	<11,851.>					
K1-	ULTIMATE AIR CORP						
	* REGULAR INCOME	<9,474.>					
	* AMT NET INCOME	<9,474.>					
K1-	TRUMP CENTRAL PARK WEST CORP						
	* REGULAR INCOME	<1,160.>					
	* AMT NET INCOME	<1,160.>					
K1-	TRUMP EMPIRE STATE, INC.						
	* REGULAR INCOME	<16,474.>					
	* AMT NET INCOME	<16,474.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	MAR-A-LAGO CLUB, INC.						
	* REGULAR INCOME	4,073.					
	AMT ADJUSTMENTS	<563.>			<563.>		
	* AMT NET INCOME	3,510.			<563.>		
K1-	DEVELOPMENT MEMBER INC						
	.						
	* REGULAR INCOME	<105.>					
	* AMT NET INCOME	<105.>					
K1-	FLIGHTS INC.						
	* REGULAR INCOME	<76,855.>					
	* AMT NET INCOME	<76,855.>					
K1-							
	C						
	* REGULAR INCOME	<25.>					
	* AMT NET INCOME	<25.>					
K1-	DONALD J TRUMP ELIZABE						
	TH TRUST						
	* REGULAR INCOME	0.					
	FORM 1041, LINE 16	1,761.					1,761.
	* AMT NET INCOME	1,761.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DONALD J TRUMP 'FRED'						
	TRUST						
	* REGULAR INCOME	0.					
	FORM 1041, LINE 16	3,869.					3,869.
	* AMT NET INCOME	3,869.					
K1-	ELIZABETH TRUMP GRANDC						
	HILDREN - DONALD						
	* REGULAR INCOME	0.					
	FORM 1041, LINE 16	3,877.					3,877.
	* AMT NET INCOME	3,877.					
K1-	TRUMP MANAGEMENT INC						
	* REGULAR INCOME	15,420.					
	* AMT NET INCOME	15,420.					
K1-	TRUMP DELMONICO LLC						
	* REGULAR INCOME	<18,089.>					
	* AMT NET INCOME	<18,089.>					
K1-	TRUMP TORONTO DEVELOPM						
	ENT INC						
	* REGULAR INCOME	<5,857.>					
	* AMT NET INCOME	<5,857.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	VH PROPERTY CORP						
	* REGULAR INCOME	1,710,195.					
	AMT ADJUSTMENTS	19,274.			19,274.		
	* AMT NET INCOME	1,729,469.			19,274.		
K1-	TRUMP LAS VEGAS SALES & MARKETING INC						
	* REGULAR INCOME	<2,010.>					
	* AMT NET INCOME	<2,010.>					
K1-	TRUMP PARK AVENUE LLC						
	* REGULAR INCOME	<10,080.>					
	* AMT NET INCOME	<10,080.>					
K1-	TRUMP MARKS HOLDING LP						
	* REGULAR INCOME	10,525.					
	* AMT NET INCOME	10,525.					
K1-	TRUMP MARKS GP CORP						
	* REGULAR INCOME	<534.>					
	* AMT NET INCOME	<534.>					
K1-	HUDSON WATERFRONT ASSOC III, LP						
	* REGULAR INCOME	414,402.					
	AMT ADJUSTMENTS	680.			680.		
	* AMT NET INCOME	415,082.			680.		

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP INTERNATIONAL GO						
	LF CLUB LLC						
	* REGULAR INCOME	3,021,465.					
	AMT AT-RISK ALLOWE	<64,551.>			<64,551.>		
	* AMT NET INCOME	2,956,914.			<64,551.>		
K1-	TRUMP PRODUCTIONS LLC						
	* REGULAR INCOME	5,236,209.					
	* AMT NET INCOME	5,236,209.					
K1-	TRUMP PRODUCTIONS LLC						
	* REGULAR INCOME	256,573.					
	* AMT NET INCOME	256,573.					
K1-	TRUMP PRODUCTIONS MANA						
	GING MEMBER INC						
	* REGULAR INCOME	52,891.					
	* AMT NET INCOME	52,891.					
K1-	TRUMP INTERNATIONAL HO						
	TELS MANAGEMENT LLC						
	* REGULAR INCOME	<1,490,509.>					
	* AMT NET INCOME	<1,490,509.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP GOLF COCO BEACH LLC						
	* REGULAR INCOME	<25,682.>					
	* AMT NET INCOME	<25,682.>					
K1-	TRUMP GOLF COCO BEACH MEMBER CORP						
	* REGULAR INCOME	<589.>					
	* AMT NET INCOME	<589.>					
K1-	TRUMP MARKS WHITE PLAI NS CORP						
	* REGULAR INCOME	<53.>					
	* AMT NET INCOME	<53.>					
K1-	TRUMP MARKS FT. LAUDER DALE MEMBER CORP						
	* REGULAR INCOME	<1.>					
	* AMT NET INCOME	<1.>					
K1-	TRUMP MARKS PANAMA COR P						
	* REGULAR INCOME	14,361.					
	* AMT NET INCOME	14,361.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS TORONTO LL C						
	* REGULAR INCOME	<2,129.>					
	* AMT NET INCOME	<2,129.>					
K1-	TRUMP MARKS TORONTO CO RP						
	* REGULAR INCOME	<246.>					
	* AMT NET INCOME	<246.>					
K1-	TRUMP MARKS SUNNY ISLE S II MEMBER CORP						
	* REGULAR INCOME	<297.>					
	* AMT NET INCOME	<297.>					
K1-	TRUMP MARKS FT. LAUDER DALE LLC						
	* REGULAR INCOME	<1,904.>					
	* AMT NET INCOME	<1,904.>					
K1-	TRUMP MARKS TAMPA LLC						
	* REGULAR INCOME	<2,129.>					
	* AMT NET INCOME	<2,129.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS MTG LLC						
	* REGULAR INCOME	<2,162.>					
	* AMT NET INCOME	<2,162.>					
K1-	THE TRUMP FOLLIES MEMB ER INC						
	* REGULAR INCOME	<145.>					
	* AMT NET INCOME	<145.>					
K1-	TRUMP MARKS TAMPA CORP						
	* REGULAR INCOME	<296.>					
	* AMT NET INCOME	<296.>					
K1-	TRUMP MARKS ASIA CORP						
	* REGULAR INCOME	<280.>					
	* AMT NET INCOME	<280.>					
K1-	TRUMP NATIONAL GOLF CL UB COLTS NECK LLC						
	* REGULAR INCOME	<1,226,474.>					
	AMT ADJUSTMENTS	<24,433.>			<24,433.>		
	* AMT NET INCOME	<1,250,907.>			<24,433.>		

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ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)	Social Security Number
DONALD J. & MELANIA TRUMP	

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS PHILIPPINE S						
	* REGULAR INCOME	955,093.					
	* AMT NET INCOME	955,093.					
K1-	TRUMP MARKS PHILIPPINE S CORP						
	* REGULAR INCOME	9,372.					
	* AMT NET INCOME	9,372.					
K1-	TRUMP MARKS ISTANBUL I I LLC						
	* REGULAR INCOME	791,848.					
	* AMT NET INCOME	791,848.					
K1-	TRUMP MARKS ISTANBUL I I CORP						
	* REGULAR INCOME	7,798.					
	* AMT NET INCOME	7,798.					
K1-	UNIT 2502 ENTERPRISES CORP						
	* REGULAR INCOME	<238.>					
	* AMT NET INCOME	<238.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	UNIT 2502 ENTERPRISES LLC						
	* REGULAR INCOME	<1,287.>					
	* AMT NET INCOME	<1,287.>					
K1-	TRUMP MARKS MATTRESS LLC						
	* REGULAR INCOME	2,410,699.					
	* AMT NET INCOME	2,410,699.					
K1-	TRUMP MARKS MATTRESS MEMBER CORP						
	* REGULAR INCOME	24,125.					
	* AMT NET INCOME	24,125.					
K1-	TRUMP JETS LLC						
	* REGULAR INCOME	<297.>					
	* AMT NET INCOME	<297.>					
K1-	SENTIENT JETS MEMBER CORP						
	* REGULAR INCOME	<228.>					
	* AMT NET INCOME	<228.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS ATLANTA LLC						
	* REGULAR INCOME	<2,237.>					
	* AMT NET INCOME	<2,237.>					
K1-	TRUMP MARKS PUERTO RICO II LLC						
	* REGULAR INCOME	<2,129.>					
	* AMT NET INCOME	<2,129.>					
K1-	TRUMP MARKS PUERTO RICO II MEMBER CORP						
	* REGULAR INCOME	<246.>					
	* AMT NET INCOME	<246.>					
K1-	TRUMP CANOUAN ESTATE LLC						
	* REGULAR INCOME	<8,385.>					
	* AMT NET INCOME	<8,385.>					
K1-	TRUMP CANOUAN ESTATE MEMBER CORP						
	* REGULAR INCOME	<360.>					
	* AMT NET INCOME	<360.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS TORONTO LP						
	* REGULAR INCOME	<2,129.>					
	* AMT NET INCOME	<2,129.>					
K1-	TRUMP FLORIDA MANAGEME						
	NT LLC						
	* REGULAR INCOME	<297.>					
	* AMT NET INCOME	<297.>					
K1-	TNGC DUTCHESS COUNTY M						
	EMBER CORP						
	* REGULAR INCOME	<6,142.>					
	AMT ADJUSTMENTS	<81.>			<81.>		
	* AMT NET INCOME	<6,223.>			<81.>		
K1-	DSN LICENSING LLC (FKA						
	TRUMP MARKS NETWORK L						
	* REGULAR INCOME	<2,262.>					
	* AMT NET INCOME	<2,262.>					
K1-	GOLF PRODUCTIONS LLC						
	* REGULAR INCOME	<26,680.>					
	* AMT NET INCOME	<26,680.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP TORONTO MEMBER C						
	ORP						
	* REGULAR INCOME	<246.>					
	* AMT NET INCOME	<246.>					
K1-	TRUMP NATIONAL GOLF CL						
	UB WASHINGTON DC						
	* REGULAR INCOME	6,929.					
	AMT ADJUSTMENTS	<113.>			<113.>		
	* AMT NET INCOME	6,816.			<113.>		
K1-	MELANIA MARKS ACCESSOR						
	IES LLC						
	* REGULAR INCOME	4,949.					
	* AMT NET INCOME	4,949.					
K1-	TRUMP ACQUISITION LLC						
	* REGULAR INCOME	<351.>					
	* AMT NET INCOME	<351.>					
K1-	MELANIA MARKS ACCESSOR						
	IES MEMBER CORP						
	* REGULAR INCOME	<85.>					
	* AMT NET INCOME	<85.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS ATLANTA ME						
	MBER CORP						
	* REGULAR INCOME	<133.>					
	* AMT NET INCOME	<133.>					
K1-	TRUMP HOME MARKS MEMBE						
	R CORP						
	* REGULAR INCOME	149.					
	* AMT NET INCOME	149.					
K1-	TRUMP DEVELOPMENT SERV						
	ICES MEMBER CORP						
	* REGULAR INCOME	<64.>					
	* AMT NET INCOME	<64.>					
K1-	TRUMP MARKS MENSWEAR M						
	EMBER CORP						
	* REGULAR INCOME	2,730.					
	* AMT NET INCOME	2,730.					
K1-	DSN LICENSING MEMBER C						
	ORP						
	* REGULAR INCOME	335.					
	* AMT NET INCOME	335.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS FINE FOODS LLC						
	* REGULAR INCOME	15,975.					
	* AMT NET INCOME	15,975.					
K1-	TRUMP HOME MARKS LLC						
	* REGULAR INCOME	70,292.					
	* AMT NET INCOME	70,292.					
K1-	TRUMP DEVELOPMENT SERVICES LLC						
	* REGULAR INCOME	<5,414.>					
	* AMT NET INCOME	<5,414.>					
K1-	TRUMP LAS VEGAS CORP						
	* REGULAR INCOME	<107,784.>					
	* AMT NET INCOME	<107,784.>					
K1-	TRUMP SALES & LEASING CHICAGO LLC						
	* REGULAR INCOME	<3,682.>					
	* AMT NET INCOME	<3,682.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS MENSWEAR L						
	LC						
	* REGULAR INCOME	342,471.					
	* AMT NET INCOME	342,471.					
K1-	TRUMP INTERNATIONAL GO						
	LF CLUB LLC						
	* REGULAR INCOME	<712,670.>					
	* AMT NET INCOME	<712,670.>					
K1-	TRUMP INTERNATIONAL HO						
	TEL HAWAII LLC						
	* REGULAR INCOME	2,385,145.					
	* AMT NET INCOME	2,385,145.					
K1-	TRUMP AC CASINO MARKS						
	MEMBER CORP						
	* REGULAR INCOME	<1,178.>					
	* AMT NET INCOME	<1,178.>					
K1-	TRUMP CAROUSEL MEMBER						
	CORP						
	* REGULAR INCOME	1,265.					
	* AMT NET INCOME	1,265.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS MUMBAI MEM						
	BER CORP						
	* REGULAR INCOME	<316.>					
	* AMT NET INCOME	<316.>					
K1-	TRUMP PANAMA CONDOMINI						
	UM MEMBER CORP						
	* REGULAR INCOME	<1,520.>					
	* AMT NET INCOME	<1,520.>					
K1-	TRUMP PANAMA HOTEL MAN						
	AGEMENT MEMBER CORP						
	* REGULAR INCOME	8,278.					
	* AMT NET INCOME	8,278.					
K1-	TRUMP SALES & LEASING						
	CHICAGO MEMBER CORP						
	* REGULAR INCOME	<317.>					
	* AMT NET INCOME	<317.>					
K1-	GOLF PRODUCTIONS MEMBE						
	R CORP						
	* REGULAR INCOME	<511.>					
	* AMT NET INCOME	<511.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TIHH MEMBER CORP						
	* REGULAR INCOME	23,445.					
	* AMT NET INCOME	23,445.					
K1-	TRUMP CHICAGO HOTEL ME MBER CORP						
	* REGULAR INCOME	17,961.					
	* AMT NET INCOME	17,961.					
K1-	TRUMP TORONTO HOTEL MA NAGEMENT CORP						
	* REGULAR INCOME	134,935.					
	* AMT NET INCOME	134,935.					
K1-	TRUMP FERRY POINT LLC						
	* REGULAR INCOME	1,593,620.					
	AMT ADJUSTMENTS	49.			49.		
	* AMT NET INCOME	1,593,669.			49.		
K1-	TRUMP PANAMA HOTEL MAN AGEMENT LLC						
	* REGULAR INCOME	847,282.					
	* AMT NET INCOME	847,282.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

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Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP CHICAGO HOTEL MA						
	NAGER LLC						
	* REGULAR INCOME	1,845,575.					
	* AMT NET INCOME	1,845,575.					
K1-	PANAMA OCEAN CLUB MANA						
	GEMENT LLC						
	* REGULAR INCOME	<351.>					
	* AMT NET INCOME	<351.>					
K1-	TRUMP MARKS CHICAGO LL						
	C						
	* REGULAR INCOME	<2,183.>					
	* AMT NET INCOME	<2,183.>					
K1-	TRUMP CHICAGO COMMERCI						
	AL MANAGER LLC						
	* REGULAR INCOME	1,155,745.					
	* AMT NET INCOME	1,155,745.					
K1-	TRUMP INTERNATIONAL DE						
	VELOPMENT LLC						
	* REGULAR INCOME	<406.>					
	* AMT NET INCOME	<406.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

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Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP AC CASINO MARKS LLC						
	* REGULAR INCOME	<83,460.>					
	* AMT NET INCOME	<83,460.>					
K1-	TRUMP CLASSIC CARS LLC						
	* REGULAR INCOME	<2,348.>					
	* AMT NET INCOME	<2,348.>					
K1-	TRUMP CAROUSEL LLC						
	* REGULAR INCOME	236,063.					
	* AMT NET INCOME	236,063.					
K1-	TRUMP CHICAGO RESIDENTIAL MANAGER LLC						
	* REGULAR INCOME	521,330.					
	* AMT NET INCOME	521,330.					
K1-	TRUMP PANAMA CONDOMINIUM MANAGEMENT LLC						
	* REGULAR INCOME	<128,205.>					
	* AMT NET INCOME	<128,205.>					

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Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS PRODUCTS L LC						
	* REGULAR INCOME	<2,262.>					
	* AMT NET INCOME	<2,262.>					
K1-	TRUMP MARKS PRODUCTS M EMBER CORP						
	* REGULAR INCOME	<303.>					
	* AMT NET INCOME	<303.>					
K1-	TRUMP INTERNATIONAL DE VELOPMENT MEMBER CORP						
	* REGULAR INCOME	<59.>					
	* AMT NET INCOME	<59.>					
K1-	PANAMA OCEAN CLUB MANA GEMENT MEMBER CORP						
	* REGULAR INCOME	<284.>					
	* AMT NET INCOME	<284.>					
K1-	TRUMP CHICAGO RESIDENT IAL MEMBER CORP						
	* REGULAR INCOME	4,877.					
	* AMT NET INCOME	4,877.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

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Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS CHICAGO ME						
	MBER CORP						
	* REGULAR INCOME	<331.>					
	* AMT NET INCOME	<331.>					
K1-	TRUMP CHICAGO COMMERCI						
	AL MEMBER CORP						
	* REGULAR INCOME	10,984.					
	* AMT NET INCOME	10,984.					
K1-	TRUMP MARKS MUMBAI LLC						
	* REGULAR INCOME	<2,237.>					
	* AMT NET INCOME	<2,237.>					
K1-	DJT HOLDINGS LLC						
	* REGULAR INCOME	<1,929,672.>					
	AMT ADJUSTMENTS	<495,125.>			<495,125.>		
	* AMT NET INCOME	<2,424,797.>			<495,125.>		
K1-	TRUMP MARKS FINE FOODS						
	MEMBER CORP						
	* REGULAR INCOME	<183.>					
	* AMT NET INCOME	<183.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP CLASSIC CARS MEM						
	BER CORP						
	* REGULAR INCOME	<1,269.>					
	* AMT NET INCOME	<1,269.>					
K1-	DJT HOLDINGS LLC - SEV						
	EN SPRINGS LLC						
	* REGULAR INCOME	<54,425.>					
	* AMT NET INCOME	<54,425.>					
K1-	DJT HOLDINGS LLC - TRU						
	MP WINE MARKS LLC						
	* REGULAR INCOME	<15,316.>					
	* AMT NET INCOME	<15,316.>					
K1-	DJT HOLDINGS LLC - TRU						
	MP NATIONAL GOLF CLUB						
	* REGULAR INCOME	<1,434,918.>					
	* AMT NET INCOME	<1,434,918.>					
K1-	DJT HOLDINGS LLC - LFB						
	ACQUISITION LLC						
	* REGULAR INCOME	1,007,559.					
	AMT ADJUSTMENTS	<3,279.>			<3,279.>		
	* AMT NET INCOME	1,004,280.			<3,279.>		

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DJT HOLDINGS LLC - TNG						
	C PINE HILL LLC						
	* REGULAR INCOME	<681,810.>					
	AMT ADJUSTMENTS	<5,557.>			<5,557.>		
	* AMT NET INCOME	<687,367.>			<5,557.>		
K1-	DJT HOLDINGS LLC - TNG						
	C DUTCHESS COUNTY LLC						
	* REGULAR INCOME	<581,002.>					
	AMT ADJUSTMENTS	<7,931.>			<7,931.>		
	* AMT NET INCOME	<588,933.>			<7,931.>		
K1-	DJT HOLDINGS LLC - TRU						
	MP NATIONAL GOLF CLUB						
	* REGULAR INCOME	200,988.					
	AMT ADJUSTMENTS	<11,069.>			<11,069.>		
	* AMT NET INCOME	189,919.			<11,069.>		
K1-	TRUMP VIRGINIA ACQUISI						
	TIONS LLC						
	* REGULAR INCOME	<1,305,750.>					
	* AMT NET INCOME	<1,305,750.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)	Social Security Number
DONALD J. & MELANIA TRUMP	

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS BATUMI LLC						
	* REGULAR INCOME	<351.>					
	* AMT NET INCOME	<351.>					
K1-	TRUMP DRINKS ISRAEL LLC						
	* REGULAR INCOME	<32,600.>					
	* AMT NET INCOME	<32,600.>					
K1-	TRUMP BOOKS LLC						
	* REGULAR INCOME	<322.>					
	* AMT NET INCOME	<322.>					
K1-	PARAMOUNT RPV HOLDINGS LLC						
	* REGULAR INCOME	<297.>					
	* AMT NET INCOME	<297.>					
K1-	TRUMP EU MARKS LLC						
	* REGULAR INCOME	<2,183.>					
	* AMT NET INCOME	<2,183.>					
K1-	TRUMP WORLD PRODUCTIONS LLC						
	* REGULAR INCOME	<8,380.>					
	* AMT NET INCOME	<8,380.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP BOOKS MANAGER CO RP						
	* REGULAR INCOME	<308.>					
	* AMT NET INCOME	<308.>					
K1-	TRUMP DRINKS ISRAEL ME MBER CORP						
	* REGULAR INCOME	<664.>					
	* AMT NET INCOME	<664.>					
K1-	DJT LAND HOLDINGS MEMB ER CORP						
	* REGULAR INCOME	<1,225.>					
	* AMT NET INCOME	<1,225.>					
K1-	TRUMP WINE MARKS MEMBE R CORP						
	* REGULAR INCOME	<381.>					
	* AMT NET INCOME	<381.>					
K1-	TRUMP ENDEAVOR 12 MANA GER CORP						
	* REGULAR INCOME	<116,659.>					
	AMT ADJUSTMENTS	3,059.			3,059.		
	* AMT NET INCOME	<113,600.>			3,059.		

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TAG AIR INC						
	* REGULAR INCOME	111,120.					
	AMT ADJUSTMENTS	83,864.			83,864.		
	* AMT NET INCOME	194,984.			83,864.		
K1-	PARAMOUNT RPV HOLDINGS MANAGER CORP						
	* REGULAR INCOME	<228.>					
	* AMT NET INCOME	<228.>					
K1-	TRUMP EU MARKS MEMBER CORP						
	* REGULAR INCOME	<297.>					
	* AMT NET INCOME	<297.>					
K1-	LFB AQUISITION MEMBER CORP						
	* REGULAR INCOME	10,055.					
	AMT ADJUSTMENTS	<33.>			<33.>		
	* AMT NET INCOME	10,022.			<33.>		
K1-	TRUMP WORLD PRODUCTION S MANAGER CORP						
	* REGULAR INCOME	<622.>					
	* AMT NET INCOME	<622.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP VIRGINIA ACQUISI						
	TIONS MANAGER CORP						
	* REGULAR INCOME	<13,414.>					
	* AMT NET INCOME	<13,414.>					
K1-	DT APP WARRANT HOLDING						
	MANAGING MEMBER CORP						
	* REGULAR INCOME	<297.>					
	* AMT NET INCOME	<297.>					
K1-	DT INDIA VENTURE MANAG						
	ING MEMBER CORP						
	* REGULAR INCOME	<321.>					
	* AMT NET INCOME	<321.>					
K1-	DT MARKS BAKU MANAGING						
	MEMBER CORP						
	* REGULAR INCOME	<579.>					
	* AMT NET INCOME	<579.>					
K1-	DT MARKS RIO MEMBER CO						
	RP						
	* REGULAR INCOME	<341.>					
	* AMT NET INCOME	<341.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	POKER VENTURE MANAGING MEMBER CORP						
	* REGULAR INCOME	<228.>					
	* AMT NET INCOME	<228.>					
K1-	TP-CFD MANAGER CORP						
	* REGULAR INCOME	<283.>					
	* AMT NET INCOME	<283.>					
K1-	TRUMP MARKS BATUMI MAN AGING MEMBER CORP						
	* REGULAR INCOME	<229.>					
	* AMT NET INCOME	<229.>					
K1-	TRUMP MARKS PUNTA DEL ESTE MANAGER						
	* REGULAR INCOME	1,230.					
	* AMT NET INCOME	1,230.					
K1-	TRUMP MIAMI RESORT MAN AGEMENT MEMBER CORP						
	* REGULAR INCOME	<384.>					
	* AMT NET INCOME	<384.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	WHITE COURSE MANAGING MEMBER CORP						
	* REGULAR INCOME	<325.>					
	* AMT NET INCOME	<325.>					
K1-	MELANIA MARKS SKINCARE MANAGING MEMBER CORP						
	* REGULAR INCOME	<2,403.>					
	* AMT NET INCOME	<2,403.>					
K1-	DT MARKS PUNE LLC						
	* REGULAR INCOME	<5,221.>					
	* AMT NET INCOME	<5,221.>					
K1-	DT MARKS RIO LLC						
	* REGULAR INCOME	<3,550.>					
	* AMT NET INCOME	<3,550.>					
K1-	DT APP WARRANT HOLDING LLC						
	* REGULAR INCOME	<2,183.>					
	* AMT NET INCOME	<2,183.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS PUNTA DEL ESTE LLC						
	* REGULAR INCOME	146,496.					
	* AMT NET INCOME	146,496.					
K1-	DT MARKS BAKU LLC						
	* REGULAR INCOME	<48,947.>					
	* AMT NET INCOME	<48,947.>					
K1-	T INTERNATIONAL REALTY LLC						
	* REGULAR INCOME	263,864.					
	* AMT NET INCOME	263,864.					
K1-	TP-CFD LLC						
	* REGULAR INCOME	<297.>					
	* AMT NET INCOME	<297.>					
K1-	POKER VENTURE LLC						
	* REGULAR INCOME	<297.>					
	* AMT NET INCOME	<297.>					
K1-	DT INDIA VENTURE LLC						
	* REGULAR INCOME	<2,129.>					
	* AMT NET INCOME	<2,129.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP CHICAGO RETAIL MANAGER LCC						
	* REGULAR INCOME	<431.>					
	* AMT NET INCOME	<431.>					
K1-	MELANIA MARKS SKINCARE LLC						
	* REGULAR INCOME	<41,431.>					
	* AMT NET INCOME	<41,431.>					
K1-	DJT HOLDINGS TNGC CHARLOTTE LLC						
	* REGULAR INCOME	1,080,373.					
	AMT ADJUSTMENTS	255.			255.		
	* AMT NET INCOME	1,080,628.			255.		
K1-	DJT HOLDINGS - WHITE COURSE LLC						
	* REGULAR INCOME	<9,848.>					
	* AMT NET INCOME	<9,848.>					
K1-	DJT HOLDINGS JUPITER GOLF CLUB						
	* REGULAR INCOME	<1,623,584.>					
	AMT ADJUSTMENTS	<27,175.>			<27,175.>		
	* AMT NET INCOME	<1,650,759.>			<27,175.>		

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DT MARKS DUBAI LLC						
	* REGULAR INCOME	<3,473.>					
	* AMT NET INCOME	<3,473.>					
K1-	THC SALES & MARKETING LLC						
	* REGULAR INCOME	81,283.					
	* AMT NET INCOME	81,283.					
K1-	DT MARKS WORLI LLC						
	* REGULAR INCOME	1,023,983.					
	* AMT NET INCOME	1,023,983.					
K1-	DT DUBAI GOLF MANAGER LLC						
	* REGULAR INCOME	1,332,944.					
	* AMT NET INCOME	1,332,944.					
K1-	DT MARKS VANCOUVER LP						
	* REGULAR INCOME	<9,820.>					
	* AMT NET INCOME	<9,820.>					
K1-	THC DEVELOPMENT BRAZIL LLC						
	* REGULAR INCOME	<351.>					
	* AMT NET INCOME	<351.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DT HOME MARKS INTERNAT						
	IONAL LLC						
	* REGULAR INCOME	429,786.					
	* AMT NET INCOME	429,786.					
K1-	THC RIO MANAGER LLC						
	* REGULAR INCOME	<27,770.>					
	AMT ADJUSTMENTS	40.			40.		
	* AMT NET INCOME	<27,730.>			40.		
K1-	DT MARKS PRODUCTS INTE						
	RNATIONAL LLC						
	* REGULAR INCOME	<11,017.>					
	* AMT NET INCOME	<11,017.>					
K1-	THC CENTRAL RESERVATIO						
	NS LLC						
	* REGULAR INCOME	<133,600.>					
	* AMT NET INCOME	<133,600.>					
K1-	TRUMP HOTEL MANAGEMENT						
	CORP						
	* REGULAR INCOME	<1,651.>					
	* AMT NET INCOME	<1,651.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	EID VENTURE I CORPORATION						
	* REGULAR INCOME	<284.>					
	* AMT NET INCOME	<284.>					
K1-	DT MARKS WORLI MEMBER CORP						
	* REGULAR INCOME	10,118.					
	* AMT NET INCOME	10,118.					
K1-	DT HOME MARKS INTERNATIONAL MEMBER CORP						
	* REGULAR INCOME	3,853.					
	* AMT NET INCOME	3,853.					
K1-	THC DEVELOPMENT BRAZIL MANAGING MEMBER						
	* REGULAR INCOME	<634.>					
	* AMT NET INCOME	<634.>					
K1-	DT DUBAI GOLF MANAGER MEMBER CORP						
	* REGULAR INCOME	13,239.					
	* AMT NET INCOME	13,239.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DT MARKS VANCOUVER MEMBER CORP						
	* REGULAR INCOME	<324.>					
	* AMT NET INCOME	<324.>					
K1-	THC RIO MANAGING MEMBER CORP						
	* REGULAR INCOME	<856.>					
	* AMT NET INCOME	<856.>					
K1-	DT MARKS DUBAI MEMBER CORP						
	* REGULAR INCOME	<260.>					
	* AMT NET INCOME	<260.>					
K1-	TRUMP CHICAGO RETAIL MEMBER CORP						
	* REGULAR INCOME	<279.>					
	* AMT NET INCOME	<279.>					
K1-	DT MARKS PRODCTS INTERNATIONAL MEMBER CORP						
	* REGULAR INCOME	<445.>					
	* AMT NET INCOME	<445.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	OPO HOTEL MANAGER MEMB						
	ER CORP						
	* REGULAR INCOME	<174.>					
	* AMT NET INCOME	<174.>					
K1-	THC CENTRAL RESERVATIO						
	NS MEMBER CORP						
	* REGULAR INCOME	<1,848.>					
	* AMT NET INCOME	<1,848.>					
K1-	THC SALES & MARKETING						
	MEMBER CORP						
	* REGULAR INCOME	596.					
	* AMT NET INCOME	596.					
K1-	THC VANCOUVER MANAGEME						
	NT CORP						
	* REGULAR INCOME	4,239.					
	* AMT NET INCOME	4,239.					
K1-	THE CARIBUSINESS RE CO						
	RP						
	* REGULAR INCOME	<55.>					
	* AMT NET INCOME	<55.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TW VENTURE I MANAGING MEMBER CORP						
	* REGULAR INCOME	<59.>					
	* AMT NET INCOME	<59.>					
K1-	TRUMP CPS CORP						
	* REGULAR INCOME	<2,918.>					
	* AMT NET INCOME	<2,918.>					
K1-	DJT HOLDINGS LLC - TRU MP LAS VEGAS MEMBER LL						
	* REGULAR INCOME	<3,015,363.>					
	* AMT NET INCOME	<3,015,363.>					
K1-	DJT HOLDINGS LLC - TRU MP LAS VEGAS MANAGING						
	* REGULAR INCOME	<65,285.>					
	* AMT NET INCOME	<65,285.>					
K1-	D B PACE ACQUISITION M EMBER CORP						
	* REGULAR INCOME	<519.>					
	* AMT NET INCOME	<519.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

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Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DT CONNECT II MEMBER C ORP						
	* REGULAR INCOME	<12,099.>					
	AMT ADJUSTMENTS	625.			625.		
	* AMT NET INCOME	<11,474.>			625.		
K1-	DT DUBAI II GOLF MANAG ER MEMBER CORP						
	* REGULAR INCOME	29,293.					
	* AMT NET INCOME	29,293.					
K1-	DT MARKS GURGAON MANAG ING MEMBER CORP						
	* REGULAR INCOME	<947.>					
	* AMT NET INCOME	<947.>					
K1-	DT MARKS PUNE II MANAG ING MEMBER CORP						
	* REGULAR INCOME	<289.>					
	* AMT NET INCOME	<289.>					
K1-	DT MARKS QATAR MEMBER CORP						
	* REGULAR INCOME	<1,307.>					
	* AMT NET INCOME	<1,307.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

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Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	PINE HILL DEVELOPMENT						
	MANAGING MEMBER						
	* REGULAR INCOME	<822.>					
	* AMT NET INCOME	<822.>					
K1-	THC BAKU HOTEL MANAGER						
	SERVICE MEMBER						
	* REGULAR INCOME	<10,830.>					
	* AMT NET INCOME	<10,830.>					
K1-	THC BAKU SERVICES MEMB						
	ER CORP						
	* REGULAR INCOME	2,150.					
	* AMT NET INCOME	2,150.					
K1-	THC CHINA-TECHNICAL SE						
	RVICES MANAGER CORP						
	* REGULAR INCOME	<634.>					
	* AMT NET INCOME	<634.>					
K1-	THC QATAR HOTEL MANAGE						
	R MEMBER CORP						
	* REGULAR INCOME	<716.>					
	* AMT NET INCOME	<716.>					

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Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	THC SERVICES SHENZHEN						
	MEMBER CCRP						
	* REGULAR INCOME	<485.>					
	* AMT NET INCOME	<485.>					
K1-	THC VENTURE II MANGING						
	MEMBER CCRP						
	* REGULAR INCOME	<638.>					
	* AMT NET INCOME	<638.>					
K1-	TTTT VENTURE MEMBER CO						
	RP (FKA THC VENTURE II						
	* REGULAR INCOME	29,056.					
	* AMT NET INCOME	29,056.					
K1-	TNGC CHARLOTTE MANAGER						
	CORP						
	* REGULAR INCOME	9,760.					
	AMT ADJUSTMENTS	3.			3.		
	* AMT NET INCOME	9,763.			3.		
K1-	TNGC JUPITER MANAGINF						
	MEMBER CORP						
	* REGULAR INCOME	897.					
	* AMT NET INCOME	897.					

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Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP NATIONAL GOLF CL						
	UB COLTS NECK MEMBER C						
	* REGULAR INCOME	<13,714.>					
	AMT ADJUSTMENTS	<247.>			<247.>		
	* AMT NET INCOME	<13,961.>			<247.>		
K1-	TURNBERRY SCOTLAND MAN						
	AGING MEMBER CORP						
	* REGULAR INCOME	<133,760.>					
	* AMT NET INCOME	<133,760.>					
K1-	THC CHINA TECHNICAL SE						
	RVICES LLC						
	* REGULAR INCOME	<376.>					
	* AMT NET INCOME	<376.>					
K1-	DT MARKS PUNE II LLC						
	* REGULAR INCOME	<2,267.>					
	* AMT NET INCOME	<2,267.>					
K1-	THC VENTURE II LLC						
	* REGULAR INCOME	<772.>					
	* AMT NET INCOME	<772.>					

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Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DT MARKS GURGAON LLC						
	* REGULAR INCOME	<25,911.>					
	* AMT NET INCOME	<25,911.>					
K1-	DT MARKS QATAR LLC						
	* REGULAR INCOME	<42,850.>					
	* AMT NET INCOME	<42,850.>					
K1-	THC BAKU HOTEL MANAGER SERVICES LLC						
	* REGULAR INCOME	<594.>					
	* AMT NET INCOME	<594.>					
K1-	THC BAKU SERVICES LLC						
	* REGULAR INCOME	312,718.					
	* AMT NET INCOME	312,718.					
K1-	THC QATAR HOTEL MANAGE R LLC						
	* REGULAR INCOME	<3,020.>					
	* AMT NET INCOME	<3,020.>					
K1-	THC SERVICES SHENZHEN LLC						
	* REGULAR INCOME	<3,068.>					
	* AMT NET INCOME	<3,068.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)	Social Security Number
DONALD J. & MELANIA TRUMP	

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	THC SHENZHEN HOTEL MANAGER LLC						
	* REGULAR INCOME	<2,421.>					
	* AMT NET INCOME	<2,421.>					
K1-	TTTT VENTURE LLC (FKA THC VENTURE III LLC)						
	* REGULAR INCOME	2,263,767.					
	* AMT NET INCOME	2,263,767.					
K1-	DJT HOLDINGS LLC (PINE HILL DEVELOPMENT LLC)						
	* REGULAR INCOME	<8,276.>					
	* AMT NET INCOME	<8,276.>					
K1-	DJT HOLDINGS LLC (TNGC JUPITER MANAGEMENT LL						
	* REGULAR INCOME	115,344.					
	* AMT NET INCOME	115,344.					
K1-	DJT HOLDINGS LLC (TW VENTURE I LLC)						
	* REGULAR INCOME	31,889.					
	* AMT NET INCOME	31,889.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DJT HOLDINGS LLC (TW VENTURE II LLC)						
	* REGULAR INCOME	<4,438,083.>					
	* AMT NET INCOME	<4,438,083.>					
K1-	DJT HOLDINGS LLC (DT CONNECT II LLC)						
	* REGULAR INCOME	<1,089,339.>					
	AMT ADJUSTMENTS	61,229.			61,229.		
	* AMT NET INCOME	<1,028,110.>			61,229.		
K1-	TW VENTURE II MANAGING MEMBER CORP						
	* REGULAR INCOME	<43,981.>					
	* AMT NET INCOME	<43,981.>					
K1-	DT TOWER GURGAON LLC						
	* REGULAR INCOME	<9,933.>					
	* AMT NET INCOME	<9,933.>					
K1-	DT MARKS BALI LLC						
	* REGULAR INCOME	1,405,633.					
	* AMT NET INCOME	1,405,633.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DT MARKS LIDO LLC						
	* FEGULAR INCOME	1,405,584.					
	* AMT NET INCOME	1,405,584.					
K1-	DT BALI TECHNICAL SERV ICES MANAGER LLC						
	* REGULAR INCOME	<3,587.>					
	* AMT NET INCOME	<3,587.>					
K1-	DT LIDO HOTEL MANAGER LLC						
	* FEGULAR INCOME	<399.>					
	* AMT NET INCOME	<399.>					
K1-	DT LIDO TECHNICAL SERV ICES MANAGER LLC						
	* REGULAR INCOME	<3,774.>					
	* AMT NET INCOME	<3,774.>					
K1-	DT JEDDAH TECHNICAL SE RVICES MANAGER LLC						
	* FEGULAR INCOME	<168.>					
	* AMT NET INCOME	<168.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)	Social Security Number
DONALD J. & MELANIA TRUMP	

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	THC JEDDAH HOTEL MANAG						
	ER LLC						
	* REGULAR INCOME	<42,584.>					
	* AMT NET INCOME	<42,584.>					
K1-	EID VENTURE I LLC						
	* REGULAR INCOME	<351.>					
	* AMT NET INCOME	<351.>					
K1-	DT MARKS PUNE MANAGING						
	MEMBER CORP						
	* REGULAR INCOME	<383.>					
	* AMT NET INCOME	<383.>					
K1-	THC SHENZHEN HOTEL MAN						
	AGER MEMBER CORP						
	* REGULAR INCOME	<776.>					
	* AMT NET INCOME	<776.>					
K1-	THC JEDDAH HOTEL MANAG						
	ER MEMBER CORP						
	* REGULAR INCOME	<430.>					
	* AMT NET INCOME	<430.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	JUPITER GOLF CLUB MANAGING MEMBER CORP						
	* REGULAR INCOME	<16,790.>					
	AMT ADJUSTMENTS	<277.>			<277.>		
	* AMT NET INCOME	<17,067.>			<277.>		
K1-	DTW VENTURE MANAGING MEMBER CORP						
	* REGULAR INCOME	<225.>					
	* AMT NET INCOME	<225.>					
K1-	DT TOWER GURGAON MANAGING MEMBER CORP						
	* REGULAR INCOME	<431.>					
	* AMT NET INCOME	<431.>					
K1-	DT MARKS LIDO MEMBER CORP						
	* REGULAR INCOME	14,143.					
	* AMT NET INCOME	14,143.					
K1-	DT MARKS BALI MEMBER CORP						
	* REGULAR INCOME	14,198.					
	* AMT NET INCOME	14,198.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DT LIDO TECHNICAL SERV						
	ICES MANAGER MEMBER CO						
	* REGULAR INCOME	<111.>					
	* AMT NET INCOME	<111.>					
K1-	DT LIDO HOTEL MANAGER						
	MEMBER CORP						
	* REGULAR INCOME	<59.>					
	* AMT NET INCOME	<59.>					
K1-	DT LIDO GOLF MANAGER M						
	EMBER CORP						
	* REGULAR INCOME	<57.>					
	* AMT NET INCOME	<57.>					
K1-	DT JEDDAH TECHNICAL SE						
	RVICES MANAGER MEMBER						
	* REGULAR INCOME	<2.>					
	* AMT NET INCOME	<2.>					
K1-	DT BALI TECHNICAL SERV						
	ICES MANAGER MEMBER CO						
	* REGULAR INCOME	<91.>					
	* AMT NET INCOME	<91.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DT BALI GOLF MANAGER M						
	EMBER CORP						
	* REGULAR INCOME	<79.>					
	* AMT NET INCOME	<79.>					
K1-	DT BALI HOTEL MANAGER						
	MEMBER CORP						
	* REGULAR INCOME	<78.>					
	* AMT NET INCOME	<78.>					
C-	DONALD J. TRUMP						
	* REGULAR INCOME	214,500.					
	* AMT NET INCOME	214,500.					
C-	TRUMP ORGANIZATION LLC						
	* REGULAR INCOME	<119.>					
	* AMT NET INCOME	<119.>					
C-	TRUMP REALTY SERVICES						
	LLC						
	* REGULAR INCOME	<599.>					
	* AMT NET INCOME	<599.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
C-	TRUMP CHICAGO DEVELOPMENT LLC						
	* REGULAR INCOME	<719.>					
	* AMT NET INCOME	<719.>					
C-	TRUMP LAS VEGAS DEVELOPMENT LLC						
	* REGULAR INCOME	<760.>					
	* AMT NET INCOME	<760.>					
C-	TRUMP PHOENIX DEVELOPMENT LLC						
	* REGULAR INCOME	<355.>					
	* AMT NET INCOME	<355.>					
C-	TRUMP GOLF MANAGEMENT LLC						
	* REGULAR INCOME	<55.>					
	* AMT NET INCOME	<55.>					
C-	TIHT HOLDING COMPANY LLC						
	* REGULAR INCOME	27,763.					
	* AMT NET INCOME	27,763.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
C-	CHICAGO UNIT ACQUISTIO N LLC						
	* REGULAR INCOME	<1,719.>					
	* AMT NET INCOME	<1,719.>					
C-	DONALD J TRUMP						
	* REGULAR INCOME	<1,084.>					
	* AMT NET INCOME	<1,084.>					
C-	TRUMP ICE LLC						
	* REGULAR INCOME	<65,567.>					
	* AMT NET INCOME	<65,567.>					
C-	DJT OPERATIONS II LLC						
	* REGULAR INCOME	<2,380.>					
	* AMT NET INCOME	<2,380.>					
C-	TRUMP GOLF ACQUISITION S LLC						
	* REGULAR INCOME	32,841.					
	* AMT NET INCOME	32,841.					
E-	RITZ CARLTON						
	* REGULAR INCOME	<8,756.>					
	* AMT NET INCOME	<8,756.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
E-	TRUMP 106 CPS LLC - 10 , NY						
	* REGULAR INCOME	<839.>					
	* AMT NET INCOME	<839.>					
E-	APARTMENT- NEW YORK, N EW YORK						
	* REGULAR INCOME	<7,508.>					
	* AMT NET INCOME	<7,508.>					
E-	BOOK						
	* REGULAR INCOME	2,198,621.					
	* AMT NET INCOME	2,198,621.					
E-	TRUMP CARIBBEAN LLC - ROYALTY INCOME						
	* REGULAR INCOME	<263.>					
	* AMT NET INCOME	<263.>					
E-	TRUMP BRAZIL LLC - ROY ALTY INCOME						
	* REGULAR INCOME	<410.>					
	* AMT NET INCOME	<410.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)

DONALD J. & MELANIA TRUMP

Social Security Number

Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
E-	TRUMP LAUDERDALE DEVEL						
	OPMENT LLC - ROYALTY I						
	* REGULAR INCOME	<126,424.>					
	* AMT NET INCOME	<126,424.>					
E-	TRUMP LAUDERDALE DEVEL						
	OPMENT #2 LLC						
	* REGULAR INCOME	<199.>					
	* AMT NET INCOME	<199.>					
E-	TRUMP WORLD PUBLICATIO						
	NS						
	* REGULAR INCOME	<25.>					
	* AMT NET INCOME	<25.>					
E-	WEST PALM OPERATIONS L						
	LC						
	* REGULAR INCOME	<26,466.>					
	* AMT NET INCOME	<26,466.>					
	** TOTAL ADJ & PREF **			423,531.	<2033762>		9,507.

AMT Depletion Taxable Income Limitation for Independent Producers and Royalty Owners

Name DONALD J. & MELANIA TRUMP SSN

1.	Adjusted regular taxable income:		
	a Adjusted total taxable income or loss (Form 6251, lines 1 through 8)	<32,779,434.>	
	b Oil and gas depletion (regular tax)	8.	
	c Net operating loss deduction included in line 1a above	105,157,825.	
	d AMT cost depletion	(8.)	
	e Adjusted regular taxable income. Combine lines 1a through 1d		72,378,391.
2.	Alternative minimum taxable income (AMTI) before adjustments:		
	a Non-oil and gas AMT depletion adjustment		
	b Other AMT tax preference and adjustment items (without IDC)		<1,450,402.>
3.	AMTI for oil and gas limitation before AMT net operating loss deduction		70,927,989.
4.	AMT tentative % depletion deduction before ATNOLD (65% of line 3) (carries to ATNOLD worksheet)		
5.	AMTI after tentative % depletion deduction. Subtract line 4 from line 3		70,927,989.
6.	ATNOLD available (from ATNOLD worksheet)		47,096,428.
7.	AMTI after ATNOLD for oil and gas depletion limitation. Subtract line 6 from line 3		23,831,561.

AMT Tentative Depletion for ATNOLD

1.	Oil and gas depletion (regular tax)	8.	
2.	AMT cost depletion	(8.)	
3.	AMT tentative % depletion	( )	
4.	Tentative AMT depletion adjustment		0.
5.	Non-oil gas AMT depletion adjustment		
6.	Total AMT depletion adjustment for "Worksheet for ATNOLD Carryover"		

Form 1116 U.S. and Foreign Source Income Summary

NAME

DONALD J. & MELANIA TRUMP

INCOME TYPE		TOTAL	U.S.	FOREIGN GENERAL	FOREIGN PASSIVE
Compensation		14,141.	14,141.		
Dividends/Distributions	STMT 156	1,729,897.	1,580,779.		149,118.
Interest		9,393,096.	9,393,096.		
Capital Gains		38,000,330.	38,000,330.		
Business/Profession		15,319,737.	15,319,737.		
Rent/Royalty		3,266,452.	3,266,452.		
State/Local Refunds					
Partnership/S Corporation	STMT 157	213,855,375.	161,355,024.	50,309,680.	2,190,671.
Trust/Estate		1,194.	1,194.		
Other Income		34,929,438.	34,929,438.		
Gross Income		316,509,660.	263,860,191.	50,309,680.	2,339,789.
Less:					
Section 911 Exclusion					
Capital Losses		2,164,877.	2,164,877.		
Capital Gains Tax Adjustment					
Total Income - Form 1116		314,344,783.	261,695,314.	50,309,680.	2,339,789.
Deductions:					
Business/Profession Expenses		187,073,551.	134,094,876.	52,934,212.	44,463.
Rent/Royalty Expenses		1,417,559.	1,417,559.		
Partnership/S Corporation Losses		52,431,495.	50,368,591.	1,866,974.	195,930.
Trust/Estate Losses		2,294.	2,294.		
Capital Losses					
Non-capital Losses					
Individual Retirement Account					
Moving Expenses					
Self-employment Tax Deduction		19,594.	19,594.		
Self-employment Health Insurance					
Keogh Contributions					
Alimony					
Forfeited Interest					
Foreign Housing Deduction					
Other Adjustments		105,157,825.	105,157,825.		
Capital Gains Tax Adjustment					
Total Deductions		346,102,318.	291,060,739.	54,801,186.	240,393.
Adjusted Gross Income		<31,757,535.>	<29,365,425.>	<4,491,506.>	2,099,396.
Less Itemized Deductions:					
Specifically Allocated					
Home Mortgage Interest					
Other Interest		975,139.	975,139.		
Ratably Allocated		7,022,743.	5,854,703.	1,116,199.	51,841.
Total Adjustments to Adjusted Gross Income		7,997,882.	6,829,842.	1,116,199.	51,841.
Taxable Income Before Exemptions		<39,755,417.>	<36,195,267.>	<5,607,705.>	2,047,555.

Form 1116 — Allocation of Itemized Deductions

NAME

DONALD J. & MELANIA TRUMP

	Total Itemized Deductions	Itemized Deductions After Sec. 68 Reduction	Form 1116		
			Specifically U.S.	Specifically Foreign	Ratable
Taxes	6,108,156.	6,108,156.			6,108,156.
Interest - Not Including Investment Interest					
Contributions					
Miscellaneous Deductions Subject to 2%	866,727.	866,727.			866,727.
Other Miscellaneous Deductions - Not Including Gambling Losses	28,449.	28,449.			28,449.
Foreign Adjustment					
Total Itemized Deductions Subject to Sec. 68	7,003,332.	7,003,332.			
Add Itemized Deductions Not Subject to Sec. 68:					
Medical/Dental	19,411.	19,411.			19,411.
Investment Interest	975,139.	975,139.	975,139.		
Casualty Losses					
Gambling Losses					
Foreign Adjustment					
Total Itemized Deductions	7,997,882.				
Total Allowed on Schedule A		7,997,882.	975,139.		7,022,743.

Form 1116 **Foreign Tax Credit Carryover Statement (Page 1 of 2)**

NAME

DONALD J. & MELANIA TRUMP

Foreign Income Category GENERAL LIMITATION INCOME

Regular	2010	2011	2012	2013	2014	2015
1. Foreign tax paid/accrued						465,747.
2. FTC carryback to 2015 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						465,747.
5. Maximum credit allowable						0.
6. Unused foreign tax (+) or excess of limit (-)	2,010,500.	346,519.	363,405.	1,002,346.	550,298.	465,747.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining	2,010,500.	346,519.	363,405.	1,002,346.	550,298.	465,747.
Total foreign taxes from all available years to be carried to next year						8,178,055.

	2005	2006	2007	2008	2009
1. Foreign tax paid/accrued					
2. FTC carryback to 2015 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)	86,270.	180,130.	1,154,408.	617,258.	1,401,174.
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining	86,270.	180,130.	1,154,408.	617,258.	1,401,174.

Form 1116 **Foreign Tax Credit Carryover Statement (Page 2 of 2)**

NAME

DONALD J. & MELANIA TRUMP

Foreign Income Category GENERAL LIMITATION INCOME

AMT

	2010	2011	2012	2013	2014	2015
1. Foreign tax paid/accrued						465,747.
2. FTC carryback to 2015 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						465,747.
5. Maximum credit allowable						2,604,165.
6. Unused foreign tax (+) or excess of limit (-)		301,483.	401,786.	1,312,596.	578,448.	<2,138,418.>
7. Foreign tax carryback						
8. Foreign tax carryforward		301,483.	401,786.	120,142.		2,138,418.
9. Foreign tax or excess limit remaining				1,192,454.	578,448.	

Total foreign taxes from all available years to be carried to next year 1,770,902.

	2005	2006	2007	2008	2009
1. Foreign tax paid/accrued					
2. FTC carryback to 2015 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)	86,270.	130.	586,927.	617,258.	24,422.
7. Foreign tax carryback					
8. Foreign tax carryforward	86,270.	130.	586,927.	617,258.	24,422.
9. Foreign tax or excess limit remaining					

Form 1116 **Foreign Tax Credit Carryover Statement (Page 1 of 2)**

NAME

DONALD J. & MELANIA TRUMP

Foreign Income Category PASSIVE INCOME

Regular	2010	2011	2012	2013	2014	2015
1. Foreign tax paid/accrued						8,596.
2. FTC carryback to 2015 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						8,596.
5. Maximum credit allowable						0.
6. Unused foreign tax (+) or excess of limit (-)						8,596.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining						8,596.
Total foreign taxes from all available years to be carried to next year						8,596.

	2005	2006	2007	2008	2009
1. Foreign tax paid/accrued					
2. FTC carryback to 2015 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

Form 1116 **Foreign Tax Credit Carryover Statement (Page 2 of 2)**

NAME

DONALD J. & MELANIA TRUMP

Foreign Income Category PASSIVE INCOME

AMT

	2010	2011	2012	2013	2014	2015
1. Foreign tax paid/accrued						17,192.
2. FTC carryback to 2015 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						17,192.
5. Maximum credit allowable						0.
6. Unused foreign tax (+) or excess of limit (-)						17,192.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining						17,192.
Total foreign taxes from all available years to be carried to next year						17,192.

	2005	2006	2007	2008	2009
1. Foreign tax paid/accrued					
2. FTC carryback to 2015 for amended returns					
3. Reduction in foreign taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+) or excess of limit (-)					
7. Foreign tax carryback					
8. Foreign tax carryforward					
9. Foreign tax or excess limit remaining					

Form 1116 — Foreign Tax Preference Items

NAME

DONALD J. & MELANIA TRUMP

Alternative minimum tax deductions allocation:

Itemized deductions		47,860.
Other deductions not directly allocated		0.
Total alternative minimum tax adjustments		47,860.
Total foreign source income	52,649,469.	
Total gross income	316,509,660.	
Ratio of foreign source income to gross income		.166344
Total foreign source deductions		7,963.

Total deductions allocated to foreign income class:

General limitation income	7,609.
Passive income	354.
Section 901(j) income	
Income re-sourced by treaty	

Form 1116 Foreign Wages, Salaries, Business and Profession Income

NAME

DONALD J. & MELANIA TRUMP

Wages and Salaries:

Source	Amount

Total Foreign Wages and Salaries .....

Business and Profession Income:

Source	Amount
SEE STATEMENT 159	

Total Foreign Business and Profession Income ..... 7,351,696.

Reduction for Foreign Earned Income Exclusion/Deduction:

Total Foreign Wages and Salaries .....
Foreign Earned Income Exclusion/Deduction .....
Percent Applicable to Foreign Wages and Salaries .....

Reduction Amount .....

Wages and Salaries Included on Form 1116, line 1 .....

Total Foreign Business and Profession Income .....
Foreign Earned Income Exclusion/Deduction .....
Percent Applicable to Foreign Business and Profession Income .....

Reduction Amount .....

Business and Profession Income Included on Form 1116, line 1 ..... 7,351,696.

Form 1116 Foreign Wages, Salaries, Business and Profession Income

NAME

DONALD J. & MELANIA TRUMP

Wages and Salaries:

Source	Amount

Total Foreign Wages and Salaries .....

Business and Profession Income:

Source	Amount
TRUMP SCOTLAND MEMBER INC	46,098.
TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LTD	4,563,658.
TURNBERRY SCOTLAND MANAGING MEMBER CORP	179,543.
DJT HOLDINGS LLC (TURNBERRY SCOTLAND LLC)	17,597,013.

Total Foreign Business and Profession Income ..... 22,386,312.

Reduction for Foreign Earned Income Exclusion/Deduction:

Total Foreign Wages and Salaries .....
Foreign Earned Income Exclusion/Deduction .....
Percent Applicable to Foreign Wages and Salaries .....

Reduction Amount .....

Wages and Salaries Included on Form 1116, line 1 .....

Total Foreign Business and Profession Income .....
Foreign Earned Income Exclusion/Deduction .....
Percent Applicable to Foreign Business and Profession Income .....

Reduction Amount .....

Business and Profession Income Included on Form 1116, line 1 ..... 22,386,312.

Form 1116 Foreign Wages, Salaries, Business and Profession Income

NAME

DONALD J. & MELANIA TRUMP

Wages and Salaries:

Source	Amount

Total Foreign Wages and Salaries .....

Business and Profession Income:

Source	Amount
EXCEL VENTURE I LLC	782,551.

Total Foreign Business and Profession Income ..... 782,551.

Reduction for Foreign Earned Income Exclusion/Deduction:

Total Foreign Wages and Salaries .....
Foreign Earned Income Exclusion/Deduction .....
Percent Applicable to Foreign Wages and Salaries .....

Reduction Amount .....

Wages and Salaries Included on Form 1116, line 1 .....

Total Foreign Business and Profession Income .....
Foreign Earned Income Exclusion/Deduction .....
Percent Applicable to Foreign Business and Profession Income .....

Reduction Amount .....

Business and Profession Income Included on Form 1116, line 1 ..... 782,551.

Form 1116 Foreign Wages, Salaries, Business and Profession Income

NAME

DONALD J. & MELANIA TRUMP

Wages and Salaries:

Source	Amount

Total Foreign Wages and Salaries .....

Business and Profession Income:

Source	Amount
PAULSON ADVANTAGE PLUS LP	5,288.
PAULSON CREDIT OPPORTUNITIES LP	298.
PAULSON PARTNERS LP	14,567.
ADVANTAGE ADVISERS XANTHUS FUND LLC	2,580.
AG ELEVEN PARTNERS LP	97,098.
AG DIVERSIFIED CREDIT STRATEGIES FUND LP	35,657.
MIDOCEAN CREDIT OPPORTUNITY FUND LP	76.

Total Foreign Business and Profession Income ..... 155,564.

Reduction for Foreign Earned Income Exclusion/Deduction:

Total Foreign Wages and Salaries .....
Foreign Earned Income Exclusion/Deduction .....
Percent Applicable to Foreign Wages and Salaries .....

Reduction Amount .....

Wages and Salaries Included on Form 1116, line 1 .....

Total Foreign Business and Profession Income .....
Foreign Earned Income Exclusion/Deduction .....
Percent Applicable to Foreign Business and Profession Income .....

Reduction Amount .....

Business and Profession Income Included on Form 1116, line 1 ..... 155,564.

527531
04-01-15

Form 1116 Foreign Wages, Salaries, Business and Profession Income

NAME

DONALD J. & MELANIA TRUMP

Wages and Salaries:

Source	Amount

Total Foreign Wages and Salaries .....

Business and Profession Income:

Source	Amount
PAULSON ADVANTAGE PLUS LP	5,288.
PAULSON CREDIT OPPORTUNITIES LP	298.
PAULSON PARTNERS LP	14,567.
ADVANTAGE ADVISERS XANTHUS FUND LLC	2,580.
AG ELEVEN PARTNERS LP	97,098.
AG DIVERSIFIED CREDIT STRATEGIES FUND LP	35,657.
MIDOCEAN CREDIT OPPORTUNITY FUND LP	76.

Total Foreign Business and Profession Income ..... 155,564.

Reduction for Foreign Earned Income Exclusion/Deduction:

Total Foreign Wages and Salaries .....
Foreign Earned Income Exclusion/Deduction .....
Percent Applicable to Foreign Wages and Salaries .....

Reduction Amount .....

Wages and Salaries Included on Form 1116, line 1 .....

Total Foreign Business and Profession Income .....
Foreign Earned Income Exclusion/Deduction .....
Percent Applicable to Foreign Business and Profession Income .....

Reduction Amount .....

Business and Profession Income Included on Form 1116, line 1 ..... 155,564.

527531
04-01-15

Form 1116 Foreign Wages, Salaries, Business and Profession Income

NAME

DONALD J. & MELANIA TRUMP

Wages and Salaries:

Source	Amount

Total Foreign Wages and Salaries .....

Business and Profession Income:

Source	Amount

Total Foreign Business and Profession Income .....

Reduction for Foreign Earned Income Exclusion/Deduction:

Total Foreign Wages and Salaries .....

Foreign Earned Income Exclusion/Deduction .....

Percent Applicable to Foreign Wages and Salaries .....

Reduction Amount .....

Wages and Salaries Included on Form 1116, line 1 .....

Total Foreign Business and Profession Income .....

Foreign Earned Income Exclusion/Deduction .....

Percent Applicable to Foreign Business and Profession Income .....

Reduction Amount .....

Business and Profession Income Included on Form 1116, line 1 .....

Form 1116 — Pro Rata Share of Allocated Losses

NAME

DONALD J. & MELANIA TRUMP

Allocation of Losses from Other Categories

INCOME CLASSIFICATION	INCOME	LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income	2,047,555.		2,047,555.	
Income re-sourced by treaty				
General limitation income		5,607,705.		3,560,150.
Totals	2,047,555.	5,607,705.	2,047,555.	3,560,150.

Allocation of U.S. Losses

INCOME CLASSIFICATION	REMAINING INCOME	U.S. LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income				
Income re-sourced by treaty				
General limitation income				
Totals				

Recapture of Prior Year Overall Foreign Loss

INCOME CLASSIFICATION	REMAINING INCOME	OVERALL PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income				
Totals				
Recapture percentage				

Recapture of Separate Limitation Loss Accounts

INCOME CLASSIFICATION	REMAINING INCOME	PRIOR YEAR LOSS	RECHARACTERIZED LOSS	LOSS NOT RECHARACTERIZED
Passive income				
Income re-sourced by treaty				
General limitation income		22,662.		22,662.
Totals		22,662.		22,662.

Recapture of Overall Domestic Loss Prior to 2012

INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income	0.	2,486,985.		2,486,985.
Totals	0.	2,486,985.		2,486,985.

Recapture of Overall Domestic Loss

INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income	0.	53,553.		53,553.
Totals	0.	53,553.		53,553.

Adjustments to Form 1116, Line 15

INC. CLASSIFICATION	OTHER CATEGORIES	U.S. LOSSES	PRIOR YEAR OVERALL	RECAPTURE OF LOSS ACCOUNTS	DOMESTIC RECAPTURE	FORM 1116, LINE 1G
Passive	<2,047,555.>					<2,047,555.>
Re-sourced by treaty						
General limitation	2,047,555.					2,047,555.

Foreign Taxes

Name of partnership/corporation	Employer identification number
TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LIMITED	

a	Name of foreign country or U.S. possession	UNITED KINGDOM
b	Total gross income sourced at shareholder/partner level	
c	Total gross income sourced at corporate/partnership level:	
	(1) Passive category	
	(2) General category	4,609,756.
	(3) Section 901(j) income	
	(4) Income re-sourced by treaty	
	(5) Other income	
d	Deductions allocated and apportioned at shareholder/partner level:	
	(1) Interest expense	
	(2) Other	
e	Deductions allocated and apportioned at corporate/partnership level:	
	(1) Passive category	
	(2) General category	7,490,031.
	(3) Section 901(j) income	
	(4) Income re-sourced by treaty	
	(5) Other income	
f	Total foreign taxes - ☐ Paid ☐ Accrued	
g	Reduction in taxes available for credit	

Qualified Production Activity Income Schedule

Name
DONALD J. & MELANIA TRUMP

Identifying Number:

Description	Domestic Production Gross Receipts (DPGR)	DPGR Ratio	Directly Allocable Expenses		Apportioned Expenses	Interest Expense Allocation/ Apportionment			Total Qualified Expenses	Qualified Production Activity Income
			Costs of Goods Sold	Other Costs		Allocable Assets	Assets Ratio	Interest Expense		
THE OBSIDIAN FUND LLC	82,766.	.399097	73,330.	6,962.	0.				80,292.	2,474.
REGENCY ENERGY PARTNERS LP	1,627.	1	1,526.	488.	0.				2,014.	<387.>
REGENCY ENERGY PARTNERS LP	<1,627.>	<>	<1,526.>	<488.>	0.				<2,014.>	387.
ENERGY TRANSFER PARTNERS LP	43,141.	1	49,551.	2,087.	0.				43,141.	0.
MIDOCEAN CREDIT OPPORTUNITY FUND LP	82,766.	.664163	73,330.	6,962.	0.				80,292.	2,474.
TOTAL	208,673.	1	196,211.	16,011.	0.				203,725.	
TOTAL FROM QUALIFIED ACTIVITIES	208,673.	1	196,211.	16,011.	0.				203,725.	4,948.

Form **8283** (Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Noncash Charitable Contributions

▶ Attach to your tax return if you claimed a total deduction of over $500 for all contributed property.
▶ Information about Form 8283 and its separate instructions is at *www.irs.gov/form8283.*

OMB No. 1545-0908
Attachment Sequence No 155

Name(s) shown on your income tax return: Seven Springs, LLC

Identifying number: 13-3863672

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions.

Section A. Donated Property of $5,000 or Less and Publicly Traded Securities—List in this section **only** items (or groups of similar items) for which you claimed a deduction of $5,000 or less. Also list publicly traded securities even if the deduction is more than $5,000 (see instructions).

Part I **Information on Donated Property**—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A		☐	
B		☐	
C		☐	
D		☐	
E		☐	

Note. If the amount you claimed as a deduction for an item is $500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A						
B						
C						
D						
E						

Part II **Partial Interests and Restricted Use Property**—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ _____
If Part II applies to more than one property, attach a separate statement.

b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶ _____
(2) For any prior tax years ▶ _____

c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):
Name of charitable organization (donee)

Address (number, street, and room or suite no.)

City or town, state, and ZIP code

d For tangible property, enter the place where the property is located or kept ▶ _____

e Name of any person, other than the donee organization, having actual possession of the property ▶ _____

		Yes	No
3a	Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?		
b	Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?		
c	Is there a restriction limiting the donated property for a particular use?		

Name(s) shown on your income tax return: Seven Springs, LLC

Identifying number: 13-3863672

Section B. Donated Property Over $5,000 (Except Publicly Traded Securities)—Complete this section for one item (or one group of similar items) for which you claimed a deduction of more than $5,000 per item or group (except contributions of publicly traded securities reported in Section A). Provide a separate form for each property donated unless it is part of a group of similar items. An appraisal is generally required for property listed in Section B. See instructions.

Part I Information on Donated Property—To be completed by the taxpayer and/or the appraiser.

4 Check the box that describes the type of property donated:

- a ☐ Art* (contribution of $20,000 or more)
- b ☑ Qualified Conservation Contribution
- c ☐ Equipment
- d ☐ Art* (contribution of less than $20,000)
- e ☐ Other Real Estate
- f ☐ Securities
- g ☐ Collectibles**
- h ☐ Intellectual Property
- i ☐ Vehicles
- j ☐ Other

*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

**Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note. In certain cases, you must attach a qualified appraisal of the property. See instructions.

5	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If tangible property was donated, give a brief summary of the overall physical condition of the property at the time of the gift	(c) Appraised fair market value
A	Conservation Easement IRC 170(h) in		$21,100,000
B	Westchester County, New York, 158.55 acres		
C	Control Number: 553453361		
D	Recorded on December 24, 2015		

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	See instructions: (h) Amount claimed as a deduction	See instructions: (i) Date of contribution
A	12/29/95	Purchase	A/B ~$35,000,000			
B			Entire Property			
C						
D						

Part II Taxpayer (Donor) Statement—List each item included in Part I above that the appraisal identifies as having a value of $500 or less. See instructions.

I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than $500 (per item). Enter identifying letter from Part I and describe the specific item. See instructions. ▶

Signature of taxpayer (donor) ▶ Date ▶

Part III Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). In addition, I understand that I may be subject to a penalty under section 6695A if I know, or reasonably should know, that my appraisal is to be used in connection with a return or claim for refund and a substantial or gross valuation misstatement results from my appraisal. I affirm that I have not been barred from presenting evidence or testimony by the Office of Professional Responsibility.

Sign Here Signature ▶ Title ▶ Sr. Managing Director/Director Date ▶ 3/25/16

Business address (including room or suite no.)

Identifying number: 13-2625361

City or town, state, and ZIP code

NY, NY 10104-6178

Part IV Donee Acknowledgment—To be completed by the charitable organization.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date ▶ Recorded on December 24, 2015

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file **Form 8282,** Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? . . . . . ▶ ☐ Yes ☑ No

Name of charitable organization (donee)	Employer identification number
North American Land Trust	23-2698266
Address (number, street, and room or suite no.)	City or town, state, and ZIP code
	Chadds Ford, PA 19317

Authorized signature	Title	Date
	Andrew L. Johnson, Vice President	3/29/16

Statement to Form 8283
Noncash Charitable Contributions

Pursuant to the Instructions for Form 8283, Seven Springs, LLC provides the following:

1. The conservation purposes furthered by its donation of a conservation easement over 158 acres of land, includes among others: preservation of the eased property as (i) a relatively natural habitat of fish, wildlife, or plants or similar ecosystem, (ii) open space which provides scenic enjoyment to the general public and yields a significant public benefit, and (iii) open space which will advance clearly delineated governmental conservation policies and yield a public benefit.

2. The donation was not made in order to receive a permit of other approval from a local or other governing authority. The donation was not required by a contract.

For additional information, please see the Appraisal of Real Property dated March 15, 2016, which is attached to this tax return.

Form **6251**

Department of the Treasury
Internal Revenue Service (99)

Alternative Minimum Tax - Individuals

▶ Information about Form 6251 and its separate instructions is at *www.irs.gov/form6251.*

▶ Attach to Form 1040 or Form 1040NR.

OMB No. 1545-0074

2015

Attachment Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

DONALD J. & MELANIA TRUMP

Your social security number

Part I Alternative Minimum Taxable Income

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	<39,754,317.>
2	Medical and dental. If you or your spouse was 65 or older, enter the **smaller** of Schedule A (Form 1040), line 4, **or** 2.5% (.025) of Form 1040, line 38. If zero or less, enter -0-	0.
3	Taxes from Schedule A (Form 1040), line 9	6,108,156.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	866,727.
6	If Form 1040, line 38, is $154,950 or less, enter -0-. Otherwise, see instructions	0.
7	Tax refund from Form 1040, line 10 or line 21	
8	Investment interest expense (difference between regular tax and AMT)	
9	Depletion (difference between regular tax and AMT)	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	105,157,825.
11	Alternative tax net operating loss deduction	<47,096,428.>
12	Interest from specified private activity bonds exempt from the regular tax	
13	Qualified small business stock, see instructions	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	9,507.
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	
17	Disposition of property (difference between AMT and regular tax gain or loss)	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) STMT 78	574,203.
19	Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 77	<2,033,762.>
20	Loss limitations (difference between AMT and regular tax income or loss)	
21	Circulation costs (difference between regular tax and AMT)	
22	Long-term contracts (difference between AMT and regular tax income)	
23	Mining costs (difference between regular tax and AMT)	
24	Research and experimental costs (difference between regular tax and AMT)	
25	Income from certain installment sales before January 1, 1987	
26	Intangible drilling costs preference	
27	Other adjustments, including income-based related adjustments	<350.>
28	**Alternative minimum taxable income.** Combine lines 1 through 27. (If married filing separately and line 28 is more than $246,250, see instructions.)	23,831,561.

Part II Alternative Minimum Tax (AMT)

29 Exemption. (If you were under age 24 at the end of 2015, see instructions.)

IF your filing status is...	AND line 28 is not over...	THEN enter on line 29...
Single or head of household	$119,200	$53,600
Married filing jointly or qualifying widow(er)	158,900	83,400
Married filing separately	79,450	41,700

If line 28 is **over** the amount shown above for your filing status, see instructions. — 29: 0.

30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34 — 30: 23,831,561.

31
- If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.
- If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; **or** you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here.
- **All others:** If line 30 is $185,400 or less ($92,700 or less if married filing separately), multiply line 30 by 26% (.26). Otherwise, multiply line 30 by 28% (.28) and subtract $3,708 ($1,854 if married filing separately) from the result.

31: 4,731,835.

32	Alternative minimum tax foreign tax credit (see instructions)	2,604,165.
33	Tentative minimum tax. Subtract line 32 from line 31	2,127,670.
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	
35	**AMT.** Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	2,127,670.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36	Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36 23,831,561.
37	Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37 36,562,295.
38	Enter the amount from Schedule D (Form 1040), line 19 (as refigured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38
39	If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the **smaller** of that result or the amount from line 10 of the Schedule D Tax Worksheet (as refigured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39 36,562,295.
40	Enter the **smaller** of line 36 or line 39	40 23,831,561.
41	Subtract line 40 from line 36	41 0.
42	If line 41 is $185,400 or less ($92,700 or less if married filing separately), multiply line 41 by 26% (.26). Otherwise, multiply line 41 by 28% (.28) and subtract $3,708 ($1,854 if married filing separately) from the result ▶	42
43	Enter: • $74,900 if married filing jointly or qualifying widow(er), • $37,450 if single or married filing separately, or • $50,200 if head of household.	43 74,900.
44	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44 0.
45	Subtract line 44 from line 43. If zero or less, enter -0-	45 74,900.
46	Enter the **smaller** of line 36 or line 37	46 23,831,561.
47	Enter the **smaller** of line 45 or line 46. This amount is taxed at 0%	47 74,900.
48	Subtract line 47 from line 46	48 23,756,661.
49	Enter: • $413,200 if single • $232,425 if married filing separately • $464,850 if married filing jointly or qualifying widow(er) • $439,000 if head of household	49 464,850.
50	Enter the amount from line 45	50 74,900.
51	Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51
52	Add line 50 and line 51	52 74,900.
53	Subtract line 52 from line 49. If zero or less, enter -0-	53 389,950.
54	Enter the smaller of line 48 or line 53	54 389,950.
55	Multiply line 54 by 15% (.15)	55 58,493.
56	Add lines 47 and 54 ▶	56 464,850.
	If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.	
57	Subtract line 56 from line 46	57 23,366,711.
58	Multiply line 57 by 20% (.20) ▶	58 4,673,342.
	If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.	
59	Add lines 41, 56, and 57	59
60	Subtract line 59 from line 36	60
61	Multiply line 60 by 25% (.25)	61
62	Add lines 42, 55, 58, and 61 ▶	62 4,731,835.
63	If line 36 is $185,400 or less ($92,700 or less if married filing separately), multiply line 36 by 26% (.26). Otherwise, multiply line 36 by 28% (.28) and subtract $3,708 ($1,854 if married filing separately) from the result	63 6,669,129.
64	Enter the **smaller** of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64 4,731,835.

SCHEDULE H (Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ Attach to Form 1040, 1040NR, 1040-SS, or 1041.

▶ Information about Schedule H and its separate instructions is at www.irs.gov/scheduleh.

OMB No. 1545-1971

2015

Attachment Sequence No. 44

Name of employer

DONALD J. TRUMP

Social security number

Employer identification number
13-3440039

Calendar year taxpayers having no household employees in 2015 do not have to complete this form for 2015.

A Did you pay **any one** household employee cash wages of $1,900 or more in 2015? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

[X] **Yes.** Skip lines B and C and go to line 1.
[ ] **No.** Go to line B.

B Did you withhold federal income tax during 2015 for any household employee?

[ ] **Yes.** Skip line C and go to line 7.
[ ] **No.** Go to line C.

C Did you pay **total** cash wages of $1,000 or more in **any** calendar **quarter** of 2014 or 2015 to **all** household employees? (**Do not** count cash wages paid in 2014 or 2015 to your spouse, your child under age 21, or your parent.)

[ ] **No.** **Stop.** Do not file this schedule.
[ ] **Yes.** Skip lines 1-9 and go to line 10.

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security tax	1	158,461.	
2	Social security tax. Multiply line 1 by 12.4% (.124)			2 19,649.
3	Total cash wages subject to Medicare tax	3	158,461.	
4	Medicare tax. Multiply line 3 by 2.9% (.029)			4 4,595.
5	Total cash wages subject to Additional Medicare Tax withholding	5		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (.009)			6
7	Federal income tax withheld, if any			7 23,576.
8	**Total social security, Medicare, and federal income taxes.** Add lines 2, 4, 6, and 7			8 47,820.

9 Did you pay **total** cash wages of $1,000 or more in **any** calendar **quarter** of 2014 or 2015 to **all** household employees? (**Do not** count cash wages paid in 2014 or 2015 to your spouse, your child under age 21, or your parent.)

[ ] **No.** **Stop.** Include the amount from line 8 above on Form 1040, line 60a. If you are not required to file Form 1040, see the line 9 instructions.

[X] **Yes.** Go to line 10.

Part II Federal Unemployment (FUTA) Tax

		Yes	No
10	Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see instructions and check "No.")	X	
11	Did you pay all state unemployment contributions for 2015 by April 18, 2016? Fiscal year filers see instructions	X	
12	Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	X	

Next: If you checked the **"Yes"** box on **all** the lines above, complete Section A.
If you checked the **"No"** box on **any** of the lines above, skip Section A and complete Section B.

Section A

13 Name of the state where you paid unemployment contributions ▶ NY

14	Contributions paid to your state unemployment fund	14	1,059.
15	Total cash wages subject to FUTA tax	15	35,013.
16	**FUTA tax.** Multiply line 15 by .6% (.006). Enter the result here, skip Section B, and go to line 25	16	210.

Section B

17 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period From	(c) To	(d) State experience rate	(e) Multiply col. (b) by .054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-.	(h) Contributions paid to state unemployment fund

18	Totals	18	
19	Add columns (g) and (h) of line 18	19	
20	Total cash wages subject to FUTA tax (see the line 15 instructions)	20	
21	Multiply line 20 by 6.0% (.060)	21	
22	Multiply line 20 by 5.4% (.054)	22	
23	Enter the **smaller** of line 19 or line 22 (Employers in a credit reduction state must use the worksheet and check here) ☐	23	
24	**FUTA tax.** Subtract line 23 from line 21. Enter the result here and go to line 25	24	

Part III Total Household Employment Taxes

25	Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	25	47,820.
26	Add line 16 (or line 24) and line 25	26	48,030.
27	Are you required to file Form 1040?		

☒ **Yes. Stop.** Include the amount from line 26 above on Form 1040, line 60a. **Do not** complete Part IV below.
☐ **No.** You may have to complete Part IV. See instructions for details.

Part IV Address and Signature - Complete this part **only** if required. See the line 27 instructions.

Address (number and street) or P.O. box if mail is not delivered to street address | Apt., room, or suite no.

City, town or post office, state, and ZIP code

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

▶ Employer's signature ▶ Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self- employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no.	

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Information about Form 4952 and its instructions is at *www.irs.gov/form4952.*

▶ Attach to your tax return.

OMB No. 1545-0191

2015

Attachment Sequence No. **51**

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Identifying number

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2015 (see instructions) SEE STATEMENT 80	1	2,692,597.
2	Disallowed investment interest expense from 2014 Form 4952, line 7	2	
3	**Total investment interest expense.** Add lines 1 and 2	3	2,692,597.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) STMT 81	4a	11,147,303.		
b	Qualified dividends included on line 4a	4b	718,317.		
c	Subtract line 4b from line 4a			4c	10,428,986.
d	Net gain from the disposition of property held for investment STMT 82	4d	5,727,042.		
e	Enter the **smaller** of line 4d or your net capital gain from the disposition of property held for investment (see instructions) STMT 83	4e	5,727,042.		
f	Subtract line 4e from line 4d			4f	0.
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	10,428,986.
5	Investment expenses (see instructions) SEE STATEMENT 84			5	843,411.
6	**Net investment income.** Subtract line 5 from line 4h. If zero or less, enter -0-			6	9,585,575.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2016. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	**Investment interest expense deduction.** Enter the **smaller** of line 3 or 6. See instructions STMT 85	8	2,692,597.

ALTERNATIVE MINIMUM TAX

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

OMB No. 1545-0121

2015

Attachment Sequence No. 19

Name

DONALD J. & MELANIA TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a [X] Passive category income
b [ ] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C	Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	PANAMA	BRAZIL	DOMINICAN REPUBLIC	
1a Gross income from sources within country shown above and of the type checked above:	855,560.			1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ [ ]				
Deductions and losses (*Caution: See instructions*):				
2 Expenses **definitely related** to the income on line 1a (attach statement)			820.	
3 Pro rata share of other deductions **not definitely related:**				
a Certain itemized deductions or standard deduction	47,860.	47,860.	47,860.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	47,860.	47,860.	47,860.	
d Gross foreign source income	855,560.			
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.	
f Divide line 3d by line 3e	.00270	.00000	.00000	
g Multiply line 3c by line 3f	129.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	129.		820.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) [X] Paid (i) [ ] Accrued — (j) Date paid or accrued	Foreign taxes paid or accrued: In foreign currency — Taxes withheld at source on: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars — Taxes withheld at source on: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **1116** (2015)

511501
11-30-15

ALTERNATIVE MINIMUM TAX

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

OMB No. 1545-0121

2015

Attachment Sequence No. 19

Name

DONALD J. & MELANIA TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a [X] Passive category income
b [ ] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C	Total (Add cols. A, B, and C.)	
g Enter the name of the foreign country or U.S. possession ▶	CANADA	GREECE	OTHER COUNTRIES		
1a Gross income from sources within country shown above and of the type checked above:	1,023,983.		230,123.		1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ [ ]					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)			825.		
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	47,860.	47,860.	47,860.		
b Other deductions (attach statement)					
c Add lines 3a and 3b	47,860.	47,860.	47,860.		
d Gross foreign source income	1,023,983.		230,123.		
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.		
f Divide line 3d by line 3e	.00324	.00000	.00073		
g Multiply line 3c by line 3f	155.		35.		
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	155.		860.		6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶					7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) [X] Paid (i) [ ] Accrued (j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency: Taxes withheld at source on (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars: Taxes withheld at source on (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										
B										
C						4,026.			4,570.	8,596.
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶										8

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **1116** (2015)

511501
11-30-15

ALTERNATIVE MINIMUM TAX

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at *www.irs.gov/form1116.*

OMB No. 1545-0121

2015

Attachment Sequence No. **19**

Name

DONALD J. & MELANIA TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a [X] Passive category income
b [ ] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C	Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	PHILIPPINES	TURKEY	MEXICO	
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ [ ]				
Deductions and losses (*Caution: See instructions*):				
2 Expenses **definitely related** to the income on line 1a (attach statement)				
3 Pro rata share of other deductions **not definitely related:**				
a Certain itemized deductions or standard deduction	47,860.	47,860.	47,860.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	47,860.	47,860.	47,860.	
d Gross foreign source income				
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.	
f Divide line 3d by line 3e	.00000	.00000	.00000	
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) [X] Paid (i) [ ] Accrued (j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										
B										
C										
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶										8

ALTERNATIVE MINIMUM TAX

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

OMB No. 1545-0121

2015

Attachment Sequence No. 19

Name

DONALD J. & MELANIA TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a [X] Passive category income
b [ ] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession			Total
	A	B	C	(Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	UNITED ARAB EMIRATES	OTHER COUNTRIES	EGYPT	
1a Gross income from sources within country shown above and of the type checked above:		230,123.		1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ [ ]				
Deductions and losses (*Caution: See instructions*):				
2 Expenses **definitely related** to the income on line 1a (attach statement)		825.		
3 Pro rata share of other deductions **not definitely related:**				
a Certain itemized deductions or standard deduction	47,860.	47,860.	47,860.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	47,860.	47,860.	47,860.	
d Gross foreign source income		230,123.		
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.	
f Divide line 3d by line 3e	.00000	.00073	.00000	
g Multiply line 3c by line 3f		35.		
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5		860.		6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) [X] Paid (i) [ ] Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest		
A										
B						4,026.			4,570.	8,596.
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **1116** (2015)

511501
11-30-15

ALTERNATIVE MINIMUM TAX

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

OMB No. 1545-0121

2015

Attachment Sequence No. 19

Name

DONALD J. & MELANIA TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a [X] Passive category income
b [ ] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C	Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	PUERTO RICO	SOUTH AFRICA	THAILAND	
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ [ ]				
Deductions and losses (*Caution: See instructions*):				
2 Expenses **definitely related** to the income on line 1a (attach statement)				
3 Pro rata share of other deductions **not definitely related:**				
a Certain itemized deductions or standard deduction	47,860.	47,860.	47,860.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	47,860.	47,860.	47,860.	
d Gross foreign source income				
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.	
f Divide line 3d by line 3e	.00000	.00000	.00000	
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) [X] Paid (i) [ ] Accrued — (j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency — Taxes withheld at source on: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars — Taxes withheld at source on: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										
B										
C										
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶										8

ALTERNATIVE MINIMUM TAX

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at *www.irs.gov/form1116.*

OMB No. 1545-0121

2015

Attachment Sequence No. **19**

Name

DONALD J. & MELANIA TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a [X] Passive category income
b [ ] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C	Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	INDIA	GEORGIA	ISRAEL	
1a Gross income from sources within country shown above and of the type checked above:				1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ [ ]				
Deductions and losses (*Caution: See instructions*):				
2 Expenses **definitely related** to the income on line 1a (attach statement)				
3 Pro rata share of other deductions **not definitely related:**				
a Certain itemized deductions or standard deduction	47,860.	47,860.	47,860.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	47,860.	47,860.	47,860.	
d Gross foreign source income				
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.	
f Divide line 3d by line 3e	.00000	.00000	.00000	
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5				6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) [X] Paid (i) [ ] Accrued (j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										
B										
C										
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶										8

ALTERNATIVE MINIMUM TAX

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at *www.irs.gov/form1116.*

OMB No. 1545-0121

2015

Attachment Sequence No. 19

Name

DONALD J. & MELANIA TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a [X] Passive category income
b [ ] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	GRENADA	URUGUAY	UNITED KINGDOM		
1a Gross income from sources within country shown above and of the type checked above:				1a	
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ [ ]					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)					
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	47,860.	47,860.	47,860.		
b Other deductions (attach statement)					
c Add lines 3a and 3b	47,860.	47,860.	47,860.		
d Gross foreign source income					
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.		
f Divide line 3d by line 3e	.00000	.00000	.00000		
g Multiply line 3c by line 3f					
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5				6	
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7	

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) [X] Paid (i) [ ] Accrued	Foreign taxes paid or accrued: In foreign currency				In U.S. dollars				
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest		
A										
B										
C										
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶									8	

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **1116** (2015)

511501
11-30-15

ALTERNATIVE MINIMUM TAX

Form 1116 — Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

Department of the Treasury
Internal Revenue Service (99)

OMB No. 1545-0121

2015

Attachment Sequence No. 19

Name

DONALD J. & MELANIA TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a [X] Passive category income
b [ ] General category income
c [ ] Section 901(j) income
d [ ] Certain income re-sourced by treaty
e [ ] Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	AZERBAIJAN	SAINT MARTIN	QATAR		
1a Gross income from sources within country shown above and of the type checked above:				1a	2,339,789.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ [ ]					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)	152,520.		85,403.		
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	47,860.	47,860.	47,860.		
b Other deductions (attach statement)					
c Add lines 3a and 3b	47,860.	47,860.	47,860.		
d Gross foreign source income					
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.		
f Divide line 3d by line 3e	.00000	.00000	.00000		
g Multiply line 3c by line 3f					
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	152,520.		85,403.	6	240,747.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7	2,099,042.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) [X] Paid (i) [ ] Accrued — (j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency — Taxes withheld at source on: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars — Taxes withheld at source on: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8 17,192.

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	17,192.	
10	Carryback or carryover (attach detailed computation)	10		
11	Add lines 9 and 10	11	17,192.	
12	Reduction in foreign taxes	12		
13	Taxes reclassified under high tax kickout	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14 17,192.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	2,099,042.	
16	Adjustments to line 15	16	<2,099,042.>	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17		
18	**Individuals:** Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. **Estates and trusts:** Enter your taxable income without the deduction for your exemption	18		
	Caution: *If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.*			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19
20	**Individuals:** Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37			20 4,731,835.
	Caution: *If you are completing line 20 for separate category e (lump-sum distributions), see instructions.*			
21	Multiply line 20 by line 19 (maximum amount of credit)			21
22	Enter the **smaller** of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV ▶			22 0.

Part IV Summary of Credits From Separate Parts III

23	Credit for taxes on passive category income	23		
24	Credit for taxes on general category income	24	2,604,165.	
25	Credit for taxes on certain income re-sourced by treaty	25		
26	Credit for taxes on lump-sum distributions	26		
27	Add lines 23 through 26			27 2,604,165.
28	Enter the **smaller** of line 20 or line 27			28 2,604,165.
29	Reduction of credit for international boycott operations			29
30	Subtract line 29 from line 28. This is your **foreign tax credit.** Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a ▶			30 2,604,165.

ALTERNATIVE MINIMUM TAX

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at *www.irs.gov/form1116.*

OMB No. 1545-0121

2015

Attachment Sequence No. **19**

Name

Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Passive category income
b ☒ General category income
c ☐ Section 901(j) income
d ☐ Certain income re-sourced by treaty
e ☐ Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C	Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	OTHER COUNTRIES	KOREA, SOUTH	UNITED KINGDOM	
1a Gross income from sources within country shown above and of the type checked above:	7,351,696.		22,386,312.	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ ☐				
Deductions and losses (*Caution: See instructions*):				
2 Expenses **definitely related** to the income on line 1a (attach statement)	1,689,378.	9.	36,142,607.	
3 Pro rata share of other deductions **not definitely related:**				
a Certain itemized deductions or standard deduction	47,860.	47,860.	47,860.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	47,860.	47,860.	47,860.	
d Gross foreign source income	7,351,696.		22,386,312.	
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.	
f Divide line 3d by line 3e	.02323	.00000	.07073	
g Multiply line 3c by line 3f	1,112.		3,385.	
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	1,690,490.	9.	36,145,992.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) ☒ Paid (i) ☐ Accrued — (j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency — Taxes withheld at source on: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars — Taxes withheld at source on: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A									211,431.	211,431.
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8

ALTERNATIVE MINIMUM TAX

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

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OMB No. 1545-0121

2015

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a ☐ Passive category income
b ☒ General category income
c ☐ Section 901(j) income
d ☐ Certain income re-sourced by treaty
e ☐ Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	CHINA	DOMINICAN REPUBLIC	PANAMA		
1a Gross income from sources within country shown above and of the type checked above:			1,769,455.	1a	
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ ☐					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)	1,498,456.	51,530.	569,467.		
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	47,860.	47,860.	47,860.		
b Other deductions (attach statement)					
c Add lines 3a and 3b	47,860.	47,860.	47,860.		
d Gross foreign source income			1,769,455.		
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.		
f Divide line 3d by line 3e	.00000	.00000	.00559		
g Multiply line 3c by line 3f			268.		
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	1,498,456.	51,530.	569,735.	6	
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7	

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) ☒ Paid (i) ☐ Accrued (j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency: Taxes withheld at source on (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars: Taxes withheld at source on (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A									55,202.	55,202.
B										
C										
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶									8	

LHA **For Paperwork Reduction Act Notice, see instructions.**

Form **1116** (2015)

611501
11-30-15

ALTERNATIVE MINIMUM TAX

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

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OMB No. 1545-0121

2015

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a ☐ Passive category income
b ☒ General category income
c ☐ Section 901(j) income
d ☐ Certain income re-sourced by treaty
e ☐ Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	UNITED ARAB EMIRATES	PUERTO RICO	CANADA		
1a Gross income from sources within country shown above and of the type checked above:	1,507,971.		486,218.	1a	
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ ☐					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)	185,122.	6,882.	345,098.		
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	47,860.	47,860.	47,860.		
b Other deductions (attach statement)					
c Add lines 3a and 3b	47,860.	47,860.	47,860.		
d Gross foreign source income	1,507,971.		486,218.		
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.		
f Divide line 3d by line 3e	.00476	.00000	.00154		
g Multiply line 3c by line 3f	228.		74.		
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	185,350.	6,882.	345,172.	6	
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7	

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) ☒ Paid (i) ☐ Accrued — (j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency — Taxes withheld at source on: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars — Taxes withheld at source on: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										
B										
C									4,286.	4,286.
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶										8

ALTERNATIVE MINIMUM TAX

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

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2015

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a ☐ Passive category income
b ☒ General category income
c ☐ Section 901(j) income
d ☐ Certain income re-sourced by treaty
e ☐ Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	PHILIPPINES	GRENADA	INDIA		
1a Gross income from sources within country shown above and of the type checked above:	11,088.	20,662.	2,907,785.	1a	
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ ☐					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)	1,438.	82.	558,758.		
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	47,860.	47,860.	47,860.		
b Other deductions (attach statement)					
c Add lines 3a and 3b	47,860.	47,860.	47,860.		
d Gross foreign source income	11,088.	20,662.	2,907,785.		
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.		
f Divide line 3d by line 3e	.00004	.00007	.00919		
g Multiply line 3c by line 3f	2.	3.	440.		
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	1,440.	85.	559,198.	6	
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7	

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) ☒ Paid (i) ☐ Accrued — (j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency — Taxes withheld at source on: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars — Taxes withheld at source on: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A									1,109.	1,109.
B										
C									193,403.	193,403.
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶									8	

ALTERNATIVE MINIMUM TAX

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

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2015

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Name

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a ☐ Passive category income
b ☒ General category income
c ☐ Section 901(j) income
d ☐ Certain income re-sourced by treaty
e ☐ Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	GEORGIA	ISRAEL	AZERBAIJAN		
1a Gross income from sources within country shown above and of the type checked above:				1a	
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ ☐					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)	405.	65,893.	96,935.		
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	47,860.	47,860.	47,860.		
b Other deductions (attach statement)					
c Add lines 3a and 3b	47,860.	47,860.	47,860.		
d Gross foreign source income					
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.		
f Divide line 3d by line 3e	.00000	.00000	.00000		
g Multiply line 3c by line 3f					
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	405.	65,893.	96,935.	6	
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7	

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) ☒ Paid (i) ☐ Accrued (j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										
B										
C										
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶									8	

ALTERNATIVE MINIMUM TAX

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

OMB No. 1545-0121

2015

Attachment Sequence No. 19

Name

DONALD J. & MELANIA TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Passive category income
b ☒ General category income
c ☐ Section 901(j) income
d ☐ Certain income re-sourced by treaty
e ☐ Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	BRAZIL	SAINT MARTIN	MEXICO		
1a Gross income from sources within country shown above and of the type checked above:		782,551.		1a	
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ ☐					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)	39,489.	782,551.	22,290.		
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	47,860.	47,860.	47,860.		
b Other deductions (attach statement)					
c Add lines 3a and 3b	47,860.	47,860.	47,860.		
d Gross foreign source income		782,551.			
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.		
f Divide line 3d by line 3e	.00000	.00247	.00000		
g Multiply line 3c by line 3f		118.			
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	39,489.	782,669.	22,290.	6	
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7	

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) ☒ Paid (i) ☐ Accrued (j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A									316.	316.
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8

ALTERNATIVE MINIMUM TAX

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

OMB No. 1545-0121

2015

Attachment Sequence No. 19

Name

DONALD J. & MELANIA TRUMP

Identifying number as shown on page 1 of your tax return

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Passive category income
b ☒ General category income
c ☐ Section 901(j) income
d ☐ Certain income re-sourced by treaty
e ☐ Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	QATAR	INDONESIA	IRELAND		
1a Gross income from sources within country shown above and of the type checked above:		3,763,769.	8,277,541.	1a	
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ ☐					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)	1,737.	96,331.	12,402,242.		
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	47,860.	47,860.	47,860.		
b Other deductions (attach statement)					
c Add lines 3a and 3b	47,860.	47,860.	47,860.		
d Gross foreign source income		3,763,769.	8,277,541.		
e Gross income from all sources	316,509,660.	316,509,660.	316,509,660.		
f Divide line 3d by line 3e	.00000	.01189	.02615		
g Multiply line 3c by line 3f		569.	1,252.		
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	1,737.	96,900.	12,403,494.	6	
7 Subtract line 6 from line 1a. Enter the result here and on line 16, page 2 ▶				7	

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) ☒ Paid (i) ☐ Accrued (j) Date paid or accrued	Foreign taxes paid or accrued — In foreign currency: Taxes withheld at source on (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	In U.S. dollars: Taxes withheld at source on (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8

ALTERNATIVE MINIMUM TAX

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116.

OMB No. 1545-0121

2015

Attachment Sequence No. 19

Name

Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

Use a separate Form 1116 for each category of income listed below. See **Categories of Income** in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

a ☐ Passive category income
b ☒ General category income
c ☐ Section 901(j) income
d ☐ Certain income re-sourced by treaty
e ☐ Lump-sum distributions

f Resident of (name of country) ▶ UNITED STATES

Note: *If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.*

Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)

	Foreign Country or U.S. Possession A	B	C		Total (Add cols. A, B, and C.)
g Enter the name of the foreign country or U.S. possession ▶	TURKEY				
1a Gross income from sources within country shown above and of the type checked above:	1,044,632.			1a	50,309,680.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is $250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ ☐					
Deductions and losses (*Caution: See instructions*):					
2 Expenses **definitely related** to the income on line 1a (attach statement)	244,486.				
3 Pro rata share of other deductions **not definitely related:**					
a Certain itemized deductions or standard deduction	47,860.				
b Other deductions (attach statement)					
c Add lines 3a and 3b	47,860.				
d Gross foreign source income	1,044,632.				
e Gross income from all sources	316,509,660.				
f Divide line 3d by line 3e	.00330				
g Multiply line 3c by line 3f	158.				
4 Pro rata share of interest expense:					
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)					
b Other interest expense					
5 Losses from foreign sources					
6 Add lines 2, 3g, 4a, 4b, and 5	244,644.			6	54,808,795.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7	<4,499,115.>

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) ☒ Paid (i) ☐ Accrued	Foreign taxes paid or accrued: In foreign currency				In U.S. dollars				
	(j) Date paid or accrued	Taxes withheld at source on: (k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	Taxes withheld at source on: (o) Dividends	(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
A										
B										
C										

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8 465,747.

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	465,747.	
10	Carryback or carryover (attach detailed computation) SEE STATEMENT 79	10	3,909,320.	
11	Add lines 9 and 10	11	4,375,067.	
12	Reduction in foreign taxes	12		
13	Taxes reclassified under high tax kickout	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14 4,375,067.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	<4,499,115.>	
16	Adjustments to line 15	16	17,614,932.	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	13,115,817.	
18	**Individuals:** Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. **Estates and trusts:** Enter your taxable income without the deduction for your exemption	18	23,831,561.	
	Caution: *If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.*			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19 .55035
20	**Individuals:** Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. **Estates and trusts:** Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37			20 4,731,835.
	Caution: *If you are completing line 20 for separate category e (lump-sum distributions), see instructions.*			
21	Multiply line 20 by line 19 (maximum amount of credit)			21 2,604,165.
22	Enter the **smaller** of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV ▶			22 2,604,165.

Part IV Summary of Credits From Separate Parts III

23	Credit for taxes on passive category income	23	
24	Credit for taxes on general category income	24	
25	Credit for taxes on certain income re-sourced by treaty	25	
26	Credit for taxes on lump-sum distributions	26	
27	Add lines 23 through 26		27
28	Enter the **smaller** of line 20 or line 27		28
29	Reduction of credit for international boycott operations		29
30	Subtract line 29 from line 28. This is your **foreign tax credit.** Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a ▶		30

ALTERNATIVE MINIMUM TAX

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Information about Form 4952 and its instructions is at *www.irs.gov/form4952.*
▶ Attach to your tax return.

OMB No. 1545-0191

2015

Attachment Sequence No. **51**

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Identifying number

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2015 (see instructions) SEE STATEMENT 86		1	2,692,597.
2	Disallowed investment interest expense from 2014 Form 4952, line 7		2	
3	**Total investment interest expense.** Add lines 1 and 2		3	2,692,597.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	11,155,826.		
b	Qualified dividends included on line 4a	4b	726,840.		
c	Subtract line 4b from line 4a			4c	10,428,986.
d	Net gain from the disposition of property held for investment	4d	5,727,042.		
e	Enter the **smaller** of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e	5,727,042.		
f	Subtract line 4e from line 4d			4f	0.
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	10,428,986.
5	Investment expenses (see instructions)			5	28,457.
6	**Net investment income.** Subtract line 5 from line 4h. If zero or less, enter -0-			6	10,400,529.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2016. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	**Investment interest expense deduction.** Enter the **smaller** of line 3 or 6. See instructions	8	2,692,597.

LHA **For Paperwork Reduction Act Notice, see separate instructions.** Form **4952** (2015)

REGULAR FORM 4952, LINE 8	2,692,597.
LESS RECOMPUTED FORM 4952, LINE 8	2,692,597.
INTEREST ADJUSTMENT - FORM 6251, LINE 8	

518901
11-02-15

Form **8621** (Rev. December 2015)
Department of the Treasury
Internal Revenue Service

Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund

▶ Information about Form 8621 and its separate instructions is at *www.irs.gov/form8621* .

OMB No. 1545-1002

Attachment Sequence No. **69**

Name of shareholder	**Identifying number** (see instructions)
DONALD J. TRUMP	
Number, street, and apt. or suite no. (If a P.O. box, see instructions.)	Shareholder tax year: calendar year 2015 or other tax year beginning , and ending ,
City or town, state, and ZIP code or country NEW YORK, NY 10022	

Check type of shareholder filing the return: [X] Individual [ ] Corporation [ ] Partnership [ ] S Corporation [ ] Nongrantor Trust [ ] Estate

Check if any Excepted Specified Foreign Financial Assets are Reported on this Form (see instructions) [ ]

Name of passive foreign investment company (PFIC) or qualified electing fund (QEF)	**Employer identification number** (if any)
PAULSON ADVANTAAGE SELECT LTD	
Address (Enter number, street, city or town, and country.)	**Reference ID number** (see instructions)
UGLAND HOUSE, GEORGE TOWN GRAND CAYMAN CAYMAN ISLANDS	Tax year of PFIC or QEF: calendar year 2015 or other tax year beginning , and ending ,

Part I Summary of Annual Information (See instructions.)

Provide the following information with respect to all shares of the PFIC held by the shareholder:

1 Description of each class of shares held by the shareholder: COMMON
[ ] Check if shares jointly owned with spouse.

2 Date shares acquired during the taxable year, if applicable:

3 Number of shares held at the end of the taxable year: 0.

4 Value of shares held at the end of the taxable year (check the appropriate box, if applicable):
(a) [X] $0-50,000 **(b)** [ ] $50,001-100,000 **(c)** [ ] $100,001-150,000 **(d)** [ ] $150,001-200,000
(e) If more than $200,000, list value:

5 Type of PFIC and amount of any excess distribution or gain treated as an excess distribution under section 1291, inclusion under section 1293, or inclusion or deduction under section 1296:
(a) [ ] Section 1291 $
(b) [ ] Section 1293 (Qualified Electing Fund) $
(c) [ ] Section 1296 (Mark to Market) $

Part II Elections (See instructions.)

A [ ] **Election To Treat the PFIC as a QEF.** I, a shareholder of a PFIC, elect to treat the PFIC as a QEF. *Complete lines 6a through 7c of Part III.*

B [ ] **Election To Extend Time For Payment of Tax.** I, a shareholder of a QEF, elect to extend the time for payment of tax on the undistributed earnings and profits of the QEF until this election is terminated. *Complete lines 8a through 9c of Part III to calculate the tax that may be deferred.*
Note: *If any portion of line 6a or line 7a of Part III is includible under section 951, you may not make this election. Also, see sections 1294(c) and 1294(f) and the related regulations for events that terminate this election.*

C [ ] **Election To Mark-to-Market PFIC Stock.** I, a shareholder of a PFIC, elect to mark-to-market the PFIC stock that is marketable within the meaning of section 1296(e). *Complete Part IV.*

D [ ] **Deemed Sale Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF, elect to recognize gain on the deemed sale of my interest in the PFIC. *Enter gain or loss on line 15f of Part V.*

E [ ] **Deemed Dividend Election.** I, a shareholder on the first day of a PFIC's first tax year as a QEF that is a controlled foreign corporation (CFC), elect to treat an amount equal to my share of the post-1986 earnings and profits of the CFC as an excess distribution. *Enter this amount on line 15e of Part V. If the excess distribution is greater than zero, also complete line 16 of Part V.*

F [ ] **Election To Recognize Gain on Deemed Sale of PFIC.** I, a shareholder of a former PFIC or a PFIC to which section 1297(d) applies, elect to treat as an excess distribution the gain recognized on the deemed sale of my interest in the PFIC on the last day of its last tax year as a PFIC under section 1297(a). *Enter gain on line 15f of Part V.*

G [ ] **Deemed Dividend Election With Respect to a Section 1297(e) PFIC.** I, a shareholder of a section 1297(e) PFIC, within the meaning of Regulations section 1.1297-3(a), elect to make a deemed dividend election with respect to the Section 1297(e) PFIC. My holding period in the stock of the Section 1297(e) PFIC includes the CFC qualification date, as defined in Regulations section 1.1297-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

H [ ] **Deemed Dividend Election With Respect to a Former PFIC.** I, a shareholder of a former PFIC, within the meaning of Regulations section 1.1298-3(a), elect to make a deemed dividend election with respect to the former PFIC. My holding period in the stock of the former PFIC includes the termination date, as defined in Regulations section 1.1298-3(d). *Enter the excess distribution on line 15e, Part V. If the excess distribution is greater than zero, also complete line 16, Part V.*

Part III Income From a Qualified Electing Fund (QEF). All QEF shareholders complete lines 6a through 7c. If you are making Election B, also complete lines 8a through 9c. (See instructions.)

6 a	Enter your pro rata share of the ordinary earnings of the QEF	6a			
b	Enter the portion of line 6a that is included in income under section 951 or that may be excluded under section 1293(g)	6b			
c	Subtract line 6b from line 6a. Enter this amount on your tax return as ordinary income			6c	
7 a	Enter your pro rata share of the total net capital gain of the QEF	7a			
b	Enter the portion of line 7a that is included in income under section 951 or that may be excluded under section 1293(g)	7b			
c	Subtract line 7b from line 7a. This amount is a net long-term capital gain. Enter this amount in Part II of the Schedule D used for your income tax return. (See instructions.)			7c	
8 a	Add lines 6c and 7c			8a	
b	Enter the total amount of cash and the fair market value of other property distributed or deemed distributed to you during the tax year of the QEF. (See instructions.)	8b			
c	Enter the portion of line 8a not already included in line 8b that is attributable to shares in the QEF that you disposed of, pledged, or otherwise transferred during the tax year	8c			
d	Add lines 8b and 8c			8d	
e	Subtract line 8d from line 8a, and enter the difference (if zero or less, enter amount in brackets)			8e	
	Important: *If line 8e is greater than zero, and no portion of line 6a or 7a is includible in income under section 951, you may make Election B with respect to the amount on line 8e.*				
9 a	Enter the total tax for the tax year (See instructions.)	9a			
b	Enter the total tax for the tax year determined without regard to the amount entered on line 8e	9b			
c	Subtract line 9b from line 9a. **This is the deferred tax, the time for payment of which is extended by making Election B**			9c	

Part IV Gain or (Loss) From Mark-to-Market Election (See instructions.)

10a	Enter the fair market value of your PFIC stock at the end of the tax year	10a	
b	Enter your adjusted basis in the stock at the end of the tax year	10b	
c	Subtract line 10b from line 10a. If a gain, do not complete lines 11 and 12. Include this amount as ordinary income on your tax return. If a loss, go to line 11	10c	
11	Enter any unreversed inclusions (as defined in section 1296(d))	11	
12	Enter the loss from line 10c, but only to the extent of unreversed inclusions on line 11. Include this amount as an ordinary loss on your tax return	12	
13	**If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:**		
a	Enter the fair market value of the stock on the date of sale or disposition	13a	
b	Enter the adjusted basis of the stock on the date of sale or disposition	13b	
c	Subtract line 13b from line 13a. If a gain, do not complete line 14. Include this amount as ordinary income on your tax return. If a loss, go to line 14	13c	
14a	Enter any unreversed inclusions (as defined in section 1296(d))	14a	
b	Enter the loss from line 13c, but only to the extent of unreversed inclusions on line 14a. Include this amount as an ordinary loss on your tax return. If the loss on line 13c exceeds unreversed inclusions on line 14a, complete line 14c	14b	
c	Enter the amount by which the loss on line 13c exceeds unreversed inclusions on line 14a. Include this amount on your tax return according to the rules generally applicable for losses provided elsewhere in the Code and regulations	14c	
	Note. See instructions in case of multiple sales or dispositions.		

Part V Distributions From and Dispositions of Stock of a Section 1291 Fund (See instructions.)

Complete a separate Part V for each excess distribution and disposition (see instructions).

15 a Enter your total distributions from the section 1291 fund during the current tax year with respect to the applicable stock. If the holding period of the stock began in the current tax year, see instructions	15a	
b Enter the total distributions (reduced by the portions of such distributions that were excess distributions but not included in income under section 1291(a)(1)(B)) made by the fund with respect to the applicable stock for each of the 3 years preceding the current tax year (or if shorter, the portion of the shareholder's holding period before the current tax year)	15b	
c Divide line 15b by 3. (See instructions if the number of preceding tax years is less than 3.)	15c	
d Multiply line 15c by 125% (1.25)	15d	
e Subtract line 15d from line 15a. This amount, if more than zero, is the excess distribution with respect to the applicable stock. If there is an excess distribution, complete line 16. If zero or less and you did not dispose of stock during the tax year, **do not** complete the rest of Part V. See instructions if you received more than one distribution during the current tax year. Also, see instructions for rules for reporting a nonexcess distribution on your income tax return	15e	
f Enter gain or loss from the disposition of stock of a section 1291 fund or former section 1291 fund. If a gain, complete line 16. If a loss, show it in brackets and **do not** complete line 16	15f	
16 a If there is a positive amount on line 15e or 15f (or both), attach a statement for each excess distribution and disposition. Show your holding period for each share of stock or block of shares held. Allocate the excess distribution or gain to each day in your holding period. Add all amounts that are allocated to days in each tax year.		
b Enter the total of the amounts determined in line 16a that are allocable to the current tax year and tax years before the foreign corporation became a PFIC (pre-PFIC years). Enter these amounts on your income tax return as other income	16b	
c Enter the aggregate increases in tax (before credits) for each tax year in your holding period (other than the current tax year and pre-PFIC years). (See instructions.)	16c	
d Foreign tax credit. (See instructions.)	16d	
e Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." (See instructions.)	16e	
f Determine interest on each net increase in tax determined on line 16e using the rates and methods of section 6621. Enter the aggregate amount of interest here. (See instructions.)	16f	

Part VI Status of Prior Year Section 1294 Elections and Termination of Section 1294 Elections

Complete a separate column for each outstanding election. Complete lines 25 and 26 only if there is a partial termination of the section 1294 election.

	(i)	(ii)	(iii)	(iv)	(v)	(vi)
17 Tax year of outstanding election						
18 Undistributed earnings to which the election relates						
19 Deferred tax						
20 Interest accrued on deferred tax (line 19) as of the filing date						
21 Event terminating election						
22 Earnings distributed or deemed distributed during the tax year						
23 Deferred tax due with this return						
24 Accrued interest due with this return						
25 Deferred tax outstanding after partial termination of election						
26 Interest accrued after partial termination of election						

512613
11-25-15

Form **5471**

(Rev. December 2015)

Department of the Treasury
Internal Revenue Service

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

▶ **For more information about Form 5471, see** *www.irs.gov/form5471*

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning JAN 1, 2015, and ending DEC 31, 2015

OMB No. 1545-0704

Attachment Sequence No. **121**

Name of person filing this return

DONALD J. TRUMP

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

City or town, state, and ZIP code
NEW YORK, NY 10022

A Identifying number

B Category of filer (See instructions. Check applicable box(es)):
1 (repealed) 2 ☐ 3 ☐ 4 ☒ 5 ☒

C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period %

Filer's tax year beginning JAN 1, 2015, and ending DEC 31, 2015

D Check if any excepted specified foreign financial assets are reported on this form (see instructions) ☐

E Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: *Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.*

1a Name and address of foreign corporation

DJ AEROSPACE (BERMUDA) LTD.
C/O THE TRUMP ORGANIZATION

NEW YORK, NY 10022

b(1) Employer identification number, if any
98-0669791

b(2) Reference ID number (see instructions)

c Country under whose laws incorporated
BERMUDA

d Date of incorporation	e Principal place of business	f Principal business activity code number	g Principal business activity	h Functional currency
02/11/94	BERMUDA	488100	AVIATION LEASING	US DOLLAR

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States
N/A

b If a U.S. income tax return was filed, enter:

(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)

c Name and address of foreign corporation's statutory or resident agent in country of incorporation

CODAN SERVICES LIMITED

HAMILTON HM 11
BERMUDA

d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different

DONALD J TRUMP

NEW YORK, NY 10022

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period
COMMON SHARES	12,000.	12,000.

Schedule B U.S. Shareholders of Foreign Corporation

(a) Name, address, and identifying number of shareholder	(b) Description of each class of stock held by shareholder. **Note:** This description should match the corresponding description entered in Schedule A, column (a).	(c) Number of shares held at beginning of annual accounting period	(d) Number of shares held at end of annual accounting period	(e) Pro rata share of subpart F income (enter as a percentage)
DONALD J TRUMP	COMMON SHARES	12,000.000	12,000.000	
NEW YORK, NY				

Schedule C Income Statement

Important: *Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules). However, if the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for DASTM corporations.*

			Functional Currency	U.S. Dollars
Income	1a Gross receipts or sales	1a		
	b Returns and allowances	1b		
	c Subtract line 1b from line 1a	1c		
	2 Cost of goods sold	2		
	3 Gross profit (subtract line 2 from line 1c)	3		
	4 Dividends	4		
	5 Interest	5		
	6a Gross rents	6a		
	b Gross royalties and license fees	6b		
	7 Net gain or (loss) on sale of capital assets	7		
	8 Other income (attach statement)	8		
	9 Total income (add lines 3 through 8)	9		
Deductions	10 Compensation not deducted elsewhere	10		
	11a Rents	11a		
	b Royalties and license fees	11b		
	12 Interest	12		
	13 Depreciation not deducted elsewhere	13		
	14 Depletion	14		
	15 Taxes (exclude provision for income, war profits, and excess profits taxes)	15		
	16 Other deductions (attach statement - exclude provision for income, war profits, and excess profits taxes) SEE STATEMENT 97	16		9,212.
	17 Total deductions (add lines 10 through 16)	17		9,212.
Net Income	18 Net income or (loss) before extraordinary items, prior period adjustments, and the provision for income, war profits, and excess profits taxes (subtract line 17 from line 9)	18		<9,212.>
	19 Extraordinary items and prior period adjustments	19		
	20 Provision for income, war profits, and excess profits taxes	20		
	21 Current year net income or (loss) per books (combine lines 18 through 20)	21		<9,212.>

Schedule E Income, War Profits, and Excess Profits Taxes Paid or Accrued

	(a) Name of country or U.S. possession	Amount of tax (b) In foreign currency	(c) Conversion rate	(d) In U.S. dollars
1	U.S.			
2				
3				
4				
5				
6				
7				
8	Total ▶			

Schedule F Balance Sheet

Important: *Report all amounts in U.S. dollars prepared and translated in accordance with U.S. GAAP. See instructions for an exception for DASTM corporations.*

	Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1	Cash	1	525.	1,312.
2a	Trade notes and accounts receivable	2a		
b	Less allowance for bad debts	2b	( )	( )
3	Inventories	3		
4	Other current assets (attach statement)	4		
5	Loans to shareholders and other related persons	5	1,035,379.	0.
6	Investment in subsidiaries (attach statement)	6		
7	Other investments (attach statement)	7		
8a	Buildings and other depreciable assets	8a		
b	Less accumulated depreciation	8b	( )	( )
9a	Depletable assets	9a		
b	Less accumulated depletion	9b	( )	( )
10	Land (net of any amortization)	10		
11	Intangible assets:			
a	Goodwill	11a		
b	Organization costs	11b		
c	Patents, trademarks, and other intangible assets	11c		
d	Less accumulated amortization for lines 11a, b, and c	11d	( )	( )
12	Other assets (attach statement) SEE STATEMENT 98	12	3,570.	3,570.
13	Total assets	13	1,039,474.	4,882.
	Liabilities and Shareholders' Equity			
14	Accounts payable	14		
15	Other current liabilities (attach statement) SEE STATEMENT 99	15	740.	740.
16	Loans from shareholders and other related persons	16		
17	Other liabilities (attach statement)	17		
18	Capital stock:			
a	Preferred stock	18a		
b	Common stock	18b	100.	100.
19	Paid-in or capital surplus (attach reconciliation)	19	244,144.	244,144.
20	Retained earnings	20	794,490.	<240,102.>
21	Less cost of treasury stock	21	( )	( )
22	Total liabilities and shareholders' equity	22	1,039,474.	4,882.

Schedule G Other Information

		Yes	No
1	During the tax year, did the foreign corporation own at least a 10% interest, directly or indirectly, in any foreign partnership? If "Yes," see the instructions for required statement.		X
2	During the tax year, did the foreign corporation own an interest in any trust?		X
3	During the tax year, did the foreign corporation own any foreign entities that were disregarded as entities separate from their owners under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," you are generally required to attach Form 8858 for each entity (see instructions).		X
4	During the tax year, was the foreign corporation a participant in any cost sharing arrangement?		X
5	During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?		X
6	During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4? If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).		X
7	During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		X
8	During the tax year, did the foreign corporation pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		X

Schedule H Current Earnings and Profits

Important: *Enter the amounts on lines 1 through 5c in functional currency.*

1	Current year net income or (loss) per foreign books of account			1	<9,212.>
2	Net adjustments made to line 1 to determine current earnings and profits according to U.S. financial and tax accounting standards (see instructions):	Net Additions	Net Subtractions		
a	Capital gains or losses				
b	Depreciation and amortization				
c	Depletion				
d	Investment or incentive allowance				
e	Charges to statutory reserves				
f	Inventory adjustments				
g	Taxes				
h	Other (attach statement)				
3	Total net additions				
4	Total net subtractions				
5a	Current earnings and profits (line 1 plus line 3 minus line 4)			5a	<9,212.>
b	DASTM gain or (loss) for foreign corporations that use DASTM			5b	
c	Combine lines 5a and 5b			5c	<9,212.>
d	Current earnings and profits in U.S. dollars (line 5c translated at the appropriate exchange rate as defined in section 989(b) and the related regulations) Enter exchange rate used for line 5d ▶			5d	<9,212.>

Schedule I Summary of Shareholder's Income From Foreign Corporation

If item E on page 1 is completed, a separate Schedule I must be filed for each Category 4 or 5 filer for whom reporting is furnished on this Form 5471. This schedule I is being completed for:

Name of U.S. shareholder ▶ Identifying number ▶

1	Subpart F income (line 38b, Worksheet A in the instructions)	1	
2	Earnings invested in U.S. property (line 17, Worksheet B in the instructions)	2	
3	Previously excluded subpart F income withdrawn from qualified investments (line 6b, Worksheet C in the instructions)	3	
4	Previously excluded export trade income withdrawn from investment in export trade assets (line 7b, Worksheet D in the instructions)	4	
5	Factoring income	5	
6	Total of lines 1 through 5. Enter here and on your income tax return	6	
7	Dividends received (translated at spot rate on payment date under section 989(b)(1))	7	
8	Exchange gain or (loss) on a distribution of previously taxed income	8	

	Yes	No
• Was any income of the foreign corporation blocked?		X
• Did any such income become unblocked during the tax year (see section 964(b))?		X

If the answer to either question is "Yes," attach an explanation.

SCHEDULE J (Form 5471)

(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Accumulated Earnings and Profits (E&P) of Controlled Foreign Corporation

▶ Information about Schedule J (Form 5471) and its instructions is at *www.irs.gov/form5471.*
▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471

DONALD J. TRUMP

Identifying number

Name of foreign corporation

DJ AEROSPACE (BERMUDA) LTD.
C/O THE TRUMP ORGANIZATION

EIN (if any)

98-0669791

Reference ID number

Important: Enter amounts in functional currency.	**(a)** Post-1986 Undistributed Earnings (post-86 section 959(c)(3) balance)	**(b)** Pre-1987 E&P Not Previously Taxed (pre-87 section 959(c)(3) balance)	**(c)** Previously Taxed E&P (sections 959(c)(1) and (2) balances)			**(d)** Total Section 964(a) E&P (combine columns (a), (b), and (c))
			(i) Earnings Invested in U.S. Property	*(ii)* Earnings Invested in Excess Passive Assets	*(iii)* Subpart F Income	
1 Balance at beginning of year	855,278.					855,278.
2a Current year E&P	<9,212.>					
b Current year deficit in E&P						
3 Total current and accumulated E&P not previously taxed (line 1 plus line 2a or line 1 minus line 2b)	846,066.					
4 Amounts included under section 951(a) or reclassified under section 959(c) in current year						
5a Actual distributions or reclassifications of previously taxed E&P						
b Actual distributions of nonpreviously taxed E&P	846,066.					
6a Balance of previously taxed E&P at end of year (line 1 plus line 4, minus line 5a)						
b Balance of E&P not previously taxed at end of year (line 3 minus line 4, minus line 5b)						
7 Balance at end of year. (Enter amount from line 6a or line 6b, whichever is applicable.)						

SCHEDULE M (Form 5471)
(Rev. December 2012)
Department of the Treasury
Internal Revenue Service

Transactions Between Controlled Foreign Corporation and Shareholders or Other Related Persons

▶ Information about Schedule M (Form 5471) and its instructions is at *www.irs.gov/form5471.*
▶ Attach to Form 5471.

OMB No. 1545-0704

Name of person filing Form 5471	Identifying number
DONALD J. TRUMP	

Name of foreign corporation	EIN (if any)	Reference ID number
DJ AEROSPACE (BERMUDA) LTD. C/O THE TRUMP ORGANIZATION	98-0669791	

Important: *Complete a separate Schedule M for each controlled foreign corporation. Enter the totals for each type of transaction that occurred during the annual accounting period between the foreign corporation and the persons listed in columns (b) through (f). All amounts must be stated in U.S. dollars translated from functional currency at the average exchange rate for the foreign corporation's tax year. See instructions.*
Enter the relevant functional currency and the exchange rate used throughout this schedule ▶ US DOLLAR

(a) Transactions of foreign corporation	(b) U.S. person filing this return	(c) Any domestic corporation or partnership controlled by U.S. person filing this return	(d) Any other foreign corporation or partnership controlled by U.S. person filing this return	(e) 10% or more U.S. shareholder of controlled foreign corporation (other than the U.S. person filing this return)	(f) 10% or more U.S. shareholder of any corporation controlling the foreign corporation
1 Sales of stock in trade (inventory)					
2 Sales of tangible property other than stock in trade					
3 Sales of property rights (patents, trademarks, etc.)					
4 Platform contribution transaction payments received					
5 Cost sharing transaction payments received					
6 Compensation received for technical, managerial, engineering, construction, or like services					
7 Commissions received					
8 Rents, royalties, and license fees received					
9 Dividends received (exclude deemed distributions under subpart F and distributions of previously taxed income)					
10 Interest received					
11 Premiums received for insurance or reinsurance					
12 Add lines 1 through 11					
13 Purchases of stock in trade (inventory)					
14 Purchases of tangible property other than stock in trade					
15 Purchases of property rights (patents, trademarks, etc.)					
16 Platform contribution transaction payments paid					
17 Cost sharing transaction payments paid					
18 Compensation paid for technical, managerial, engineering, construction, or like services					
19 Commissions paid					
20 Rents, royalties, and license fees paid					
21 Dividends paid					
22 Interest paid					
23 Premiums paid for insurance or reinsurance					
24 Add lines 13 through 23					
25 Amounts borrowed (enter the maximum loan balance during the year) - see instr.					
26 Amounts loaned (enter the maximum loan balance during the year) - see instr.	1,035,379.				

FILED PURSUANT TO REV. PROC. 92-70 FOR DORMANT FOREIGN CORPORATION

Form **5471**

(Rev. December 2015)

Department of the Treasury
Internal Revenue Service

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

▶ **For more information about Form 5471, see** *www.irs.gov/form5471*

Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning , , and ending ,

OMB No. 1545-0704

Attachment Sequence No. **121**

Name of person filing this return

DONALD J. TRUMP

Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)

City or town, state, and ZIP code
NEW YORK, NY 10022

A Identifying number

B Category of filer (See instructions. Check applicable box(es)):
1 (repealed) 2 ☐ 3 ☐ 4 ☒ 5 ☒

C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period %

Filer's tax year beginning JAN 1 , 2015 , and ending DEC 31 , 2015

D Check if any excepted specified foreign financial assets are reported on this form (see instructions) ☐

E Person(s) on whose behalf this information return is filed:

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: *Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.*

1a Name and address of foreign corporation

THC BARRA HOTELARIA

NEW YORK, NY 10022

b(1) Employer identification number, if any
32-0447181

b(2) Reference ID number (see instructions)

c Country under whose laws incorporated
BRAZIL

d Date of incorporation	e Principal place of business	f Principal business activity code number	g Principal business activity	h Functional currency
04/15/14				

2 Provide the following information for the foreign corporation's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States

b If a U.S. income tax return was filed, enter:

(i) Taxable income or (loss)	(ii) U.S. income tax paid (after all credits)

c Name and address of foreign corporation's statutory or resident agent in country of incorporation

d Name and address (including corporate department, if applicable) of person (or persons) with custody of the books and records of the foreign corporation, and the location of such books and records, if different

Schedule A Stock of the Foreign Corporation

(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period

8865 ATTACHMENT

NAME OF FOREIGN PARTNERSHIP : TRUMP INTERNATIONAL GOLF CLUB

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at *www.irs.gov/form4562.*

OMB No. 1545-0172

2015

Attachment Sequence No. **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
DONALD J. & MELANIA TRUMP	TRUMP INTERNATIONAL GOLF CLUB SCOTLAND	

Part I **Election To Expense Certain Property Under Section 179** **Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	0.
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 ▶	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III **MACRS Depreciation (Do not** include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2015	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/		0	MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2015 tax year:					
43 Amortization of costs that began before your 2015 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

Form **8886**
(Rev. March 2011)
Department of the Treasury
Internal Revenue Service

Reportable Transaction Disclosure Statement

▶ Attach to your tax return.
▶ See separate instructions.

OMB No. 1545-1800

Attachment Sequence No. 137

Name(s) shown on return (individuals enter last name, first name, middle initial)

DONALD J. & MELANIA TRUMP

Identifying number

Number, street, and room or suite no.

City or town, state, and ZIP code
NEW YORK, NY 10022

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number 1 of 1

B Enter the form number of the tax return to which this form is attached or related ▶ 1040
Enter the year of the tax return identified above ▶ N/A
Is this Form 8886 being filed with an amended tax return? ▶ ☐ Yes ☒ No

C Check the box(es) that apply (see instructions). ☒ Initial year filer ☐ Protective disclosure

1a Name of reportable transaction
SECTION 988 LOSS

1b Initial year participated in transaction
2015

1c Reportable transaction or tax shelter registration number

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).
a ☐ Listed
b ☐ Confidential
c ☐ Contractual protection
d ☒ Loss
e ☐ Transaction of interest

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶ N/A

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶ 7

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

a Type of entity ▶	☒ Partnership ☐ Trust ☐ S corporation ☐ Foreign	☐ Partnership ☐ Trust ☐ S corporation ☐ Foreign
b Name ▶	PAULSON CREDIT OPPORTUNITES MASTER II L	
c Employer identification number (EIN), if known ▶	98-0516727	
d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶	04/13/2016	

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a Name	Identifying number (if known)	Fees paid
Number, street, and room or suite no.		
City or town, State, and ZIP code		
b Name	Identifying number (if known)	Fees paid
Number, street, and room or suite no.		
City or town, State, and ZIP code		

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- [ ] Deductions
- [ ] Exclusions from gross income
- [ ] Absence of adjustments to basis
- [ ] Tax Credits
- [ ] Capital loss
- [ ] Nonrecognition of gain
- [ ] Deferral
- [X] Ordinary loss
- [ ] Adjustments to basis
- [ ] Other _____

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT 154

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: [ ] Tax-exempt [ ] Foreign [ ] Related

Name | Identifying number

Address

Description

b Type of individual or entity: [ ] Tax-exempt [ ] Foreign [ ] Related

Name | Identifying number

Address

Description

Form **8858**
(Rev. December 2013)
Department of the Treasury
Internal Revenue Service

Information Return of U.S. Persons With Respect To Foreign Disregarded Entities

▶ **Information about Form 8858 and its separate instructions is at www.irs.gov/form8858.**

Information furnished for the foreign disregarded entity's annual accounting period (see instructions)
beginning JAN 1 , 2015 , and ending DEC 31 , 2015

OMB No. 1545-1910

Attachment Sequence No. **140**

Name of person filing this return
DONALD J. TRUMP

Filer's identifying number

Number and street or suite no. (or P.O. box number if mail is not delivered to street address)

City or town, state, and ZIP code
NEW YORK, NY 10022

Filer's tax year beginning JAN 1 , 2015 , and ending DEC 31 , 2015

Important: Fill in all applicable lines and schedules. All information **must** be in English. All amounts **must** be stated in U.S. dollars unless otherwise indicated.

1a Name and address of foreign disregarded entity

b(1) U.S. identifying number, if any

b(2) Reference ID number (see instructions)

c Country(ies) under whose laws organized and entity type under local tax law

d Date(s) of organization

e Effective date as foreign disregarded entity

f If benefits under a U.S. tax treaty were claimed with respect to income of the foreign disregarded entity, enter the treaty and article number

g Country in which principal business activity is conducted

h Principal business activity

i Functional currency

2 Provide the following information for the foreign disregarded entity's accounting period stated above.

a Name, address, and identifying number of branch office or agent (if any) in the United States

b Name and address (including corporate department, if applicable) of person(s) with custody of the books and records of the foreign disregarded entity, and the location of such books and records, if different

3 For the **tax owner** of the foreign disregarded entity (if different from the filer) provide the following:

a Name and address

b Annual accounting period covered by the return (see instructions)

c(1) U.S. identifying number, if any

c(2) Reference ID number (see instructions)

d Country under whose laws organized

e Functional currency

4 For the **direct owner** of the foreign disregarded entity (if different from the tax owner) provide the following:

a Name and address

b Country under whose laws organized

c U.S. identifying number, if any

d Functional currency

5 Attach an organizational chart that identifies the name, placement, percentage of ownership, tax classification, and country of organization of all entities in the chain of ownership between the tax owner and the foreign disregarded entity, and the chain of ownership between the foreign disregarded entity and each entity in which the foreign disregarded entity has a 10% or more direct or indirect interest. See instructions.

Schedule C Income Statement (see instructions)

Important: *Report all information in functional currency in accordance with U.S. GAAP. Also, report each amount in U.S. dollars translated from functional currency (using GAAP translation rules or the average exchange rate determined under section 989(b)). If the functional currency is the U.S. dollar, complete only the U.S. Dollars column. See instructions for special rules for foreign disregarded entities that use DASTM.*
If you are using the average exchange rate (determined under section 989(b)), check the following box ☐

			Functional Currency	U.S. Dollars
1	Gross receipts or sales (net of returns and allowances)	1		
2	Cost of goods sold	2		
3	Gross profit (subtract line 2 from line 1)	3		
4	Other income	4		
5	Total income (add lines 3 and 4)	5		
6	Total deductions	6		
7	Other adjustments	7		
8	Net income (loss) per books	8		

Schedule C-1 Section 987 Gain or Loss Information

Note. See the instructions if there are multiple recipients of remittances from the foreign disregarded entity.

			(a) Amount stated in functional currency of foreign disregarded entity	(b) Amount stated in functional currency of recipient
1	Remittances from the foreign disregarded entity	1		
2	Section 987 gain (loss) of recipient	2		

		Yes	No
3	Were all remittances from the foreign disregarded entity treated as made to the direct owner?		
4	Did the tax owner change its method of accounting for section 987 gain or loss with respect to remittances from the foreign disregarded entity during the tax year?		

Schedule F Balance Sheet

Important: *Report all amounts in U.S. dollars computed in functional currency and translated into U.S. dollars in accordance with U.S. GAAP. See instructions for an exception for foreign disregarded entities that use DASTM.*

Assets		(a) Beginning of annual accounting period	(b) End of annual accounting period
1 Cash and other current assets	1		
2 Other assets	2		
3 Total assets	3		
Liabilities and Owner's Equity			
4 Liabilities	4		
5 Owner's equity	5		
6 Total liabilities and owner's equity	6		

Schedule G Other Information

		Yes	No
1	During the tax year, did the foreign disregarded entity own an interest in any trust?		
2	During the tax year, did the foreign disregarded entity own at least a 10% interest, directly or indirectly, in any foreign partnership?		
3	*Answer the following question only if the foreign disregarded entity made its election to be treated as disregarded from its owner during the tax year:* Did the tax owner claim a loss with respect to stock or debt of the foreign disregarded entity as a result of the election?		
4	If the interest in the foreign disregarded entity is a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under reg. 1.1503(d)-1(b)(4)(ii) does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)?	N/A	
	If "Yes," enter the amount of the dual consolidated loss ▶ $ Answer question 5a.		

Schedule G **Other Information** (continued)

	Yes	No
5a Was any portion of the dual consolidated loss in question 4 taken into account in computing consolidated taxable income for the year? If "Yes," go to 5b. If "No," skip 5b and 5c		
b Was this permitted domestic use of the dual consolidated loss under Reg. 1.1503(d)-6? If "Yes," see instructions and skip 5c. If "No," go to 5c		
c If this was not a permitted domestic use, was the dual consolidated loss used to compute consolidated taxable income as provided under Reg. 1.503(d)-4?		
If "Yes," enter the separate unit's contribution to the cumulative consolidated taxable income ("cumulative register") as of the beginning of the tax year ▶ $ _____ See Instructions.		
6 During the tax year, did the foreign disregarded entity pay or accrue any foreign tax that was disqualified for credit under section 901(m)?		
7 During the tax year, did the foreign disregarded entity pay or accrue foreign taxes to which section 909 applies, or treat foreign taxes that were previously suspended under section 909 as no longer suspended?		
8 *Answer the following question only if the tax owner of the foreign disregarded entity is a controlled foreign corporation (CFC):* Were there any intracompany transactions between the foreign disregarded entity and the CFC or any other branch of the CFC during the tax year, in which the foreign disregarded entity acted as a manufacturing, selling, or purchasing branch?		

Schedule H **Current Earnings and Profits or Taxable Income** (see instructions)

Important: *Enter the amounts on lines 1 through 6 in functional currency.*

1	Current year net income or (loss) per foreign books of account	1	
2	Total net additions	2	
3	Total net subtractions	3	
4	Current earnings and profits (or taxable income -- see instructions) (line 1 plus line 2 minus line 3)	4	
5	DASTM gain or loss (if applicable)	5	
6	Combine lines 4 and 5	6	
7	Current earnings and profits (or taxable income) in U.S. dollars (line 6 translated at the average exchange rate determined under section 989(b) and the related regulations (see instructions))	7	
	Enter exchange rate used for line 7 ▶		

Form **8903**
(Rev. December 2010)
Department of the Treasury
Internal Revenue Service

Domestic Production Activities Deduction

▶ Attach to your tax return. ▶ See separate instructions.

OMB No. 1545-1984

Attachment Sequence No. **143**

Name(s) as shown on return

DONALD J. & MELANIA TRUMP

Identifying number

			(a) Oil-related production activities	(b) All activities
	Note. Do not complete column (a), unless you have oil-related production activities. Enter amounts for all activities in column (b), including oil-related production activities.			
1	Domestic production gross receipts (DPGR)	1	44,768.	208,673.
2	Allocable cost of goods sold. If you are using the small business simplified overall method, skip lines 2 and 3	2	42,580.	187,714.
3	Enter deductions and losses allocable to DPGR (see instructions)	3	2,575.	16,011.
4	If you are using the small business simplified overall method, enter the amount of cost of goods sold and other deductions or losses you ratably apportion to DPGR. All others, skip line 4	4		
5	Add lines 2 through 4	5	45,155.	203,725.
6	Subtract line 5 from line 1	6	<387.>	4,948.
7	Qualified production activities income from estates, trusts, and certain partnerships and S corporations (see instructions)	7		
8	Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10	8	<387.>	4,948.
9	Amount allocated to beneficiaries of the estate or trust (see instructions)	9		
10a	**Oil-related qualified production activities income.** Estates and trusts, subtract line 9, column (a), from line 8, column (a), all others, enter amount from line 8, column (a). If zero or less, enter -0- here	10a	0.	
b	**Qualified production activities income.** Estates and trusts, subtract line 9, column (b), from line 8, column (b), all others, enter amount from line 8, column (b). If zero or less, enter -0- here, skip lines 11 through 21, and enter -0- on line 22	10b		4,948.
11	Income limitation (see instructions): • Individuals, estates, and trusts. Enter your adjusted gross income figured without the domestic production activities deduction • All others. Enter your taxable income figured without the domestic production activities deduction (tax-exempt organizations, see instructions)	11		<31,756,435.>
12	Enter the smaller of line 10b or line 11. If zero or less, enter -0- here, skip lines 13 through 21, and enter -0- on line 22	12		0.
13	Enter 9% of line 12	13		
14a	Enter the smaller of line 10a or line 12	14a		
b	Reduction for oil-related qualified production activities income. Multiply line 14a by 3%	14b		
15	Subtract line 14b from line 13	15		
16	Form W-2 wages (see instructions)	16		
17	Form W-2 wages from estates, trusts, and certain partnerships and S corporations (see instructions)	17		
18	Add lines 16 and 17. Estates and trusts, go to line 19, all others, skip line 19 and go to line 20	18		
19	Amount allocated to beneficiaries of the estate or trust (see instructions)	19		
20	Estates and trusts, subtract line 19 from line 18, all others, enter amount from line 18	20		
21	Form W-2 wage limitation. Enter 50% of line 20	21		
22	Enter the smaller of line 15 or line 21	22		0.
23	Domestic production activities deduction from cooperatives. Enter deduction from Form 1099-PATR, box 6	23		
24	Expanded affiliated group allocation (see instructions)	24		
25	**Domestic production activities deduction.** Combine lines 22 through 24 and enter the result here and on Form 1040, line 35; Form 1120, line 25; or the applicable line of your return	25		0.

DONALD J. & MELANIA TRUMP

FORM 1040 | MISCELLANEOUS INCOME | STATEMENT 1

DESCRIPTION	AMOUNT
CANCELLATION OF DEBT - DJT HOLDINGS MANAGING MEMBER LLC	282,486.
CANCELLATION OF DEBT - DJT HOLDINGS LLC	27,966,102.
NOL CARRYOVER TO 2015	<105,157,825.>
TOTAL TO FORM 1040, LINE 21	<76,909,237.>

DONALD J. & MELANIA TRUMP

THE FORM 5471 FILING REQUIREMENT FOR CARIBUSINESS
INVESTMENTS, SRL HAS BEEN SATISFIED BY CARIBUSINESS MRE LLC
(ADDRESS : C/O THE TRUMP ORGANIZATION
NEW YORK, NY 10022;EIN 61-1707728).
CARIBUSINESS MRE LLC HAS E-FILED ITS RETURN FOR THE TAX YEAR
ENDED DECEMBER 31, 2015.

DONALD J. & MELANIA TRUMP

THE FORM 5471 FILING REQUIREMENT FOR NITTO WORLD LIMITED CO
HAS BEEN SATISFIED BY TURNBERRY SCOTLAND LLC
(ADDRESS : C/O THE TRUMP ORGANIZATION
NEW YORK, NY 10022; EIN 30-0826567).
TURNBERRY SCOTLAND LLC HAS E-FILED ITS RETURN FOR
THE TAX YEAR ENDED DECEMBER 31, 2015.
ENDED DECEMBER 31, 2015.

DONALD J. & MELANIA TRUMP

THE FORM 8858 FILING REQUIREMENT FOR TRUMP EDUCATION ULC
HAS BEEN SATISFIED BY THE TRUMP ENTREPRENEUR INITIATIVE LLC
(ADDRESS : C/O THE TRUMP ORGANIZATION
NEW YORK, NY 10022;EIN 20-1806597).
THE TRUMP ENTREPRENEURIAL INITIATIVE LLC HAS E-FILED ITS
RETURN FOR THE TAX YEAR ENDED DECEMBER 31, 2015.

DONALD J. & MELANIA TRUMP

THE FORM 8858 FILING REQUIREMENT FOR SLC TURNBERRY LIMITED
HAS BEEN SATISFIED BY TURNBERRY SCOTLAND LLC
(ADDRESS : C/O THE TRUMP ORGANIZATION
NEW YORK, NY 10022;EIN 30-0826567).
TURNBERRY SCOTLAND LLC HAS E-FILED ITS RETURN FOR
THE TAX YEAR ENDED DECEMBER 31, 2015.

DONALD J. & MELANIA TRUMP

THE FORM 8858 FILING REQUIREMENT FOR GOLF RECREATION
SCOTLAND LIMITED HAS BEEN SATISFIED BY TURNBERRY SCOTLAND
LLC (ADDRESS: C/O THE TRUMP ORGANIZATION
NEW YORK, NY 10022; EIN 30-0826567).
TURNBERRY SCOTLAND LLC HAS E-FILED ITS RETURN FOR
THE TAX YEAR ENDED DECEMBER 31, 2015.

DONALD J. & MELANIA TRUMP

THE FORM 8858 FILING REQUIREMENT FOR TIGL IRELAND MANAGEMENT LIMITED HAS BEEN SATISFIED BY TW VENTURE II LLC
(ADDRESS : C/O THE TRUMP ORGANIZATION
NEW YORK, NY 10022; EIN 35-2497556).
TW VENTURE II LLC HAS E-FILED ITS RETURN FOR THE YEAR ENDED DECEMBER 31, 2015.

DONALD J. & MELANIA TRUMP

THE FORM 8858 FILING REQUIREMENT FOR TIGL IRELAND
ENTERPRISES LIMITED HAS BEEN SATISFIED BY TW VENTURE II LLC
(ADDRESS : C/O THE TRUMP ORGANIZATION
NEW YORK, NY 10022; EIN 35-2497556).
TW VENTURE II LLC HAS E-FILED ITS RETURN FOR THE YEAR ENDED
DECEMBER 31 2015

DONALD J. & MELANIA TRUMP

THE FORM 8858 FILING REQUIREMENT FOR DT CONNECT EUROPE LIMIT
HAS BEEN SATISFIED BY TURNBERRY SCOTLAND LLC
(ADDRESS : C/O THE TRUMP ORGANIZATION
NEW YORK, NY 10022; EIN 30-0826567).
TURNBERRY SCOTLAND LLC HAS E-FILED ITS RETURN FOR
THE YEAR ENDED DECEMBER 31, 2015

FORM 1040 — PENSIONS AND ANNUITIES — STATEMENT 3

SCREEN ACTORS GUILD

AMOUNT RECEIVED THIS YEAR	77,808.	
NONTAXABLE AMOUNT		
CAPITAL GAIN DISTRIBUTION REPORTED ON SCH D		
		77,808.
TOTAL INCLUDED IN FORM 1040, LINE 16B		77,808.

FORM 1040 — STATE AND LOCAL INCOME TAX REFUNDS — STATEMENT 4

	2014	2013	2012
	CALIFORNIA		
GROSS STATE/LOCAL INC TAX REFUNDS	695,773.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS CALIFORNIA	695,773.		
	HAWAII		
GROSS STATE/LOCAL INC TAX REFUNDS	97,918.		
LESS: TAX PAID IN FOLLOWING YEAR	17,093.		
NET TAX REFUNDS HAWAII	80,825.		
	ILLINOIS		
GROSS STATE/LOCAL INC TAX REFUNDS	116,746.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS ILLINOIS	116,746.		
	IOWA		
GROSS STATE/LOCAL INC TAX REFUNDS	3,399.		
LESS: TAX PAID IN FOLLOWING YEAR			
NET TAX REFUNDS IOWA	3,399.		
	MARYLAND		
GROSS STATE/LOCAL INC TAX REFUNDS	190.		
LESS: TAX PAID IN FOLLOWING YEAR	190.		
NET TAX REFUNDS MARYLAND	0.		

DONALD J. & MELANIA TRUMP

	NEW JERSEY
GROSS STATE/LOCAL INC TAX REFUNDS	66,660.
LESS: TAX PAID IN FOLLOWING YEAR	
NET TAX REFUNDS NEW JERSEY	66,660.
	NEW YORK
GROSS STATE/LOCAL INC TAX REFUNDS	2,443,275.
LESS: TAX PAID IN FOLLOWING YEAR	1,243,844.
NET TAX REFUNDS NEW YORK	1,199,431.
	NORTH CAROLINA
GROSS STATE/LOCAL INC TAX REFUNDS	253,033.
LESS: TAX PAID IN FOLLOWING YEAR	82,862.
NET TAX REFUNDS NORTH CAROLINA	170,171.
	VIRGINIA
GROSS STATE/LOCAL INC TAX REFUNDS	139,927.
LESS: TAX PAID IN FOLLOWING YEAR	9,058.
NET TAX REFUNDS VIRGINIA	130,869.
TOTAL NET TAX REFUNDS	2,463,874.

DONALD J. & MELANIA TRUMP

FORM 1040 TAXABLE STATE AND LOCAL INCOME TAX REFUNDS STATEMENT 5

	2014	2013	2012
NET TAX REFUNDS FROM STATE AND LOCAL INCOME TAX REFUNDS STMT.	2,463,874.		
LESS: REFUNDS-NO BENEFIT DUE TO AMT -SALES TAX BENEFIT REDUCTION			
1 NET REFUNDS FOR RECALCULATION	2,463,874.		
2 TOTAL ITEMIZED DEDUCTIONS BEFORE PHASEOUT	7,100,687.		
3 DEDUCTION NOT SUBJ TO PHASEOUT	1,260,381.		
4 NET REFUNDS FROM LINE 1	2,463,874.		
5 LINE 2 MINUS LINES 3 AND 4	3,376,432.		
6 MULT LN 5 BY APPL SEC. 68 PCT	2,701,146.		
7 PRIOR YEAR AGI	<93,780,555.>		
8 ITEM. DED. PHASEOUT THRESHOLD	305,050.		
9 SUBTRACT LINE 8 FROM LINE 7 (IF ZERO OR LESS, SKIP LINES 10 THROUGH 15, AND ENTER AMOUNT FROM LINE 1 ON LINE 16)	<94,085,605.>		
10 MULT LN 9 BY APPL SEC. 68 PCT			
11 ALLOWABLE ITEMIZED DEDUCTIONS (LINE 5 LESS THE LESSER OF LINE 6 OR LINE 10)			
12 ITEM DED. NOT SUBJ TO PHASEOUT			
13A TOTAL ADJ. ITEMIZED DEDUCTIONS			
13B PRIOR YR. STD. DED. AVAILABLE			
14 PRIOR YR. ALLOWABLE ITEM. DED.			
15 SUBTRACT THE GREATER OF LINE 13A OR LINE 13B FROM LINE 14			
16 TAXABLE REFUNDS (LESSER OF LINE 15 OR LINE 1)	2,463,874.		
17 ALLOWABLE PRIOR YR. ITEM. DED.	7,100,687.		
18 PRIOR YEAR STD. DED. AVAILABLE	13,600.		
19 SUBTRACT LINE 18 FROM LINE 17	7,087,087.		
20 LESSER OF LINE 16 OR LINE 19	2,463,874.		
21 PRIOR YEAR TAXABLE INCOME	<100,893,092.>		

22 AMOUNT TO INCLUDE ON FORM 1040, LINE 10
* IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20
* IF LINE 21 IS A NEGATIVE AMOUNT, NET LINES 20 AND 21 0.

STATE AND LOCAL INCOME TAX REFUNDS PRIOR TO 2012

TOTAL TO FORM 1040, LINE 10 0.

DONALD J. & MELANIA TRUMP

FORM 1040 TAX-EXEMPT INTEREST STATEMENT 6

NAME OF PAYER	AMOUNT
DEUTSCHE BANK TRUST CO	197.
FROM K-1 - DONALD J TRUMP ELIZABETH TRUST	160.
FROM K-1 - ELIZABETH TRUMP GRANDCHILDREN - DONALD	201.
FROM K-1 - THE OBSIDIAN FUND LLC	485.
FROM K-1 - THE OBSIDIAN FUND LLC	1,056.
FROM K-1 - AG ELEVEN PARTNERS LP	16,286.
FROM K-1 - MIDOCEAN CREDIT OPPORTUNITY FUND LP	184.
FROM K-1 - MIDOCEAN CREDIT OPPORTUNITY FUND LP	17.
TOTAL TO FORM 1040, LINE 8B	18,586.

FORM 1040 REFUNDS ATTRIBUTABLE TO EST. TAX PAID FOLLOWING YR STATEMENT 7

	2014	STATE REFUND	AMOUNT SUBTRACTED FROM TAXABLE REFUND
HAWAII			
STATE TAX PAID IN FOLLOW YEAR	27,336.		
	X	97,918. =	17,093.
TOTAL STATE TAX PAID 2014	156,596.		
MARYLAND			
STATE TAX PAID IN FOLLOW YEAR	190.		
	X	190. =	190.
TOTAL STATE TAX PAID 2014	190.		
NEW YORK			
STATE TAX PAID IN FOLLOW YEAR	2,700,000.		
	X	2,443,275. =	1,243,844.
TOTAL STATE TAX PAID 2014	5,303,595.		
NORTH CAROLINA			
STATE TAX PAID IN FOLLOW YEAR	82,862.		
	X	253,033. =	82,862.
TOTAL STATE TAX PAID 2014	253,033.		
VIRGINIA			
STATE TAX PAID IN FOLLOW YEAR	9,058.		
	X	139,927. =	9,058.
TOTAL STATE TAX PAID 2014	139,927.		

DONALD J. & MELANIA TRUMP

FORM 1040 WAGES RECEIVED AND TAXES WITHHELD STATEMENT 8

T S	EMPLOYER'S NAME	AMOUNT PAID	FEDERAL TAX WITHHELD	STATE TAX WITHHELD	CITY SDI TAX W/H	FICA TAX	MEDICARE TAX
T	TWENTIETH CENTURY FOX FILM CORP	117.	29.	11.	5.	7.	2.
T	SPE CORPORATE SERVICES	56.	14.	5.		3.	1.
T	UNIVERSAL CITY STUDIOS	1,331.	333.	151.		83.	19.
T	WB STUDIO ENTERPRISES	189.	47.	12.	2.	12.	3.
T	PARAMOUNT PICTURES	50.	12.	5.	2.	3.	1.
T	GEP TALENT SERVICES	5,833.	1,458.	561.	250.	362.	85.
T	ALAMEDA PAYING AGENT INC. FOR WALT DISNEY PICTURES	3.	1.			0.	0.
T	CBATL, LLC	905.	107.	29.	20.	56.	13.
T	FORCE RESIDUALS INC.	39.				2.	1.
T	NTVATL, LLC	2,242.	376.	114.	72.	139.	33.
T	JRUATL, LLC	2,351.	588.	226.	89.	146.	34.
T	CAST & CREW TALENT SERVICES	1,025.	52.	17.	13.	64.	15.
TOTALS		14,141.	3,017.	1,131.	453.	877.	207.

DONALD J. & MELANIA TRUMP

FORM 1040 — QUALIFIED DIVIDENDS — STATEMENT 9

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
JP MORGAN CHASE	41,376.	41,376.
OPPENHEIMER	385,495.	385,477.
BARON GROWTH FUND	879.	879.
BARON PARTNERS FUND	15,343.	15,343.
DEUTSCHE BANK TRUST CO	117,942.	93,095.
PERSHING LLC	9,253.	9,253.
SKYLINE DIVIDEND	79.	79.
FROM K-1 - DONALD J TRUMP ELIZABETH TRUST	1,882.	1,882.
FROM K-1 - DONALD J TRUMP 'FRED' TRUST	190.	190.
FROM K-1 - ELIZABETH TRUMP GRANDCHILDREN - DONALD	2,382.	2,382.
FROM K-1 - THE OBSIDIAN FUND LLC	157,573.	50,652.
FROM K-1 - PAULSON ADVANTAGE PLUS LP	22,965.	21,423.
FROM K-1 - PAULSON CREDIT OPPORTUNITIES LP	7,097.	7,097.
FROM K-1 - PAULSON PARTNERS LP	30,687.	30,065.
FROM K-1 - ADVANTAGE ADVISERS XANTHUS FUND LLC	13,289.	12,408.
FROM K-1 - ENERGY TRANSFER PARTNERS LP	2,669.	2,669.
FROM K-1 - AG ELEVEN PARTNERS LP	70,387.	40,658.
FROM K-1 - AG DIVERSIFIED CREDIT STRATEGIES FUND LP	3,374.	3,225.
FROM K-1 - MIDOCEAN CREDIT OPPORTUNITY FUND LP	164.	164.
TOTAL INCLUDED IN FORM 1040, LINE 9B		718,317.

DONALD J. & MELANIA TRUMP

FORM 1040 — TOTAL DUE WITH INTEREST AND PENALTIES — STATEMENT 10

AMOUNT DUE	707,123.
INTEREST NOT INCLUDED	14,442.
PENALTY NOT INCLUDED	24,749.
TOTAL DUE	746,314.

FORM 1040 — LATE PAYMENT INTEREST — STATEMENT 11

DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE	04/15/16	707,123.	707,123.	.0400	185	14,442.
DATE FILED	10/17/16		721,565.			
TOTAL LATE PAYMENT INTEREST						14,442.

FORM 1040 — LATE PAYMENT PENALTY — STATEMENT 12

DESCRIPTION	DATE	AMOUNT	BALANCE	MONTHS	PENALTY
TAX DUE	04/15/16	707,123.	707,123.	7	24,749.
DATE FILED	10/17/16				
TOTAL LATE PAYMENT PENALTY					24,749.

SCHEDULE A — MISCELLANEOUS DEDUCTIONS SUBJECT TO FLOOR — STATEMENT 13

DESCRIPTION	AMOUNT
DEUTSCHE BANK TRUST CO	88,940.
OPPENHEIMER	97,195.
FROM K-1 - TRUMP CENTRAL PARK WEST CORP	934.
FROM K-1 - BRIARCLIFF PROPERTIES, INC.	55.
FROM K-1 - THE OBSIDIAN FUND LLC	41,077.
FROM K-1 - AG ELEVEN PARTNERS LP	147.
FROM K-1 - DJT HOLDINGS 4 SHADOW TREE LANE	25.
FROM K-1 - CARIBUSINESS MRE LLC	5,247.
FROM K-1 - THE CARIBUSINESS RE CORP	53.
FROM K-1 - D B PACE ACQUISITION MEMBER CORP	594.
FROM K-1 - D B PACE ACQUISITION LLC	58,879.
TOTAL TO SCHEDULE A, LINE 23	293,146.

DONALD J. & MELANIA TRUMP

SCHEDULE A MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO FLOOR STATEMENT 14

DESCRIPTION	AMOUNT
FROM K-1 - COUNTRY PROPERTIES LLC	191.
FROM K-1 - OCEAN AIR INVESTORS LLC	14,866.
FROM K-1 - OAKDALE INVESTORS LLC	13,384.
FROM K-1 - TRUMP CENTRAL PARK WEST CORP	7.
FROM K-1 - THE OBSIDIAN FUND LLC	1.
TOTAL TO SCHEDULE A, LINE 28	28,449.

SCHEDULE A — STATE AND LOCAL INCOME TAXES — STATEMENT 15

DESCRIPTION	AMOUNT
TWENTIETH CENTURY FOX FILM CORP	16.
SPE CORPORATE SERVICES	5.
UNIVERSAL CITY STUDIOS	23.
UNIVERSAL CITY STUDIOS	128.
WB STUDIO ENTERPRISES	12.
STATE DISABILITY INSURANCE - WB STUDIO ENTERPRISES	2.
PARAMOUNT PICTURES	7.
GEP TALENT SERVICES	809.
STATE DISABILITY INSURANCE - GEP TALENT SERVICES	2.
CBATL, LLC	48.
STATE DISABILITY INSURANCE - CBATL, LLC	1.
NTVATL, LLC	185.
STATE DISABILITY INSURANCE - NTVATL, LLC	1.
JRUATL, LLC	314.
STATE DISABILITY INSURANCE - JRUATL, LLC	1.
CAST & CREW TALENT SERVICES	28.
STATE DISABILITY INSURANCE - CAST & CREW TALENT SERVICES	2.
CALIFORNIA PRIOR YEAR OVERPAYMENT APPLIED	695,773.
HAWAII PRIOR YEAR OVERPAYMENT APPLIED	97,918.
HAWAII PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	26,168.
IOWA PRIOR YEAR OVERPAYMENT APPLIED - TAXPAYER	1,661.
IOWA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS - TAXPAYER	3,000.
ILLINOIS PRIOR YEAR OVERPAYMENT APPLIED	116,746.
MARYLAND PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	190.
NORTH CAROLINA PRIOR YEAR OVERPAYMENT APPLIED	103,033.
NORTH CAROLINA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	82,862.
NEW JERSEY PRIOR YEAR OVERPAYMENT APPLIED	66,660.
NEW YORK PRIOR YEAR OVERPAYMENT APPLIED	2,443,500.
NEW YORK PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS	2,700,000.
VIRGINIA PRIOR YEAR OVERPAYMENT APPLIED - TAXPAYER	69,964.
VIRGINIA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS - TAXPAYER	4,529.
IOWA PRIOR YEAR OVERPAYMENT APPLIED - SPOUSE	1,660.
IOWA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS - SPOUSE	3,000.
VIRGINIA PRIOR YEAR OVERPAYMENT APPLIED - SPOUSE	69,963.
VIRGINIA PRIOR YEAR BALANCE DUE AND EXTENSION PAYMENTS - SPOUSE	4,529.
REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS	<1,353,047.>
TOTAL TO SCHEDULE A, LINE 5	5,139,693.

SCHEDULE A — CASH CONTRIBUTIONS — STATEMENT 16

DESCRIPTION	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT
VARIOUS	26,500.	
FROM K-1 - MAR-A-LAGO CLUB, LLC	3,083.	
FROM K-1 - MISS UNIVERSE LP, LLP	5,037.	
FROM K-1 - MAR-A-LAGO CLUB, INC.	3.	
FROM K-1 - TRUMP PAGEANTS, INC.	103.	
FROM K-1 - VH PROPERTY CORP	29,000.	
FROM K-1 - TRUMP PRODUCTIONS LLC		49,500.
FROM K-1 - TRUMP PRODUCTIONS MANAGING MEMBER INC	500.	
FROM K-1 - TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC	5,201.	
FROM K-1 - TIHM MEMBER CORP	5.	
FROM K-1 - TRUMP NATIONAL GOLF CLUB WASHINGTON DC	6.	
FROM K-1 - TRUMP FERRY POINT MEMBER CORP	105.	
FROM K-1 - THE OBSIDIAN FUND LLC	45.	
FROM K-1 - TRUMP FERRY POINT LLC	10,378.	
FROM K-1 - DJT HOLDINGS MANAGING MEMBER LLC	27.	
FROM K-1 - DJT HOLDINGS LLC - LFB ACQUISITION LLC	1,862.	
FROM K-1 - DJT HOLDINGS LLC - TNGC PINE HILL LLC	159.	
FROM K-1 - DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	563.	
FROM K-1 - TRUMP VIRGINIA ACQUISITIONS LLC	915.	
FROM K-1 - ENERGY TRANSFER PARTNERS LP	47.	
FROM K-1 - LFB AQUISITION MEMBER CORP	19.	
FROM K-1 - TRUMP VIRGINIA ACQUISITIONS MANAGER CORP	9.	
FROM K-1 - T INTERNATIONAL REALTY LLC	1,375.	
SUBTOTALS	84,942.	49,500.
TOTAL TO SCHEDULE A, LINE 16		134,442.

SCHEDULE A — INVESTMENT INTEREST — STATEMENT 17

DESCRIPTION	AMOUNT
INVESTMENT INTEREST	822,274.
FROM K-1 - DJT HOLDINGS MANAGING MEMBER LLC	1,499.
FROM K-1 - DJT HOLDINGS LLC - SEVEN SPRINGS LLC	148,417.
FROM K-1 - ENERGY TRANSFER PARTNERS LP	2,597.
FROM K-1 - AG ELEVEN PARTNERS LP	352.
TOTAL TO SCHEDULE A, LINE 14	975,139.

SCHEDULE A — CONTRIBUTIONS OTHER THAN CASH OR CHECK — STATEMENT 18

DESCRIPTION	AMOUNT 100% LIMIT	AMOUNT 50% LIMIT	AMOUNT 30% LIMIT	AMOUNT 20% LIMIT
FROM K-1 - DJT HOLDINGS MANAGING MEMBER LLC		210,789.		
FROM K-1 - DJT HOLDINGS LLC - SEVEN SPRINGS LLC		20,868,111.		
SUBTOTALS		21,078,900.		
TOTAL TO SCHEDULE A, LINE 17				21,078,900.

SCHEDULE A — REAL ESTATE TAXES — STATEMENT 19

DESCRIPTION	AMOUNT
REAL ESTATE TAXES	260,520.
REAL ESTATE TAXES PAID BY PASSTHROUGH ENTITY	1,082.
REAL ESTATE TAXES PAID BY PASSTHROUGH ENTITY	176.
REAL ESTATE TAXES PAID BY PASSTHROUGH ENTITY	846.
REAL ESTATE TAXES PAID BY PASSTHROUGH ENTITY	82,870.
REAL ESTATE TAXES PAID BY PASSTHROUGH ENTITY	7,059.
REAL ESTATE TAXES PAID BY PASSTHROUGH ENTITY	441,595.
REAL ESTATE TAXES PAID BY PASSTHROUGH ENTITY	174,315.
TOTAL TO SCHEDULE A, LINE 6	968,463.

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SCHEDULE B — INTEREST INCOME — STATEMENT 20

NAME OF PAYER	AMOUNT
CAPITAL ONE BANK	73,841.
DEUTSCHE BANK TRUST CO	604,442.
JP MORGAN CHASE	1,934.
OPPENHEIMER	13.
BANK UNITED	6,017.
CITIBANK	495.
TD BANK (WOLLMAN RINK)	1,060.
M & T BANK (TRUMP 106 CPS LLC)	30.
IVANKA TRUMP	18,000.
DONALD J TRUMP JR	8,715.
ERIC TRUMP	24,000.
FIRST REPUBLIC BANK	16.
SIGNATURE BANK	2,108.
FROM K-1 - TRUMP EQUITABLE FIFTH AVENUE CO	9,389.
FROM K-1 - PARK BRIAR ASSOCIATES LLC	921.
FROM K-1 - MAR-A-LAGO CLUB, LLC	3,539.
FROM K-1 - 40 WALL DEVELOPMENT ASSOC, LLC	63,508.
FROM K-1 - HUDSON WATERFRONT ASSOC V, L.P.	1,298,219.
FROM K-1 - TRUMP CPS LLC	89.
FROM K-1 - MISS UNIVERSE LP, LLP	2,513.
FROM K-1 - TRUMP PALACE/PARC LLC	38.
FROM K-1 - TRUMP PLAZA LLC	456.
FROM K-1 - COUNTRY APARTMENTS LLC	3.
FROM K-1 - TRUMP 845 UN GP LLC	36.
FROM K-1 - TRUMP 845 UN LIMITED PARTNERSHIP	54.
FROM K-1 - OCEAN AIR INVESTORS LLC	42,362.
FROM K-1 - OAKDALE INVESTORS LLC	20,411.
FROM K-1 - TRUMP MODEL MANAGEMENT LLC (TMG MEMBER LLC)	805.
FROM K-1 - TIPPERARY REALTY CORP	9.
FROM K-1 - PARC CONSULTING INC	64.
FROM K-1 - TRUMP CENTRAL PARK WEST CORP	178.
FROM K-1 - MAR-A-LAGO CLUB, INC.	4.
FROM K-1 - TRUMP VILLAGE CONSTRUCTION CORP	4.
FROM K-1 - TRUMP PAGEANTS, INC.	51.
FROM K-1 - BEACH HAVEN APARTMENTS # 1, INC.	2.
FROM K-1 - SHORE HAVEN APARTMENTS # 1, INC.	3.
FROM K-1 - TRUMP PLAZA MEMBER INC	5.
FROM K-1 - TRUMP VILLAGE CONST CORP-DJT GR TR	952.
FROM K-1 - TRUMP TOWER MANAGING MEMBER INC	95.
FROM K-1 - BEACH HAVEN APARMTENTS #1 INC DJT GR TR	580.
FROM K-1 - SHORE HAVEN APARTMENTS #1 INC DJT GR TR	421.
FROM K-1 - TRUMP MANAGEMENT INC	332.
FROM K-1 - STARRETT CITY ASSOCIATES	560.
FROM K-1 - HUDSON WATERFRONT ASSOC III, LP	1,786,132.
FROM K-1 - TRUMP INTERNATIONAL GOLF CLUB LLC	4,852.
FROM K-1 - TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC	18.
FROM K-1 - TIHT COMMERCIAL LLC	116.
FROM K-1 - SC LP SHOPPING CENTER LLC	52.
FROM K-1 - TRUMP LAS VEGAS CORP	147.
FROM K-1 - THE OBSIDIAN FUND LLC	3,905,819.
FROM K-1 - DJT HOLDINGS MANAGING MEMBER LLC	159.
FROM K-1 - DJT HOLDINGS LLC	5,217.
FROM K-1 - PAULSON ADVANTAGE PLUS LP	10,160.

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FROM K-1 - PAULSON CREDIT OPPORTUNITIES LP	145,678.
FROM K-1 - PAULSON PARTNERS LP	551.
FROM K-1 - DJT HOLDINGS LLC - SEVEN SPRINGS LLC	937.
FROM K-1 - DJT HOLDINGS LLC - LFB ACQUISITION LLC	1,633.
FROM K-1 - ENERGY TRANSFER PARTNERS LP	3,347.
FROM K-1 - TRUMP OLD POST OFFICE MEMBER CORP	22.
FROM K-1 - LFB AQUISITION MEMBER CORP	17.
FROM K-1 - AG ELEVEN PARTNERS LP	103,748.
FROM K-1 - AG DIVERSIFIED CREDIT STRATEGIES FUND LP	235,391.
FROM K-1 - MIDOCEAN CREDIT OPPORTUNITY FUND LP	220,830.
FROM K-1 - DJT HOLDINGS JUPITER GOLF CLUB	3,499.
FROM K-1 - DJT HOLDINGS - OLD POST OFFICE LLC	2,225.
FROM K-1 - TRUMP PARK AVENUE LLC (TRUMP DELMONICO LLC)	3,439.
FROM K-1 - TRUMP PARK AVENUE LLC - ACQUISITION	3,432.
FROM K-1 - DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC	2,232.
FROM K-1 - DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	46.
FROM K-1 - D B PACE ACQUISITION MEMBER CORP	2,450.
FROM K-1 - D B PACE ACQUISITION LLC	242,557.
FROM K-1 - JUPITER GOLF CLUB MANAGING MEMBER CORP	36.
FROM K-1 - THE OBSIDIAN FUND LLC	267,337.
FROM K-1 - DJT HOLDINGS MANAGING MEMBER LLC	2,573.
FROM K-1 - DJT HOLDINGS LLC	254,770.
FROM K-1 - ADVANTAGE ADVISERS XANTHUS FUND LLC	22.
TOTAL TO SCHEDULE B, LINE 1	9,395,718.

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SCHEDULE B — DIVIDEND INCOME — STATEMENT 21

NAME OF PAYER	ORDINARY DIVIDENDS	QUALIFIED DIVIDENDS
BARON REAL ESTATE FUND	799.	
JP MORGAN CHASE	41,376.	41,376.
OPPENHEIMER	385,495.	385,477.
BARON GROWTH FUND	879.	879.
DJ AEROSPACE (BERMUDA) LTD	846,066.	
BARON PARTNERS FUND	15,343.	15,343.
DEUTSCHE BANK TRUST CO	117,942.	93,095.
PERSHING LLC	9,253.	9,253.
SKYLINE DIVIDEND	79.	79.
FROM K-1 - TRUMP EQUITABLE FIFTH AVENUE CO	6.	
FROM K-1 - DONALD J TRUMP ELIZABETH TRUST	1,882.	1,882.
FROM K-1 - DONALD J TRUMP 'FRED' TRUST	190.	190.
FROM K-1 - ELIZABETH TRUMP GRANDCHILDREN - DONALD	2,382.	2,382.
FROM K-1 - THE OBSIDIAN FUND LLC	157,573.	50,652.
FROM K-1 - PAULSON ADVANTAGE PLUS LP	22,965.	21,423.
FROM K-1 - PAULSON CREDIT OPPORTUNITIES LP	7,097.	7,097.
FROM K-1 - PAULSON PARTNERS LP	30,687.	30,065.
FROM K-1 - ADVANTAGE ADVISERS XANTHUS FUND LLC	13,289.	12,408.
FROM K-1 - ENERGY TRANSFER PARTNERS LP	2,669.	2,669.
FROM K-1 - AG ELEVEN PARTNERS LP	70,387.	40,658.
FROM K-1 - AG DIVERSIFIED CREDIT STRATEGIES FUND LP	3,374.	3,225.
FROM K-1 - MIDOCEAN CREDIT OPPORTUNITY FUND LP	164.	164.
TOTAL TO SCHEDULE B, LINE 5	1,729,897.	

SCHEDULE B — NOMINEE INTEREST — STATEMENT 22

NAME OF PAYER	AMOUNT
CAPITAL ONE BANK	2,622.
TOTAL NOMINEE INTEREST TO SCHEDULE B, LINE 1	2,622.

SCHEDULE C — OTHER INCOME — STATEMENT 23

DESCRIPTION	AMOUNT
NYC UBT REFUND	225,884.
TOTAL TO SCHEDULE C, LINE 6	225,884.

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SCHEDULE C — OTHER EXPENSES — STATEMENT 24

DESCRIPTION	AMOUNT
MANAGEMENT FEES	168,000.
BANK CHARGES	97,000.
TELEPHONE	52,300.
DUES AND SUBSCRIPTIONS	2,150.
SECURITY	167,970.
UNIFORM EXPENSE	24,977.
COMPUTER SERVICES	20,485.
HVAC MAINTENACE	289,181.
PAYROLL TAXES	257,770.
ICE MAINTENANCE	78,041.
EXTERMINATING	6,588.
HOCKEY PROGRAMS	128,498.
COMPUTER PAYROLL EXPENSE	8,619.
NYS FILING FEE	50.
AMORTIZATION	217.
TOTAL TO SCHEDULE C, LINE 48	1,301,846.

SCHEDULE C — OTHER INCOME — STATEMENT 25

DESCRIPTION	AMOUNT
MISCELLANEOUS	33,246.
TOTAL TO SCHEDULE C, LINE 6	33,246.

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SCHEDULE C — OTHER EXPENSES — STATEMENT 26

DESCRIPTION	AMOUNT
EMPLOYEE EXPENSES	14,785.
DUES AND SUBSCRIPTIONS	300.
TELEPHONE	641.
TEMPORARY HELP	5,400.
MOVING & STORAGE	1,240.
LICENSES & PERMITS	4,662.
LANDING FEES	7,016.
MISCELLANEOUS FEES	197.
FUEL	36,337.
CREW TRAINING	39,994.
NONDEDUCTIBLE EXPENSES	<225,727.>
SECTION 274 LIMITATION	<35,711.>
TOTAL TO SCHEDULE C, LINE 48	<150,866.>

SCHEDULE D — NET SHORT-TERM GAIN OR LOSS FROM FORMS 6252, 4684, 6781 AND 8824 — STATEMENT 27

DESCRIPTION OF PROPERTY	GAIN OR LOSS
FORM 6781, PART I	20,401.
TOTAL TO SCHEDULE D, PART I, LINE 4	20,401.

SCHEDULE D — NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824 — STATEMENT 28

DESCRIPTION OF PROPERTY	GAIN OR LOSS	28% GAIN
FORM 6781, PART I	30,602.	
FORM 4797	30,108,411.	
TOTAL TO SCHEDULE D, PART II, LINE 11	30,139,013.	

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SCHEDULE D — NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES — STATEMENT 29

DESCRIPTION OF ACTIVITY	GAIN OR LOSS
THE OBSIDIAN FUND LLC	<145,910.>
PAULSON ADVANTAGE PLUS LP	17,950.
PAULSON CREDIT OPPORTUNITIES LP	<29,609.>
PAULSON PARTNERS LP	89,079.
ADVANTAGE ADVISERS XANTHUS FUND LLC	4,288.
AG ELEVEN PARTNERS LP	<12,521.>
TOTAL TO SCHEDULE D, PART I, LINE 5	<76,723.>

SCHEDULE D — NET LONG-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, AND FIDUCIARIES — STATEMENT 30

DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
TRUMP CANOUAN ESTATE LLC	2,045,550.	
TRUMP CANOUAN ESTATE MEMBER CORP	20,662.	
THE OBSIDIAN FUND LLC	9.	
DJT HOLDINGS MANAGING MEMBER LLC	23,638.	
DJT HOLDINGS LLC	2,340,127.	
PAULSON ADVANTAGE PLUS LP	<15,114.>	
PAULSON CREDIT OPPORTUNITIES LP	184,060.	
PAULSON PARTNERS LP	44,779.	
ADVANTAGE ADVISERS XANTHUS FUND LLC	43,618.	
AG ELEVEN PARTNERS LP	<42,943.>	
TOTAL TO SCHEDULE D, PART II, LINE 12	4,644,386.	

SCHEDULE D — CAPITAL GAIN DISTRIBUTIONS — STATEMENT 31

NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
BARON REAL ESTATE FUND	34,414.	
BARON SMALL CAP FUND	264,776.	
BARON ASSET FUND	205,102.	
BARON GROWTH FUND	239,667.	
DEUTSCHE BANK TRUST CO	21,857.	
TOTALS TO SCHEDULE D, LINE 13	765,816.	

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SCHEDULE D	UNRECAPTURED SECTION 1250 GAIN	STATEMENT 32

1.	IF YOU HAVE A SECTION 1250 PROPERTY IN PART III OF FORM 4797 FOR WHICH YOU MADE AN ENTRY IN PART I OF FORM 4797, ENTER THE SMALLER OF LINE 22 OR LINE 24 OF FORM 4797 FOR THAT PROPERTY. IF YOU DID NOT HAVE ANY SUCH PROPERTY, GO TO LINE 4		
2.	ENTER THE AMOUNT FROM FORM 4797, LINE 26G, FOR THE PROPERTY FOR WHICH YOU MADE AN ENTRY ON LINE 1		
3.	SUBTRACT LINE 2 FROM LINE 1		
4.	ENTER THE TOTAL UNRECAPTURED SECTION 1250 GAIN INCLUDED ON LINE 26 OR LINE 37 OF FORM(S) 6252 FROM INSTALLMENT SALES OF TRADE OR BUSINESS PROPERTY HELD MORE THAN 1 YEAR		
5.	ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1 FROM A PARTNERSHIP OR AN S CORPORATION AS "UNRECAPTURED SECTION 1250 GAIN"		2,584,047.
6.	ADD LINES 3 THROUGH 5		2,584,047.
7.	ENTER THE SMALLER OF LINE 6 OR THE GAIN FROM FORM 4797, LINE 7	2,584,047.	
8.	ENTER THE AMOUNT, IF ANY, FROM FORM 4797, LINE 8	9,419,925.	
9.	SUBTRACT LINE 8 FROM LINE 7. IF ZERO OR LESS, ENTER -0-		
10.	ENTER THE AMOUNT OF ANY GAIN FROM THE SALE OR EXCHANGE OF AN INTEREST IN A PARTNERSHIP ATTRIBUTABLE TO UNRECAPTURED SECTION 1250 GAIN		
11.	ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1, FORMS 1099-DIV, OR FORM 2439 AS "UNRECAPTURED SECTION 1250 GAIN" FROM AN ESTATE, TRUST, REAL ESTATE INVESTMENT TRUST, OR MUTUAL FUND (OR OTHER REGULATED INVESTMENT COMPANY)		
12.	ENTER THE TOTAL OF ANY UNRECAPTURED SECTION 1250 GAIN FROM SALES (INCLUDING INSTALLMENT SALES) OR OTHER DISPOSITIONS OF SECTION 1250 PROPERTY HELD MORE THAN 1 YEAR FOR WHICH YOU DID NOT MAKE AN ENTRY IN PART I OF FORM 4797 FOR THE YEAR OF SALE		
13.	ADD LINES 9 THROUGH 12		
14.	IF YOU HAD ANY SECTION 1202 GAIN OR COLLECTIBLE GAIN OR (LOSS), ENTER THE TOTAL OF LINES 1 THROUGH 4 OF THE 28% RATE GAIN WORKSHEET		
15.	ENTER THE (LOSS), IF ANY, FROM SCH D, LINE 7. IF SCH D, LINE 7, IS ZERO OR A GAIN ENTER -0-	<379,947.>	
16.	ENTER YOUR LONG-TERM CAPITAL LOSS CARRYOVERS FROM SCHEDULE D, LINE 14, AND SCHEDULE K-1 (FORM 1041), BOX 11, CODE C		
17.	COMBINE LINES 14 THROUGH 16. IF THE RESULT IS A (LOSS), ENTER IT AS A POSITIVE AMOUNT. IF THE RESULT IS ZERO OR A GAIN, ENTER -0-		379,947.
18.	SUBTRACT LINE 17 FROM LINE 13. IF ZERO OR LESS, ENTER -0-. IF MORE THAN ZERO, ENTER THE RESULT HERE AND ON SCHEDULE D, LINE 19		0.

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SCHEDULE D — ALTERNATIVE MINIMUM TAX — STATEMENT 33
NET LONG-TERM GAIN OR LOSS FROM
PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS

DESCRIPTION OF ACTIVITY	GAIN OR LOSS	28% GAIN
TRUMP CANOUAN ESTATE LLC	2,045,550.	
TRUMP CANOUAN ESTATE MEMBER CORP	20,662.	
THE OBSIDIAN FUND LLC	9.	
DJT HOLDINGS MANAGING MEMBER LLC	23,638.	
DJT HOLDINGS LLC	2,340,127.	
PAULSON ADVANTAGE PLUS LP	<15,114.>	
PAULSON CREDIT OPPORTUNITIES LP	184,060.	
PAULSON PARTNERS LP	44,779.	
ADVANTAGE ADVISERS XANTHUS FUND LLC	43,618.	
AG ELEVEN PARTNERS LP	<42,943.>	
TOTAL TO SCHEDULE D, PART II, LINE 12	4,644,386.	

SCHEDULE D — ALTERNATIVE MINIMUM TAX — STATEMENT 34
CAPITAL GAIN DISTRIBUTIONS

NAME OF PAYER	TOTAL CAPITAL GAIN	28% GAIN
BARON REAL ESTATE FUND	34,414.	
BARON SMALL CAP FUND	264,776.	
BARON ASSET FUND	205,102.	
BARON GROWTH FUND	239,667.	
DEUTSCHE BANK TRUST CO	21,857.	
TOTALS TO SCHEDULE D, LINE 13	765,816.	

SCHEDULE D — ALTERNATIVE MINIMUM TAX — STATEMENT 35
NET SHORT-TERM GAIN OR LOSS FROM
FORMS 6252, 4684, 6781 AND 8824

DESCRIPTION OF PROPERTY	GAIN OR LOSS
FORM 6781, PART I	20,401.
TOTAL TO SCHEDULE D, PART I, LINE 4	20,401.

SCHEDULE D — ALTERNATIVE MINIMUM TAX — STATEMENT 36

NET LONG-TERM GAIN OR LOSS FROM FORMS 4797, 2439, 6252, 4684, 6781 AND 8824

DESCRIPTION OF PROPERTY	GAIN OR LOSS	28% GAIN
FORM 6781, PART I	30,602.	
FORM 4797 AMT	30,108,413.	
TOTAL TO SCHEDULE D, PART II, LINE 11	30,139,015.	

SCHEDULE D — ALTERNATIVE MINIMUM TAX — STATEMENT 37

NET SHORT-TERM GAIN OR LOSS FROM PARTNERSHIPS, S CORPORATIONS, ESTATES AND TRUSTS

DESCRIPTION OF ACTIVITY	GAIN OR LOSS
THE OBSIDIAN FUND LLC	<145,910.>
PAULSON ADVANTAGE PLUS LP	17,950.
PAULSON CREDIT OPPORTUNITIES LP	<29,609.>
PAULSON PARTNERS LP	89,079.
ADVANTAGE ADVISERS XANTHUS FUND LLC	4,288.
AG ELEVEN PARTNERS LP	<12,521.>
TOTAL TO SCHEDULE D, PART I, LINE 5	<76,723.>

SCHEDULE D — UNRECAPTURED SECTION 1250 GAIN - AMT — STATEMENT 38

1.	IF YOU HAVE A SECTION 1250 PROPERTY IN PART III OF FORM 4797 FOR WHICH YOU MADE AN ENTRY IN PART I OF FORM 4797, ENTER THE SMALLER OF LINE 22 OR LINE 24 OF FORM 4797 FOR THAT PROPERTY. IF YOU DID NOT HAVE ANY SUCH PROPERTY, GO TO LINE 4	
2.	ENTER THE AMOUNT FROM FORM 4797, LINE 26G, FOR THE PROPERTY FOR WHICH YOU MADE AN ENTRY ON LINE 1	
3.	SUBTRACT LINE 2 FROM LINE 1	
4.	ENTER THE TOTAL UNRECAPTURED SECTION 1250 GAIN INCLUDED ON LINE 26 OR LINE 37 OF FORM(S) 6252 FROM INSTALLMENT SALES OF TRADE OR BUSINESS PROPERTY HELD MORE THAN 1 YEAR	
5.	ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1 FROM A PARTNERSHIP OR AN S CORPORATION AS "UNRECAPTURED SECTION 1250 GAIN"	2,584,047.
6.	ADD LINES 3 THROUGH 5	2,584,047.
7.	ENTER THE SMALLER OF LINE 6 OR THE GAIN FROM FORM 4797, LINE 7	2,584,047.
8.	ENTER THE AMOUNT, IF ANY, FROM FORM 4797, LINE 8	9,419,923.
9.	SUBTRACT LINE 8 FROM LINE 7. IF ZERO OR LESS, ENTER -0-	
10.	ENTER THE AMOUNT OF ANY GAIN FROM THE SALE OR EXCHANGE OF AN INTEREST IN A PARTNERSHIP ATTRIBUTABLE TO UNRECAPTURED SECTION 1250 GAIN	
11.	ENTER THE TOTAL OF ANY AMOUNTS REPORTED TO YOU ON A SCHEDULE K-1, FORMS 1099-DIV, OR FORM 2439 AS "UNRECAPTURED SECTION 1250 GAIN" FROM AN ESTATE, TRUST, REAL ESTATE INVESTMENT TRUST, OR MUTUAL FUND (OR OTHER REGULATED INVESTMENT COMPANY)	
12.	ENTER THE TOTAL OF ANY UNRECAPTURED SECTION 1250 GAIN FROM SALES (INCLUDING INSTALLMENT SALES) OR OTHER DISPOSITIONS OF SECTION 1250 PROPERTY HELD MORE THAN 1 YEAR FOR WHICH YOU DID NOT MAKE AN ENTRY IN PART I OF FORM 4797 FOR THE YEAR OF SALE	
13.	ADD LINES 9 THROUGH 12	
14.	IF YOU HAD ANY SECTION 1202 GAIN OR COLLECTIBLE GAIN OR (LOSS), ENTER THE TOTAL OF LINES 1 THROUGH 4 OF THE 28% RATE GAIN WORKSHEET	0.
15.	ENTER THE (LOSS), IF ANY, FROM SCH D, LINE 7. IF SCH D, LINE 7, IS ZERO OR A GAIN ENTER -0-	<379,947.>
16.	ENTER YOUR LONG-TERM CAPITAL LOSS CARRYOVERS FROM SCHEDULE D, LINE 14, AND SCHEDULE K-1 (FORM 1041), BOX 11, CODE C	0.
17.	COMBINE LINES 14 THROUGH 16. IF THE RESULT IS A (LOSS), ENTER IT AS A POSITIVE AMOUNT. IF THE RESULT IS ZERO OR A GAIN, ENTER -0-	379,947.
18.	SUBTRACT LINE 17 FROM LINE 13. IF ZERO OR LESS, ENTER -0-. IF MORE THAN ZERO, ENTER THE RESULT HERE AND ON SCHEDULE D, LINE 19	0.

SCHEDULE D — ALTERNATIVE MINIMUM TAX SCHEDULE D TAX WORKSHEET — STATEMENT 39

1.	ENTER YOUR TAXABLE INCOME FROM FORM 6251, LINE 30		23,831,561.
2.	ENTER YOUR QUALIFIED DIVIDENDS FROM FORM 1040, LINE 9B	726,840.	
3.	IF YOU ARE FILING FORM 4952, ENTER THE AMOUNT FROM FORM 4952, LINE 4G		
4.	ENTER THE AMOUNT FROM FORM 4952, LINE 4E	5,727,042.	
5.	SUBTRACT LINE 4 FROM LINE 3		
6.	SUBTRACT LINE 5 FROM LINE 2		726,840.
7.	ENTER THE SMALLER OF LINE 15 OR 16 OF SCHEDULE D AMT	35,835,455.	
8.	ENTER THE SMALLER OF LN 3 OR LN 4		
9.	SUBTRACT LINE 8 FROM LINE 7. IF ZERO OR LESS, ENTER -0-		35,835,455.
10.	ADD LINES 6 AND 9	36,562,295.	
11.	ADD LINES 18 AND 19 OF SCHEDULE D AMT		
12.	ENTER THE SMALLER LINE 9 OR LINE 11		
13.	SUBTRACT LINE 12 FROM LINE 10. IF ZERO OR LESS, ENTER -0-. TOTAL TO FORM 6251, LINE 37		36,562,295.

SCHEDULE E — OTHER EXPENSES — STATEMENT 40

- , PALM BEACH, FL 33480

DESCRIPTION	AMOUNT
GARDENING	1,264.
WATER & SEWER	9,107.
AMORTIZATION	501.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	10,872.

SCHEDULE E — OTHER EXPENSES — STATEMENT 41

- , PALM BEACH, FL 33480

DESCRIPTION	AMOUNT
GARDENING	897.
WATER & SEWER	3,452.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	4,349.

DONALD J. & MELANIA TRUMP

SCHEDULE E	OTHER EXPENSES	STATEMENT 42

LICENSING - ROYATLY INCOME

DESCRIPTION	AMOUNT
LESS PORTION ALLOCATED TO TRUMP MARKS SUNNY ISLES I, LLC	371,305.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	371,305.

SCHEDULE E	OTHER EXPENSES	STATEMENT 44

BOOK

DESCRIPTION	AMOUNT
BOOK WRITER FEE	105,096.
BOOK PROMOTIONAL COSTS	4,685.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	109,781.

SCHEDULE E	OTHER EXPENSES	STATEMENT 46

TRUMP LAUDERDALE DEVELOPMENT LLC - ROYALTY INCOME

DESCRIPTION	AMOUNT
MEALS & ENTERTAINMENT-50%	112.
COMPUTER EXPENSE	597.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	709.

SCHEDULE E	OTHER EXPENSES	STATEMENT 47

TRUMP WORLD PUBLICATIONS

DESCRIPTION	AMOUNT
NYS FILING FEE	25.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	25.

DONALD J. & MELANIA TRUMP

SCHEDULE E	OTHER EXPENSES	STATEMENT 48

WEST PALM OPERATIONS LLC

DESCRIPTION	AMOUNT
RENT EXPENSE	26,267.
TOTAL TO SCHEDULE E, PAGE 1, LINE 19	26,267.

DONALD J. & MELANIA TRUMP

SCHEDULE E INCOME OR (LOSS) FROM PARTNERSHIPS AND S CORPS STATEMENT 50

NAME

EMPLOYER ID NO.	ANY NOT AT RISK	X IF FRN	CODE	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	SEC. 179 DEDUCTION	NONPASSIVE INCOME
TRUMP EQUITABLE FIFTH AVENUE CO								
13-3014138			P					20,364,045.
UNREIMBURSED EXPENSES								
13-3014138			P			191,195.		
THE EAST 61 ST. COMPANY								
13-3057745			P			2,967.		
UNREIMBURSED EXPENSES								
13-3057745			P			11,169.		
THE EAST 61 ST. COMPANY								
13-3057745			P			30.		
PENN YARDS ASSOCIATES								
11-2720505			P			0.		
UNREIMBURSED EXPENSES								
11-2720505			P			10,679.		
PARK BRIAR ASSOCIATES LLC								
11-6160410			P					89,360.
PLAZA OPERATING PARTNERS LTD								
13-3696610			P			0.		
UNREIMBURSED EXPENSES								
13-3696610			P			111,128.		
MAR-A-LAGO CLUB, LLC								
65-0567671			P		4,068,589.			
UNREIMBURSED EXPENSES								
65-0567671			P	734,021.				
40 WALL DEVELOPMENT ASSOC, LLC								
13-3845249			P			10,185,684.		
UNREIMBURSED EXPENSES								
13-3845249			P			480,976.		
SEVEN SPRINGS LLC								
13-3863672			P	0.				
HUDSON WATERFRONT ASSOC I, L.P.								
13-3796302			P	0.				
HUDSON WATERFRONT ASSOC V, L.P.								
13-3796322			P		221,546.			
HUDSON WATERFRONT ASSOC II, LP								
13-3796305			P	35,257.				
HUDSON WATERFRONT ASSOC III, LP								
13-3796315			P		414,402.			
HUDSON WATERFRONT ASSOC IV, LP								
13-3796319			P	0.				
TRUMP CPS LLC								
13-3917414			P					178,602.
UNREIMBURSED EXPENSES								
13-3917414			P			101,315.		
MISS UNIVERSE LP, LLP								
13-3914786			P				80,577.	520,481.
UNREIMBURSED EXPENSES								
13-3914786			P			75,013.		
TRUMP PALACE/PARC LLC								
13-3913538			P			107,044.		

UNREIMBURSED EXPENSES					
13-3913538	P		45,476.		
TRUMP CPS DEVELOPMENT LLC					
13-3914788	P		0.		
UNREIMBURSED EXPENSES					
13-3914788	P		10,455.		
TRUMP PLAZA LLC					
13-3972488	P				1,748,775.
COUNTRY APARTMENTS LLC					
11-3381757	P	0.			
COUNTRY PROPERTIES LLC					
11-3381758	P	0.			
TRUMP 845 UN GP LLC					
13-3958321	P	2,168.			
TRUMP 845 UN LIMITED PARTNERSHIP					
13-3958323	P	2,210.			
UNREIMBURSED EXPENSES					
13-3958323	P	55,361.			
OCEAN AIR INVESTORS LLC					
11-3444660	P	0.			
OAKDALE INVESTORS LLC					
11-3444497	P	0.			
767 LLC (767 MANAGER LLC)					
13-4016775	P		0.		
UNREIMBURSED EXPENSES					
13-4016775	P		12,602.		
TRUMP MODEL MANAGEMENT LLC (TMG MEMBER LLC)					
13-4040286	P	279,814.			
UNREIMBURSED EXPENSES					
13-4040286	P	69,337.			
TRUMP KOREA LLC (KOREAN PROJECTS)					
11-3492455	P	0.			
UNREIMBURSED EXPENSES					
11-3492455	P	9.			
TRUMP/NEW WORLD PROPERTY MANAGEMENT LLC					
13-4156554	P	0.			
REG TRU EQUITIES LTD					
11-2482098	S	0.			
TIPPERARY REALTY CORP					
11-2405629	S				20,304.
PLAZA CONSULTING CORP					
13-3385468	S		53.		
THE TRUMP CORPORATION					
13-3038887	S		5,135,172.	42,783.	
UNREIMBURSED EXPENSES					
13-3038887	S		170,697.		
FOOTBALL GENERALS INC.					
22-2477925	S		0.		
UNREIMBURSED EXPENSES					
22-2477925	S		12,910.		
TRUMP PROJECT MANAGEMENT CORP					
13-3775593	S	50.			
UNREIMBURSED EXPENSES					
13-3775593	S	9,665.			
TRUMP'S CASTLE MANAGEMENT CORP.					
22-3167829	S	855.			
TRAVEL ENTERPRISES MANAGEMENT INC					
13-3345689	S	74,625.			

TRUMP PALM BEACHES CORP.						
58-1701486	S			0.		
UNREIMBURSED EXPENSES						
58-1701486	S			12,426.		
DONVAN ENTERPRISES INC						
13-3389485	S			0.		
UNREIMBURSED EXPENSES						
13-3389485	S			3,735.		
TRUMP TAJ MAHAL REALTY CORP						
13-3488321	S			0.		
THE TRUMP HOTEL CORP						
13-3430478	S			0.		
TRUMP PLAZA MANAGEMENT CORP.						
13-3649473	S			0.		
UNREIMBURSED EXPENSES						
13-3649473	S			4,402.		
ALL COUNTY BLDG SUPPLY & MAINT CO						
11-3120575	S	5,637.				
B PLAZA REALTY CORP						
11-2590477	S *			25.		
TRUMP ICE INC.						
13-3355527	S			0.		
HELICOPTER AIR SERVICES INC						
13-3478858	S	525.				
UNREIMBURSED EXPENSES						
13-3478858	S	11,326.				
PARC CONSULTING INC						
11-2790544	S			13,688.		
THE TRUMP ORGANIZATION INC						
13-3070440	S	0.				
ULTIMATE AIR CORP						
13-3747981 X	S	159.				
AT RISK CARRYOVER						
13-3747981 X	S	4,284.				
UNREIMBURSED EXPENSES						
13-3747981 X	S	5,031.				
TRUMP CENTRAL PARK WEST CORP						
13-3783236	S	1,160.				
TRUMP EMPIRE STATE, INC.						
13-3766196	S	745.				
UNREIMBURSED EXPENSES						
13-3766196	S	15,729.				
FIFTY-SEVEN MANAGEMENT CORP						
13-3860845	S					70,186.
MAR-A-LAGO CLUB, INC.						
13-3818196	S		4,073.			
TRUMP VILLAGE CONSTRUCTION CORP						
11-1993421	S					401.
TRUMP CPS CORP						
13-3917416	S					179.
DEVELOPMENT MEMBER INC.						
13-3914792	S	105.				
FIRST MEMBER INC						
13-3914818	S			207.		
BRIARCLIFF PROPERTIES, INC.						
13-3874634	S	0.				
55 WALL DEVELOPMENT CORP						
13-3910299	S			0.		
TRUMP PAGEANTS, INC.						
13-3914785	S			11,603.	1,645.	

BEACH HAVEN APARTMENTS # 1, INC.					
11-1681481	S				117.
SHORE HAVEN APARTMENTS # 1, INC.					
11-1582802	S				381.
SHUTTLE INC					
13-3487400	S			0.	
UNREIMBURSED EXPENSES					
13-3487400	S			255,245.	
TRUMP PAYROLL CORP					
13-3494471	S	0.			
FLIGHTS INC.					
13-3929051	S	614.			
UNREIMBURSED EXPENSES					
13-3929051	S	76,241.			
TRUMP PLAZA MEMBER INC					
13-3979038	S				15,749.
TRUMP VILLAGE CONST CORP-DJT GR TR					
11-1993421	S				99,635.
81 PINE NOTE HOLDER INC					
13-3969851	S	25.			
TRUMP TOWER MANAGING MEMBER INC					
13-3981225	S				114,272.
TRUMP 845 UN MGR CORP					
13-4026239	S			780.	
BEACH HAVEN APARMTENTS #1 INC DJT GR TR					
11-1681481	S				43,696.
SHORE HAVEN APARTMENTS #1 INC DJT GR TR					
11-1582802	S				94,829.
TRUMP INTERNATIONAL GOLF CLUB INC					
65-0711659 X	S		30.		
AT RISK CARRYOVER					
65-0711659 X	S	30.			
SOFO REALTY CORP					
22-3006272	S			0.	
UNREIMBURSED EXPENSES					
22-3006272	S			31,055.	
TRUMP MANAGEMENT INC					
11-2196835	S		15,420.		
TRUMP PARK AVENUE LLC (DELMONICO)					
01-0580204	P	0.			
UNREIMBURSED EXPENSES					
01-0580204	P	18,089.			
TRUMP TORONTO DEVELOPMENT INC					
20-0005703	S	5,857.			
TRUMP MANAGEMENT INC					
11-2196835	S			0.	
VH PROPERTY CORP					
13-4137259	S		1,712,682.		
UNREIMBURSED EXPENSES					
13-4137259	S	2,487.			
STARRETT CITY ASSOCIATES					
11-6189342	P				521,815.
TRUMP LAS VEGAS SALES & MARKETING INC					
20-1866514	S	2,010.			
TRUMP PARK AVENUE LLC					
20-1908009	P	0.			
UNREIMBURSED EXPENSES					
20-1908009	P	10,080.			
TRUMP MARKS HOLDING LP					
20-3127678	P		29,653.		

DONALD J. & MELANIA TRUMP

UNREIMBURSED EXPENSES						
20-3127678		P	19,128.			
TRUMP MARKS GP CORP						
20-3127622		S	534.			
THE TRUMP ENTREPRENEUR INITIATIVE LLC						
20-1806597		P			656,612.	
UNREIMBURSED EXPENSES						
20-1806597		P			1,571.	
THE TRUMP ENTREPRENEUR INITIATIVE LLC						
20-1806597		P			657.	
UNREIMBURSED EXPENSES						
20-1806597		P			16,967.	
TRUMP INTERNATIONAL GOLF CLUB LLC						
65-0750446	X	P		3,021,465.		
TRUMP SCOTLAND MEMBER INC						
20-4407904		S			44,869.	
TRUMP PRODUCTIONS LLC						
20-0195123		P		5,236,209.		
TRUMP PRODUCTIONS LLC						
20-0195123		P		360,438.		
UNREIMBURSED EXPENSES						
20-0195123		P	103,865.			
TRUMP PRODUCTIONS MANAGING MEMBER INC						
20-5075553		S		52,891.		
TRUMP PRODUCTIONS MANAGING MEMBER INC						
20-5075553		S				2,751.
TRUMP OCEAN MANAGER INC						
20-5536141		S *			53.	
TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC						
20-5075337	X	P	1,490,509.			
TRUMP OCEAN MANAGING MEMBER LLC						
20-5536280		P *			342.	
TRUMP LAS OLAS MEMBER CORP						
20-3002512	X	S	0.			
TRUMP 845 UN MGR CORP.						
13-4026239		S	0.			
809 NORTH CANON MEMBER CORP						
20-8072022		S	225.			
TIHM MEMBER CORP						
20-5074158		S	1,875.			
TRUMP FOLLIES LLC						
20-8304112		P	88.			
TRUMP FLORIDA MANAGER CORP						
20-3002487		S	387.			
TRUMP 55 WALL CORP						
13-3922525		S	0.			
TIHT MEMBER LLC						
20-5315528		S				29.
UNREIMBURSED EXPENSES						
20-5315528		S			500.	
TIHT COMMERCIAL LLC						
13-4038061		P				292,632.
UNREIMBURSED EXPENSES						
13-4038061		P			1,336.	
TRUMP LAS OLAS LLC						
20-3002601		P	440.			
TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LTD						
98-0485744		P	2,934,805.			
BAYROCK- TRUMP SOHO MEMBER LLC						
20-3144147		P	0.			

DONALD J. & MELANIA TRUMP

UNREIMBURSED EXPENSES				
20-3144147	P	1,025.		
BAYROCK - TRUMP SOHO MEMBER LLC				
20-0749838	P	0.		
THE TRUMP MARKS REAL ESTATE CORP				
20-8449478	S	560.		
TRUMP MARKS REAL ESTATE LLC				
20-8449737	P	25,765.		
TRUMP MARKS PANAMA LLC				
20-8988026	P		1,444,007.	
TRUMP MARKS PHILADELPHIA LLC				
20-8882513	P	2,129.		
TRUMP MARKS HOLLYWOOD LLC				
20-8882030	P	2,271.		
TRUMP MARKS WAIKIKI LLC				
20-8882101	P		247,731.	
TRUMP MARKS BAJA LLC				
26-0522593	P *			2,673.
TRUMP MARKS DUBAI LLC				
26-0520787	P	3,777.		
TRUMP MARKS PALM BEACH LLC				
26-0522798	P	2,129.		
TRUMP MARKS SOHO LLC				
26-0354791	P	1,925.		
TRUMP MARKS WHITE PLAINS LLC				
26-0520533	P	322.		
TRUMP MARKS WESTCHESTER LLC				
26-0520910	P	2,153.		
TRUMP MARKS STAMFORD LLC				
26-0522548	P		546,022.	
TRUMP MARKS NEW ROCHELLE LLC				
26-0520560	P		628,997.	
TRUMP MARKS CANOUAN LLC				
26-0310892	P	404.		
TRUMP MARKS JERSEY CITY LLC				
26-0522660	P	2,129.		
TRUMP MARKS HOLLYWOOD CORP				
20-8858001	S	273.		
TRUMP MARKS SUNNY ISLES I LLC				
26-1420982	P		389,819.	
TRUMP MARKS SUNNY ISLES II LLC				
26-1421058	P	2,183.		
TRUMP MARKS WAIKIKI CORP				
20-8858096	S		1,372.	
TRUMP MARKS BAJA CORP				
26-0520307	S *			537.
TRUMP MARKS CANOUAN CORP				
26-0237290	S	334.		
TRUMP MARKS DUBAI CORP				
26-0520275	S	318.		
TRUMP MARKS SOHO LICENSE CORP				
26-0353735	S	74.		
TRUMP MARKS WESTCHESTER CORP				
26-0520297	S	72.		
TRUMP MARKS STAMFORD CORP				
26-0520383	S		5,025.	
TRUMP MARKS JERSEY CITY CORP				
26-0520283	S	571.		
TRUMP MARKS SUNNY ISLES I MEMBER CORP				
26-1420319	S		3,938.	

DONALD J. & MELANIA TRUMP

TRUMP MARKS MORTGAGE CORP				
26-0520191	S	352.		
TRUMP MARKS EGYPT LLC				
26-1106891	P	2,237.		
TRUMP MARKS EGYPT CORP				
26-1106775	S	358.		
TRUMP MARKS BEVERAGES LLC				
26-1148838	P *			2,723.
TRUMP MARKS BEVERAGES CORP				
26-1148795	S	537.		
TRUMP MARKS PUERTO RICO I LLC				
26-1626572	P	3,504.		
TRUMP MARKS PUERTO RICO I MEMBER CORP				
26-1626497	S	140.		
OCEAN DEVELOPMENT SERVICES LLC				
20-8702973	P *			182.
OCEAN DEVELOPMENT MEMBER INC				
20-8702967	S *			11.
TRUMP MARKS PHILADELPHIA CORP				
20-8881726	S	271.		
TRUMP MARKS LAS VEGAS LLC				
26-0898824	P	2,183.		
TRUMP MARKS LAS VEGAS CORP				
26-0898715	S	302.		
TRUMP MARKS MAGAZINE CORP				
26-0886539	S	247.		
TRUMP MARKS MAGAZINE LLC				
26-0898784	P	2,153.		
TRUMP MARKS NEW ROCHELLE CORP				
26-0520257	S		6,193.	
TRUMP MARKS PALM BEACH CORP				
26-0521526	S	296.		
TRUMP GOLF COCO BEACH LLC				
26-1626460	P	25,682.		
TRUMP GOLF COCO BEACH MEMBER CORP				
26-1626403	S	589.		
TRUMP MARKS WHITE PLAINS CORP				
26-0520200	S	53.		
TRUMP MARKS FT. LAUDERDALE MEMBER CORP				
26-1420430	S	1.		
TRUMP MARKS PANAMA CORP				
20-8987658	S		14,361.	
TRUMP MARKS TORONTO LLC				
26-1421180	P	2,129.		
TRUMP MARKS TORONTO CORP				
26-1420683	S	246.		
TRUMP MARKS SUNNY ISLES II MEMBER CORP				
26-1420391	S	297.		
TRUMP MARKS FT. LAUDERDALE LLC				
26-1421149	P	54.		
UNREIMBURSED EXPENSES				
26-1421149	P	1,850.		
TRUMP MARKS TAMPA LLC				
26-1976924	P	2,129.		
TRUMP MARKS MTG LLC				
26-0520504	P	2,162.		
DJT HOLDINGS LLC 809 NORTH CANON LLC				
27-4162308	P	0.		
TRUMP CANOUAN ESTATE CORP				
26-1624646	P	0.		

TRUMP CANOUAN ESTATE MEMBER CORP
26-1624146 S 0.
THE TRUMP FOLLIES MEMBER INC
20-8303715 S 145.
TRUMP RHF CORP
26-0572342 S 0.
TRUMP MARKS TAMPA CORP
26-1976912 S 296.
TRUMP MARKS ASIA CORP
26-2219395 S 280.
TRUMP NATIONAL GOLF CLUB COLTS NECK LLC
26-2979802 P 1,226,474.
TRUMP MARKS PHILIPPINES
26-2219647 P 955,093.
TRUMP MARKS PHILIPPINES CORP
26-2219351 S 9,372.
TRUMP MARKS ISTANBUL II LLC
26-2221694 P 791,848.
TRUMP MARKS ISTANBUL II CORP
26-2221691 S 7,798.
UNIT 2502 ENTERPRISES CORP
26-3306624 S 238.
UNIT 2502 ENTERPRISES LLC
26-3306640 P 1,287.
TRUMP MARKS MATTRESS LLC
26-3306602 P 2,410,699.
TRUMP MARKS MATTRESS MEMBER CORP
26-3306586 S 24,125.
TRUMP JETS LLC
26-3468033 P 297.
SENTIENT JETS MEMBER CORP
26-3467929 S 228.
TRUMP MARKS ATLANTA LLC
26-4134623 P 2,237.
TRUMP MARKS PUERTO RICO II LLC
26-2982071 P 2,129.
TRUMP MARKS PUERTO RICO II MEMBER CORP
26-2982043 S 246.
TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP
26-3467517 X S 0.
TRUMP CANOUAN ESTATE LLC
26-1624646 P 8,385.
TRUMP CANOUAN ESTATE MEMBER CORP
26-1624146 S 360.
THE TRUMP MARKS REAL ESTATE CORP
20-8449478 S 0.
TRUMP MARKS TORONTO LP
26-2259115 P 2,129.
TRUMP FLORIDA MANAGEMENT LLC
20-3002497 P 297.
TNGC DUTCHESS COUNTY MEMBER CORP
26-3797941 S 6,142.
TRUMP TORONTO MEMBER CORP FKA
26-2258936 S 0.
DSN LICENSING LLC (FKA TRUMP MARKS NETWORK LLC)
26-4124456 P 2,262.

GOLF PRODUCTIONS LLC				
27-0415813	P	26,680.		
TRUMP TORONTO MEMBER CORP				
26-2258936	S	246.		
TRUMP NATIONAL GOLF CLUB WASHINGTON DC				
26-4187508	S		6,929.	
MELANIA MARKS ACCESSORIES LLC				
27-0226891	P		4,949.	
TRUMP IDENTITY LLC				
26-4561675	P	0.		
TRUMP ACQUISITION LLC				
26-1976902	P	351.		
TRUMP FORT LEE MEMBER CORP				
26-3923049	S	0.		
TRUMP MARKS FINE FOOD MEMBER CORP				
27-0963083	S	0.		
MELANIA MARKS ACCESSORIES MEMBER CORP				
27-0226852	S	85.		
TRUMP MARKS ATLANTA MEMBER CORP				
26-4124490	S	133.		
TRUMP HOME MARKS MEMBER CORP				
27-1357658	S		149.	
TRUMP DEVELOPMENT SERVICES MEMBER CORP				
27-1049964	S	64.		
TRUMP MARKS MENSWEAR MEMBER CORP				
27-0963266	S		2,730.	
DSN LICENSING MEMBER CORP				
26-4124433	S		335.	
TRUMP MARKS FINE FOODS LLC				
27-0963175	P		15,975.	
SC LP SHOPPING CENTER LLC				
27-1551456	P			17,621.
TRUMP HOME MARKS LLC				
27-1357758	P		72,142.	
UNREIMBURSED EXPENSES				
27-1357758	P	1,850.		
TRUMP DEVELOPMENT SERVICES LLC				
27-1207519	P	5,414.		
TRUMP LAS VEGAS CORP				
27-1445354	S	107,784.		
TRUMP SALES & LEASING CHICAGO LLC				
27-1171242	P	3,682.		
TRUMP MARKS MENSWEAR LLC				
27-0963419	P		342,471.	
TRUMP MARKS DALLAS LLC				
20-8988174	P	0.		
MAR-A-LAGO CLUB, LLC				
65-0567671	P	0.		
TRUMP INTERNATIONAL GOLF CLUB LLC				
65-0750446	P	0.		
UNREIMBURSED EXPENSES				
65-0750446	P	712,670.		
TRUMP MARKS PUERTO RICO I LLC				
26-1626572	P	0.		
TRUMP INTERNATIONAL HOTEL HAWAII LLC				
27-0963857	P		2,385,500.	
UNREIMBURSED EXPENSES				
27-0963857	P	355.		
TRUMP AC CASINO MARKS MEMBER CORP				
27-3187081	S	1,178.		

TRUMP CAROUSEL MEMBER CORP					
27-1948954	S	1,265.			
TRUMP MARKS MUMBAI MEMBER CORP					
27-3647351	S	316.			
TRUMP PANAMA CONDOMINIUM MEMBER CORP					
27-4267685	S	1,520.			
TRUMP FERRY POINT MEMBER CORP					
27-8202438	S				15,872.
TRUMP PANAMA HOTEL MANAGEMENT MEMBER CORP					
27-3293642	S	8,278.			
TRUMP SALES & LEASING CHICAGO MEMBER CORP					
27-1171192	S	317.			
GOLF PRODUCTIONS MEMBER CORP					
27-0415693	S	511.			
TIHH MEMBER CORP					
27-0963803	S	23,445.			
TRUMP CHICAGO HOTEL MEMBER CORP					
27-3006095	S	17,961.			
TRUMP TORONTO HOTEL MANAGEMENT CORP					
26-4450770	S	134,935.			
THE OBSIDIAN FUND LLC					
13-3956174	P		335,199.	4.	
INVESTMENT INTEREST EXPENSE					
13-3956174	P		1,535,401.		
TRUMP FERRY POINT LLC					
27-2802479	P	1,593,620.			
TRUMP PANAMA HOTEL MANAGEMENT LLC					
27-3293692	P	847,282.			
TRUMP CHICAGO HOTEL MANAGER LLC					
27-3006123	P	1,845,575.			
PANAMA OCEAN CLUB MANAGEMENT LLC					
27-3294399	P	351.			
TRUMP MARKS CHICAGO LLC					
27-2382203	P	2,183.			
TRUMP CHICAGO COMMERCIAL MANAGER LLC					
27-3006217	P	1,155,745.			
TRUMP INTERNATIONAL DEVELOPMENT LLC					
27-4098060	P	406.			
TRUMP AC CASINO MARKS LLC					
27-3187124	P	83,460.			
TRUMP CLASSIC CARS LLC					
27-2929092	P	2,348.			
TRUMP CAROUSEL LLC					
27-1948957	P	236,063.			
TRUMP CHICAGO RESIDENTIAL MANAGER LLC					
27-3006034	P	521,330.			
TRUMP PANAMA CONDOMINIUM MANAGEMENT LLC					
27-4267760	P	128,205.			
TRUMP MARKS PRODUCTS LLC					
27-3471294	P	2,262.			
TRUMP MARKS PRODUCTS MEMBER CORP					
27-3471251	S	303.			
TRUMP INTERNATIONAL DEVELOPMENT MEMBER CORP					
27-4097996	S	59.			
PANAMA OCEAN CLUB MANAGEMENT MEMBER CORP					
27-3294308	S	284.			
TRUMP CHICAGO RESIDENTIAL MEMBER CORP					
27-3004641	S	4,877.			

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TRUMP MARKS CHICAGO MEMBER CORP					
27-2382126	S	331.			
TRUMP MARKS MEMBER CORP					
27-1357658	S	0.			
DJT HOLDINGS MANAGING MEMBER LLC					
27-4162256	S			364,393.	
TRUMP CHICAGO COMMERCIAL MEMBER CORP					
27-3006064	S		10,984.		
TRUMP MARKS MUMBAI LLC					
27-3647454	P	2,237.			
DJT HOLDINGS LLC					
27-4162308	P	1,929,672.			
TRUMP MARKS FINE FOODS MEMBER CORP					
27-0963083	S	183.			
TRUMP CLASSIC CARS MEMBER CORP					
27-2928966	S	1,269.			
TRUMP RESORTS HOLDING LP					
13-3818407	P			0.	
UNREIMBURSED EXPENSES					
13-3818407	P			210,677.	
PAULSON ADVANTAGE PLUS LP					
52-2422627	P				1,301.
INVESTMENT INTEREST EXPENSE					
52-2422627	P			51,247.	
PAULSON CREDIT OPPORTUNITIES LP					
20-4874395	P			35,994.	
INVESTMENT INTEREST EXPENSE					
20-4874395	P			37,169.	
PAULSON PARTNERS LP					
13-3799653	P			35,183.	
INVESTMENT INTEREST EXPENSE					
13-3799653	P			38,662.	
ADVANTAGE ADVISERS XANTHUS FUND LLC					
13-4038889	P			28,293.	
INVESTMENT INTEREST EXPENSE					
13-4038889	P			10,773.	
DJT HOLDINGS LLC - SEVEN SPRINGS LLC					
27-4162308	P	0.			
UNREIMBURSED EXPENSES					
27-4162308	P	54,425.			
DJT HOLDINGS LLC - TRUMP SCOTSBOROUGH SQUARE LLC					
27-4162308	P			29,658.	
DJT HOLDINGS LLC - TRUMP WINE MARKS LLC					
27-4162308	P	15,316.			
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB LLC					
27-4162308	P	1,376,379.			
UNREIMBURSED EXPENSES					
27-4162308	P	58,539.			
DJT HOLDINGS LLC - LFB ACQUISITION LLC					
27-4162308	P		1,007,559.		
DJT HOLDINGS LLC - TNGC PINE HILL LLC					
27-4162308	P	681,810.			
DJT HOLDINGS LLC - TNGC DUTCHESS COUNTY LLC					
27-4162308	P	581,002.			

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DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC					
27-4162308	P	721,699.			
UNREIMBURSED EXPENSES					
27-4162308	P	520,711.			
TRUMP VIRGINIA ACQUISITIONS LLC					
27-4657718	P	1,305,750.			
TRUMP MARKS BATUMI LLC					
27-5344364	P	351.			
TRUMP DRINKS ISRAEL LLC					
45-2447587	P	32,600.			
TRUMP BOOKS LLC					
32-0357376	P	322.			
CHARLOTTESVILLE CATERING & EVENTS LLC					
38-3862571	P				21,235.
PARAMOUNT RPV HOLDINGS LLC					
61-1673420	P	297.			
TRUMP DRINKS ISRAEL HOLDINGS LLC					
45-2447642	P *		2,673.		
RESTAURANT 40 LLC					
37-1659141	P		322.		
TRUMP EU MARKS LLC					
45-2954802	P	2,183.			
TRUMP WORLD PRODUCTIONS LLC					
90-0773342	P	8,380.			
REGENCY ENERGY PARTNERS LP					
16-1731691	P *		3,466.		
PRIOR YEAR PAL					
16-1731691	P *		117,746.		
ENERGY TRANSFER PARTNERS LP					
73-1493906	P	0.			
TRUMP BOOKS MANAGER CORP					
45-3644983	S	308.			
TRUMP DRINKS ISRAEL MEMBER CORP					
45-2406358	S	664.			
DJT LAND HOLDINGS MEMBER CORP					
45-2103318	S	1,225.			
TRUMP WINE MARKS MEMBER CORP					
45-2631168	S	381.			
TRUMP SCOTSBOROUGH SQUARE MEMBER CORP					
45-2711900	S		628.		
TRUMP VIRGINIA LOT 5 MANAGER CORP					
45-2642122	S		356.		
TRUMP ENDEAVOR 12 MANAGER CORP					
45-3554818	S	116,659.			
TAG AIR INC					
95-4464111	S	111,120.			
TRUMP VINEYARD ESTATES MANAGER CORP					
45-0837551	S		4,268.		
TRUMP OLD POST OFFICE MEMBER CORP					
45-2671826	S				7,204.
PARAMOUNT RPV HOLDINGS MANAGER CORP					
45-3770399	S	228.			
TRUMP DRINKS ISRAEL HOLDINGS MEMBER CORP					
45-2447630	S *		587.		
RESTAURANT 40 MEMBER CORP					
45-4146506 X	S	0.			
TRUMP EU MARKS MEMBER CORP					
45-2954773	S	297.			

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LFB AQUISITION MEMBER CORP				
45-3815157	S	10,055.		
TRUMP WORLD PRODUCTIONS MANAGER CORP				
45-3645922	S	622.		
TRUMP NATIONAL GOLF CLUB MEMBER CORP				
45-3815097	S		14,268.	
DJT HOLDINGS LLC TRUMP VINEYARD ESTATE LLC				
27-4162308	P		385,501.	
DJT HOLDINGS LLC TRUMP VIRGINIA LOT 5 LLC				
27-4162308	P		3,006.	
TRUMP VIRGINIA ACQUISITIONS MANAGER CORP				
45-0768584	S	13,414.		
4 SHADOW TREE LANE MEMBER CORP				
46-1066823	S	0.		
AVIATION PAYROLL COMPANY				
46-0786796	S	0.		
DT APP WARRANT HOLDING MANAGING MEMBER CORP				
45-4770846	S	297.		
DT CONNECT MANAGING MEMBER CORP				
45-4693982	S *		1,390.	
DT INDIA VENTURE MANAGING MEMBER CORP				
45-4228061	S	321.		
DT MARKS BAKU MANAGING MEMBER CORP				
45-5038644	S	579.		
TRUMP MARKS PUNE MANAGING MEMBER CORP				
45-4228136	S	0.		
DT MARKS RIO MEMBER CORP				
45-4744057	S	341.		
POKER VENTURE MANAGING MEMBER CORP				
45-4819439	S	228.		
TP-CFD MANAGER CORP				
46-1468894	S	283.		
TRUMP MARKS BATUMI MANAGING MEMBER CORP				
27-5344192	S	229.		
TRUMP MARKS PUNTA DEL ESTE MANAGER				
45-4217482	S	1,230.		
TRUMP MIAMI RESORT MANAGEMENT MEMBER CORP				
45-4862902	S	384.		
WHITE COURSE MANAGING MEMBER CORP				
45-4852466	S	325.		
MELANIA MARKS SKINCARE MANAGING MEMBER CORP				
46-1261200	S	2,403.		
AG ELEVEN PARTNERS LP				
13-3406239	P		74,660.	
INVESTMENT INTEREST EXPENSE				
13-3406239	P		2,159.	
AG DIVERSIFIED CREDIT STRATEGIES FUND LP				
56-2670596	P		43,800.	
INVESTMENT INTEREST EXPENSE				
56-2670596	P		975.	
MIDOCEAN CREDIT OPPORTUNITY FUND LP				
26-4254073	P		26,972.	
INVESTMENT INTEREST EXPENSE				
26-4254073	P		41,072.	
DT CONNECT LLC				
90-0803175	P *		71,409.	

DT MARKS PUNE LLC					
37-1660680	P	5,221.			
TRUMP MIAMI RESORT MANAGEMENT LLC					
80-0799239	P	0.			
DT MARKS RIO LLC					
38-3870458	P	3,550.			
DT APP WARRANT HOLDING LLC					
80-0794480	P	2,183.			
TRUMP MARKS PUNTA DEL ESTE LLC					
90-0783666	P		146,496.		
DT MARKS BAKU LLC					
90-0821275	P	48,947.			
T INTERNATIONAL REALTY LLC					
90-0883344	P		263,864.		
TP-CFD LLC					
80-0870198	P	297.			
POKER VENTURE LLC					
30-0727791	P	297.			
DT INDIA VENTURE LLC					
80-0775020	P	2,129.			
TRUMP CHICAGO RETAIL MANAGER LCC					
36-4745456	P	431.			
MELANIA MARKS SKINCARE LLC					
30-0753323	P	41,431.			
DJT HOLDINGS TNGC CHARLOTTE LLC					
27-4162308	P		1,080,373.		
DJT HOLDINGS TRUMP ENDEAVOR 12 LLC					
27-4162308	P			11,396,100.	
UNREIMBURSED EXPENSES					
27-4162308	P			274,364.	
DJT HOLDINGS - WHITE COURSE LLC					
27-4162308	P	9,848.			
DJT HOLDINGS 4 SHADOW TREE LANE					
27-4162308	P	0.			
DJT HOLDINGS JUPITER GOLF CLUB					
27-4162308	P	1,623,584.			
DJT HOLDINGS - OLD POST OFFICE LLC					
27-4162308	P				723,208.
DJT HOLDINGS OPO HOTEL MANAGER LLC					
27-4162308	P	0.			
DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC					
27-4162308	P	3,015,363.			
DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC					
27-4162308	P	65,285.			
DT MARKS DUBAI LLC					
90-1018376	P	3,473.			
THC SALES & MARKETING LLC					
90-1018592	P		81,283.		
EXCEL VENTURE I LLC					
35-2482193	P			0.	
DT MARKS WORLI LLC					
32-0414953	P		1,023,983.		
DT DUBAI GOLF MANAGER LLC					
80-0906619	P		1,332,944.		
THC MIAMI RESTAURANT HOSPITALITY LLC					
37-1713081	P	0.			

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DT MARKS VANCOUVER LP				
90-0930859	P	9,820.		
THC DEVELOPMENT BRAZIL LLC				
61-1712695	P	351.		
DT HOME MARKS INTERNATIONAL LLC				
35-2483257	P		429,786.	
CARIBUSINESS MRE LLC				
61-1707728	P	0.		
THC RIO MANAGER LLC				
90-0960251	P	27,770.		
DT MARKS PRODUCTS INTERNATIONAL LLC				
80-0954168	P	11,017.		
THC CENTRAL RESERVATIONS LLC				
90-1019039	P	133,600.		
TRUMP HOTEL MANAGEMENT CORP				
13-3489501	S	550.		
UNREIMBURSED EXPENSES				
13-3489501	S	1,101.		
EID VENTURE I CORPORATION				
46-2732804	S	284.		
DT MARKS WORLI MEMBER CORP				
46-2840573	S		10,118.	
DT HOME MARKS INTERNATIONAL MEMBER CORP				
46-3317347	S		3,853.	
THC MIAMI RESTAURANT HOSPITALITY MEMBER				
46-1945211	S	0.		
THC DEVELOPMENT BRAZIL MANAGING MEMBER				
46-2783928	S	634.		
DT DUBAI GOLF MANAGER MEMBER CORP				
46-2335380	S		13,239.	
DT MARKS VANCOUVER MEMBER CORP				
46-1874969	S	324.		
THC RIO MANAGING MEMBER CORP				
46-2541727	S	856.		
DT MARKS DUBAI MEMBER CORP				
46-3665493	S	260.		
TRUMP CHICAGO RETAIL MEMBER CORP				
46-1266309	S	279.		
DT MARKS PRODCTS INTERNATIONAL MEMBER CORP				
46-3696966	S	445.		
EXCEL VENTURE I CORPORATION				
46-2777923	S			0.
OPO HOTEL MANAGER MEMBER CORP				
46-3066239	S	174.		
THC CENTRAL RESERVATIONS MEMBER CORP				
46-3714155	S	1,848.		
THC SALES & MARKETING MEMBER CORP				
46-3717508	S		596.	
THC VANCOUVER MANAGEMENT CORP				
46-1843645	S		4,239.	
THE CARIBUSINESS RE CORP				
46-2318974	S	55.		
TW VENTURE I MANAGING MEMBER CORP				
46-4146150	S	59.		
HUDSON WATERFRONT ASSOCIATES V LP				
13-3796322	P			2,042,399.
HUDSON WATERFRONT ASSOC III LP				
13-3796315	P			3,840,315.
TRUMP 845 UN GP LLC				
13-3958321	P			251,790.

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DJT HOLDINGS LLC - TRUMP INT'L HOTEL & TOWER CHICAGO				
27-4162308	P		154,043.	
TRUMP CPS CORP				
13-3917416	S	2,918.		
TRUMP 845 UN MGR CORP				
13-4026239	S	0.		
DJT HOLDINGS MANAGING MEMBER LLC				
27-4162256	S		5,780.	
845 UN LIMITED PARTNERSHIP - 845 LP LLC				
13-3958323	P			384,826.
TRUMP PARK AVENUE LLC (TRUMP DELMONICO LLC)				
01-0580204	P			110,580.
TRUMP PARK AVENUE LLC - ACQUISITION				
01-0580204	P		68,749.	
D B PACE ACQUISITION MEMBER CORP				
47-2598493	S	519.		
DT CONNECT II MEMBER CORP				
47-1519047	S	12,099.		
DT DUBAI II GOLF MANAGER MEMBER CORP				
47-2265029	S	29,293.		
DT MARKS DUBAII II MEMBER CORP				
47-2239293	S	0.		
DT MARKS GURGAON MANAGING MEMBER CORP				
47-2191989	S	947.		
DT MARKS PUNE II MANAGING MEMBER CORP				
47-1144949	S	289.		
DT MARKS QATAR MEMBER CORP				
47-2224831	S	1,307.		
PINE HILL DEVELOPMENT MANAGING MEMBER				
46-5467224	S	822.		
THC BAKU HOTEL MANAGER SERVICE MEMBER				
47-2714219	S	10,830.		
THC BAKU SERVICES MEMBER CORP				
47-2509677	S	2,150.		
THC CHINA-TECHNICAL SERVICES MANAGER CORP				
46-5707765	S	634.		
THC DUBAI II HOTEL MANAGER MEMBER CORP				
47-2517941	S *		630.	
THC QATAR HOTEL MANAGER MEMBER CORP				
47-2216607	S	716.		
THC SERVICES SHENZHEN MEMBER CORP				
47-2647911	S	485.		
THC VENTURE I MANAGING MEMBER CORP				
46-5215303	S	0.		
THC VENTURE II MANGING MEMBER CORP				
46-5256342	S	638.		
TTTT VENTURE MEMBER CORP (FKA THC VENTURE III MEMBER CORP)				
47-2297906	S	29,056.		
TNGC CHARLOTTE MANAGER CORP				
45-3714434	S	9,760.		
TNGC JUPITER MANAGINF MEMBER CORP				
47-1320629	S	897.		
TRUMP NATIONAL GOLF CLUB COLTS NECK MEMBER CORP				
26-2979757	S	13,714.		

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TURNBERRY SCOTLAND MANAGING MEMBER CORP				
46-5453122	S	133,760.		
THC CHINA TECHNICAL SERVICES LLC				
61-1737946	P	376.		
DT MARKS PUNE II LLC				
36-4788801	P	2,267.		
THC VENTURE II LLC				
47-2102086	P	772.		
D B PACE ACQUISITION LLC				
47-2248539	P	0.		
DT MARKS GURGAON LLC				
47-2204159	P	25,911.		
DT DUBAI II GOLF MANAGER LLC				
47-2265157	P	0.		
DT MARKS DUBAI II LLC				
47-2239371	P	0.		
DT MARKS QATAR LLC				
47-2224873	P	42,850.		
THC BAKU HOTEL MANAGER SERVICES LLC				
47-2714294	P	594.		
THC BAKU SERVICES LLC				
47-2509735	P		312,718.	
THC DUBAI II HOTEL MANAGER LLC				
47-2518011	P	0.		
THC QATAR HOTEL MANAGER LLC				
47-2216687	P	3,020.		
THC SERVICES SHENZHEN LLC				
47-2648067	P	3,068.		
THC SHENZHEN HOTEL MANAGER LLC				
47-2720481	P	2,421.		
TTTT VENTURE LLC (FKA THC VENTURE III LLC)				
47-2297957	P		2,263,767.	
TIGL COMMON AREA MANAGEMENT HOLDINGS LLC				
47-3406093	P	0.		
DJT HOLDINGS LLC (TRUMP BRIARCLIFF MANOR DEV)				
27-4162308	P	0.		
DJT HOLDINGS LLC (PINE HILL DEVELOPMENT LLC)				
27-4162308	P	8,276.		
DJT HOLDINGS LLC (TNGC JUPITER MANAGEMENT LLC)				
27-4162308	P		115,344.	
DJT HOLDINGS LLC (TW VENTURE I LLC)				
27-4162308	P		31,889.	
DJT HOLDINGS LLC (TW VENTURE II LLC)				
27-4162308	P	4,288,518.		
UNREIMBURSED EXPENSES				
27-4162308	P	149,565.		
DJT HOLDINGS LLC (DT CONNECT II LLC)				
27-4162308	P	1,089,339.		
DJT HOLDINGS LLC (TURNBERRY SCOTLAND LLC)				
27-4162308	P			13,087,720.
UNREIMBURSED EXPENSES				
27-4162308	P			247,683.
TW VENTURE II MANAGING MEMBER CORP				
46-4724654	S	43,981.		
MISS UNIVERSE LP, LLLP				
13-3914786	P			788,887.

DT TOWER GURGAON LLC				
47-3351290	P	9,933.		
MOBILE PAYROLL CONSTRUCTION LLC				
36-4813676	P	0.		
DT MARKS BALI LLC				
38-3977143	P		1,405,633.	
DT MARKS LIDO LLC				
61-1767715	P		1,405,584.	
DT BALI GOLF MANAGER LLC				
61-1768489	P *			193.
DT BALI TECHNICAL SERVICES MANAGER LLC				
36-4812795	P	3,587.		
DT LIDO GOLF MANAGER LLC				
32-0473484	P *			163.
DT BALI HOTEL MANAGER LLC				
38-3978552	P *			193.
DT LIDO HOTEL MANAGER LLC				
61-1769144	P	399.		
DT LIDO TECHNICAL SERVICES MANAGER LLC				
30-0881420	P	3,774.		
DT JEDDAH TECHNICAL SERVICES MANAGER LLC				
61-1771503	P	168.		
THC JEDDAH HOTEL MANAGER LLC				
32-0476134	P	42,584.		
EID VENTURE I LLC				
37-1794286	P	351.		
DT DUBAI II GOLF MANAGER LLC				
47-2265157	P *			7,404.
DT MARKS DUBAI II LLC				
47-2239371	P *			2,426.
THC DUBAI II HOTEL MANAGER LLC				
47-2518011	P *			594.
THC JEDDAH HOTEL ADVISOR LLC				
81-1076935	P *	0.		
DT TOWER KOLKATA LLC				
36-4825472	P	0.		
DT JEDDAH TECHNICAL SERVICES ADVISOR LLC				
81-1065540	P *	0.		
WILLIAM M TRUMP MEDICAL FUND LLC				
47-5214076	P	0.		
DT MARKS PUNE MANAGING MEMBER CORP				
45-4228136	S	383.		
DT MARKS DUBAI II MEMBER CORP				
47-2239293	S *			898.
THC SHENZHEN HOTEL MANAGER MEMBER CORP				
47-2720450	S	776.		
THC JEDDAH HOTEL MANAGER MEMBER CORP				
47-5150947	S	430.		
MOBILE PAYROLL CONSTRUCTION MANAGER CO				
47-4191372	S	0.		
JUPITER GOLF CLUB MANAGING MEMBER CORP				
46-1085876	S	16,790.		
DTW VENTURE MANAGING MEMBER CORP				
46-5292006	S	225.		
DT TOWER KOLKATA MANAGING MEMBER CORP				
81-0751197	S	0.		
DT TOWER GURGAON MANAGING MEMBER CORP				
47-3351192	S	431.		
DT MARKS LIDO MEMBER CORP				
47-4419105	S		14,143.	

DT MARKS BALI MEMBER CORP 47-4351450	S		14,198.		
DT LIDO TECHNICAL SERVICES MANAGER MEMBER CORP 47-4428697	S	111.			
DT LIDO HOTEL MANAGER MEMBER CORP 47-4780737	S	59.			
DT LIDO GOLF MANAGER MEMBER CORP 47-4740782	S	57.			
DT JEDDAH TECHNICAL SERVICES MANAGER MEMBER CORP 47-5139988	S	2.			
DT BALI TECHNICAL SERVICES MANAGER MEMBER CORP 47-4363339	S	91.			
DT BALI GOLF MANAGER MEMBER CORP 47-4379724	S	79.			
DT BALI HOTEL MANAGER MEMBER CORP 47-4399578	S	78.			
TOTALS TO SCH. E, LN. 29		25,974,559.	43,810,000.	53,153,212.	125,009.	25,711,876.

* ENTIRE DISPOSITION OF ACTIVITY

SCHEDULE E — INCOME OR (LOSS) FROM ESTATES AND TRUSTS — STATEMENT 51

NAME	EMPLOYER ID NO.	PASSIVE LOSS	PASSIVE INCOME	NONPASSIVE LOSS	NONPASSIVE INCOME
DONALD J TRUMP TRUST	11-6261971			0.	
DONALD J TRUMP ELIZABETH TRUST	13-6023440	0.			
DONALD J TRUMP 'FRED' TRUST	13-6023441	0.			
ELIZABETH TRUMP GRANDCHILDREN - DONALD	13-6814305	0.			
TOTALS TO SCHEDULE E, LINE 34		0.		0.	

* ENTIRE DISPOSITION OF ACTIVITY

DONALD J. & MELANIA TRUMP

SCHEDULE E RECONCILIATION FOR REAL ESTATE PROFESSIONALS STATEMENT 52

FORM	DESCRIPTION	AMOUNT
SCH E P2	TRUMP EQUITABLE FIFTH AVENUE CO	20,172,850.
SCH E P2	THE EAST 61 ST. COMPANY	<14,136.>
SCH E P2	THE EAST 61 ST. COMPANY	<30.>
SCH E P2	PARK BRIAR ASSOCIATES LLC	89,360.
SCH E P2	40 WALL DEVELOPMENT ASSOC, LLC	<10,666,660.>
SCH E P2	TRUMP CPS LLC	77,287.
SCH E P2	TRUMP PALACE/PARC LLC	<152,520.>
SCH E P2	TRUMP PLAZA LLC	1,748,775.
SCH E P2	TIPPERARY REALTY CORP	20,304.
SCH E P2	PLAZA CONSULTING CORP	<53.>
SCH E P2	PARC CONSULTING INC	<13,688.>
SCH E P2	FIFTY-SEVEN MANAGEMENT CORP	70,186.
SCH E P2	TRUMP VILLAGE CONSTRUCTION CORP	401.
SCH E P2	TRUMP CPS CORP	179.
SCH E P2	FIRST MEMBER INC	<207.>
SCH E P2	BEACH HAVEN APARTMENTS # 1, INC.	117.
SCH E P2	SHORE HAVEN APARTMENTS # 1, INC.	381.
SCH E P2	TRUMP PLAZA MEMBER INC	15,749.
SCH E P2	TRUMP VILLAGE CONST CORP-DJT GR TR	99,635.
SCH E P2	TRUMP TOWER MANAGING MEMBER INC	114,272.
SCH E P2	TRUMP 845 UN MGR CORP	<780.>
SCH E P2	BEACH HAVEN APARMTENTS #1 INC DJT GR TR	43,696.
SCH E P2	SHORE HAVEN APARTMENTS #1 INC DJT GR TR	94,829.
SCH E P2	STARRETT CITY ASSOCIATES	521,815.
SCH E P2	TIHT MEMBER LLC	<471.>
SCH E P2	TIHT COMMERCIAL LLC	291,296.
SCH E P2	DJT HOLDINGS LLC - TRUMP SCOTSBOROUGH SQUARE LLC	<29,658.>
SCH E P2	CHARLOTTESVILLE CATERING & EVENTS LLC	21,235.
SCH E P2	TRUMP SCOTSBOROUGH SQUARE MEMBER CORP	<628.>
SCH E P2	TRUMP VIRGINIA LOT 5 MANAGER CORP	<356.>
SCH E P2	TRUMP VINEYARD ESTATES MANAGER CORP	<4,268.>
SCH E P2	DJT HOLDINGS LLC TRUMP VINEYARD ESTATE LLC	<385,501.>
SCH E P2	DJT HOLDINGS LLC TRUMP VIRGINIA LOT 5 LLC	<3,006.>
SCH E P2	HUDSON WATERFRONT ASSOCIATES V LP	<2,042,399.>
SCH E P2	HUDSON WATERFRONT ASSOC III LP	<3,840,315.>
SCH E P2	TRUMP 845 UN GP LLC	251,790.
SCH E P2	DJT HOLDINGS LLC - TRUMP INT'L HOTEL & TOWER CHICAGO	<154,043.>
SCH E P2	DJT HOLDINGS MANAGING MEMBER LLC	<5,780.>
SCH E P2	845 UN LIMITED PARTNERSHIP - 845 LP LLC	384,826.
SCH E P2	TRUMP PARK AVENUE LLC (TRUMP DELMONICO LLC)	110,580.
SCH E P2	TRUMP PARK AVENUE LLC - ACQUISITION	<68,749.>
SCH D/4797	TRUMP EQUITABLE FIFTH AVENUE CO	<104,333.>
SCH D/4797	40 WALL DEVELOPMENT ASSOC, LLC	<85,744.>
SCH D/4797	TIPPERARY REALTY CORP	<104.>
SCH D/4797	PARC CONSULTING INC	<86.>
SCH D/4797	TRUMP TOWER MANAGING MEMBER INC	<1,055.>
SCH D/4797	TRUMP VINEYARD ESTATES MANAGER CORP	20.
SCH D/4797	DJT HOLDINGS LLC TRUMP VINEYARD ESTATE LLC	1,960.
SCH D/4797	TRUMP PARK AVENUE LLC (TRUMP DELMONICO LLC)	10,410,903.
SCH D/4797	TRUMP PARK AVENUE LLC - ACQUISITION	9,604,504.

DONALD J. & MELANIA TRUMP

TOTAL TO SCHEDULE E, LINE 43	26,572,380.

DONALD J. & MELANIA TRUMP

SCHEDULE SE — NON-FARM INCOME — STATEMENT 53

DESCRIPTION	AMOUNT
MANAGEMENT SERVICES	214,500.
MANAGEMENT SERVICES	<6,699.>
ACTOR	443.
REAL ESTATE MANAGEMENT	<10,813.>
MANAGEMENT SERVICES	<119.>
MORTGAGE BROKER	<599.>
ICE SKATING RINK	<1,287,722.>
REAL ESTATE DEVELOPMENT	<719.>
REAL ESTATE DEVELOPMENT	<760.>
RESTAURANT	<368,057.>
SPEAKING ENGAGEMENT	100,000.
SPEAKING ENGAGEMENT	150,000.
SPEAKING ENGAGEMENT	3,838.
REAL ESTATE DEVELOPMENT	<355.>
GOLF MANAGEMENT	<55.>
REAL ESTATE	27,763.
REAL ESTATE	<1,719.>
GAME SHOW	<1,084.>
SALES	<65,567.>
AVIATION	<2,380.>
GOLF	32,841.
AVIATION	104,831.
AVIATION	<124,221.>
AVIATION	247,659.
REAL ESTATE	<300.>
SPEAKING ENGAGEMENT	390,374.
REAL ESTATE DEVELOPMENT	<110.>
TRUMP EQUITABLE FIFTH AVENUE CO	<191,195.>
THE EAST 61 ST. COMPANY	<11,169.>
MAR-A-LAGO CLUB, LLC	3,334,568.
40 WALL DEVELOPMENT ASSOC, LLC	<480,976.>
TRUMP CPS LLC	<101,315.>
MISS UNIVERSE LP, LLP	<155,590.>
TRUMP PALACE/PARC LLC	<45,476.>
TRUMP MODEL MANAGEMENT LLC (TMG MEMBER LLC)	<349,151.>
TRUMP MARKS HOLDING LP	<19,128.>
THE TRUMP ENTREPRENEUR INITIATIVE LLC	<1,571.>
THE TRUMP ENTREPRENEUR INITIATIVE LLC	<17,624.>
TRUMP PRODUCTIONS LLC	<103,865.>
TIHT COMMERCIAL LLC	<1,336.>
TRUMP MARKS FT. LAUDERDALE LLC	<1,850.>
TRUMP HOME MARKS LLC	<1,850.>
TRUMP INTERNATIONAL HOTEL HAWAII LLC	<355.>
DJT HOLDINGS LLC - SEVEN SPRINGS LLC	<54,425.>
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB LLC	<58,539.>
T INTERNATIONAL REALTY LLC	263,864.
DJT HOLDINGS TRUMP ENDEAVOR 12 LLC	<274,364.>
DJT HOLDINGS LLC (TW VENTURE II LLC)	<149,565.>
TOTAL TO SCHEDULE SE, LINE 2	980,058.

FORM 1116 SUMMARY OF FOREIGN TAXES PAID OR ACCRUED STATEMENT 54

PASSIVE INCOME

NAME OF COUNTRY IMPOSING TAX

DATE PAID	DATE ACCRUED	AMT/FOREIGN CURRENCY	AMOUNT IN U.S. DOLLARS DIVIDENDS	RENT/ROYALTY	INTEREST	OTHER
	OTHER COUNTRIES	0.				65.
	OTHER COUNTRIES	0.				90.
	OTHER COUNTRIES	0.				120.
	OTHER COUNTRIES	0.				649.
	OTHER COUNTRIES	0.				60.
	OTHER COUNTRIES	0.				1,631.
	OTHER COUNTRIES	0.				273.
	OTHER COUNTRIES	0.				1,667.
	OTHER COUNTRIES	0.				15.
12/31/15	OTHER COUNTRIES	0.	2,465.			
	OTHER COUNTRIES	0.	1,233.			
	OTHER COUNTRIES	0.	328.			

	4,026.			4,570.

TOTAL TO FORM 1116, PART II, LINE 8 8,596.

PRIOR YEAR TAXES PAID IN THE CURRENT YEAR:

	FOREIGN AMT	CONV. RATE	U.S. AMT
2014			
2013			
2012			
2011			
2010			
TOTAL PRIOR YEAR TAXES PAID IN THE CURRENT YEAR			

FORM 1116 EXPENSES DIRECTLY ALLOCABLE TO FOREIGN INCOME STATEMENT 55

DESCRIPTION	COUNTRY	AMOUNT
THE TRUMP MARKS REAL ESTATE CORP	DOMINICAN REPUBLIC	260.
THE TRUMP MARKS REAL ESTATE CORP	DOMINICAN REPUBLIC	560.
ADVANTAGE ADVISERS XANTHUS FUND LLC	OTHER COUNTRIES	825.
ADVANTAGE ADVISERS XANTHUS FUND LLC	OTHER COUNTRIES	825.
TRUMP PALACE/PARC LLC	AZERBAIJAN	152,520.
DT MARKS QATAR LLC	QATAR	42,553.
DT MARKS QATAR LLC	QATAR	42,850.
TOTAL TO FORM 1116, PART I, LINE 2		240,393.

FORM 1116 SUMMARY OF FOREIGN TAXES PAID OR ACCRUED STATEMENT 56

GENERAL LIMITATION INCOME

NAME OF COUNTRY IMPOSING TAX

DATE PAID	DATE ACCRUED	AMT/FOREIGN CURRENCY	AMOUNT IN U.S. DOLLARS DIVIDENDS	RENT/ROYALTY	INTEREST	OTHER
BRAZIL		0.				316.
CANADA		0.				4,286.
CHINA		0.				55,147.
CHINA		0.				55.
INDIA		0.				191,469.
INDIA		0.				1,934.
OTHER COUNTRIES		0.				42,098.
OTHER COUNTRIES		0.				859.
OTHER COUNTRIES		0.				109,774.
OTHER COUNTRIES		0.				516.
OTHER COUNTRIES		0.				259.
OTHER COUNTRIES		0.				25,618.
OTHER COUNTRIES		0.				31,984.
OTHER COUNTRIES		0.				323.
PHILIPPINES		0.				1,109.

				465,747.

TOTAL TO FORM 1116, PART II, LINE 8 465,747.

PRIOR YEAR TAXES PAID IN THE CURRENT YEAR:

	FOREIGN AMT	CONV. RATE	U.S. AMT
2014			
2013			
2012			
2011			
2010			

TOTAL PRIOR YEAR TAXES PAID IN THE CURRENT YEAR

FORM 1116 EXPENSES DIRECTLY ALLOCABLE TO FOREIGN INCOME STATEMENT 57

DESCRIPTION	COUNTRY	AMOUNT
TRUMP MARKS CANOUAN LLC	OTHER COUNTRIES	54.
TRUMP MARKS CANOUAN LLC	OTHER COUNTRIES	404.
TRUMP MARKS CANOUAN CORP	OTHER COUNTRIES	1.
TRUMP MARKS CANOUAN CORP	OTHER COUNTRIES	334.
TRUMP MARKS PHILIPPINES	OTHER COUNTRIES	142,349.
TRUMP CANOUAN ESTATE LLC	OTHER COUNTRIES	8,088.
THE OBSIDIAN FUND LLC	OTHER COUNTRIES	924,119.
DJT HOLDINGS MANAGING MEMBER LLC	OTHER COUNTRIES	410,507.
TRUMP EU MARKS LLC	OTHER COUNTRIES	1,886.
TRUMP EU MARKS LLC	OTHER COUNTRIES	2,183.
TRUMP EU MARKS MEMBER CORP	OTHER COUNTRIES	19.
TRUMP EU MARKS MEMBER CORP	OTHER COUNTRIES	297.
TRUMP MARKS PUNTA DEL ESTE MANAGER	OTHER COUNTRIES	633.
TRUMP MARKS PUNTA DEL ESTE LLC	OTHER COUNTRIES	62,648.
DT INDIA VENTURE LLC	OTHER COUNTRIES	1,832.
DT INDIA VENTURE LLC	OTHER COUNTRIES	2,129.
THC DEVELOPMENT BRAZIL LLC	OTHER COUNTRIES	54.
THC DEVELOPMENT BRAZIL LLC	OTHER COUNTRIES	351.
DT HOME MARKS INTERNATIONAL LLC	OTHER COUNTRIES	121,875.
DT HOME MARKS INTERNATIONAL MEMBER CORP	OTHER COUNTRIES	1,231.
EXCEL VENTURE I CORPORATION	OTHER COUNTRIES	7,905.
DT DUBAI II GOLF MANAGER MEMBER CORP	OTHER COUNTRIES	479.
TRUMP KOREA LLC (KOREAN PROJECTS)	KOREA, SOUTH	9.
TRUMP SCOTLAND MEMBER INC	UNITED KINGDOM	74,900.
TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LTD	UNITED KINGDOM	7,415,131.
TURNBERRY SCOTLAND MANAGING MEMBER CORP	UNITED KINGDOM	289,391.
DJT HOLDINGS LLC (TURNBERRY SCOTLAND LLC)	UNITED KINGDOM	28,363,185.
TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC	CHINA	1,490,509.
TIHM MEMBER CORP	CHINA	1,875.
THC CHINA TECHNICAL SERVICES LLC	CHINA	54.
THC CHINA TECHNICAL SERVICES LLC	CHINA	376.

THC SHENZHEN HOTEL MANAGER LLC	CHINA	2,421.
THC SHENZHEN HOTEL MANAGER LLC	CHINA	2,421.
THC SHENZHEN HOTEL MANAGER MEMBER CORP	CHINA	24.
THC SHENZHEN HOTEL MANAGER MEMBER CORP	CHINA	776.
TRUMP MARKS REAL ESTATE LLC	DOMINICAN REPUBLIC	25,765.
TRUMP MARKS REAL ESTATE LLC	DOMINICAN REPUBLIC	25,765.
TRUMP MARKS PANAMA LLC	PANAMA	307,456.
TRUMP MARKS PANAMA CORP	PANAMA	3,106.
TRUMP PANAMA CONDOMINIUM MEMBER CORP	PANAMA	1,292.
TRUMP PANAMA CONDOMINIUM MEMBER CORP	PANAMA	1,520.
TRUMP PANAMA CONDOMINIUM MANAGEMENT LLC	PANAMA	127,888.
TRUMP PANAMA CONDOMINIUM MANAGEMENT LLC	PANAMA	128,205.
TRUMP MARKS DUBAI LLC	UNITED ARAB EMIRATES	3,936.
TRUMP MARKS DUBAI LLC	UNITED ARAB EMIRATES	3,777.
TRUMP MARKS DUBAI CORP	UNITED ARAB EMIRATES	40.
TRUMP MARKS DUBAI CORP	UNITED ARAB EMIRATES	318.
DT MARKS DUBAI LLC	UNITED ARAB EMIRATES	11,934.
DT MARKS DUBAI LLC	UNITED ARAB EMIRATES	3,473.
DT DUBAI GOLF MANAGER LLC	UNITED ARAB EMIRATES	159,650.
DT DUBAI GOLF MANAGER MEMBER CORP	UNITED ARAB EMIRATES	1,613.
DT MARKS DUBAI MEMBER CORP	UNITED ARAB EMIRATES	121.
DT MARKS DUBAI MEMBER CORP	UNITED ARAB EMIRATES	260.
TRUMP MARKS PUERTO RICO I LLC	PUERTO RICO	3,206.
TRUMP MARKS PUERTO RICO I LLC	PUERTO RICO	3,504.
TRUMP MARKS PUERTO RICO I MEMBER CORP	PUERTO RICO	32.
TRUMP MARKS PUERTO RICO I MEMBER CORP	PUERTO RICO	140.
TRUMP MARKS TORONTO LLC	CANADA	1,832.
TRUMP MARKS TORONTO LLC	CANADA	2,129.
TRUMP MARKS TORONTO CORP	CANADA	18.
TRUMP MARKS TORONTO CORP	CANADA	246.
TRUMP TORONTO HOTEL MANAGEMENT CORP	CANADA	298,430.
DT MARKS VANCOUVER LP	CANADA	9,235.
DT MARKS VANCOUVER LP	CANADA	9,820.
DT MARKS VANCOUVER MEMBER CORP	CANADA	94.
DT MARKS VANCOUVER MEMBER CORP	CANADA	324.
THC VANCOUVER MANAGEMENT CORP	CANADA	22,970.
TRUMP MARKS PHILIPPINES CORP	PHILIPPINES	1,438.
TRUMP CANOUAN ESTATE MEMBER CORP	GRENADA	82.
TRUMP MARKS MUMBAI MEMBER CORP	INDIA	20.
TRUMP MARKS MUMBAI MEMBER CORP	INDIA	316.
TRUMP MARKS MUMBAI LLC	INDIA	1,940.
TRUMP MARKS MUMBAI LLC	INDIA	2,237.
DT INDIA VENTURE MANAGING MEMBER CORP	INDIA	18.
DT INDIA VENTURE MANAGING MEMBER CORP	INDIA	321.
DT MARKS PUNE LLC	INDIA	3,390.
DT MARKS PUNE LLC	INDIA	5,221.
DT MARKS WORLI LLC	INDIA	384,108.
DT MARKS WORLI MEMBER CORP	INDIA	3,880.
DT MARKS GURGAON MANAGING MEMBER CORP	INDIA	257.
DT MARKS GURGAON MANAGING MEMBER CORP	INDIA	947.
DT MARKS PUNE II MANAGING MEMBER CORP	INDIA	430.
DT MARKS PUNE II MANAGING MEMBER CORP	INDIA	289.
DT MARKS PUNE II LLC	INDIA	2,267.
DT MARKS PUNE II LLC	INDIA	2,267.
DT MARKS GURGAON LLC	INDIA	25,446.
DT MARKS GURGAON LLC	INDIA	25,911.
DT TOWER GURGAON LLC	INDIA	9,423.
DT TOWER GURGAON LLC	INDIA	9,933.

DT MARKS BALI LLC	INDIA	79,199.
DT MARKS PUNE MANAGING MEMBER CORP	INDIA	29.
DT MARKS PUNE MANAGING MEMBER CORP	INDIA	383.
DT TOWER GURGAON MANAGING MEMBER CORP	INDIA	95.
DT TOWER GURGAON MANAGING MEMBER CORP	INDIA	431.
TRUMP MARKS BATUMI LLC	GEORGIA	54.
TRUMP MARKS BATUMI LLC	GEORGIA	351.
TRUMP DRINKS ISRAEL LLC	ISRAEL	32,303.
TRUMP DRINKS ISRAEL LLC	ISRAEL	32,600.
TRUMP DRINKS ISRAEL MEMBER CORP	ISRAEL	326.
TRUMP DRINKS ISRAEL MEMBER CORP	ISRAEL	664.
DT MARKS BAKU MANAGING MEMBER CORP	AZERBAIJAN	474.
DT MARKS BAKU MANAGING MEMBER CORP	AZERBAIJAN	579.
DT MARKS BAKU LLC	AZERBAIJAN	46,935.
DT MARKS BAKU LLC	AZERBAIJAN	48,947.
DT MARKS RIO MEMBER CORP	BRAZIL	33.
DT MARKS RIO MEMBER CORP	BRAZIL	341.
DT MARKS RIO LLC	BRAZIL	3,253.
DT MARKS RIO LLC	BRAZIL	3,550.
THC RIO MANAGER LLC	BRAZIL	2,770.
THC RIO MANAGER LLC	BRAZIL	27,770.
THC DEVELOPMENT BRAZIL MANAGING MEMBER	BRAZIL	1.
THC DEVELOPMENT BRAZIL MANAGING MEMBER	BRAZIL	634.
THC RIO MANAGING MEMBER CORP	BRAZIL	281.
THC RIO MANAGING MEMBER CORP	BRAZIL	856.
EXCEL VENTURE I LLC	SAINT MARTIN	782,551.
DT MARKS PRODUCTS INTERNATIONAL LLC	MEXICO	10,720.
DT MARKS PRODUCTS INTERNATIONAL LLC	MEXICO	11,017.
DT MARKS PRODCTS INTERNATIONAL MEMBER CORP	MEXICO	108.
DT MARKS PRODCTS INTERNATIONAL MEMBER CORP	MEXICO	445.
DT MARKS QATAR MEMBER CORP	QATAR	430.
DT MARKS QATAR MEMBER CORP	QATAR	1,307.
TTTT VENTURE LLC (FKA THC VENTURE III LLC)	INDONESIA	166.
DT MARKS LIDO LLC	INDONESIA	79,248.
DT BALI TECHNICAL SERVICES MANAGER LLC	INDONESIA	3,418.
DT BALI TECHNICAL SERVICES MANAGER LLC	INDONESIA	3,587.
DT LIDO GOLF MANAGER LLC	INDONESIA	163.
DT LIDO GOLF MANAGER LLC	INDONESIA	163.
DT BALI HOTEL MANAGER LLC	INDONESIA	109.
DT BALI HOTEL MANAGER LLC	INDONESIA	193.
DT LIDO HOTEL MANAGER LLC	INDONESIA	231.
DT LIDO HOTEL MANAGER LLC	INDONESIA	399.
DT LIDO TECHNICAL SERVICES MANAGER LLC	INDONESIA	3,606.
DT LIDO TECHNICAL SERVICES MANAGER LLC	INDONESIA	3,774.
DT MARKS LIDO MEMBER CORP	INDONESIA	800.
DT LIDO TECHNICAL SERVICES MANAGER MEMBER	INDONESIA	36.
DT LIDO TECHNICAL SERVICES MANAGER MEMBER	INDONESIA	111.
DT LIDO HOTEL MANAGER MEMBER CORP	INDONESIA	2.
DT LIDO HOTEL MANAGER MEMBER CORP	INDONESIA	59.
DT LIDO GOLF MANAGER MEMBER CORP	INDONESIA	2.
DT LIDO GOLF MANAGER MEMBER CORP	INDONESIA	57.
DT BALI TECHNICAL SERVICES MANAGER MEMBER	INDONESIA	35.

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DT BALI TECHNICAL SERVICES MANAGER MEMBER	INDONESIA	91.
DT BALI HOTEL MANAGER MEMBER CORP	INDONESIA	3.
DT BALI HOTEL MANAGER MEMBER CORP	INDONESIA	78.
DJT HOLDINGS LLC (TW VENTURE II LLC)	IRELAND	12,276,979.
TW VENTURE II MANAGING MEMBER CORP	IRELAND	125,263.
TRUMP MARKS ISTANBUL II LLC	TURKEY	242,041.
TRUMP MARKS ISTANBUL II CORP	TURKEY	2,445.
TOTAL TO FORM 1116, PART I, LINE 2		54,801,186.

FORM 1116 FOREIGN TAX CREDIT CARRYOVER / CARRYBACK STATEMENT 58

GENERAL LIMITATION INCOME

YEAR OF CREDIT	TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	BALANCE AVAILABLE
2014 FOREIGN TAX CREDIT	550,298.	0.	550,298.
2013 FOREIGN TAX CREDIT	1,002,346.	0.	1,002,346.
2012 FOREIGN TAX CREDIT	363,405.	0.	363,405.
2011 FOREIGN TAX CREDIT	346,519.	0.	346,519.
2010 FOREIGN TAX CREDIT	2,010,500.	0.	2,010,500.
2009 FOREIGN TAX CREDIT	1,401,174.	0.	1,401,174.
2008 FOREIGN TAX CREDIT	617,258.	0.	617,258.
2007 FOREIGN TAX CREDIT	1,154,408.	0.	1,154,408.
2006 FOREIGN TAX CREDIT	180,130.	0.	180,130.
2005 FOREIGN TAX CREDIT	86,270.	0.	86,270.
FOREIGN TAX CR CARRYBACK TO 2015			0.
TOTAL TO FORM 1116, PART III, LINE 10			7,712,308.

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FORM 4797 PROPERTY HELD MORE THAN ONE YEAR STATEMENT 59

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
TRUMP EQUITABLE FIFTH AVENUE CO						<104,333.>
40 WALL DEVELOPMENT ASSOC, LLC						<85,744.>
OCEAN AIR INVESTORS LLC						17,227.
OAKDALE INVESTORS LLC						8,012.
TIPPERARY REALTY CORP						<104.>
PARC CONSULTING INC						<86.>
TRUMP PAGEANTS, INC.						418,193.
TRUMP TOWER MANAGING MEMBER INC						<1,055.>
VH PROPERTY CORP						<1,232,459.>
THE OBSIDIAN FUND LLC						<12.>
DJT HOLDINGS MANAGING MEMBER LLC						20.
REGENCY ENERGY PARTNERS LP						<189.>
ENERGY TRANSFER PARTNERS LP						0.
TRUMP VINEYARD ESTATES MANAGER CORP						20.
DJT HOLDINGS LLC						
TRUMP VINEYARD ESTATE LLC						1,960.
TRUMP PARK AVENUE LLC (TRUMP DELMONICO LLC)						10,410,903.
TRUMP PARK AVENUE LLC - ACQUISITION						9,604,504.
MISS UNIVERSE LP, LLLP						20,491,479.
TOTAL TO 4797, PART I, LINE 2						39,528,336.

FORM 4797 — ORDINARY GAINS AND LOSSES — STATEMENT 60

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
THE OBSIDIAN FUND LLC						<2,206,735.>
AG ELEVEN PARTNERS LP						<1,082.>
AG DIVERSIFIED CREDIT STRATEGIES FUND LP						<403,806.>
MIDOCEAN CREDIT OPPORTUNITY FUND LP						<205,260.>
TOTAL TO 4797, PART II, LINE 10						<2,816,883.>

FORM 4797 — NONRECAPTURED NET SECTION 1231 LOSSES FROM PRIOR YEARS — STATEMENT 61

TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2010	418,045.		418,045.
2011			
2012	2,367,267.		2,367,267.
2013	831,744.		831,744.
2014	5,802,869.		5,802,869.
TOTAL TO FORM 4797, LINE 8	9,419,925.		9,419,925.

FORM 4797 — ALTERNATIVE MINIMUM TAX — PROPERTY HELD MORE THAN ONE YEAR — STATEMENT 62

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
TRUMP EQUITABLE FIFTH AVENUE CO						<104,333.>
40 WALL DEVELOPMENT ASSOC, LLC						<85,744.>
OCEAN AIR INVESTORS LLC						17,227.
OAKDALE INVESTORS LLC						8,012.
TIPPERARY REALTY CORP						<104.>
PARC CONSULTING INC						<86.>
TRUMP PAGEANTS, INC.						418,193.
TRUMP TOWER MANAGING MEMBER INC						<1,055.>
VH PROPERTY CORP						<1,232,459.>
THE OBSIDIAN FUND LLC						<12.>
DJT HOLDINGS MANAGING MEMBER LLC						20.
REGENCY ENERGY PARTNERS LP						<189.>
ENERGY TRANSFER PARTNERS LP						0.
TRUMP VINEYARD ESTATES MANAGER CORP						20.
DJT HOLDINGS LLC						
TRUMP VINEYARD ESTATE LLC						1,960.
TRUMP PARK AVENUE LLC (TRUMP DELMONICO LLC)						10,410,903.
TRUMP PARK AVENUE LLC - ACQUISITION						9,604,504.
MISS UNIVERSE LP, LLLP						20,491,479.
TOTAL TO 4797, PART I, LINE 2						39,528,336.

FORM 4797 — ALTERNATIVE MINIMUM TAX ORDINARY GAINS AND LOSSES — STATEMENT 63

DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
THE OBSIDIAN FUND LLC						<2,206,735.>
AG ELEVEN PARTNERS LP						<1,082.>
AG DIVERSIFIED CREDIT STRATEGIES FUND LP						<403,806.>
MIDOCEAN CREDIT OPPORTUNITY FUND LP						<205,260.>
TOTAL TO 4797, PART II, LINE 10						<2,816,883.>

FORM 4797 — ALTERNATIVE MINIMUM TAX NONRECAPTURED NET SECTION 1231 LOSSES FROM PRIOR YEARS — STATEMENT 64

TAX YEAR	SECTION 1231 LOSSES	SECTION 1231 LOSSES RECAPTURED	NONRECAPTURED SECTION 1231 LOSSES
2010	418,046.		418,046.
2011			
2012	2,367,264.		2,367,264.
2013	831,744.		831,744.
2014	5,802,869.		5,802,869.
TOTAL TO FORM 4797, LINE 8	9,419,923.		9,419,923.

FORM 6198 — ALLOCATION OF ALLOWABLE LOSSES — STATEMENT 65

ULTIMATE AIR CORP

DESCRIPTION	LOSS	PERCENT OF LOSS	ALLOCATION OF AT-RISK	ALLOWABLE LOSS	DISALLOWED LOSS
ORDINARY	9,774.	.547808542	5,190.	5,190.	4,584.
SCHEDULE E C/O	8,068.	.452191458	4,284.	4,284.	3,784.
TOTALS	17,842.	1.000000000	9,474.	9,474.	8,368.

FORM 6198 — INCREASES IN BASIS — STATEMENT 66

ULTIMATE AIR CORP

DESCRIPTION	AMOUNT
ASSETS CONTRIBUTED TO ACTIVITY	9,474.
TOTAL TO FORM 6198, LINE 7 OR LINE 16	9,474.

FORM 6198 — ALLOCATION OF ALLOWABLE LOSSES — STATEMENT 67

TRUMP LAS OLAS MEMBER CORP

DESCRIPTION	LOSS	PERCENT OF LOSS	ALLOCATION OF AT-RISK	ALLOWABLE LOSS	DISALLOWED LOSS
ORDINARY	498.	.238049713	0.	0.	498.
SCHEDULE E C/O	1,594.	.761950287	0.	0.	1,594.
TOTALS	2,092.	1.000000000	0.	0.	2,092.

FORM 6198 — ALLOCATION OF INCOME AND AMOUNT AT-RISK — STATEMENT 68

TRUMP INTERNATIONAL GOLF CLUB INC

DESCRIPTION	INCOME	LOSS	PERCENT OF LOSS	ALLOCATION OF INCOME	ALLOCATION OF AMOUNT AT-RISK
ORDINARY	30.				
SCHEDULE E C/O		238,081.	1.000000000	30.	0.
TOTALS	30.	238,081.	1.000000000	30.	0.

FORM 6198 ALLOCATION OF ALLOWABLE LOSSES STATEMENT 69

TRUMP INTERNATIONAL GOLF CLUB INC

DESCRIPTION	LOSS	ALLOCATION OF INCOME	ALLOCATION OF AT-RISK	ALLOWABLE LOSS	DISALLOWED LOSS
SCHEDULE E C/O	238,081.	30.	0.	30.	238,051.
TOTALS	238,081.	30.	0.	30.	238,051.

FORM 6198 ALLOCATION OF ALLOWABLE LOSSES STATEMENT 70

TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP

DESCRIPTION	LOSS	PERCENT OF LOSS	ALLOCATION OF AT-RISK	ALLOWABLE LOSS	DISALLOWED LOSS
ORDINARY	8,282.	.424565541	0.	0.	8,282.
SCHEDULE E C/O	11,225.	.575434459	0.	0.	11,225.
TOTALS	19,507.	1.000000000	0.	0.	19,507.

FORM 6198 ALLOCATION OF ALLOWABLE LOSSES STATEMENT 71

RESTAURANT 40 MEMBER CORP

DESCRIPTION	LOSS	PERCENT OF LOSS	ALLOCATION OF AT-RISK	ALLOWABLE LOSS	DISALLOWED LOSS
ORDINARY	266.	.981549815	0.	0.	266.
SCHEDULE E C/O	5.	.018450185	0.	0.	5.
TOTALS	271.	1.000000000	0.	0.	271.

FORM 6198 — INCREASES IN BASIS — STATEMENT 72

TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC

DESCRIPTION	AMOUNT
ASSETS CONTRIBUTED TO ACTIVITY	2,126,582.
TOTAL TO FORM 6198, LINE 7 OR LINE 16	2,126,582.

FORM 6198 — DECREASES IN BASIS — STATEMENT 73

TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC

DESCRIPTION	AMOUNT
ASSETS WITHDRAWN FROM ACTIVITY	839,160.
TOTAL TO FORM 6198, LINE 9 OR LINE 18	839,160.

FORM 6198AMT — ALTERNATIVE MINIMUM TAX ALLOCATION OF INCOME AND AMOUNT AT-RISK — STATEMENT 74

TRUMP INTERNATIONAL GOLF CLUB INC

DESCRIPTION	INCOME	LOSS	PERCENT OF LOSS	ALLOCATION OF INCOME	ALLOCATION OF AMOUNT AT-RISK
ORDINARY	29.				
SCHEDULE E C/O		238,081.	1.000000000	29.	0.
TOTALS	29.	238,081.	1.000000000	29.	0.

FORM 6198AMT — ALTERNATIVE MINIMUM TAX ALLOCATION OF ALLOWABLE LOSSES — STATEMENT 75

TRUMP INTERNATIONAL GOLF CLUB INC

DESCRIPTION	LOSS	ALLOCATION OF INCOME	ALLOCATION OF AT-RISK	ALLOWABLE LOSS	DISALLOWED LOSS
SCHEDULE E C/O	238,081.	29.	0.	29.	238,052.
TOTALS	238,081.	29.	0.	29.	238,052.

FORM 6198AMT

ALTERNATIVE MINIMUM TAX
ALLOCATION OF ALLOWABLE LOSSES

STATEMENT 76

TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP

DESCRIPTION	LOSS	PERCENT OF LOSS	ALLOCATION OF AT-RISK	ALLOWABLE LOSS	DISALLOWED LOSS
ORDINARY	8,339.	.434368163	0.	0.	8,339.
SCHEDULE E C/O	10,858.	.565579748	0.	0.	10,858.
50% CHAR CONTR C/O	1.	.000052089	0.	0.	1.
TOTALS	19,198.	1.000000000	0.	0.	19,198.

FORM 6251 — PASSIVE ACTIVITIES — STATEMENT 77

NAME OF ACTIVITY	FORM	NET INCOME (LOSS) AMT	REGULAR	ADJUSTMENT
REGENCY ENERGY PARTNERS LP - PTP	SCH E	<119,089.>	<121,212.>	2,123.
MAR-A-LAGO CLUB, LLC	SCH E	2,771,817.	3,334,568.	<562,751.>
HUDSON WATERFRONT ASSOC V, L.P.	SCH E	221,910.	221,546.	364.
HUDSON WATERFRONT ASSOC II, LP	SCH E	<35,257.>	<35,257.>	
HUDSON WATERFRONT ASSOC III, LP	SCH E	415,082.	414,402.	680.
TRUMP 845 UN GP LLC	SCH E	2,168.	2,168.	
TRUMP 845 UN LIMITED PARTNERSHIP	SCH E	<57,571.>	<57,571.>	
OCEAN AIR INVESTORS LLC	FORM 4797	17,227.	17,227.	
OAKDALE INVESTORS LLC	FORM 4797	8,012.	8,012.	
TRUMP MODEL MANAGEMENT LLC (TMG MEMBER LLC)	SCH E	<349,151.>	<349,151.>	
TRUMP KOREA LLC (KOREAN PROJECTS)	SCH E	<9.>	<9.>	
TRUMP PROJECT MANAGEMENT CORP	SCH E	<9,715.>	<9,715.>	
TRUMP'S CASTLE MANAGEMENT CORP.	SCH E	<855.>	<855.>	
TRAVEL ENTERPRISES MANAGEMENT INC	SCH E	74,625.	74,625.	
ALL COUNTY BLDG SUPPLY & MAINT CO	SCH E	<5,637.>	<5,637.>	
HELICOPTER AIR SERVICES INC	SCH E	<11,851.>	<11,851.>	
ULTIMATE AIR CORP	SCH E	<9,474.>	<9,474.>	
TRUMP CENTRAL PARK WEST CORP	SCH E	<1,160.>	<1,160.>	
TRUMP EMPIRE STATE, INC.	SCH E	<16,474.>	<16,474.>	
MAR-A-LAGO CLUB, INC.	SCH E	3,510.	4,073.	<563.>
DEVELOPMENT MEMBER INC.	SCH E	<105.>	<105.>	
FLIGHTS INC.	SCH E	<76,855.>	<76,855.>	
81 PINE NOTE HOLDER INC	SCH E	<25.>	<25.>	
TRUMP MANAGEMENT INC	SCH E	15,420.	15,420.	
TRUMP DELMONICO LLC	SCH E	<18,089.>	<18,089.>	
TRUMP TORONTO DEVELOPMENT INC	SCH E	<5,857.>	<5,857.>	
VH PROPERTY CORP	FORM 4797	<1,232,459.>	<1,232,459.>	
VH PROPERTY CORP	SCH E	1,729,469.	1,710,195.	19,274.
TRUMP LAS VEGAS SALES & MARKETING INC	SCH E	<2,010.>	<2,010.>	
TRUMP PARK AVENUE LLC	SCH E	<10,080.>	<10,080.>	
TRUMP MARKS HOLDING LP	SCH E	10,525.	10,525.	
TRUMP MARKS GP CORP	SCH E	<534.>	<534.>	

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TRUMP INTERNATIONAL GOLF CLUB LLC	SCH E	2,956,914.	3,021,465.	<64,551.>
TRUMP PRODUCTIONS LLC	SCH E	5,236,209.	5,236,209.	
TRUMP PRODUCTIONS LLC	SCH E	256,573.	256,573.	
TRUMP PRODUCTIONS MANAGING MEMBER INC	SCH E	52,891.	52,891.	
TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC	SCH E	<1,490,509.>	<1,490,509.>	
809 NORTH CANON MEMBER CORP	SCH E	<225.>	<225.>	
TIHM MEMBER CORP	SCH E	<1,875.>	<1,875.>	
TRUMP FOLLIES LLC	SCH E	<88.>	<88.>	
TRUMP FLORIDA MANAGER CORP	SCH E	<387.>	<387.>	
TRUMP LAS OLAS LLC	SCH E	<440.>	<440.>	
TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LTD	SCH E	<2,934,805.>	<2,934,805.>	
BAYROCK- TRUMP SOHO MEMBER LLC	SCH E	<1,025.>	<1,025.>	
THE TRUMP MARKS REAL ESTATE CORP	SCH E	<560.>	<560.>	
TRUMP MARKS REAL ESTATE LLC	SCH E	<25,765.>	<25,765.>	
TRUMP MARKS PANAMA LLC	SCH E	1,444,007.	1,444,007.	
TRUMP MARKS PHILADELPHIA LLC	SCH E	<2,129.>	<2,129.>	
TRUMP MARKS HOLLYWOOD LLC	SCH E	<2,271.>	<2,271.>	
TRUMP MARKS WAIKIKI LLC	SCH E	247,731.	247,731.	
TRUMP MARKS DUBAI LLC	SCH E	<3,777.>	<3,777.>	
TRUMP MARKS PALM BEACH LLC	SCH E	<2,129.>	<2,129.>	
TRUMP MARKS SOHO LLC	SCH E	<1,925.>	<1,925.>	
TRUMP MARKS WHITE PLAINS LLC	SCH E	<322.>	<322.>	
TRUMP MARKS WESTCHESTER LLC	SCH E	<2,153.>	<2,153.>	
TRUMP MARKS STAMFORD LLC	SCH E	546,022.	546,022.	
TRUMP MARKS NEW ROCHELLE LLC	SCH E	628,997.	628,997.	
TRUMP MARKS CANOUAN LLC	SCH E	<404.>	<404.>	
TRUMP MARKS JERSEY CITY LLC	SCH E	<2,129.>	<2,129.>	
TRUMP MARKS HOLLYWOOD CORP	SCH E	<273.>	<273.>	
TRUMP MARKS SUNNY ISLES I LLC	SCH E	389,819.	389,819.	
TRUMP MARKS SUNNY ISLES II LLC	SCH E	<2,183.>	<2,183.>	
TRUMP MARKS WAIKIKI CORP	SCH E	1,372.	1,372.	
TRUMP MARKS CANOUAN CORP	SCH E	<334.>	<334.>	
TRUMP MARKS DUBAI CORP	SCH E	<318.>	<318.>	

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TRUMP MARKS SOHO LICENSE CORP	SCH E	<74.>	<74.>
TRUMP MARKS WESTCHESTER CORP	SCH E	<72.>	<72.>
TRUMP MARKS STAMFORD CORP	SCH E	5,025.	5,025.
TRUMP MARKS JERSEY CITY CORP	SCH E	<571.>	<571.>
TRUMP MARKS SUNNY ISLES I MEMBER CORP	SCH E	3,938.	3,938.
TRUMP MARKS MORTGAGE CORP	SCH E	<352.>	<352.>
TRUMP MARKS EGYPT LLC	SCH E	<2,237.>	<2,237.>
TRUMP MARKS EGYPT CORP	SCH E	<358.>	<358.>
TRUMP MARKS BEVERAGES CORP	SCH E	<537.>	<537.>
TRUMP MARKS PUERTO RICO I LLC	SCH E	<3,504.>	<3,504.>
TRUMP MARKS PUERTO RICO I MEMBER CORP	SCH E	<140.>	<140.>
TRUMP MARKS PHILADELPHIA CORP	SCH E	<271.>	<271.>
TRUMP MARKS LAS VEGAS LLC	SCH E	<2,183.>	<2,183.>
TRUMP MARKS LAS VEGAS CORP	SCH E	<302.>	<302.>
TRUMP MARKS MAGAZINE CORP	SCH E	<247.>	<247.>
TRUMP MARKS MAGAZINE LLC	SCH E	<2,153.>	<2,153.>
TRUMP MARKS NEW ROCHELLE CORP	SCH E	6,193.	6,193.
TRUMP MARKS PALM BEACH CORP	SCH E	<296.>	<296.>
TRUMP GOLF COCO BEACH LLC	SCH E	<25,682.>	<25,682.>
TRUMP GOLF COCO BEACH MEMBER CORP	SCH E	<589.>	<589.>
TRUMP MARKS WHITE PLAINS CORP	SCH E	<53.>	<53.>
TRUMP MARKS FT. LAUDERDALE MEMBER CORP	SCH E	<1.>	<1.>
TRUMP MARKS PANAMA CORP	SCH E	14,361.	14,361.
TRUMP MARKS TORONTO LLC	SCH E	<2,129.>	<2,129.>
TRUMP MARKS TORONTO CORP	SCH E	<246.>	<246.>
TRUMP MARKS SUNNY ISLES II MEMBER CORP	SCH E	<297.>	<297.>
TRUMP MARKS FT. LAUDERDALE LLC	SCH E	<1,904.>	<1,904.>
TRUMP MARKS TAMPA LLC	SCH E	<2,129.>	<2,129.>
TRUMP MARKS MTG LLC	SCH E	<2,162.>	<2,162.>
THE TRUMP FOLLIES MEMBER INC	SCH E	<145.>	<145.>
TRUMP MARKS TAMPA CORP	SCH E	<296.>	<296.>
TRUMP MARKS ASIA CORP	SCH E	<280.>	<280.>

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TRUMP NATIONAL GOLF CLUB COLTS NECK LLC	SCH E	<1,250,907.>	<1,226,474.>	<24,433.>
TRUMP MARKS PHILIPPINES	SCH E	955,093.	955,093.	
TRUMP MARKS PHILIPPINES CORP	SCH E	9,372.	9,372.	
TRUMP MARKS ISTANBUL II LLC	SCH E	791,848.	791,848.	
TRUMP MARKS ISTANBUL II CORP	SCH E	7,798.	7,798.	
UNIT 2502 ENTERPRISES CORP	SCH E	<238.>	<238.>	
UNIT 2502 ENTERPRISES LLC	SCH E	<1,287.>	<1,287.>	
TRUMP MARKS MATTRESS LLC	SCH E	2,410,699.	2,410,699.	
TRUMP MARKS MATTRESS MEMBER CORP	SCH E	24,125.	24,125.	
TRUMP JETS LLC	SCH E	<297.>	<297.>	
SENTIENT JETS MEMBER CORP	SCH E	<228.>	<228.>	
TRUMP MARKS ATLANTA LLC	SCH E	<2,237.>	<2,237.>	
TRUMP MARKS PUERTO RICO II LLC	SCH E	<2,129.>	<2,129.>	
TRUMP MARKS PUERTO RICO II MEMBER CORP	SCH E	<246.>	<246.>	
TRUMP CANOUAN ESTATE LLC	SCH E	<8,385.>	<8,385.>	
TRUMP CANOUAN ESTATE MEMBER CORP	SCH E	<360.>	<360.>	
TRUMP MARKS TORONTO LP	SCH E	<2,129.>	<2,129.>	
TRUMP FLORIDA MANAGEMENT LLC	SCH E	<297.>	<297.>	
TNGC DUTCHESS COUNTY MEMBER CORP	SCH E	<6,223.>	<6,142.>	<81.>
DSN LICENSING LLC (FKA TRUMP MARKS NETWORK LLC)	SCH E	<2,262.>	<2,262.>	
GOLF PRODUCTIONS LLC	SCH E	<26,680.>	<26,680.>	
TRUMP TORONTO MEMBER CORP	SCH E	<246.>	<246.>	
TRUMP NATIONAL GOLF CLUB WASHINGTON DC	SCH E	6,816.	6,929.	<113.>
MELANIA MARKS ACCESSORIES LLC	SCH E	4,949.	4,949.	
TRUMP ACQUISITION LLC	SCH E	<351.>	<351.>	
MELANIA MARKS ACCESSORIES MEMBER CORP	SCH E	<85.>	<85.>	
TRUMP MARKS ATLANTA MEMBER CORP	SCH E	<133.>	<133.>	
TRUMP HOME MARKS MEMBER CORP	SCH E	149.	149.	
TRUMP DEVELOPMENT SERVICES MEMBER CORP	SCH E	<64.>	<64.>	
TRUMP MARKS MENSWEAR MEMBER CORP	SCH E	2,730.	2,730.	

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DSN LICENSING MEMBER CORP	SCH E	335.	335.		
TRUMP MARKS FINE FOODS LLC	SCH E	15,975.	15,975.		
TRUMP HOME MARKS LLC	SCH E	70,292.	70,292.		
TRUMP DEVELOPMENT SERVICES LLC	SCH E	<5,414.>	<5,414.>		
TRUMP LAS VEGAS CORP	SCH E	<107,784.>	<107,784.>		
TRUMP SALES & LEASING CHICAGO LLC	SCH E	<3,682.>	<3,682.>		
TRUMP MARKS MENSWEAR LLC	SCH E	342,471.	342,471.		
TRUMP INTERNATIONAL GOLF CLUB LLC	SCH E	<712,670.>	<712,670.>		
TRUMP INTERNATIONAL HOTEL HAWAII LLC	SCH E	2,385,145.	2,385,145.		
TRUMP AC CASINO MARKS MEMBER CORP	SCH E	<1,178.>	<1,178.>		
TRUMP CAROUSEL MEMBER CORP	SCH E	1,265.	1,265.		
TRUMP MARKS MUMBAI MEMBER CORP	SCH E	<316.>	<316.>		
TRUMP PANAMA CONDOMINIUM MEMBER CORP	SCH E	<1,520.>	<1,520.>		
TRUMP PANAMA HOTEL MANAGEMENT MEMBER CORP	SCH E	8,278.	8,278.		
TRUMP SALES & LEASING CHICAGO MEMBER CORP	SCH E	<317.>	<317.>		
GOLF PRODUCTIONS MEMBER CORP	SCH E	<511.>	<511.>		
TIHH MEMBER CORP	SCH E	23,445.	23,445.		
TRUMP CHICAGO HOTEL MEMBER CORP	SCH E	17,961.	17,961.		
TRUMP TORONTO HOTEL MANAGEMENT CORP	SCH E	134,935.	134,935.		
TRUMP FERRY POINT LLC	SCH E	1,593,669.	1,593,620.		49.
TRUMP PANAMA HOTEL MANAGEMENT LLC	SCH E	847,282.	847,282.		
TRUMP CHICAGO HOTEL MANAGER LLC	SCH E	1,845,575.	1,845,575.		
PANAMA OCEAN CLUB MANAGEMENT LLC	SCH E	<351.>	<351.>		
TRUMP MARKS CHICAGO LLC	SCH E	<2,183.>	<2,183.>		
TRUMP CHICAGO COMMERCIAL MANAGER LLC	SCH E	1,155,745.	1,155,745.		
TRUMP INTERNATIONAL DEVELOPMENT LLC	SCH E	<406.>	<406.>		
TRUMP AC CASINO MARKS LLC	SCH E	<83,460.>	<83,460.>		
TRUMP CLASSIC CARS LLC	SCH E	<2,348.>	<2,348.>		
TRUMP CAROUSEL LLC	SCH E	236,063.	236,063.		
TRUMP CHICAGO RESIDENTIAL MANAGER LLC	SCH E	521,330.	521,330.		

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TRUMP PANAMA CONDOMINIUM MANAGEMENT LLC	SCH E	<128,205.>	<128,205.>	
TRUMP MARKS PRODUCTS LLC	SCH E	<2,262.>	<2,262.>	
TRUMP MARKS PRODUCTS MEMBER CORP	SCH E	<303.>	<303.>	
TRUMP INTERNATIONAL DEVELOPMENT MEMBER CORP	SCH E	<59.>	<59.>	
PANAMA OCEAN CLUB MANAGEMENT MEMBER CORP	SCH E	<284.>	<284.>	
TRUMP CHICAGO RESIDENTIAL MEMBER CORP	SCH E	4,877.	4,877.	
TRUMP MARKS CHICAGO MEMBER CORP	SCH E	<331.>	<331.>	
TRUMP CHICAGO COMMERCIAL MEMBER CORP	SCH E	10,984.	10,984.	
TRUMP MARKS MUMBAI LLC	SCH E	<2,237.>	<2,237.>	
DJT HOLDINGS LLC	SCH E	<2,424,797.>	<1,929,672.>	<495,125.>
TRUMP MARKS FINE FOODS MEMBER CORP	SCH E	<183.>	<183.>	
TRUMP CLASSIC CARS MEMBER CORP	SCH E	<1,269.>	<1,269.>	
DJT HOLDINGS LLC - SEVEN SPRINGS LLC	SCH E	<54,425.>	<54,425.>	
DJT HOLDINGS LLC - TRUMP WINE MARKS LLC	SCH E	<15,316.>	<15,316.>	
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB LLC	SCH E	<1,434,918.>	<1,434,918.>	
DJT HOLDINGS LLC - LFB ACQUISITION LLC	SCH E	1,004,280.	1,007,559.	<3,279.>
DJT HOLDINGS LLC - TNGC PINE HILL LLC	SCH E	<687,367.>	<681,810.>	<5,557.>
DJT HOLDINGS LLC - TNGC DUTCHESS COUNTY LLC	SCH E	<588,933.>	<581,002.>	<7,931.>
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	SCH E	189,919.	200,988.	<11,069.>
TRUMP VIRGINIA ACQUISITIONS LLC	SCH E	<1,305,750.>	<1,305,750.>	
TRUMP MARKS BATUMI LLC	SCH E	<351.>	<351.>	
TRUMP DRINKS ISRAEL LLC	SCH E	<32,600.>	<32,600.>	
TRUMP BOOKS LLC	SCH E	<322.>	<322.>	
PARAMOUNT RPV HOLDINGS LLC	SCH E	<297.>	<297.>	
TRUMP EU MARKS LLC	SCH E	<2,183.>	<2,183.>	
TRUMP WORLD PRODUCTIONS LLC	SCH E	<8,380.>	<8,380.>	
TRUMP BOOKS MANAGER CORP	SCH E	<308.>	<308.>	
TRUMP DRINKS ISRAEL MEMBER CORP	SCH E	<664.>	<664.>	

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DJT LAND HOLDINGS MEMBER CORP	SCH E	<1,225.>	<1,225.>	
TRUMP WINE MARKS MEMBER CORP	SCH E	<381.>	<381.>	
TRUMP ENDEAVOR 12 MANAGER CORP	SCH E	<113,600.>	<116,659.>	3,059.
TAG AIR INC	SCH E	194,984.	111,120.	83,864.
PARAMOUNT RPV HOLDINGS MANAGER CORP	SCH E	<228.>	<228.>	
TRUMP EU MARKS MEMBER CORP	SCH E	<297.>	<297.>	
LFB AQUISITION MEMBER CORP	SCH E	10,022.	10,055.	<33.>
TRUMP WORLD PRODUCTIONS MANAGER CORP	SCH E	<622.>	<622.>	
TRUMP VIRGINIA ACQUISITIONS MANAGER CORP	SCH E	<13,414.>	<13,414.>	
DT APP WARRANT HOLDING MANAGING MEMBER CORP	SCH E	<297.>	<297.>	
DT INDIA VENTURE MANAGING MEMBER CORP	SCH E	<321.>	<321.>	
DT MARKS BAKU MANAGING MEMBER CORP	SCH E	<579.>	<579.>	
DT MARKS RIO MEMBER CORP	SCH E	<341.>	<341.>	
POKER VENTURE MANAGING MEMBER CORP	SCH E	<228.>	<228.>	
TP-CFD MANAGER CORP	SCH E	<283.>	<283.>	
TRUMP MARKS BATUMI MANAGING MEMBER CORP	SCH E	<229.>	<229.>	
TRUMP MARKS PUNTA DEL ESTE MANAGER	SCH E	1,230.	1,230.	
TRUMP MIAMI RESORT MANAGEMENT MEMBER CORP	SCH E	<384.>	<384.>	
WHITE COURSE MANAGING MEMBER CORP	SCH E	<325.>	<325.>	
MELANIA MARKS SKINCARE MANAGING MEMBER CORP	SCH E	<2,403.>	<2,403.>	
DT MARKS PUNE LLC	SCH E	<5,221.>	<5,221.>	
DT MARKS RIO LLC	SCH E	<3,550.>	<3,550.>	
DT APP WARRANT HOLDING LLC	SCH E	<2,183.>	<2,183.>	
TRUMP MARKS PUNTA DEL ESTE LLC	SCH E	146,496.	146,496.	
DT MARKS BAKU LLC	SCH E	<48,947.>	<48,947.>	
T INTERNATIONAL REALTY LLC	SCH E	263,864.	263,864.	
TP-CFD LLC	SCH E	<297.>	<297.>	
POKER VENTURE LLC	SCH E	<297.>	<297.>	
DT INDIA VENTURE LLC	SCH E	<2,129.>	<2,129.>	
TRUMP CHICAGO RETAIL MANAGER LCC	SCH E	<431.>	<431.>	
MELANIA MARKS SKINCARE LLC	SCH E	<41,431.>	<41,431.>	
DJT HOLDINGS TNGC CHARLOTTE LLC	SCH E	1,080,628.	1,080,373.	255.

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DJT HOLDINGS - WHITE COURSE LLC	SCH E	<9,848.>	<9,848.>	
DJT HOLDINGS JUPITER GOLF CLUB	SCH E	<1,650,759.>	<1,623,584.>	<27,175.>
DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC	SCH E	<3,015,363.>	<3,015,363.>	
DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	SCH E	<65,285.>	<65,285.>	
DT MARKS DUBAI LLC	SCH E	<3,473.>	<3,473.>	
THC SALES & MARKETING LLC	SCH E	81,283.	81,283.	
DT MARKS WORLI LLC	SCH E	1,023,983.	1,023,983.	
DT DUBAI GOLF MANAGER LLC	SCH E	1,332,944.	1,332,944.	
DT MARKS VANCOUVER LP	SCH E	<9,820.>	<9,820.>	
THC DEVELOPMENT BRAZIL LLC	SCH E	<351.>	<351.>	
DT HOME MARKS INTERNATIONAL LLC	SCH E	429,786.	429,786.	
THC RIO MANAGER LLC	SCH E	<27,730.>	<27,770.>	40.
DT MARKS PRODUCTS INTERNATIONAL LLC	SCH E	<11,017.>	<11,017.>	
THC CENTRAL RESERVATIONS LLC	SCH E	<133,600.>	<133,600.>	
TRUMP HOTEL MANAGEMENT CORP	SCH E	<1,651.>	<1,651.>	
EID VENTURE I CORPORATION	SCH E	<284.>	<284.>	
DT MARKS WORLI MEMBER CORP	SCH E	10,118.	10,118.	
DT HOME MARKS INTERNATIONAL MEMBER CORP	SCH E	3,853.	3,853.	
THC DEVELOPMENT BRAZIL MANAGING MEMBER	SCH E	<634.>	<634.>	
DT DUBAI GOLF MANAGER MEMBER CORP	SCH E	13,239.	13,239.	
DT MARKS VANCOUVER MEMBER CORP	SCH E	<324.>	<324.>	
THC RIO MANAGING MEMBER CORP	SCH E	<856.>	<856.>	
DT MARKS DUBAI MEMBER CORP	SCH E	<260.>	<260.>	
TRUMP CHICAGO RETAIL MEMBER CORP	SCH E	<279.>	<279.>	
DT MARKS PRODCTS INTERNATIONAL MEMBER CORP	SCH E	<445.>	<445.>	
OPO HOTEL MANAGER MEMBER CORP	SCH E	<174.>	<174.>	
THC CENTRAL RESERVATIONS MEMBER CORP	SCH E	<1,848.>	<1,848.>	
THC SALES & MARKETING MEMBER CORP	SCH E	596.	596.	

DONALD J. & MELANIA TRUMP

THC VANCOUVER MANAGEMENT CORP	SCH E	4,239.	4,239.	
THE CARIBUSINESS RE CORP	SCH E	<55.>	<55.>	
TW VENTURE I MANAGING MEMBER CORP	SCH E	<59.>	<59.>	
TRUMP CPS CORP	SCH E	<2,918.>	<2,918.>	
D B PACE ACQUISITION MEMBER CORP	SCH E	<519.>	<519.>	
DT CONNECT II MEMBER CORP	SCH E	<11,474.>	<12,099.>	625.
DT DUBAI II GOLF MANAGER MEMBER CORP	SCH E	29,293.	29,293.	
DT MARKS GURGAON MANAGING MEMBER CORP	SCH E	<947.>	<947.>	
DT MARKS PUNE II MANAGING MEMBER CORP	SCH E	<289.>	<289.>	
DT MARKS QATAR MEMBER CORP	SCH E	<1,307.>	<1,307.>	
PINE HILL DEVELOPMENT MANAGING MEMBER	SCH E	<822.>	<822.>	
THC BAKU HOTEL MANAGER SERVICE MEMBER	SCH E	<10,830.>	<10,830.>	
THC BAKU SERVICES MEMBER CORP	SCH E	2,150.	2,150.	
THC CHINA-TECHNICAL SERVICES MANAGER CORP	SCH E	<634.>	<634.>	
THC QATAR HOTEL MANAGER MEMBER CORP	SCH E	<716.>	<716.>	
THC SERVICES SHENZHEN MEMBER CORP	SCH E	<485.>	<485.>	
THC VENTURE II MANGING MEMBER CORP	SCH E	<638.>	<638.>	
TTTT VENTURE MEMBER CORP (FKA THC VENTURE III MEMBER CORP)	SCH E	29,056.	29,056.	
TNGC CHARLOTTE MANAGER CORP	SCH E	9,763.	9,760.	3.
TNGC JUPITER MANAGINF MEMBER CORP	SCH E	897.	897.	
TRUMP NATIONAL GOLF CLUB COLTS NECK MEMBER CORP	SCH E	<13,961.>	<13,714.>	<247.>
TURNBERRY SCOTLAND MANAGING MEMBER CORP	SCH E	<133,760.>	<133,760.>	
THC CHINA TECHNICAL SERVICES LLC	SCH E	<376.>	<376.>	
DT MARKS PUNE II LLC	SCH E	<2,267.>	<2,267.>	
THC VENTURE II LLC	SCH E	<772.>	<772.>	
DT MARKS GURGAON LLC	SCH E	<25,911.>	<25,911.>	
DT MARKS QATAR LLC	SCH E	<42,850.>	<42,850.>	
THC BAKU HOTEL MANAGER SERVICES LLC	SCH E	<594.>	<594.>	
THC BAKU SERVICES LLC	SCH E	312,718.	312,718.	
THC QATAR HOTEL MANAGER LLC	SCH E	<3,020.>	<3,020.>	
THC SERVICES SHENZHEN LLC	SCH E	<3,068.>	<3,068.>	

THC SHENZHEN HOTEL MANAGER LLC	SCH E	<2,421.>	<2,421.>	
TTTT VENTURE LLC (FKA THC VENTURE III LLC)	SCH E	2,263,767.	2,263,767.	
DJT HOLDINGS LLC (PINE HILL DEVELOPMENT LLC)	SCH E	<8,276.>	<8,276.>	
DJT HOLDINGS LLC (TNGC JUPITER MANAGEMENT LLC)	SCH E	115,344.	115,344.	
DJT HOLDINGS LLC (TW VENTURE I LLC)	SCH E	31,889.	31,889.	
DJT HOLDINGS LLC (TW VENTURE II LLC)	SCH E	<4,438,083.>	<4,438,083.>	
DJT HOLDINGS LLC (DT CONNECT II LLC)	SCH E	<1,028,110.>	<1,089,339.>	61,229.
TW VENTURE II MANAGING MEMBER CORP	SCH E	<43,981.>	<43,981.>	
DT TOWER GURGAON LLC	SCH E	<9,933.>	<9,933.>	
DT MARKS BALI LLC	SCH E	1,405,633.	1,405,633.	
DT MARKS LIDO LLC	SCH E	1,405,584.	1,405,584.	
DT BALI TECHNICAL SERVICES MANAGER LLC	SCH E	<3,587.>	<3,587.>	
DT LIDO HOTEL MANAGER LLC	SCH E	<399.>	<399.>	
DT LIDO TECHNICAL SERVICES MANAGER LLC	SCH E	<3,774.>	<3,774.>	
DT JEDDAH TECHNICAL SERVICES MANAGER LLC	SCH E	<168.>	<168.>	
THC JEDDAH HOTEL MANAGER LLC	SCH E	<42,584.>	<42,584.>	
EID VENTURE I LLC	SCH E	<351.>	<351.>	
DT MARKS PUNE MANAGING MEMBER CORP	SCH E	<383.>	<383.>	
THC SHENZHEN HOTEL MANAGER MEMBER CORP	SCH E	<776.>	<776.>	
THC JEDDAH HOTEL MANAGER MEMBER CORP	SCH E	<430.>	<430.>	
JUPITER GOLF CLUB MANAGING MEMBER CORP	SCH E	<17,067.>	<16,790.>	<277.>
DTW VENTURE MANAGING MEMBER CORP	SCH E	<225.>	<225.>	
DT TOWER GURGAON MANAGING MEMBER CORP	SCH E	<431.>	<431.>	
DT MARKS LIDO MEMBER CORP	SCH E	14,143.	14,143.	
DT MARKS BALI MEMBER CORP	SCH E	14,198.	14,198.	
DT LIDO TECHNICAL SERVICES MANAGER MEMBER CORP	SCH E	<111.>	<111.>	
DT LIDO HOTEL MANAGER MEMBER CORP	SCH E	<59.>	<59.>	
DT LIDO GOLF MANAGER MEMBER CORP	SCH E	<57.>	<57.>	
DT JEDDAH TECHNICAL SERVICES MANAGER MEMBER CORP	SCH E	<2.>	<2.>	

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DT BALI TECHNICAL SERVICES MANAGER MEMBER CORP	SCH E	<91.>	<91.>	
DT BALI GOLF MANAGER MEMBER CORP	SCH E	<79.>	<79.>	
DT BALI HOTEL MANAGER MEMBER CORP	SCH E	<78.>	<78.>	
DONALD J. TRUMP	SCH C	214,500.	214,500.	
TRUMP ORGANIZATION LLC	SCH C	<119.>	<119.>	
TRUMP REALTY SERVICES LLC	SCH C	<599.>	<599.>	
WOLLMAN RINK OPERATIONS LLC	SCH C	<1,306,617.>	<1,287,722.>	<18,895.>
TRUMP CHICAGO DEVELOPMENT LLC	SCH C	<719.>	<719.>	
TRUMP LAS VEGAS DEVELOPMENT LLC	SCH C	<760.>	<760.>	
TRUMP RESTAURANTS LLC	SCH C	<368,224.>	<368,057.>	<167.>
TRUMP PHOENIX DEVELOPMENT LLC	SCH C	<355.>	<355.>	
TRUMP GOLF MANAGEMENT LLC	SCH C	<55.>	<55.>	
TIHT HOLDING COMPANY LLC	SCH C	27,763.	27,763.	
CHICAGO UNIT ACQUISTION LLC	SCH C	<1,719.>	<1,719.>	
DONALD J TRUMP	SCH C	<1,084.>	<1,084.>	
TRUMP ICE LLC	SCH C	<65,567.>	<65,567.>	
DJT OPERATIONS II LLC	SCH C	<2,380.>	<2,380.>	
TRUMP GOLF ACQUISITIONS LLC	SCH C	32,841.	32,841.	
DJT AEROSPACE LLC	SCH C	56,872.	104,831.	<47,959.>
DJT OPERATIONS I LLC	SCH C	<933,771.>	<124,221.>	<809,550.>
DJT OPERATIONS CX LLC	SCH C	105,263.	247,659.	<142,396.>
RITZ CARLTON	SCH E	<8,756.>	<8,756.>	
1094 S. OCEAN AVENUE - 1094 S. OCEAN AVENUE, PALM BEACH, FL 33480	SCH E	<175,948.>	<189,202.>	13,254.
124 WOODBRIDGE - 124 WOODBRIDGE ROAD, PALM BEACH, FL 33480	SCH E	<52,968.>	<56,539.>	3,571.
TRUMP 106 CPS LLC - 106 CENTRAL PARK SOU, NY	SCH E	<839.>	<839.>	
APARTMENT- NEW YORK, NEW YORK	SCH E	<7,508.>	<7,508.>	
BOOK	SCH E	2,198,621.	2,198,621.	
TRUMP CARIBBEAN LLC - ROYALTY INCOME	SCH E	<263.>	<263.>	
TRUMP BRAZIL LLC - ROYALTY INCOME	SCH E	<410.>	<410.>	
TRUMP LAUDERDALE DEVELOPMENT LLC - ROYALTY INCOME	SCH E	<126,424.>	<126,424.>	
TRUMP LAUDERDALE DEVELOPMENT #2 LLC	SCH E	<199.>	<199.>	
TRUMP WORLD PUBLICATIONS	SCH E	<25.>	<25.>	

WEST PALM OPERATIONS LLC	SCH E	<26,466.>	<26,466.>
TOTAL TO FORM 6251, LINE 19			<2,033,762.>

FORM 6251 DEPRECIATION ON ASSETS PLACED IN SERVICE AFTER 1986 STATEMENT 78

DESCRIPTION	AMOUNT
FROM K-1 - TRUMP EQUITABLE FIFTH AVENUE CO	<7,780.>
FROM K-1 - PARK BRIAR ASSOCIATES LLC	919.
FROM K-1 - 40 WALL DEVELOPMENT ASSOC, LLC	26,376.
FROM K-1 - TRUMP CPS LLC	27,018.
FROM K-1 - TRUMP PALACE/PARC LLC	30,957.
FROM K-1 - TRUMP PLAZA LLC	1,417.
FROM K-1 - TIPPERARY REALTY CORP	<8.>
FROM K-1 - THE TRUMP CORPORATION	156,621.
FROM K-1 - PARC CONSULTING INC	26.
FROM K-1 - TRUMP VILLAGE CONSTRUCTION CORP	4.
FROM K-1 - TRUMP CPS CORP	27.
FROM K-1 - FIRST MEMBER INC	31.
FROM K-1 - TRUMP PAGEANTS, INC.	<626.>
FROM K-1 - BEACH HAVEN APARTMENTS # 1, INC.	1.
FROM K-1 - SHORE HAVEN APARTMENTS # 1, INC.	4.
FROM K-1 - TRUMP PLAZA MEMBER INC	14.
FROM K-1 - TRUMP VILLAGE CONST CORP-DJT GR TR	1,144.
FROM K-1 - TRUMP TOWER MANAGING MEMBER INC	<39.>
FROM K-1 - BEACH HAVEN APARMTENTS #1 INC DJT GR TR	534.
FROM K-1 - SHORE HAVEN APARTMENTS #1 INC DJT GR TR	1,068.
FROM K-1 - STARRETT CITY ASSOCIATES	57,077.
FROM K-1 - SC LP SHOPPING CENTER LLC	<789.>
FROM K-1 - THE OBSIDIAN FUND LLC	23.
FROM K-1 - DJT HOLDINGS MANAGING MEMBER LLC	<1,781.>
FROM K-1 - TRUMP VINEYARD ESTATES MANAGER CORP	272.
FROM K-1 - DJT HOLDINGS LLC TRUMP VINEYARD ESTATE LLC	26,638.
FROM K-1 - DJT HOLDINGS TRUMP ENDEAVOR 12 LLC	299,855.
FROM K-1 - DJT HOLDINGS LLC - TRUMP INT'L HOTEL & TOWER CHICAGO	<14,109.>
FROM K-1 - MISS UNIVERSE LP, LLLP	<30,691.>
TOTAL TO FORM 6251, LINE 18	574,203.

FORM 1116 ALTERNATIVE MINIMUM TAX FOREIGN TAX CREDIT CARRYOVER/CARRYBACK STATEMENT 79

GENERAL LIMITATION INCOME

YEAR OF CREDIT	TOTAL FOREIGN TAXES PAID	FOREIGN TAX CR CLAIMED	BALANCE AVAILABLE
2014 ALT. MIN. TAX CREDIT	795,199.	216,751.	578,448.
2013 ALT. MIN. TAX CREDIT	1,312,596.	0.	1,312,596.
2012 ALT. MIN. TAX CREDIT	401,786.	0.	401,786.
2011 ALT. MIN. TAX CREDIT	301,483.	0.	301,483.
2010 ALT. MIN. TAX CREDIT	2,010,500.	2,010,500.	0.
2009 ALT. MIN. TAX CREDIT	1,401,174.	1,376,752.	24,422.
2008 ALT. MIN. TAX CREDIT	617,258.	0.	617,258.
2007 ALT. MIN. TAX CREDIT	1,154,408.	567,481.	586,927.
2006 ALT. MIN. TAX CREDIT	180,130.	180,000.	130.
2005 ALT. MIN. TAX CREDIT	86,270.	86,270.	86,270.
FOREIGN TAX CR CARRYBACK TO 2015			0.
TOTAL TO FORM 1116 (AMT), PART III, LINE 10			3,909,320.

FORM 4952 INVESTMENT INTEREST EXPENSE STATEMENT 80

DESCRIPTION	CURRENT	CARRYOVER
INVESTMENT INTEREST	822,274.	
FROM K-1 - DJT HOLDINGS MANAGING MEMBER LLC	1,499.	
FROM K-1 - DJT HOLDINGS LLC - SEVEN SPRINGS LLC	148,417.	
FROM K-1 - ENERGY TRANSFER PARTNERS LP	2,597.	
FROM K-1 - AG ELEVEN PARTNERS LP	352.	
FROM K-1 - THE OBSIDIAN FUND LLC	1,535,401.	
FROM K-1 - PAULSON ADVANTAGE PLUS LP	51,247.	
FROM K-1 - PAULSON CREDIT OPPORTUNITIES LP	37,169.	
FROM K-1 - PAULSON PARTNERS LP	38,662.	
FROM K-1 - ADVANTAGE ADVISERS XANTHUS FUND LLC	10,773.	
FROM K-1 - AG ELEVEN PARTNERS LP	2,159.	
FROM K-1 - AG DIVERSIFIED CREDIT STRATEGIES FUND LP	975.	
FROM K-1 - MIDOCEAN CREDIT OPPORTUNITY FUND LP	41,072.	
TOTALS TO FORM 4952, LINES 1 AND 2	2,692,597.	

FORM 4952 — INCOME FROM PROPERTY HELD FOR INVESTMENT — STATEMENT 81

DESCRIPTION	AMOUNT
INTEREST INCOME	9,393,096.
DIVIDEND INCOME	1,729,897.
MODELING/ACTING	16,199.
REGENCY ENERGY PARTNERS LP - ROYALTY	13.
ENERGY TRANSFER PARTNERS LP - ROYALTY	12.
THE OBSIDIAN FUND LLC	8,086.
TOTAL TO FORM 4952, LINE 4A	11,147,303.

FORM 4952 — NET GAIN FROM THE DISPOSITION OF PROPERTY HELD FOR INVESTMENT — STATEMENT 82

DESCRIPTION	AMOUNT
SCH D, LINE 16 NET CAPITAL GAINS(LOSSES)	35,835,453.
LESS: FORM 4797 GAIN(LOSS)	<30,108,411.>
TOTAL TO FORM 4952, LINE 4D	5,727,042.

FORM 4952 — NET CAPITAL GAIN FROM THE DISPOSITION OF PROPERTY HELD FOR INVESTMENT — STATEMENT 83

DESCRIPTION	AMOUNT
OPPENHEIMER	<137,280.>
BARCLAYS CAPITAL INC	<7,982.>
THE BARON FUNDS	146,054.
DEUTSCHE BANK	<86,552.>
DEUTSCHE BANK	96,232.
GENERAL ELEC CAP CORP	<16,812.>
INDIANA ST FIN AUTH HOSP REVENUE VAR	0.
INDIANA ST FIN AUTH HOSP REVENUE VAR	0.
INDIANA ST FIN AUTH HOSP REVENUE VAR	0.
JP MORGAN CHASE & CO	<19,878.>
MASSACHUSETTS ST WTR POLL ABATEMENT	0.
NEW JERSEY ST HLTH CARE FACS FING AUTH	0.
NEW JERSEY ST HLTH CARE FACS FING AUTH	0.
NEW JERSEY ST HLTH CARE FACS FING AUTH	0.
NEW JERSEY ST HLTH CARE FACS FING AUTH	0.
NEW JERSEY ST HLTH CARE FACS FING AUTH	0.
NEW JERSEY ST HLTH CARE FACS FING AUTH	0.
ROYAL BANK OF CANADA	<444.>
ROYAL BANK OF CANADA	<444.>
TORONTO DOMINION BANK	<82.>
TORONTO DOMINION BANK	<541.>
TOYOTA MOTOR CREDIT CORP	<798.>
BANK OF AMERICA	<1,722.>
BANK OF AMERICA	<2,652.>
BANK OF AMERICA	<2,123.>
BANK OF AMERICA	<1,424.>
CITIGROUP INC	<469.>
CITIGROUP INC	<389.>
KRAFT FOODS INC	<6,799.>
KRAFT FOODS INC	<4,351.>
MCDONALDS CORP	<9,663.>
PROCTOR & GAMBLE CO	<14,142.>
THERMO FISHER SCIENTIFIC	<3,608.>
THERMO FISHER SCIENTIFIC	<2,139.>
THERMO FISHER SCIENTIFIC	<2,894.>
UNITED STATES TREAS NTS	<2,514.>
UNITED STATES TREAS NTS	<7,758.>
UNITED STATES TREAS NTS	<5,105.>
UNITED STATES TREAS NTS	533.
UNITED STATES TREAS NTS	<69.>
BARON EMERGING MARKETS FUND RETAIL	55,361.
BARON INTERNATIONAL GROWTH FD INST	144,615.
BARON FOCUSED GROWTH FD INST CLASS	380,137.
BARON OPPORTUNITIY FUND INST CLASS	181,887.
FORM 6781, PART I	30,602.
CAPITAL GAIN DISTRIBUTIONS	765,816.
GAIN OR LOSS FROM PARTNERSHIPS, S CORPS, TRUSTS, ETC.	4,644,386.
LESS SHORT-TERM CAPITAL LOSS	<379,947.>
TOTAL TO FORM 4952, LINE 4E	5,727,042.

FORM 4952 — INVESTMENT EXPENSES — STATEMENT 84

DESCRIPTION	AMOUNT
REGENCY ENERGY PARTNERS LP - ROYALTY	8.
SCHEDULE A DEDUCTIONS	843,403.
TOTAL TO FORM 4952, LINE 5	843,411.

FORM 4952 — INVESTMENT INTEREST EXPENSE DEDUCTION SUMMARY — STATEMENT 85

NAME	FORM OR SCHEDULE	INVESTMENT INTEREST EXPENSE	INVESTMENT INTEREST EXPENSE C/O	DISALLOWED INVESTMENT INTEREST EXPENSE	ALLOWED INVESTMENT INTEREST EXPENSE
INVESTMENT INTEREST	SCH A	822,274.	0.	0.	822,274.
FROM K-1 - DJT HOLDING	SCH A	1,499.	0.	0.	1,499.
FROM K-1 - DJT HOLDING	SCH A	148,417.	0.	0.	148,417.
FROM K-1 - ENERGY TRAN	SCH A	2,597.	0.	0.	2,597.
FROM K-1 - AG ELEVEN P	SCH A	352.	0.	0.	352.
FROM K-1 - THE OBSIDIA	SCH E	1,535,401.	0.	0.	1,535,401.
FROM K-1 - PAULSON ADV	SCH E	51,247.	0.	0.	51,247.
FROM K-1 - PAULSON CRE	SCH E	37,169.	0.	0.	37,169.
FROM K-1 - PAULSON PAR	SCH E	38,662.	0.	0.	38,662.
FROM K-1 - ADVANTAGE A	SCH E	10,773.	0.	0.	10,773.
FROM K-1 - AG ELEVEN P	SCH E	2,159.	0.	0.	2,159.
FROM K-1 - AG DIVERSIF	SCH E	975.	0.	0.	975.
FROM K-1 - MIDOCEAN CR	SCH E	41,072.	0.	0.	41,072.
TOTALS		2,692,597.	0.	0.	2,692,597.

FORM 4952AMT — INVESTMENT INTEREST EXPENSE — STATEMENT 86

DESCRIPTION	CURRENT	CARRYOVER
INVESTMENT INTEREST	822,274.	
FROM K-1 - DJT HOLDINGS MANAGING MEMBER LLC	1,499.	
FROM K-1 - DJT HOLDINGS LLC - SEVEN SPRINGS LLC	148,417.	
FROM K-1 - ENERGY TRANSFER PARTNERS LP	2,597.	
FROM K-1 - AG ELEVEN PARTNERS LP	352.	
FROM K-1 - THE OBSIDIAN FUND LLC	1,535,401.	
FROM K-1 - PAULSON ADVANTAGE PLUS LP	51,247.	
FROM K-1 - PAULSON CREDIT OPPORTUNITIES LP	37,169.	
FROM K-1 - PAULSON PARTNERS LP	38,662.	
FROM K-1 - ADVANTAGE ADVISERS XANTHUS FUND LLC	10,773.	
FROM K-1 - AG ELEVEN PARTNERS LP	2,159.	
FROM K-1 - AG DIVERSIFIED CREDIT STRATEGIES FUND LP	975.	
FROM K-1 - MIDOCEAN CREDIT OPPORTUNITY FUND LP	41,072.	
TOTALS TO FORM 4952AMT, LINES 1 AND 2	2,692,597.	

FORM 8621 — ADDITIONAL INFORMATION — STATEMENT 87

NAME OF PFIC OR QEF

PAULSON ADVANTAAGE SELECT LTD

CLASS OF STOCK	NUMBER OF SHARES AT BEGINING OF YEAR	CHANGE IN NUMBER OF SHARES	DATE OF CHANGE	NUMBER OF SHARES AT END OF YEAR	VALUE OF SHARES HELD AT YEAR END	JOINTLY OWNED
COMMON						

FORM 8582 ACTIVE RENTAL OF REAL ESTATE - WORKSHEET 1 STATEMENT 88

NAME OF ACTIVITY	CURRENT YEAR NET INCOME	CURRENT YEAR NET LOSS	PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS GAIN	OVERALL GAIN OR LOSS LOSS
RITZ CARLTON	0.	<8,756.>			<8,756.>
- AVENUE, PALM BEACH, FL 3348	0.	<189,202.>			<189,202.>
, PALM BEACH, FL 33480	0.	<56,539.>			<56,539.>
TRUMP 106 CPS LLC - NY APARTMENT- NEW YORK, NEW YORK	0.	<839.>			<839.>
TRUMP LAUDERDALE DEVELOPMENT #2 LLC	0.	<7,508.>			<7,508.>
WEST PALM OPERATIONS LLC	0.	<199.>			<199.>
TOTALS	0.	<26,466.>			<26,466.>
	0.	<289,509.>			<289,509.>

FORM 8582 OTHER PASSIVE ACTIVITIES - WORKSHEET 3 STATEMENT 89

NAME OF ACTIVITY	CURRENT YEAR NET INCOME	CURRENT YEAR NET LOSS	PRIOR YEAR UNALLOWED LOSS	OVERALL GAIN OR LOSS GAIN	OVERALL GAIN OR LOSS LOSS
MAR-A-LAGO CLUB, LLC	3,334,568.	0.		3,334,568.	
HUDSON WATERFRONT ASSOC V, L.P.	221,546.	0.		221,546.	
HUDSON WATERFRONT ASSOC II, LP	0.	<35,257.>			<35,257.>
HUDSON WATERFRONT ASSOC III, LP	414,402.	0.		414,402.	
TRUMP 845 UN GP LLC	2,168.	0.		2,168.	
TRUMP 845 UN LIMITED PARTNERSHIP	0.	<57,571.>			<57,571.>
OCEAN AIR INVESTORS LLC	17,227.	0.		17,227.	
OAKDALE INVESTORS LLC	8,012.	0.		8,012.	
TRUMP MODEL MANAGEMENT LLC (TMG MEMBER LLC)	0.	<349,151.>			<349,151.>
TRUMP KOREA LLC (KOREAN PROJECTS)	0.	<9.>			<9.>
TRUMP PROJECT MANAGEMENT CORP	0.	<9,715.>			<9,715.>
TRUMP'S CASTLE MANAGEMENT CORP.	0.	<855.>			<855.>

TRAVEL ENTERPRISES MANAGEMENT INC	74,625.	0.	74,625.	
ALL COUNTY BLDG SUPPLY & MAINT CO	0.	<5,637.>		<5,637.>
HELICOPTER AIR SERVICES INC	0.	<11,851.>		<11,851.>
ULTIMATE AIR CORP	0.	<9,474.>		<9,474.>
TRUMP CENTRAL PARK WEST CORP	0.	<1,160.>		<1,160.>
TRUMP EMPIRE STATE, INC.	0.	<16,474.>		<16,474.>
MAR-A-LAGO CLUB, INC.	4,073.	0.	4,073.	
DEVELOPMENT MEMBER INC.	0.	<105.>		<105.>
FLIGHTS INC.	0.	<76,855.>		<76,855.>
81 PINE NOTE HOLDER INC	0.	<25.>		<25.>
TRUMP MANAGEMENT INC	15,420.	0.	15,420.	
TRUMP DELMONICO LLC	0.	<18,089.>		<18,089.>
TRUMP TORONTO DEVELOPMENT INC	0.	<5,857.>		<5,857.>
VH PROPERTY CORP	1,710,195.	<1,232,459.>	477,736.	
TRUMP LAS VEGAS SALES & MARKETING INC	0.	<2,010.>		<2,010.>
TRUMP PARK AVENUE LLC	0.	<10,080.>		<10,080.>
TRUMP MARKS HOLDING LP	10,525.	0.	10,525.	
TRUMP MARKS GP CORP	0.	<534.>		<534.>
TRUMP INTERNATIONAL GOLF CLUB LLC	3,021,465.	0.	3,021,465.	
TRUMP PRODUCTIONS LLC	5,236,209.	0.	5,236,209.	
TRUMP PRODUCTIONS LLC	256,573.	0.	256,573.	
TRUMP PRODUCTIONS MANAGING MEMBER INC	52,891.	0.	52,891.	
TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC	0.	<1,490,509.>		<1,490,509.>
809 NORTH CANON MEMBER CORP	0.	<225.>		<225.>
TIHM MEMBER CORP	0.	<1,875.>		<1,875.>
TRUMP FOLLIES LLC	0.	<88.>		<88.>
TRUMP FLORIDA MANAGER CORP	0.	<387.>		<387.>
TRUMP LAS OLAS LLC	0.	<440.>		<440.>
TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LTD	0.	<2,934,805.>		<2,934,805.>
BAYROCK- TRUMP SOHO MEMBER LLC	0.	<1,025.>		<1,025.>
THE TRUMP MARKS REAL ESTATE CORP	0.	<560.>		<560.>
TRUMP MARKS REAL ESTATE LLC	0.	<25,765.>		<25,765.>
TRUMP MARKS PANAMA LLC	1,444,007.	0.	1,444,007.	
TRUMP MARKS PHILADELPHIA LLC	0.	<2,129.>		<2,129.>
TRUMP MARKS HOLLYWOOD LLC	0.	<2,271.>		<2,271.>

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TRUMP MARKS WAIKIKI LLC	247,731.	0.	247,731.	
TRUMP MARKS DUBAI LLC	0.	<3,777.>		<3,777.>
TRUMP MARKS PALM BEACH LLC	0.	<2,129.>		<2,129.>
TRUMP MARKS SOHO LLC	0.	<1,925.>		<1,925.>
TRUMP MARKS WHITE PLAINS LLC	0.	<322.>		<322.>
TRUMP MARKS WESTCHESTER LLC	0.	<2,153.>		<2,153.>
TRUMP MARKS STAMFORD LLC	546,022.	0.	546,022.	
TRUMP MARKS NEW ROCHELLE LLC	628,997.	0.	628,997.	
TRUMP MARKS CANOUAN LLC	0.	<404.>		<404.>
TRUMP MARKS JERSEY CITY LLC	0.	<2,129.>		<2,129.>
TRUMP MARKS HOLLYWOOD CORP	0.	<273.>		<273.>
TRUMP MARKS SUNNY ISLES I LLC	389,819.	0.	389,819.	
TRUMP MARKS SUNNY ISLES II LLC	0.	<2,183.>		<2,183.>
TRUMP MARKS WAIKIKI CORP	1,372.	0.	1,372.	
TRUMP MARKS CANOUAN CORP	0.	<334.>		<334.>
TRUMP MARKS DUBAI CORP	0.	<318.>		<318.>
TRUMP MARKS SOHO LICENSE CORP	0.	<74.>		<74.>
TRUMP MARKS WESTCHESTER CORP	0.	<72.>		<72.>
TRUMP MARKS STAMFORD CORP	5,025.	0.	5,025.	
TRUMP MARKS JERSEY CITY CORP	0.	<571.>		<571.>
TRUMP MARKS SUNNY ISLES I MEMBER CORP	3,938.	0.	3,938.	
TRUMP MARKS MORTGAGE CORP	0.	<352.>		<352.>
TRUMP MARKS EGYPT LLC	0.	<2,237.>		<2,237.>
TRUMP MARKS EGYPT CORP	0.	<358.>		<358.>
TRUMP MARKS BEVERAGES CORP	0.	<537.>		<537.>
TRUMP MARKS PUERTO RICO I LLC	0.	<3,504.>		<3,504.>
TRUMP MARKS PUERTO RICO I MEMBER CORP	0.	<140.>		<140.>
TRUMP MARKS PHILADELPHIA CORP	0.	<271.>		<271.>
TRUMP MARKS LAS VEGAS LLC	0.	<2,183.>		<2,183.>
TRUMP MARKS LAS VEGAS CORP	0.	<302.>		<302.>

TRUMP MARKS MAGAZINE CORP	0.	<247.>		<247.>
TRUMP MARKS MAGAZINE LLC	0.	<2,153.>		<2,153.>
TRUMP MARKS NEW ROCHELLE CORP	6,193.	0.	6,193.	
TRUMP MARKS PALM BEACH CORP	0.	<296.>		<296.>
TRUMP GOLF COCO BEACH LLC	0.	<25,682.>		<25,682.>
TRUMP GOLF COCO BEACH MEMBER CORP	0.	<589.>		<589.>
TRUMP MARKS WHITE PLAINS CORP	0.	<53.>		<53.>
TRUMP MARKS FT. LAUDERDALE MEMBER CORP	0.	<1.>		<1.>
TRUMP MARKS PANAMA CORP	14,361.	0.	14,361.	
TRUMP MARKS TORONTO LLC	0.	<2,129.>		<2,129.>
TRUMP MARKS TORONTO CORP	0.	<246.>		<246.>
TRUMP MARKS SUNNY ISLES II MEMBER CORP	0.	<297.>		<297.>
TRUMP MARKS FT. LAUDERDALE LLC	0.	<1,904.>		<1,904.>
TRUMP MARKS TAMPA LLC	0.	<2,129.>		<2,129.>
TRUMP MARKS MTG LLC	0.	<2,162.>		<2,162.>
THE TRUMP FOLLIES MEMBER INC	0.	<145.>		<145.>
TRUMP MARKS TAMPA CORP	0.	<296.>		<296.>
TRUMP MARKS ASIA CORP	0.	<280.>		<280.>
TRUMP NATIONAL GOLF CLUB COLTS NECK LLC	0.	<1,226,474.>		<1,226,474.>
TRUMP MARKS PHILIPPINES	955,093.	0.	955,093.	
TRUMP MARKS PHILIPPINES CORP	9,372.	0.	9,372.	
TRUMP MARKS ISTANBUL II LLC	791,848.	0.	791,848.	
TRUMP MARKS ISTANBUL II CORP	7,798.	0.	7,798.	
UNIT 2502 ENTERPRISES CORP	0.	<238.>		<238.>
UNIT 2502 ENTERPRISES LLC	0.	<1,287.>		<1,287.>
TRUMP MARKS MATTRESS LLC	2,410,699.	0.	2,410,699.	
TRUMP MARKS MATTRESS MEMBER CORP	24,125.	0.	24,125.	
TRUMP JETS LLC	0.	<297.>		<297.>
SENTIENT JETS MEMBER CORP	0.	<228.>		<228.>
TRUMP MARKS ATLANTA LLC	0.	<2,237.>		<2,237.>

TRUMP MARKS PUERTO RICO II LLC	0.	<2,129.>		<2,129.>
TRUMP MARKS PUERTO RICO II MEMBER CORP	0.	<246.>		<246.>
TRUMP CANOUAN ESTATE LLC	0.	<8,385.>		<8,385.>
TRUMP CANOUAN ESTATE MEMBER CORP	0.	<360.>		<360.>
TRUMP MARKS TORONTO LP	0.	<2,129.>		<2,129.>
TRUMP FLORIDA MANAGEMENT LLC	0.	<297.>		<297.>
TNGC DUTCHESS COUNTY MEMBER CORP	0.	<6,142.>		<6,142.>
DSN LICENSING LLC (FKA TRUMP MARKS NETWORK LLC)	0.	<2,262.>		<2,262.>
GOLF PRODUCTIONS LLC	0.	<26,680.>		<26,680.>
TRUMP TORONTO MEMBER CORP	0.	<246.>		<246.>
TRUMP NATIONAL GOLF CLUB WASHINGTON DC	6,929.	0.	6,929.	
MELANIA MARKS ACCESSORIES LLC	4,949.	0.	4,949.	
TRUMP ACQUISITION LLC	0.	<351.>		<351.>
MELANIA MARKS ACCESSORIES MEMBER CORP	0.	<85.>		<85.>
TRUMP MARKS ATLANTA MEMBER CORP	0.	<133.>		<133.>
TRUMP HOME MARKS MEMBER CORP	149.	0.	149.	
TRUMP DEVELOPMENT SERVICES MEMBER CORP	0.	<64.>		<64.>
TRUMP MARKS MENSWEAR MEMBER CORP	2,730.	0.	2,730.	
DSN LICENSING MEMBER CORP	335.	0.	335.	
TRUMP MARKS FINE FOODS LLC	15,975.	0.	15,975.	
TRUMP HOME MARKS LLC	70,292.	0.	70,292.	
TRUMP DEVELOPMENT SERVICES LLC	0.	<5,414.>		<5,414.>
TRUMP LAS VEGAS CORP	0.	<107,784.>		<107,784.>
TRUMP SALES & LEASING CHICAGO LLC	0.	<3,682.>		<3,682.>
TRUMP MARKS MENSWEAR LLC	342,471.	0.	342,471.	
TRUMP INTERNATIONAL GOLF CLUB LLC	0.	<712,670.>		<712,670.>
TRUMP INTERNATIONAL HOTEL HAWAII LLC	2,385,145.	0.	2,385,145.	
TRUMP AC CASINO MARKS MEMBER CORP	0.	<1,178.>		<1,178.>
TRUMP CAROUSEL MEMBER CORP	1,265.	0.	1,265.	
TRUMP MARKS MUMBAI MEMBER CORP	0.	<316.>		<316.>

TRUMP PANAMA CONDOMINIUM MEMBER CORP	0.	<1,520.>		<1,520.>
TRUMP PANAMA HOTEL MANAGEMENT MEMBER CORP	8,278.	0.	8,278.	
TRUMP SALES & LEASING CHICAGO MEMBER CORP	0.	<317.>		<317.>
GOLF PRODUCTIONS MEMBER CORP	0.	<511.>		<511.>
TIHH MEMBER CORP	23,445.	0.	23,445.	
TRUMP CHICAGO HOTEL MEMBER CORP	17,961.	0.	17,961.	
TRUMP TORONTO HOTEL MANAGEMENT CORP	134,935.	0.	134,935.	
TRUMP FERRY POINT LLC	1,593,620.	0.	1,593,620.	
TRUMP PANAMA HOTEL MANAGEMENT LLC	847,282.	0.	847,282.	
TRUMP CHICAGO HOTEL MANAGER LLC	1,845,575.	0.	1,845,575.	
PANAMA OCEAN CLUB MANAGEMENT LLC	0.	<351.>		<351.>
TRUMP MARKS CHICAGO LLC	0.	<2,183.>		<2,183.>
TRUMP CHICAGO COMMERCIAL MANAGER LLC	1,155,745.	0.	1,155,745.	
TRUMP INTERNATIONAL DEVELOPMENT LLC	0.	<406.>		<406.>
TRUMP AC CASINO MARKS LLC	0.	<83,460.>		<83,460.>
TRUMP CLASSIC CARS LLC	0.	<2,348.>		<2,348.>
TRUMP CAROUSEL LLC	236,063.	0.	236,063.	
TRUMP CHICAGO RESIDENTIAL MANAGER LLC	521,330.	0.	521,330.	
TRUMP PANAMA CONDOMINIUM MANAGEMENT LLC	0.	<128,205.>		<128,205.>
TRUMP MARKS PRODUCTS LLC	0.	<2,262.>		<2,262.>
TRUMP MARKS PRODUCTS MEMBER CORP	0.	<303.>		<303.>
TRUMP INTERNATIONAL DEVELOPMENT MEMBER CORP	0.	<59.>		<59.>
PANAMA OCEAN CLUB MANAGEMENT MEMBER CORP	0.	<284.>		<284.>
TRUMP CHICAGO RESIDENTIAL MEMBER CORP	4,877.	0.	4,877.	
TRUMP MARKS CHICAGO MEMBER CORP	0.	<331.>		<331.>
TRUMP CHICAGO COMMERCIAL MEMBER CORP	10,984.	0.	10,984.	

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TRUMP MARKS MUMBAI LLC	0.	<2,237.>		<2,237.>
DJT HOLDINGS LLC	0.	<1,929,672.>		<1,929,672.>
TRUMP MARKS FINE FOODS MEMBER CORP	0.	<183.>		<183.>
TRUMP CLASSIC CARS MEMBER CORP	0.	<1,269.>		<1,269.>
DJT HOLDINGS LLC - SEVEN SPRINGS LLC	0.	<54,425.>		<54,425.>
DJT HOLDINGS LLC - TRUMP WINE MARKS LLC	0.	<15,316.>		<15,316.>
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB LLC	0.	<1,434,918.>		<1,434,918.>
DJT HOLDINGS LLC - LFB ACQUISITION LLC	1,007,559.	0.	1,007,559.	
DJT HOLDINGS LLC - TNGC PINE HILL LLC	0.	<681,810.>		<681,810.>
DJT HOLDINGS LLC - TNGC DUTCHESS COUNTY LLC	0.	<581,002.>		<581,002.>
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	200,988.	0.	200,988.	
TRUMP VIRGINIA ACQUISITIONS LLC	0.	<1,305,750.>		<1,305,750.>
TRUMP MARKS BATUMI LLC	0.	<351.>		<351.>
TRUMP DRINKS ISRAEL LLC	0.	<32,600.>		<32,600.>
TRUMP BOOKS LLC	0.	<322.>		<322.>
PARAMOUNT RPV HOLDINGS LLC	0.	<297.>		<297.>
TRUMP EU MARKS LLC	0.	<2,183.>		<2,183.>
TRUMP WORLD PRODUCTIONS LLC	0.	<8,380.>		<8,380.>
TRUMP BOOKS MANAGER CORP	0.	<308.>		<308.>
TRUMP DRINKS ISRAEL MEMBER CORP	0.	<664.>		<664.>
DJT LAND HOLDINGS MEMBER CORP	0.	<1,225.>		<1,225.>
TRUMP WINE MARKS MEMBER CORP	0.	<381.>		<381.>
TRUMP ENDEAVOR 12 MANAGER CORP	0.	<116,659.>		<116,659.>
TAG AIR INC	111,120.	0.	111,120.	
PARAMOUNT RPV HOLDINGS MANAGER CORP	0.	<228.>		<228.>
TRUMP EU MARKS MEMBER CORP	0.	<297.>		<297.>
LFB AQUISITION MEMBER CORP	10,055.	0.	10,055.	
TRUMP WORLD PRODUCTIONS MANAGER CORP	0.	<622.>		<622.>

TRUMP VIRGINIA ACQUISITIONS MANAGER CORP	0.	<13,414.>		<13,414.>
DT APP WARRANT HOLDING MANAGING MEMBER CORP	0.	<297.>		<297.>
DT INDIA VENTURE MANAGING MEMBER CORP	0.	<321.>		<321.>
DT MARKS BAKU MANAGING MEMBER CORP	0.	<579.>		<579.>
DT MARKS RIO MEMBER CORP	0.	<341.>		<341.>
POKER VENTURE MANAGING MEMBER CORP	0.	<228.>		<228.>
TP-CFD MANAGER CORP	0.	<283.>		<283.>
TRUMP MARKS BATUMI MANAGING MEMBER CORP	0.	<229.>		<229.>
TRUMP MARKS PUNTA DEL ESTE MANAGER	1,230.	0.	1,230.	
TRUMP MIAMI RESORT MANAGEMENT MEMBER CORP	0.	<384.>		<384.>
WHITE COURSE MANAGING MEMBER CORP	0.	<325.>		<325.>
MELANIA MARKS SKINCARE MANAGING MEMBER CORP	0.	<2,403.>		<2,403.>
DT MARKS PUNE LLC	0.	<5,221.>		<5,221.>
DT MARKS RIO LLC	0.	<3,550.>		<3,550.>
DT APP WARRANT HOLDING LLC	0.	<2,183.>		<2,183.>
TRUMP MARKS PUNTA DEL ESTE LLC	146,496.	0.	146,496.	
DT MARKS BAKU LLC	0.	<48,947.>		<48,947.>
T INTERNATIONAL REALTY LLC	263,864.	0.	263,864.	
TP-CFD LLC	0.	<297.>		<297.>
POKER VENTURE LLC	0.	<297.>		<297.>
DT INDIA VENTURE LLC	0.	<2,129.>		<2,129.>
TRUMP CHICAGO RETAIL MANAGER LCC	0.	<431.>		<431.>
MELANIA MARKS SKINCARE LLC	0.	<41,431.>		<41,431.>
DJT HOLDINGS TNGC CHARLOTTE LLC	1,080,373.	0.	1,080,373.	
DJT HOLDINGS - WHITE COURSE LLC	0.	<9,848.>		<9,848.>
DJT HOLDINGS JUPITER GOLF CLUB	0.	<1,623,584.>		<1,623,584.>
DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC	0.	<3,015,363.>		<3,015,363.>
DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	0.	<65,285.>		<65,285.>
DT MARKS DUBAI LLC	0.	<3,473.>		<3,473.>
THC SALES & MARKETING LLC	81,283.	0.	81,283.	

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DT MARKS WORLI LLC	1,023,983.	0.	1,023,983.	
DT DUBAI GOLF MANAGER LLC	1,332,944.	0.	1,332,944.	
DT MARKS VANCOUVER LP	0.	<9,820.>		<9,820.>
THC DEVELOPMENT BRAZIL LLC	0.	<351.>		<351.>
DT HOME MARKS INTERNATIONAL LLC	429,786.	0.	429,786.	
THC RIO MANAGER LLC	0.	<27,770.>		<27,770.>
DT MARKS PRODUCTS INTERNATIONAL LLC	0.	<11,017.>		<11,017.>
THC CENTRAL RESERVATIONS LLC	0.	<133,600.>		<133,600.>
TRUMP HOTEL MANAGEMENT CORP	0.	<1,651.>		<1,651.>
EID VENTURE I CORPORATION	0.	<284.>		<284.>
DT MARKS WORLI MEMBER CORP	10,118.	0.	10,118.	
DT HOME MARKS INTERNATIONAL MEMBER CORP	3,853.	0.	3,853.	
THC DEVELOPMENT BRAZIL MANAGING MEMBER	0.	<634.>		<634.>
DT DUBAI GOLF MANAGER MEMBER CORP	13,239.	0.	13,239.	
DT MARKS VANCOUVER MEMBER CORP	0.	<324.>		<324.>
THC RIO MANAGING MEMBER CORP	0.	<856.>		<856.>
DT MARKS DUBAI MEMBER CORP	0.	<260.>		<260.>
TRUMP CHICAGO RETAIL MEMBER CORP	0.	<279.>		<279.>
DT MARKS PRODCTS INTERNATIONAL MEMBER CORP	0.	<445.>		<445.>
OPO HOTEL MANAGER MEMBER CORP	0.	<174.>		<174.>
THC CENTRAL RESERVATIONS MEMBER CORP	0.	<1,848.>		<1,848.>
THC SALES & MARKETING MEMBER CORP	596.	0.	596.	
THC VANCOUVER MANAGEMENT CORP	4,239.	0.	4,239.	
THE CARIBUSINESS RE CORP	0.	<55.>		<55.>
TW VENTURE I MANAGING MEMBER CORP	0.	<59.>		<59.>
TRUMP CPS CORP	0.	<2,918.>		<2,918.>
D B PACE ACQUISITION MEMBER CORP	0.	<519.>		<519.>
DT CONNECT II MEMBER CORP	0.	<12,099.>		<12,099.>
DT DUBAI II GOLF MANAGER MEMBER CORP	29,293.	0.	29,293.	

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DT MARKS GURGAON MANAGING MEMBER CORP	0.	<947.>		<947.>
DT MARKS PUNE II MANAGING MEMBER CORP	0.	<289.>		<289.>
DT MARKS QATAR MEMBER CORP	0.	<1,307.>		<1,307.>
PINE HILL DEVELOPMENT MANAGING MEMBER	0.	<822.>		<822.>
THC BAKU HOTEL MANAGER SERVICE MEMBER	0.	<10,830.>		<10,830.>
THC BAKU SERVICES MEMBER CORP	2,150.	0.	2,150.	
THC CHINA-TECHNICAL SERVICES MANAGER CORP	0.	<634.>		<634.>
THC QATAR HOTEL MANAGER MEMBER CORP	0.	<716.>		<716.>
THC SERVICES SHENZHEN MEMBER CORP	0.	<485.>		<485.>
THC VENTURE II MANGING MEMBER CORP	0.	<638.>		<638.>
TTTT VENTURE MEMBER CORP (FKA THC VENTURE III MEMBER CORP)	29,056.	0.	29,056.	
TNGC CHARLOTTE MANAGER CORP	9,760.	0.	9,760.	
TNGC JUPITER MANAGINF MEMBER CORP	897.	0.	897.	
TRUMP NATIONAL GOLF CLUB COLTS NECK MEMBER CORP	0.	<13,714.>		<13,714.>
TURNBERRY SCOTLAND MANAGING MEMBER CORP	0.	<133,760.>		<133,760.>
THC CHINA TECHNICAL SERVICES LLC	0.	<376.>		<376.>
DT MARKS PUNE II LLC	0.	<2,267.>		<2,267.>
THC VENTURE II LLC	0.	<772.>		<772.>
DT MARKS GURGAON LLC	0.	<25,911.>		<25,911.>
DT MARKS QATAR LLC	0.	<42,850.>		<42,850.>
THC BAKU HOTEL MANAGER SERVICES LLC	0.	<594.>		<594.>
THC BAKU SERVICES LLC	312,718.	0.	312,718.	
THC QATAR HOTEL MANAGER LLC	0.	<3,020.>		<3,020.>
THC SERVICES SHENZHEN LLC	0.	<3,068.>		<3,068.>
THC SHENZHEN HOTEL MANAGER LLC	0.	<2,421.>		<2,421.>
TTTT VENTURE LLC (FKA THC VENTURE III LLC)	2,263,767.	0.	2,263,767.	
DJT HOLDINGS LLC (PINE HILL DEVELOPMENT LLC)	0.	<8,276.>		<8,276.>
DJT HOLDINGS LLC (TNGC JUPITER MANAGEMENT LLC)	115,344.	0.	115,344.	
DJT HOLDINGS LLC (TW VENTURE I LLC)	31,889.	0.	31,889.	

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DJT HOLDINGS LLC (TW VENTURE II LLC)	0.	<4,438,083.>		<4,438,083.>
DJT HOLDINGS LLC (DT CONNECT II LLC)	0.	<1,089,339.>		<1,089,339.>
TW VENTURE II MANAGING MEMBER CORP	0.	<43,981.>		<43,981.>
DT TOWER GURGAON LLC	0.	<9,933.>		<9,933.>
DT MARKS BALI LLC	1,405,633.	0.	1,405,633.	
DT MARKS LIDO LLC	1,405,584.	0.	1,405,584.	
DT BALI TECHNICAL SERVICES MANAGER LLC	0.	<3,587.>		<3,587.>
DT LIDO HOTEL MANAGER LLC	0.	<399.>		<399.>
DT LIDO TECHNICAL SERVICES MANAGER LLC	0.	<3,774.>		<3,774.>
DT JEDDAH TECHNICAL SERVICES MANAGER LLC	0.	<168.>		<168.>
THC JEDDAH HOTEL MANAGER LLC	0.	<42,584.>		<42,584.>
EID VENTURE I LLC	0.	<351.>		<351.>
DT MARKS PUNE MANAGING MEMBER CORP	0.	<383.>		<383.>
THC SHENZHEN HOTEL MANAGER MEMBER CORP	0.	<776.>		<776.>
THC JEDDAH HOTEL MANAGER MEMBER CORP	0.	<430.>		<430.>
JUPITER GOLF CLUB MANAGING MEMBER CORP	0.	<16,790.>		<16,790.>
DTW VENTURE MANAGING MEMBER CORP	0.	<225.>		<225.>
DT TOWER GURGAON MANAGING MEMBER CORP	0.	<431.>		<431.>
DT MARKS LIDO MEMBER CORP	14,143.	0.	14,143.	
DT MARKS BALI MEMBER CORP	14,198.	0.	14,198.	
DT LIDO TECHNICAL SERVICES MANAGER MEMBER CORP	0.	<111.>		<111.>
DT LIDO HOTEL MANAGER MEMBER CORP	0.	<59.>		<59.>
DT LIDO GOLF MANAGER MEMBER CORP	0.	<57.>		<57.>
DT JEDDAH TECHNICAL SERVICES MANAGER MEMBER CORP	0.	<2.>		<2.>
DT BALI TECHNICAL SERVICES MANAGER MEMBER CORP	0.	<91.>		<91.>
DT BALI GOLF MANAGER MEMBER CORP	0.	<79.>		<79.>
DT BALI HOTEL MANAGER MEMBER CORP	0.	<78.>		<78.>
DONALD J. TRUMP	214,500.	0.	214,500.	
TRUMP ORGANIZATION LLC	0.	<119.>		<119.>
TRUMP REALTY SERVICES LLC	0.	<599.>		<599.>

WOLLMAN RINK OPERATIONS LLC	0.	<1,287,722.>		<1,287,722.>
TRUMP CHICAGO DEVELOPMENT LLC	0.	<719.>		<719.>
TRUMP LAS VEGAS DEVELOPMENT LLC	0.	<760.>		<760.>
TRUMP RESTAURANTS LLC	0.	<368,057.>		<368,057.>
TRUMP PHOENIX DEVELOPMENT LLC	0.	<355.>		<355.>
TRUMP GOLF MANAGEMENT LLC	0.	<55.>		<55.>
TIHT HOLDING COMPANY LLC	27,763.	0.	27,763.	
CHICAGO UNIT ACQUISTION LLC	0.	<1,719.>		<1,719.>
DONALD J TRUMP	0.	<1,084.>		<1,084.>
TRUMP ICE LLC	0.	<65,567.>		<65,567.>
DJT OPERATIONS II LLC	0.	<2,380.>		<2,380.>
TRUMP GOLF ACQUISITIONS LLC	32,841.	0.	32,841.	
DJT AEROSPACE LLC	104,831.	0.	104,831.	
DJT OPERATIONS I LLC	0.	<124,221.>		<124,221.>
DJT OPERATIONS CX LLC	247,659.	0.	247,659.	
BOOK	2,198,621.	0.	2,198,621.	
TRUMP CARIBBEAN LLC - ROYALTY INCOME	0.	<263.>		<263.>
TRUMP BRAZIL LLC - ROYALTY INCOME	0.	<410.>		<410.>
TRUMP LAUDERDALE DEVELOPMENT LLC - ROYALTY INCOME	0.	<126,424.>		<126,424.>
TRUMP WORLD PUBLICATIONS	0.	<25.>		<25.>
TOTALS	45,279,007.	<27,805,050.>	44,046,548.	<26,572,591.>

FORM 8582 SUMMARY OF PASSIVE ACTIVITIES STATEMENT 90

R R E A - NAME	FORM OR SCHEDULE	GAIN/LOSS	PRIOR YEAR C/O	NET GAIN/LOSS	UNALLOWED LOSS	ALLOWED LOSS
MAR-A-LAGO CLUB, LLC	SCH E	3,334,568.		3,334,568.		
HUDSON WATERFRONT ASSOC V, L.P.	SCH E	221,546.		221,546.		
HUDSON WATERFRONT ASSOC II, LP	SCH E	<35,257.>		<35,257.>		35,257.
HUDSON WATERFRONT ASSOC III, LP	SCH E	414,402.		414,402.		
TRUMP 845 UN GP LLC	SCH E	2,168.		2,168.		

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TRUMP 845 UN LIMITED PARTNERSHIP	SCH E	<57,571.>	<57,571.>	57,571.
OCEAN AIR INVESTORS LLC	FORM 4797	17,227.	17,227.	
OCEAN AIR INVESTORS LLC	SCH E	0.	0.	
OAKDALE INVESTORS LLC	FORM 4797	8,012.	8,012.	
OAKDALE INVESTORS LLC	SCH E	0.	0.	
TRUMP MODEL MANAGEMENT LLC (TMG MEMBER LLC)	SCH E	<349,151.>	<349,151.>	349,151.
TRUMP KOREA LLC (KOREAN PROJECTS)	SCH E	<9.>	<9.>	9.
TRUMP PROJECT MANAGEMENT CORP	SCH E	<9,715.>	<9,715.>	9,715.
TRUMP'S CASTLE MANAGEMENT CORP.	SCH E	<855.>	<855.>	855.
TRAVEL ENTERPRISES MANAGEMENT INC	SCH E	74,625.	74,625.	
ALL COUNTY BLDG SUPPLY & MAINT CO	SCH E	<5,637.>	<5,637.>	5,637.
HELICOPTER AIR SERVICES INC	SCH E	<11,851.>	<11,851.>	11,851.
ULTIMATE AIR CORP	SCH E	<9,474.>	<9,474.>	9,474.
TRUMP CENTRAL PARK WEST CORP	SCH E	<1,160.>	<1,160.>	1,160.
TRUMP EMPIRE STATE, INC.	SCH E	<16,474.>	<16,474.>	16,474.
MAR-A-LAGO CLUB, INC.	SCH E	4,073.	4,073.	
DEVELOPMENT MEMBER INC.	SCH E	<105.>	<105.>	105.
FLIGHTS INC.	SCH E	<76,855.>	<76,855.>	76,855.
81 PINE NOTE HOLDER INC	SCH E	<25.>	<25.>	25.
TRUMP MANAGEMENT INC	SCH E	15,420.	15,420.	
TRUMP DELMONICO LLC	SCH E	<18,089.>	<18,089.>	18,089.
TRUMP TORONTO DEVELOPMENT INC	SCH E	<5,857.>	<5,857.>	5,857.
VH PROPERTY CORP	FORM 4797	<1,232,459.>	<1,232,459.>	1,232,459.
VH PROPERTY CORP	SCH E	1,710,195.	1,710,195.	
TRUMP LAS VEGAS SALES & MARKETING INC	SCH E	<2,010.>	<2,010.>	2,010.
TRUMP PARK AVENUE LLC	SCH E	<10,080.>	<10,080.>	10,080.
TRUMP MARKS HOLDING LP	SCH E	10,525.	10,525.	
TRUMP MARKS GP CORP	SCH E	<534.>	<534.>	534.

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TRUMP INTERNATIONAL GOLF CLUB LLC	SCH E	3,021,465.	3,021,465.	
TRUMP PRODUCTIONS LLC	SCH E	5,236,209.	5,236,209.	
TRUMP PRODUCTIONS LLC	SCH E	256,573.	256,573.	
TRUMP PRODUCTIONS MANAGING MEMBER INC	SCH E	52,891.	52,891.	
TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC	SCH E	<1,490,509.>	<1,490,509.>	1,490,509.
809 NORTH CANON MEMBER CORP	SCH E	<225.>	<225.>	225.
TIHM MEMBER CORP	SCH E	<1,875.>	<1,875.>	1,875.
TRUMP FOLLIES LLC	SCH E	<88.>	<88.>	88.
TRUMP FLORIDA MANAGER CORP	SCH E	<387.>	<387.>	387.
TRUMP LAS OLAS LLC	SCH E	<440.>	<440.>	440.
TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LTD	SCH E	<2,934,805.>	<2,934,805.>	2,934,805.
BAYROCK- TRUMP SOHO MEMBER LLC	SCH E	<1,025.>	<1,025.>	1,025.
THE TRUMP MARKS REAL ESTATE CORP	SCH E	<560.>	<560.>	560.
TRUMP MARKS REAL ESTATE LLC	SCH E	<25,765.>	<25,765.>	25,765.
TRUMP MARKS PANAMA LLC	SCH E	1,444,007.	1,444,007.	
TRUMP MARKS PHILADELPHIA LLC	SCH E	<2,129.>	<2,129.>	2,129.
TRUMP MARKS HOLLYWOOD LLC	SCH E	<2,271.>	<2,271.>	2,271.
TRUMP MARKS WAIKIKI LLC	SCH E	247,731.	247,731.	
TRUMP MARKS DUBAI LLC	SCH E	<3,777.>	<3,777.>	3,777.
TRUMP MARKS PALM BEACH LLC	SCH E	<2,129.>	<2,129.>	2,129.
TRUMP MARKS SOHO LLC	SCH E	<1,925.>	<1,925.>	1,925.
TRUMP MARKS WHITE PLAINS LLC	SCH E	<322.>	<322.>	322.
TRUMP MARKS WESTCHESTER LLC	SCH E	<2,153.>	<2,153.>	2,153.
TRUMP MARKS STAMFORD LLC	SCH E	546,022.	546,022.	
TRUMP MARKS NEW ROCHELLE LLC	SCH E	628,997.	628,997.	
TRUMP MARKS CANOUAN LLC	SCH E	<404.>	<404.>	404.
TRUMP MARKS JERSEY CITY LLC	SCH E	<2,129.>	<2,129.>	2,129.

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TRUMP MARKS SCH E HOLLYWOOD CORP	<273.>	<273.>	273.
TRUMP MARKS SUNNYSCH E ISLES I LLC	389,819.	389,819.	
TRUMP MARKS SUNNYSCH E ISLES II LLC	<2,183.>	<2,183.>	2,183.
TRUMP MARKS SCH E WAIKIKI CORP	1,372.	1,372.	
TRUMP MARKS SCH E CANOUAN CORP	<334.>	<334.>	334.
TRUMP MARKS DUBAISCH E CORP	<318.>	<318.>	318.
TRUMP MARKS SOHO SCH E LICENSE CORP	<74.>	<74.>	74.
TRUMP MARKS SCH E WESTCHESTER CORP	<72.>	<72.>	72.
TRUMP MARKS SCH E STAMFORD CORP	5,025.	5,025.	
TRUMP MARKS SCH E JERSEY CITY CORP	<571.>	<571.>	571.
TRUMP MARKS SUNNYSCH E ISLES I MEMBER CORP	3,938.	3,938.	
TRUMP MARKS SCH E MORTGAGE CORP	<352.>	<352.>	352.
TRUMP MARKS EGYPTSCH E LLC	<2,237.>	<2,237.>	2,237.
TRUMP MARKS EGYPTSCH E CORP	<358.>	<358.>	358.
TRUMP MARKS SCH E BEVERAGES CORP	<537.>	<537.>	537.
TRUMP MARKS SCH E PUERTO RICO I LLC	<3,504.>	<3,504.>	3,504.
TRUMP MARKS SCH E PUERTO RICO I MEMBER CORP	<140.>	<140.>	140.
TRUMP MARKS SCH E PHILADELPHIA CORP	<271.>	<271.>	271.
TRUMP MARKS LAS SCH E VEGAS LLC	<2,183.>	<2,183.>	2,183.
TRUMP MARKS LAS SCH E VEGAS CORP	<302.>	<302.>	302.
TRUMP MARKS SCH E MAGAZINE CORP	<247.>	<247.>	247.
TRUMP MARKS SCH E MAGAZINE LLC	<2,153.>	<2,153.>	2,153.
TRUMP MARKS NEW SCH E ROCHELLE CORP	6,193.	6,193.	
TRUMP MARKS PALM SCH E BEACH CORP	<296.>	<296.>	296.
TRUMP GOLF COCO SCH E BEACH LLC	<25,682.>	<25,682.>	25,682.
TRUMP GOLF COCO SCH E BEACH MEMBER CORP	<589.>	<589.>	589.
TRUMP MARKS WHITESCH E PLAINS CORP	<53.>	<53.>	53.

TRUMP MARKS FT. LAUDERDALE MEMBER CORP	SCH E	<1.>	<1.>	1.
TRUMP MARKS PANAMA CORP	SCH E	14,361.	14,361.	
TRUMP MARKS TORONTO LLC	SCH E	<2,129.>	<2,129.>	2,129.
TRUMP MARKS TORONTO CORP	SCH E	<246.>	<246.>	246.
TRUMP MARKS SUNNY ISLES II MEMBER CORP	SCH E	<297.>	<297.>	297.
TRUMP MARKS FT. LAUDERDALE LLC	SCH E	<1,904.>	<1,904.>	1,904.
TRUMP MARKS TAMPA LLC	SCH E	<2,129.>	<2,129.>	2,129.
TRUMP MARKS MTG LLC	SCH E	<2,162.>	<2,162.>	2,162.
THE TRUMP FOLLIES MEMBER INC	SCH E	<145.>	<145.>	145.
TRUMP MARKS TAMPA CORP	SCH E	<296.>	<296.>	296.
TRUMP MARKS ASIA CORP	SCH E	<280.>	<280.>	280.
TRUMP NATIONAL GOLF CLUB COLTS NECK LLC	SCH E	<1,226,474.>	<1,226,474.>	1,226,474.
TRUMP MARKS PHILIPPINES	SCH E	955,093.	955,093.	
TRUMP MARKS PHILIPPINES CORP	SCH E	9,372.	9,372.	
TRUMP MARKS ISTANBUL II LLC	SCH E	791,848.	791,848.	
TRUMP MARKS ISTANBUL II CORP	SCH E	7,798.	7,798.	
UNIT 2502 ENTERPRISES CORP	SCH E	<238.>	<238.>	238.
UNIT 2502 ENTERPRISES LLC	SCH E	<1,287.>	<1,287.>	1,287.
TRUMP MARKS MATTRESS LLC	SCH E	2,410,699.	2,410,699.	
TRUMP MARKS MATTRESS MEMBER CORP	SCH E	24,125.	24,125.	
TRUMP JETS LLC	SCH E	<297.>	<297.>	297.
SENTIENT JETS MEMBER CORP	SCH E	<228.>	<228.>	228.
TRUMP MARKS ATLANTA LLC	SCH E	<2,237.>	<2,237.>	2,237.
TRUMP MARKS PUERTO RICO II LLC	SCH E	<2,129.>	<2,129.>	2,129.
TRUMP MARKS PUERTO RICO II MEMBER CORP	SCH E	<246.>	<246.>	246.
TRUMP CANOUAN ESTATE LLC	SCH E	<8,385.>	<8,385.>	8,385.

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TRUMP CANOUAN ESTATE MEMBER CORP	SCH E	<360.>	<360.>	360.
TRUMP MARKS TORONTO LP	SCH E	<2,129.>	<2,129.>	2,129.
TRUMP FLORIDA MANAGEMENT LLC	SCH E	<297.>	<297.>	297.
TNGC DUTCHESS COUNTY MEMBER CORP	SCH E	<6,142.>	<6,142.>	6,142.
DSN LICENSING LLC (FKA TRUMP MARKS NETWORK LLC)	SCH E	<2,262.>	<2,262.>	2,262.
GOLF PRODUCTIONS LLC	SCH E	<26,680.>	<26,680.>	26,680.
TRUMP TORONTO MEMBER CORP	SCH E	<246.>	<246.>	246.
TRUMP NATIONAL GOLF CLUB WASHINGTON DC	SCH E	6,929.	6,929.	
MELANIA MARKS ACCESSORIES LLC	SCH E	4,949.	4,949.	
TRUMP ACQUISITION LLC	SCH E	<351.>	<351.>	351.
MELANIA MARKS ACCESSORIES MEMBER CORP	SCH E	<85.>	<85.>	85.
TRUMP MARKS ATLANTA MEMBER CORP	SCH E	<133.>	<133.>	133.
TRUMP HOME MARKS MEMBER CORP	SCH E	149.	149.	
TRUMP DEVELOPMENT SERVICES MEMBER CORP	SCH E	<64.>	<64.>	64.
TRUMP MARKS MENSWEAR MEMBER CORP	SCH E	2,730.	2,730.	
DSN LICENSING MEMBER CORP	SCH E	335.	335.	
TRUMP MARKS FINE FOODS LLC	SCH E	15,975.	15,975.	
TRUMP HOME MARKS LLC	SCH E	70,292.	70,292.	
TRUMP DEVELOPMENT SERVICES LLC	SCH E	<5,414.>	<5,414.>	5,414.
TRUMP LAS VEGAS CORP	SCH E	<107,784.>	<107,784.>	107,784.
TRUMP SALES & LEASING CHICAGO LLC	SCH E	<3,682.>	<3,682.>	3,682.
TRUMP MARKS MENSWEAR LLC	SCH E	342,471.	342,471.	
TRUMP INTERNATIONAL GOLF CLUB LLC	SCH E	<712,670.>	<712,670.>	712,670.

TRUMP INTERNATIONAL HOTEL HAWAII LLC	SCH E	2,385,145.	2,385,145.	
TRUMP AC CASINO MARKS MEMBER CORP	SCH E	<1,178.>	<1,178.>	1,178.
TRUMP CAROUSEL MEMBER CORP	SCH E	1,265.	1,265.	
TRUMP MARKS MUMBAI MEMBER CORP	SCH E	<316.>	<316.>	316.
TRUMP PANAMA CONDOMINIUM MEMBER CORP	SCH E	<1,520.>	<1,520.>	1,520.
TRUMP PANAMA HOTEL MANAGEMENT MEMBER CORP	SCH E	8,278.	8,278.	
TRUMP SALES & LEASING CHICAGO MEMBER CORP	SCH E	<317.>	<317.>	317.
GOLF PRODUCTIONS MEMBER CORP	SCH E	<511.>	<511.>	511.
TIHH MEMBER CORP	SCH E	23,445.	23,445.	
TRUMP CHICAGO HOTEL MEMBER CORP	SCH E	17,961.	17,961.	
TRUMP TORONTO HOTEL MANAGEMENT CORP	SCH E	134,935.	134,935.	
TRUMP FERRY POINT LLC	SCH E	1,593,620.	1,593,620.	
TRUMP PANAMA HOTEL MANAGEMENT LLC	SCH E	847,282.	847,282.	
TRUMP CHICAGO HOTEL MANAGER LLC	SCH E	1,845,575.	1,845,575.	
PANAMA OCEAN CLUB MANAGEMENT LLC	SCH E	<351.>	<351.>	351.
TRUMP MARKS CHICAGO LLC	SCH E	<2,183.>	<2,183.>	2,183.
TRUMP CHICAGO COMMERCIAL MANAGER LLC	SCH E	1,155,745.	1,155,745.	
TRUMP INTERNATIONAL DEVELOPMENT LLC	SCH E	<406.>	<406.>	406.
TRUMP AC CASINO MARKS LLC	SCH E	<83,460.>	<83,460.>	83,460.
TRUMP CLASSIC CARS LLC	SCH E	<2,348.>	<2,348.>	2,348.
TRUMP CAROUSEL LLC	SCH E	236,063.	236,063.	
TRUMP CHICAGO RESIDENTIAL MANAGER LLC	SCH E	521,330.	521,330.	
TRUMP PANAMA CONDOMINIUM MANAGEMENT LLC	SCH E	<128,205.>	<128,205.>	128,205.
TRUMP MARKS PRODUCTS LLC	SCH E	<2,262.>	<2,262.>	2,262.

TRUMP MARKS PRODUCTS MEMBER CORP	SCH E	<303.>	<303.>	303.
TRUMP INTERNATIONAL DEVELOPMENT MEMBER CORP	SCH E	<59.>	<59.>	59.
PANAMA OCEAN CLUB MANAGEMENT MEMBER CORP	SCH E	<284.>	<284.>	284.
TRUMP CHICAGO RESIDENTIAL MEMBER CORP	SCH E	4,877.	4,877.	
TRUMP MARKS CHICAGO MEMBER CORP	SCH E	<331.>	<331.>	331.
TRUMP CHICAGO COMMERCIAL MEMBER CORP	SCH E	10,984.	10,984.	
TRUMP MARKS MUMBAI LLC	SCH E	<2,237.>	<2,237.>	2,237.
DJT HOLDINGS LLC	SCH E	<1,929,672.>	<1,929,672.>	1,929,672.
TRUMP MARKS FINE FOODS MEMBER CORP	SCH E	<183.>	<183.>	183.
TRUMP CLASSIC CARS MEMBER CORP	SCH E	<1,269.>	<1,269.>	1,269.
DJT HOLDINGS LLC - SEVEN SPRINGS LLC	SCH E	<54,425.>	<54,425.>	54,425.
DJT HOLDINGS LLC - TRUMP WINE MARKS LLC	SCH E	<15,316.>	<15,316.>	15,316.
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB LLC	SCH E	<1,434,918.>	<1,434,918.>	1,434,918.
DJT HOLDINGS LLC - LFB ACQUISITION LLC	SCH E	1,007,559.	1,007,559.	
DJT HOLDINGS LLC - TNGC PINE HILL LLC	SCH E	<681,810.>	<681,810.>	681,810.
DJT HOLDINGS LLC - TNGC DUTCHESS COUNTY LLC	SCH E	<581,002.>	<581,002.>	581,002.
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	SCH E	200,988.	200,988.	
TRUMP VIRGINIA ACQUISITIONS LLC	SCH E	<1,305,750.>	<1,305,750.>	1,305,750.
TRUMP MARKS BATUMI LLC	SCH E	<351.>	<351.>	351.
TRUMP DRINKS ISRAEL LLC	SCH E	<32,600.>	<32,600.>	32,600.
TRUMP BOOKS LLC	SCH E	<322.>	<322.>	322.
PARAMOUNT RPV HOLDINGS LLC	SCH E	<297.>	<297.>	297.

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TRUMP EU MARKS LLC	SCH E	<2,183.>	<2,183.>	2,183.
TRUMP WORLD PRODUCTIONS LLC	SCH E	<8,380.>	<8,380.>	8,380.
TRUMP BOOKS MANAGER CORP	SCH E	<308.>	<308.>	308.
TRUMP DRINKS ISRAEL MEMBER CORP	SCH E	<664.>	<664.>	664.
DJT LAND HOLDINGS MEMBER CORP	SCH E	<1,225.>	<1,225.>	1,225.
TRUMP WINE MARKS MEMBER CORP	SCH E	<381.>	<381.>	381.
TRUMP ENDEAVOR 12 MANAGER CORP	SCH E	<116,659.>	<116,659.>	116,659.
TAG AIR INC	SCH E	111,120.	111,120.	
PARAMOUNT RPV HOLDINGS MANAGER CORP	SCH E	<228.>	<228.>	228.
TRUMP EU MARKS MEMBER CORP	SCH E	<297.>	<297.>	297.
LFB AQUISITION MEMBER CORP	SCH E	10,055.	10,055.	
TRUMP WORLD PRODUCTIONS MANAGER CORP	SCH E	<622.>	<622.>	622.
TRUMP VIRGINIA ACQUISITIONS MANAGER CORP	SCH E	<13,414.>	<13,414.>	13,414.
DT APP WARRANT HOLDING MANAGING MEMBER CORP	SCH E	<297.>	<297.>	297.
DT INDIA VENTURE MANAGING MEMBER CORP	SCH E	<321.>	<321.>	321.
DT MARKS BAKU MANAGING MEMBER CORP	SCH E	<579.>	<579.>	579.
DT MARKS RIO MEMBER CORP	SCH E	<341.>	<341.>	341.
POKER VENTURE MANAGING MEMBER CORP	SCH E	<228.>	<228.>	228.
TP-CFD MANAGER CORP	SCH E	<283.>	<283.>	283.
TRUMP MARKS BATUMI MANAGING MEMBER CORP	SCH E	<229.>	<229.>	229.
TRUMP MARKS PUNTA DEL ESTE MANAGER	SCH E	1,230.	1,230.	
TRUMP MIAMI RESORT MANAGEMENT MEMBER CORP	SCH E	<384.>	<384.>	384.
WHITE COURSE MANAGING MEMBER CORP	SCH E	<325.>	<325.>	325.

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MELANIA MARKS SKINCARE MANAGING MEMBER CORP	SCH E	<2,403.>	<2,403.>	2,403.
DT MARKS PUNE LLC	SCH E	<5,221.>	<5,221.>	5,221.
DT MARKS RIO LLC	SCH E	<3,550.>	<3,550.>	3,550.
DT APP WARRANT HOLDING LLC	SCH E	<2,183.>	<2,183.>	2,183.
TRUMP MARKS PUNTA DEL ESTE LLC	SCH E	146,496.	146,496.	
DT MARKS BAKU LLC	SCH E	<48,947.>	<48,947.>	48,947.
T INTERNATIONAL REALTY LLC	SCH E	263,864.	263,864.	
TP-CFD LLC	SCH E	<297.>	<297.>	297.
POKER VENTURE LLC	SCH E	<297.>	<297.>	297.
DT INDIA VENTURE LLC	SCH E	<2,129.>	<2,129.>	2,129.
TRUMP CHICAGO RETAIL MANAGER LCC	SCH E	<431.>	<431.>	431.
MELANIA MARKS SKINCARE LLC	SCH E	<41,431.>	<41,431.>	41,431.
DJT HOLDINGS TNGC CHARLOTTE LLC	SCH E	1,080,373.	1,080,373.	
DJT HOLDINGS - WHITE COURSE LLC	SCH E	<9,848.>	<9,848.>	9,848.
DJT HOLDINGS JUPITER GOLF CLUB	SCH E	<1,623,584.>	<1,623,584.>	1,623,584.
DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC	SCH E	<3,015,363.>	<3,015,363.>	3,015,363.
DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	SCH E	<65,285.>	<65,285.>	65,285.
DT MARKS DUBAI LLC	SCH E	<3,473.>	<3,473.>	3,473.
THC SALES & MARKETING LLC	SCH E	81,283.	81,283.	
DT MARKS WORLI LLC	SCH E	1,023,983.	1,023,983.	
DT DUBAI GOLF MANAGER LLC	SCH E	1,332,944.	1,332,944.	
DT MARKS VANCOUVER LP	SCH E	<9,820.>	<9,820.>	9,820.
THC DEVELOPMENT BRAZIL LLC	SCH E	<351.>	<351.>	351.
DT HOME MARKS INTERNATIONAL LLC	SCH E	429,786.	429,786.	
THC RIO MANAGER LLC	SCH E	<27,770.>	<27,770.>	27,770.
DT MARKS PRODUCTS INTERNATIONAL LLC	SCH E	<11,017.>	<11,017.>	11,017.
THC CENTRAL RESERVATIONS LLC	SCH E	<133,600.>	<133,600.>	133,600.
TRUMP HOTEL MANAGEMENT CORP	SCH E	<1,651.>	<1,651.>	1,651.
EID VENTURE I CORPORATION	SCH E	<284.>	<284.>	284.

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DT MARKS WORLI MEMBER CORP	SCH E	10,118.	10,118.	
DT HOME MARKS INTERNATIONAL MEMBER CORP	SCH E	3,853.	3,853.	
THC DEVELOPMENT BRAZIL MANAGING MEMBER	SCH E	<634.>	<634.>	634.
DT DUBAI GOLF MANAGER MEMBER CORP	SCH E	13,239.	13,239.	
DT MARKS VANCOUVER MEMBER CORP	SCH E	<324.>	<324.>	324.
THC RIO MANAGING MEMBER CORP	SCH E	<856.>	<856.>	856.
DT MARKS DUBAI MEMBER CORP	SCH E	<260.>	<260.>	260.
TRUMP CHICAGO RETAIL MEMBER CORP	SCH E	<279.>	<279.>	279.
DT MARKS PRODCTS INTERNATIONAL MEMBER CORP	SCH E	<445.>	<445.>	445.
OPO HOTEL MANAGER MEMBER CORP	SCH E	<174.>	<174.>	174.
THC CENTRAL RESERVATIONS MEMBER CORP	SCH E	<1,848.>	<1,848.>	1,848.
THC SALES & MARKETING MEMBER CORP	SCH E	596.	596.	
THC VANCOUVER MANAGEMENT CORP	SCH E	4,239.	4,239.	
THE CARIBUSINESS RE CORP	SCH E	<55.>	<55.>	55.
TW VENTURE I MANAGING MEMBER CORP	SCH E	<59.>	<59.>	59.
TRUMP CPS CORP	SCH E	<2,918.>	<2,918.>	2,918.
D B PACE ACQUISITION MEMBER CORP	SCH E	<519.>	<519.>	519.
DT CONNECT II MEMBER CORP	SCH E	<12,099.>	<12,099.>	12,099.
DT DUBAI II GOLF MANAGER MEMBER CORP	SCH E	29,293.	29,293.	
DT MARKS GURGAON MANAGING MEMBER CORP	SCH E	<947.>	<947.>	947.
DT MARKS PUNE II MANAGING MEMBER CORP	SCH E	<289.>	<289.>	289.
DT MARKS QATAR MEMBER CORP	SCH E	<1,307.>	<1,307.>	1,307.

PINE HILL DEVELOPMENT MANAGING MEMBER	SCH E	<822.>	<822.>	822.
THC BAKU HOTEL MANAGER SERVICE MEMBER	SCH E	<10,830.>	<10,830.>	10,830.
THC BAKU SERVICES MEMBER CORP	SCH E	2,150.	2,150.	
THC CHINA-TECHNICAL SERVICES MANAGER CORP	SCH E	<634.>	<634.>	634.
THC QATAR HOTEL MANAGER MEMBER CORP	SCH E	<716.>	<716.>	716.
THC SERVICES SHENZHEN MEMBER CORP	SCH E	<485.>	<485.>	485.
THC VENTURE II MANGING MEMBER CORP	SCH E	<638.>	<638.>	638.
TTTT VENTURE MEMBER CORP (FKA THC VENTURE III MEMBER CORP)	SCH E	29,056.	29,056.	
TNGC CHARLOTTE MANAGER CORP	SCH E	9,760.	9,760.	
TNGC JUPITER MANAGINF MEMBER CORP	SCH E	897.	897.	
TRUMP NATIONAL GOLF CLUB COLTS NECK MEMBER CORP	SCH E	<13,714.>	<13,714.>	13,714.
TURNBERRY SCOTLAND MANAGING MEMBER CORP	SCH E	<133,760.>	<133,760.>	133,760.
THC CHINA TECHNICAL SERVICES LLC	SCH E	<376.>	<376.>	376.
DT MARKS PUNE II LLC	SCH E	<2,267.>	<2,267.>	2,267.
THC VENTURE II LLC	SCH E	<772.>	<772.>	772.
DT MARKS GURGAON LLC	SCH E	<25,911.>	<25,911.>	25,911.
DT MARKS QATAR LLC	SCH E	<42,850.>	<42,850.>	42,850.
THC BAKU HOTEL MANAGER SERVICES LLC	SCH E	<594.>	<594.>	594.
THC BAKU SERVICES LLC	SCH E	312,718.	312,718.	
THC QATAR HOTEL MANAGER LLC	SCH E	<3,020.>	<3,020.>	3,020.
THC SERVICES SHENZHEN LLC	SCH E	<3,068.>	<3,068.>	3,068.
THC SHENZHEN HOTEL MANAGER LLC	SCH E	<2,421.>	<2,421.>	2,421.

TTTT VENTURE LLC (FKA THC VENTURE III LLC) SCH E	2,263,767.	2,263,767.	
DJT HOLDINGS LLC (PINE HILL DEVELOPMENT LLC) SCH E	<8,276.>	<8,276.>	8,276.
DJT HOLDINGS LLC (TNGC JUPITER MANAGEMENT LLC) SCH E	115,344.	115,344.	
DJT HOLDINGS LLC (TW VENTURE I LLC) SCH E	31,889.	31,889.	
DJT HOLDINGS LLC (TW VENTURE II LLC) SCH E	<4,438,083.>	<4,438,083.>	4,438,083.
DJT HOLDINGS LLC (DT CONNECT II LLC) SCH E	<1,089,339.>	<1,089,339.>	1,089,339.
TW VENTURE II MANAGING MEMBER CORP SCH E	<43,981.>	<43,981.>	43,981.
DT TOWER GURGAON LLC SCH E	<9,933.>	<9,933.>	9,933.
DT MARKS BALI LLC SCH E	1,405,633.	1,405,633.	
DT MARKS LIDO LLC SCH E	1,405,584.	1,405,584.	
DT BALI TECHNICAL SERVICES MANAGER LLC SCH E	<3,587.>	<3,587.>	3,587.
DT LIDO HOTEL MANAGER LLC SCH E	<399.>	<399.>	399.
DT LIDO TECHNICAL SERVICES MANAGER LLC SCH E	<3,774.>	<3,774.>	3,774.
DT JEDDAH TECHNICAL SERVICES MANAGER LLC SCH E	<168.>	<168.>	168.
THC JEDDAH HOTEL MANAGER LLC SCH E	<42,584.>	<42,584.>	42,584.
EID VENTURE I LLC SCH E	<351.>	<351.>	351.
DT MARKS PUNE MANAGING MEMBER CORP SCH E	<383.>	<383.>	383.
THC SHENZHEN HOTEL MANAGER MEMBER CORP SCH E	<776.>	<776.>	776.
THC JEDDAH HOTEL MANAGER MEMBER CORP SCH E	<430.>	<430.>	430.
JUPITER GOLF CLUB MANAGING MEMBER CORP SCH E	<16,790.>	<16,790.>	16,790.
DTW VENTURE MANAGING MEMBER CORP SCH E	<225.>	<225.>	225.
DT TOWER GURGAON MANAGING MEMBER CORP SCH E	<431.>	<431.>	431.

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DT MARKS LIDO MEMBER CORP	SCH E	14,143.	14,143.	
DT MARKS BALI MEMBER CORP	SCH E	14,198.	14,198.	
DT LIDO TECHNICAL SERVICES MANAGER MEMBER CORP	SCH E	<111.>	<111.>	111.
DT LIDO HOTEL MANAGER MEMBER CORP	SCH E	<59.>	<59.>	59.
DT LIDO GOLF MANAGER MEMBER CORP	SCH E	<57.>	<57.>	57.
DT JEDDAH TECHNICAL SERVICES MANAGER MEMBER CORP	SCH E	<2.>	<2.>	2.
DT BALI TECHNICAL SERVICES MANAGER MEMBER CORP	SCH E	<91.>	<91.>	91.
DT BALI GOLF MANAGER MEMBER CORP	SCH E	<79.>	<79.>	79.
DT BALI HOTEL MANAGER MEMBER CORP	SCH E	<78.>	<78.>	78.
DONALD J. TRUMP	SCH C	214,500.	214,500.	
TRUMP ORGANIZATION LLC	SCH C	<119.>	<119.>	119.
TRUMP REALTY SERVICES LLC	SCH C	<599.>	<599.>	599.
WOLLMAN RINK OPERATIONS LLC	SCH C	<1,287,722.>	<1,287,722.>	1,287,722.
TRUMP CHICAGO DEVELOPMENT LLC	SCH C	<719.>	<719.>	719.
TRUMP LAS VEGAS DEVELOPMENT LLC	SCH C	<760.>	<760.>	760.
TRUMP RESTAURANTS LLC	SCH C	<368,057.>	<368,057.>	368,057.
TRUMP PHOENIX DEVELOPMENT LLC	SCH C	<355.>	<355.>	355.
TRUMP GOLF MANAGEMENT LLC	SCH C	<55.>	<55.>	55.
TIHT HOLDING COMPANY LLC	SCH C	27,763.	27,763.	
CHICAGO UNIT ACQUISTION LLC	SCH C	<1,719.>	<1,719.>	1,719.
DONALD J TRUMP	SCH C	<1,084.>	<1,084.>	1,084.
TRUMP ICE LLC	SCH C	<65,567.>	<65,567.>	65,567.
DJT OPERATIONS II LLC	SCH C	<2,380.>	<2,380.>	2,380.
TRUMP GOLF ACQUISITIONS LLC	SCH C	32,841.	32,841.	
DJT AEROSPACE LLC	SCH C	104,831.	104,831.	
DJT OPERATIONS I LLC	SCH C	<124,221.>	<124,221.>	124,221.
DJT OPERATIONS CX LLC	SCH C	247,659.	247,659.	

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X	RITZ CARLTON	SCH E	<8,756.>	<8,756.>	8,756.
	AVENUE -	SCH E			
	PALM BEACH, FL 3348		<189,202.>	<189,202.>	189,202.
X		- SCH E			
	12 ROAD, PALM BEACH, FL 33480		<56,539.>	<56,539.>	56,539.
X	TRUMP 106 CPS LLC	SCH E			
	PARK SOU, NY		<839.>	<839.>	839.
X	APARTMENT- NEW YORK, NEW YORK	SCH E	<7,508.>	<7,508.>	7,508.
	BOOK	SCH E	2,198,621.	2,198,621.	
	TRUMP CARIBBEAN LLC - ROYALTY INCOME	SCH E	<263.>	<263.>	263.
	TRUMP BRAZIL LLC - ROYALTY INCOME	SCH E	<410.>	<410.>	410.
	TRUMP LAUDERDALE DEVELOPMENT LLC - ROYALTY INCOME	SCH E	<126,424.>	<126,424.>	126,424.
X	TRUMP LAUDERDALE DEVELOPMENT #2 LLC	SCH E	<199.>	<199.>	199.
	TRUMP WORLD PUBLICATIONS	SCH E	<25.>	<25.>	25.
X	WEST PALM OPERATIONS LLC	SCH E	<26,466.>	<26,466.>	26,466.
TOTALS			17,184,448.	17,184,448.	28,094,559.

PRIOR YEAR CARRYOVERS ALLOWED DUE TO CURRENT YEAR NET ACTIVITY INCOME

TOTAL	28,094,559.

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FORM 8582-CR OTHER PASSIVE ACTIVITY CREDITS WORKSHEET 4 STATEMENT 91

NAME OF ACTIVITY	FROM FORM	CURRENT YEAR CREDITS	PRIOR YEAR UNALLOWED CREDITS	TOTAL CREDITS
TRUMP RESTAURANTS LLC	8846/3800, LINE 32	14,169.		14,169.
MAR-A-LAGO CLUB, LLC	8846/3800, LINE 32	7,962.		7,962.
MAR-A-LAGO CLUB, INC.	8846/3800, LINE 32	8.		8.
TRUMP INTERNATIONAL GOLF CLUB LLC	8846/3800, LINE 32	2,748.		2,748.
TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP	8846/3800, LINE 32	124.		124.
TRUMP NATIONAL GOLF CLUB WASHINGTON DC	8846/3800, LINE 32	39.		39.
TRUMP LAS VEGAS CORP	8846/3800, LINE 32	1,861.		1,861.
TRUMP FERRY POINT LLC	8846/3800, LINE 32	12,954.		12,954.
DJT HOLDINGS LLC	8846/3800, LINE 32	204,465.		204,465.
DJT HOLDINGS LLC - LFB ACQUISITION LLC	8846/3800, LINE 32	6,543.		6,543.
DJT HOLDINGS LLC - TNGC PINE HILL LLC	8846/3800, LINE 32	12,200.		12,200.
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	8846/3800, LINE 32	3,789.		3,789.
TRUMP ENDEAVOR 12 MANAGER CORP	8846/3800, LINE 32	2,805.		2,805.
LFB AQUISITION MEMBER CORP	8846/3800, LINE 32	67.		67.
DJT HOLDINGS TNGC CHARLOTTE LLC	8846/3800, LINE 32	11,447.		11,447.
DJT HOLDINGS JUPITER GOLF CLUB	8846/3800, LINE 32	9,964.		9,964.
DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC	8846/3800, LINE 32	28,298.		28,298.
DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	8846/3800, LINE 32	578.		578.
TNGC CHARLOTTE MANAGER CORP	8846/3800, LINE 32	117.		117.
JUPITER GOLF CLUB MANAGING MEMBER CORP	8846/3800, LINE 32	102.		102.
TRUMP RESTAURANTS LLC	CARRYOVER		13,766.	13,766.
TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP	CARRYOVER		118.	118.
TRUMP NATIONAL GOLF CLUB WASHINGTON DC	CARRYOVER		29.	29.

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DJT HOLDINGS LLC - TNGC PINE HILL LLC	CARRYOVER	11,603.	11,603.
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	CARRYOVER	2,804.	2,804.
TRUMP ENDEAVOR 12 MANAGER CORP	CARRYOVER	1,686.	1,686.
DJT HOLDINGS TNGC CHARLOTTE LLC	CARRYOVER	10,123.	10,123.
DJT HOLDINGS JUPITER GOLF CLUB	CARRYOVER	9,746.	9,746.
TNGC CHARLOTTE MANAGER CORP	CARRYOVER	103.	103.
TRUMP RESTAURANTS LLC	CARRYOVER	16,310.	16,310.
TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP	CARRYOVER	115.	115.
TRUMP NATIONAL GOLF CLUB WASHINGTON DC	CARRYOVER	11.	11.
DJT HOLDINGS LLC - TNGC PINE HILL LLC	CARRYOVER	11,301.	11,301.
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	CARRYOVER	1,035.	1,035.
TRUMP ENDEAVOR 12 MANAGER CORP	CARRYOVER	2,052.	2,052.
DJT HOLDINGS TNGC CHARLOTTE LLC	CARRYOVER	8,039.	8,039.
TRUMP RESTAURANTS LLC	CARRYOVER	21,965.	21,965.
VH PROPERTY CORP	CARRYOVER	20,056.	20,056.
TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP	CARRYOVER	82.	82.
TRUMP LAS VEGAS CORP	CARRYOVER	1,327.	1,327.
TRUMP ENDEAVOR 12 MANAGER CORP	CARRYOVER	1,581.	1,581.
TRUMP RESTAURANTS LLC	CARRYOVER	22,704.	22,704.
VH PROPERTY CORP	CARRYOVER	17,728.	17,728.
	CARRYOVER	18,902.	18,902.
	CARRYOVER	6,455.	6,455.
TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP	CARRYOVER	71.	71.
TRUMP LAS VEGAS CORP	CARRYOVER	1,232.	1,232.
TRUMP RESTAURANTS LLC	CARRYOVER	21,589.	21,589.
MAR-A-LAGO CLUB, LLC	CARRYOVER	2,368.	2,368.
VH PROPERTY CORP	CARRYOVER	10,388.	10,388.
	CARRYOVER	21,039.	21,039.
	CARRYOVER	7,563.	7,563.
TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP	CARRYOVER	76.	76.
TRUMP RESTAURANTS LLC	CARRYOVER	20,540.	20,540.
VH PROPERTY CORP	CARRYOVER	11,702.	11,702.
	CARRYOVER	12,692.	12,692.
TRUMP RESTAURANTS LLC	CARRYOVER	19,305.	19,305.
	CARRYOVER	237,999.	237,999.
	CARRYOVER	3,337.	3,337.

CARRYOVER		123,353.	123,353.
CARRYOVER		18,185.	18,185.
TOTALS	320,240.	711,080.	1,031,320.

FORM 8582-CR ALLOCATION OF UNALLOWED CREDITS - WORKSHEET 8 STATEMENT 92

NAME OF ACTIVITY	FORM REPORTED ON	CREDITS	RATIO	UNALLOWED CREDITS
TRUMP RESTAURANTS LLC	FORM 3800, LINE 33	14,169.	.013738704	14,169.
MAR-A-LAGO CLUB, LLC	FORM 3800, LINE 33	7,962.	.007720203	7,962.
MAR-A-LAGO CLUB, INC.	FORM 3800, LINE 33	8.	.000007757	8.
TRUMP INTERNATIONAL GOLF CLUB LLC	FORM 3800, LINE 33	2,748.	.002664546	2,748.
TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP	FORM 3800, LINE 33	124.	.000120234	124.
TRUMP NATIONAL GOLF CLUB WASHINGTON DC	FORM 3800, LINE 33	39.	.000037816	39.
TRUMP LAS VEGAS CORP	FORM 3800, LINE 33	1,861.	.001804484	1,861.
TRUMP FERRY POINT LLC	FORM 3800, LINE 33	12,954.	.012560602	12,954.
DJT HOLDINGS LLC	FORM 3800, LINE 33	204,465.	.198255634	204,465.
DJT HOLDINGS LLC - LFB ACQUISITION LLC	FORM 3800, LINE 33	6,543.	.006344297	6,543.
DJT HOLDINGS LLC - TNGC PINE HILL LLC	FORM 3800, LINE 33	12,200.	.011829500	12,200.
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	FORM 3800, LINE 33	3,789.	.003673932	3,789.
TRUMP ENDEAVOR 12 MANAGER CORP	FORM 3800, LINE 33	2,805.	.002719815	2,805.
LFB AQUISITION MEMBER CORP	FORM 3800, LINE 33	67.	.000064965	67.
DJT HOLDINGS TNGC CHARLOTTE LLC	FORM 3800, LINE 33	11,447.	.011099368	11,447.
DJT HOLDINGS JUPITER GOLF CLUB	FORM 3800, LINE 33	9,964.	.009661405	9,964.
DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC	FORM 3800, LINE 33	28,298.	.027438622	28,298.
DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	FORM 3800, LINE 33	578.	.000560447	578.
TNGC CHARLOTTE MANAGER CORP	FORM 3800, LINE 33	117.	.000113447	117.
JUPITER GOLF CLUB MANAGING MEMBER CORP	FORM 3800, LINE 33	102.	.000098902	102.
TRUMP RESTAURANTS LLC	FORM 3800, LINE 33	13,766.	.013347942	13,766.
TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP	FORM 3800, LINE 33	118.	.000114416	118.

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TRUMP NATIONAL GOLF CLUB WASHINGTON DC	FORM 3800, LINE 33	29.	.000028119	29.
DJT HOLDINGS LLC - TNGC PINE HILL LLC	FORM 3800, LINE 33	11,603.	.011250630	11,603.
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	FORM 3800, LINE 33	2,804.	.002718846	2,804.
TRUMP ENDEAVOR 12 MANAGER CORP	FORM 3800, LINE 33	1,686.	.001634798	1,686.
DJT HOLDINGS TNGC CHARLOTTE LLC	FORM 3800, LINE 33	10,123.	.009815576	10,123.
DJT HOLDINGS JUPITER GOLF CLUB	FORM 3800, LINE 33	9,746.	.009450025	9,746.
TNGC CHARLOTTE MANAGER CORP	FORM 3800, LINE 33	103.	.000099872	103.
TRUMP RESTAURANTS LLC	FORM 3800, LINE 33	16,310.	.015814684	16,310.
TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP	FORM 3800, LINE 33	115.	.000111508	115.
TRUMP NATIONAL GOLF CLUB WASHINGTON DC	FORM 3800, LINE 33	11.	.000010666	11.
DJT HOLDINGS LLC - TNGC PINE HILL LLC	FORM 3800, LINE 33	11,301.	.010957802	11,301.
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	FORM 3800, LINE 33	1,035.	.001003568	1,035.
TRUMP ENDEAVOR 12 MANAGER CORP	FORM 3800, LINE 33	2,052.	.001989683	2,052.
DJT HOLDINGS TNGC CHARLOTTE LLC	FORM 3800, LINE 33	8,039.	.007794865	8,039.
TRUMP RESTAURANTS LLC	FORM 3800, LINE 33	21,965.	.021297948	21,965.
VH PROPERTY CORP	FORM 3800, LINE 33	20,056.	.019446922	20,056.
TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP	FORM 3800, LINE 33	82.	.000079510	82.
TRUMP LAS VEGAS CORP	FORM 3800, LINE 33	1,327.	.001286701	1,327.
TRUMP ENDEAVOR 12 MANAGER CORP	FORM 3800, LINE 33	1,581.	.001532987	1,581.
TRUMP RESTAURANTS LLC	FORM 3800, LINE 33	22,704.	.022014506	22,704.
VH PROPERTY CORP	FORM 3800, LINE 33	17,728.	.017189621	17,728.
	FORM 3800, LINE 33	18,902.	.018327968	18,902.
	FORM 3800, LINE 33	6,455.	.006258969	6,455.
TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP	FORM 3800, LINE 33	71.	.000068844	71.
TRUMP LAS VEGAS CORP	FORM 3800, LINE 33	1,232.	.001194586	1,232.
TRUMP RESTAURANTS LLC	FORM 3800, LINE 3	21,589.	.020933367	21,589.
MAR-A-LAGO CLUB, LLC	FORM 3800, LINE 3	2,368.	.002296087	2,368.
VH PROPERTY CORP	FORM 3800, LINE 3	10,388.	.010072528	10,388.
	FORM 3800, LINE 3	21,039.	.020400070	21,039.

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	FORM 3800, LINE 3	7,563.	.007333320	7,563.
TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP	FORM 3800, LINE 3	76.	.000073692	76.
TRUMP RESTAURANTS LLC	FORM 3800, LINE 33	20,540.	.019916224	20,540.
VH PROPERTY CORP	FORM 3800, LINE 33	11,702.	.011346624	11,702.
	FORM 3800, LINE 33	12,692.	.012306559	12,692.
TRUMP RESTAURANTS LLC	FORM 3800, LINE 33	19,305.	.018718729	19,305.
	FORM 3800, LINE 33	237,999.	.230771245	237,999.
	FORM 3800, LINE 33	3,337.	.003235659	3,337.
	FORM 3800, LINE 3	123,353.	.119606912	123,353.
	FORM 3800, LINE 3	18,185.	.017632742	18,185.
TOTALS		1,031,320.	1.000000000	1,031,320.

FORM 8582-CR ALLOWED CREDITS - WORKSHEET 9 STATEMENT 93

NAME OF ACTIVITY	FORM REPORTED ON	CREDITS	UNALLOWED CREDITS	ALLOWED CREDITS
TRUMP RESTAURANTS LLC	FORM 3800, LINE 33	14,169.	14,169.	0.
MAR-A-LAGO CLUB, LLC	FORM 3800, LINE 33	7,962.	7,962.	0.
MAR-A-LAGO CLUB, INC.	FORM 3800, LINE 33	8.	8.	0.
TRUMP INTERNATIONAL GOLF CLUB LLC	FORM 3800, LINE 33	2,748.	2,748.	0.
TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP	FORM 3800, LINE 33	124.	124.	0.
TRUMP NATIONAL GOLF CLUB WASHINGTON DC	FORM 3800, LINE 33	39.	39.	0.
TRUMP LAS VEGAS CORP	FORM 3800, LINE 33	1,861.	1,861.	0.
TRUMP FERRY POINT LLC	FORM 3800, LINE 33	12,954.	12,954.	0.
DJT HOLDINGS LLC	FORM 3800, LINE 33	204,465.	204,465.	0.
DJT HOLDINGS LLC - LFB ACQUISITION LLC	FORM 3800, LINE 33	6,543.	6,543.	0.
DJT HOLDINGS LLC - TNGC PINE HILL LLC	FORM 3800, LINE 33	12,200.	12,200.	0.
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	FORM 3800, LINE 33	3,789.	3,789.	0.
TRUMP ENDEAVOR 12 MANAGER CORP	FORM 3800, LINE 33	2,805.	2,805.	0.

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LFB AQUISITION MEMBER CORP	FORM 3800, LINE 33	67.	67.	0.
DJT HOLDINGS TNGC CHARLOTTE LLC	FORM 3800, LINE 33	11,447.	11,447.	0.
DJT HOLDINGS JUPITER GOLF CLUB	FORM 3800, LINE 33	9,964.	9,964.	0.
DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC	FORM 3800, LINE 33	28,298.	28,298.	0.
DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC	FORM 3800, LINE 33	578.	578.	0.
TNGC CHARLOTTE MANAGER CORP	FORM 3800, LINE 33	117.	117.	0.
JUPITER GOLF CLUB MANAGING MEMBER CORP	FORM 3800, LINE 33	102.	102.	0.
TRUMP RESTAURANTS LLC	FORM 3800, LINE 33	13,766.	13,766.	0.
TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP	FORM 3800, LINE 33	118.	118.	0.
TRUMP NATIONAL GOLF CLUB WASHINGTON DC	FORM 3800, LINE 33	29.	29.	0.
DJT HOLDINGS LLC - TNGC PINE HILL LLC	FORM 3800, LINE 33	11,603.	11,603.	0.
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	FORM 3800, LINE 33	2,804.	2,804.	0.
TRUMP ENDEAVOR 12 MANAGER CORP	FORM 3800, LINE 33	1,686.	1,686.	0.
DJT HOLDINGS TNGC CHARLOTTE LLC	FORM 3800, LINE 33	10,123.	10,123.	0.
DJT HOLDINGS JUPITER GOLF CLUB	FORM 3800, LINE 33	9,746.	9,746.	0.
TNGC CHARLOTTE MANAGER CORP	FORM 3800, LINE 33	103.	103.	0.
TRUMP RESTAURANTS LLC	FORM 3800, LINE 33	16,310.	16,310.	0.
TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP	FORM 3800, LINE 33	115.	115.	0.
TRUMP NATIONAL GOLF CLUB WASHINGTON DC	FORM 3800, LINE 33	11.	11.	0.
DJT HOLDINGS LLC - TNGC PINE HILL LLC	FORM 3800, LINE 33	11,301.	11,301.	0.
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	FORM 3800, LINE 33	1,035.	1,035.	0.
TRUMP ENDEAVOR 12 MANAGER CORP	FORM 3800, LINE 33	2,052.	2,052.	0.
DJT HOLDINGS TNGC CHARLOTTE LLC	FORM 3800, LINE 33	8,039.	8,039.	0.
TRUMP RESTAURANTS LLC	FORM 3800, LINE 33	21,965.	21,965.	0.
VH PROPERTY CORP	FORM 3800, LINE 33	20,056.	20,056.	0.
TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP	FORM 3800, LINE 33	82.	82.	0.
TRUMP LAS VEGAS CORP	FORM 3800, LINE 33	1,327.	1,327.	0.
TRUMP ENDEAVOR 12 MANAGER CORP	FORM 3800, LINE 33	1,581.	1,581.	0.
TRUMP RESTAURANTS LLC	FORM 3800, LINE 33	22,704.	22,704.	0.

VH PROPERTY CORP	FORM 3800, LINE 33	17,728.	17,728.	0.
	FORM 3800, LINE 33	18,902.	18,902.	0.
	FORM 3800, LINE 33	6,455.	6,455.	0.
TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP TRUMP LAS VEGAS CORP	FORM 3800, LINE 33	71.	71.	0.
	FORM 3800, LINE 33	1,232.	1,232.	0.
TRUMP RESTAURANTS LLC	FORM 3800, LINE 3	21,589.	21,589.	0.
MAR-A-LAGO CLUB, LLC	FORM 3800, LINE 3	2,368.	2,368.	0.
VH PROPERTY CORP	FORM 3800, LINE 3	10,388.	10,388.	0.
	FORM 3800, LINE 3	21,039.	21,039.	0.
	FORM 3800, LINE 3	7,563.	7,563.	0.
TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP TRUMP RESTAURANTS LLC	FORM 3800, LINE 3	76.	76.	0.
	FORM 3800, LINE 33	20,540.	20,540.	0.
VH PROPERTY CORP	FORM 3800, LINE 33	11,702.	11,702.	0.
	FORM 3800, LINE 33	12,692.	12,692.	0.
TRUMP RESTAURANTS LLC	FORM 3800, LINE 33	19,305.	19,305.	0.
	FORM 3800, LINE 33	237,999.	237,999.	0.
	FORM 3800, LINE 33	3,337.	3,337.	0.
	FORM 3800, LINE 3	123,353.	123,353.	0.
	FORM 3800, LINE 3	18,185.	18,185.	0.
TOTALS		1,031,320.	1,031,320.	0.

FORM 5471 — OTHER DEDUCTIONS — STATEMENT 97

DESCRIPTION	FUNCTIONAL CURRENCY	EXCHANGE RATE	U.S. DOLLARS
DUES & SUBS			1,995.
LEGAL			7,217.
TOTAL TO 5471, PAGE 2, SCH C, LINE 16			9,212.

DONALD J. & MELANIA TRUMP

FORM 5471 OTHER ASSETS STATEMENT 98

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
LOANS AND EXCHANGES	3,570.	3,570.
TOTAL TO 5471, PAGE 3, SCH F, LINE 12	3,570.	3,570.

FORM 5471 OTHER CURRENT LIABILITIES STATEMENT 99

DESCRIPTION	BEG. OF ANNUAL ACCOUNTING PERIOD	END OF ANNUAL ACCOUNTING PERIOD
DUE TO AFFILATES	740.	740.
TOTAL TO 5471, PAGE 3, SCH F, LINE 15	740.	740.

FORM 8865 OTHER INCOME (LOSS) STATEMENT 100

DESCRIPTION	AMOUNT
MEMBERSHIP FEES	4,457,455.
MISCELLANEOUS INCOME	138,638.
GAIN ON FX	7,705.
TOTAL TO FORM 8865, SCHEDULE B, LINE 7	4,603,798.

DONALD J. & MELANIA TRUMP

FORM 8865 — OTHER DEDUCTIONS — STATEMENT 101

DESCRIPTION	AMOUNT
AUTO EXPENSES	40,112.
BANK CHARGES	11,654.
DECORATIONS	31,534.
DIRECT COSTS	724,932.
GAIN/LOSS ON FX	
INSURANCE	164,527.
MARKETING	298,856.
BAD DEBT	320.
MEALS AND ENTERTAINMENT	11,894.
MISCELLANEOUS	119,361.
OFFICE EXPENSE	352,140.
PROFESSIONAL FEES	163,092.
REPAIRS & MAINTENANCE	111,113.
SALARIES & WAGES	3,155,897.
SECURITY	30,456.
SUPPLIES	500,155.
UTILITIES	165,842.
TOTAL TO FORM 8865, SCHEDULE B, LINE 20	5,881,885.

FORM 8865 — OTHER CURRENT LIABILITIES — STATEMENT 102

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
OTHER PAYABLES	481,154.	389,652.
TOTAL TO FORM 8865, SCHEDULE L, LINE 17	481,154.	389,652.

FORM 8865 — OTHER ASSETS — STATEMENT 103

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
UNREALIZED CONVERSION GAIN/LOSS	4,478,203.	6,490,588.
TOTAL TO FORM 8865, SCHEDULE L, LINE 13	4,478,203.	6,490,588.

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FORM 8865 — OTHER CURRENT ASSETS — STATEMENT 104

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
MISCELLANEOUS RECEIVABLES	210,629.	76,957.
TOTAL TO FORM 8865, SCHEDULE L, LINE 6	210,629.	76,957.

FORM 8865 — OTHER LIABILITIES — STATEMENT 105

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
LOANS/OBLIGATIONS	133,690.	127,156.
TOTAL TO FORM 8865, SCHEDULE L, LINE 20	133,690.	127,156.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 106

THE EAST 61 ST. COMPANY

DESCRIPTION	AMOUNT
UBE	11,169.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	11,169.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 107

40 WALL DEVELOPMENT ASSOC, LLC

DESCRIPTION	AMOUNT
UBE	480,976.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	480,976.

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FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 108

PENN YARDS ASSOCIATES

DESCRIPTION	AMOUNT
UBE	10,679.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	10,679.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 109

PLAZA OPERATING PARTNERS LTD

DESCRIPTION	AMOUNT
UBE	111,128.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	111,128.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 110

TRUMP CPS LLC

DESCRIPTION	AMOUNT
UPE	101,315.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	101,315.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 111

TRUMP CPS DEVELOPMENT LLC

DESCRIPTION	AMOUNT
UBE	10,455.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	10,455.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 112

TRUMP 845 UN GP LLC (MGR)

DESCRIPTION	AMOUNT
UBE	55,361.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	55,361.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 113

TRUMP EQUITABLE FIFTH AVENUE CO

DESCRIPTION	AMOUNT
UBE	191,195.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	191,195.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 114

MISS UNIVERSE LP, LLP

DESCRIPTION	AMOUNT
UBE	75,013.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	75,013.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 115

TRUMP PALACE/PARC LLC

DESCRIPTION	AMOUNT
UBE	45,476.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	45,476.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 116

DONVAN ENTERPRISES INC

DESCRIPTION	AMOUNT
UBE	3,735.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	3,735.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 117

FLIGHTS INC.

DESCRIPTION	AMOUNT
UBE	76,241.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	76,241.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 118

FOOTBALL GENERALS INC.

DESCRIPTION	AMOUNT
UBE	12,910.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	12,910.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 119

HELICOPTER AIR SERVICES INC

DESCRIPTION	AMOUNT
UBE	11,326.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	11,326.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 120

TRUMP PALM BEACHES CORP.

DESCRIPTION	AMOUNT
UBE	12,426.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	12,426.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 121

THE TRUMP CORPORATION

DESCRIPTION	AMOUNT
UBE	170,697.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	170,697.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 122

TRUMP EMPIRE STATE, INC.

DESCRIPTION	AMOUNT
UBE	15,729.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	15,729.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 123

TRUMP PROJECT MANAGEMENT CORP

DESCRIPTION	AMOUNT
UBE	9,665.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	9,665.

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FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 124

TRUMP PLAZA MANAGEMENT CORP.

DESCRIPTION	AMOUNT
UBE	4,402.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	4,402.

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 125

SOFO REALTY CORP

DESCRIPTION	AMOUNT
UBE	31,055.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	31,055.

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 126

ULTIMATE AIR CORP

DESCRIPTION	AMOUNT
UBE	9,474.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	9,474.

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 127

SHUTTLE INC

DESCRIPTION	AMOUNT
UBE	255,245.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	255,245.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 128

T MANAGEMENT LLC (TMG MEMBER LLC)

DESCRIPTION	AMOUNT
UBE	69,337.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	69,337.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 129

TRUMP PARK AVENUE LLC (DELMONICO)

DESCRIPTION	AMOUNT
UPE	18,089.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	18,089.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 130

767 LLC (767 MANAGER LLC)

DESCRIPTION	AMOUNT
UBE	12,602.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	12,602.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 131

RPV DEVELOPMENT LLC

DESCRIPTION	AMOUNT
UBE	2,487.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	2,487.

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FORM 2106/SBE OTHER BUSINESS EXPENSES STATEMENT 132

TRUMP PARK AVE LLC - ACQUISITIONS

DESCRIPTION	AMOUNT
UBE	10,080.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	10,080.

FORM 2106/SBE OTHER BUSINESS EXPENSES STATEMENT 133

TRUMP ENTREPRENEUR INITIATIVE LLC

DESCRIPTION	AMOUNT
UBE	1,571.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	1,571.

FORM 2106/SBE OTHER BUSINESS EXPENSES STATEMENT 134

TRUMP ENTREPRENEUR INITIATIVE LLC

DESCRIPTION	AMOUNT
UBE	16,967.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	16,967.

FORM 2106/SBE OTHER BUSINESS EXPENSES STATEMENT 135

BAYROCK-TRUMP SOHO MEMBER LLC

DESCRIPTION	AMOUNT
UPE	1,025.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	1,025.

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FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 136

TIHT COMMERCIAL LLC

DESCRIPTION	AMOUNT
UBE	1,336.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	1,336.

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 137

TRUMP MARKS HOLDING LP

DESCRIPTION	AMOUNT
UBE	19,128.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	19,128.

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 138

TRUMP INTERNATIONAL GOLF CLUB LLC

DESCRIPTION	AMOUNT
UPE	712,670.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	712,670.

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 139

MAR-A-LAGO CLUB LLC

DESCRIPTION	AMOUNT
UBE	734,021.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	734,021.

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FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 140

TRUMP RESORTS HOLDINGS LP

DESCRIPTION	AMOUNT
UPE	210,677.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	210,677.

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 141

TRUMP PRODUCTIONS LLC

DESCRIPTION	AMOUNT
UBE	103,865.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	103,865.

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 142

DJT HOLDINGS LLC - SEVEN SPRINGS

DESCRIPTION	AMOUNT
UBE	54,425.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	54,425.

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 143

TRUMP NATIONAL GOLF CLUB

DESCRIPTION	AMOUNT
UBE	58,539.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	58,539.

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FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 144

DJT HOLDINGS LLC TRUMP ENDEAVOR 12

DESCRIPTION	AMOUNT
UBE	274,364.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	274,364.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 145

TRUMP INTERNATIONAL HOTEL HAWAII

DESCRIPTION	AMOUNT
UBE	355.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	355.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 146

DJT HOLDINGS LLC (TURNBERRY SCOTLAND LLC)

DESCRIPTION	AMOUNT
UBE	247,683.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	247,683.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 147

TUMP KOREAN PROJECTS LLC

DESCRIPTION	AMOUNT
UBE	9.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	9.

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FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 148

TRUMP MARKS FT LAUDERDALE LLC

DESCRIPTION	AMOUNT
UBE	1,850.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	1,850.

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 149

TRUMP HOME MARKS LLC

DESCRIPTION	AMOUNT
UBE	1,850.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	1,850.

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 150

DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WAHINGTON DC L

DESCRIPTION	AMOUNT
UBE	520,711.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	520,711.

FORM 2106/SBE	OTHER BUSINESS EXPENSES	STATEMENT 151

TIHT MEMBER LLC

DESCRIPTION	AMOUNT
UBE	500.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	500.

STATEMENT(S) 148, 149, 150, 151

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 152

TRUMP HOTEL MANAGEMENT CORP

DESCRIPTION	AMOUNT
UBE	1,101.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	1,101.

FORM 2106/SBE — OTHER BUSINESS EXPENSES — STATEMENT 153

DJT HOLDINGS TRUMP TW VENTURE II LLC

DESCRIPTION	AMOUNT
UBE	149,565.
TOTAL TO FORM 2106/SBE, PART I, LINE 4	149,565.

FORM 8886 STATEMENT 154

TAXPAYER IS AN INVESTOR IN THE FUND LISTED ABOVE ON LINE 5B. THE FUND THROUGH ITS INVESTMENT IN PAULSON CREDIT OPPORTUNITIES MASTER II, LTD HAS ENGAGED IN ONE OR MORE TRANSACTIONS THAT RESULTED IN ORDINARY LOSSES UNDER IRC SEC. 988. THE LOSSES WERE IN CONNECTION WITH THE FUNDS REGULAR TRADING ACTIVITIES AND THE TRADES WERE NOT CARRIED OUT AS PART OF ANY PLAN TO ACHIEVE TAX BENEFITS, AND THUS, THERE WERE NO EXPECTED TAX BENEFITS. IN ADDITION THERE IS NO TAX RESULT PROTECTION WITH RESPECT TO THESE TRANSACTIONS. THE TAX BASIS OF THE CURRENCIES UNDERLYING THE FUND'S REPORTABLE TRANSACTIONS IS DETERMINED BY WAY OF CASH PAID. TAX IDENTIFICATION NUMBER, ADDRESS AND COUNTRY OF INCORPORATION OF COUNTERPARTIES ARE UNKNOWN.

TRANSACTION DESCRIPTION	REPORTABLE LOSS
EURO	(8,599)
EURO	(16,349)
EURO	(18,491)
EURO	(21,088)
WESTERNZAGROS 4% 12/31/15-CAD	(10,143)
ADNAMS HOTEL - 1ST LIEN TL A	(1,507)
ADNAMS HOTEL - 1ST LIEN TL A	(1,584)

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FORM 4562 PART I - BUSINESS INCOME STATEMENT 155

INCOME TYPE	AMOUNT
WAGES	14,141.
SCHEDULE C	<599,030.>
PARTNERSHIPS	<261,504.>
S CORPORATIONS	<5,601,455.>
GAINS/LOSSES	11,489,755.
TOTAL BUSINESS INCOME USED IN FORM 4562, LINE 11	5,041,907.

FORM 1116 U.S. AND FOREIGN SOURCE INCOME SUMMARY STATEMENT 156
FOREIGN DIVIDEND INCOME

DESCRIPTION	AMOUNT
JP MORGAN CHASE	41,376.
OPPENHEIMER	8,656.
DEUTSCHE BANK TRUST CO	18,337.
PERSHING LLC	6,111.
SKYLINE DIVIDEND	79.
JP MORGAN CHASE	41,376.
OPPENHEIMER	8,656.
DEUTSCHE BANK TRUST CO	18,337.
PERSHING LLC	6,111.
SKYLINE DIVIDEND	79.
TOTAL FOREIGN DIVIDEND INCOME	149,118.

FORM 1116 U.S. AND FOREIGN SOURCE INCOME SUMMARY STATEMENT 157
FOREIGN PARTNERSHIP/S-CORPORATION INCOME

DESCRIPTION	AMOUNT
MISS UNIVERSE LP, LLP	1,598,956.
TRUMP PAGEANTS, INC.	32,632.
TRUMP MARKS PHILIPPINES	1,097,739.
TRUMP CANOUAN ESTATE LLC	2,045,550.
THE OBSIDIAN FUND LLC	1,459,978.
DJT HOLDINGS MANAGING MEMBER LLC	260,515.
TRUMP MARKS PUNTA DEL ESTE MANAGER	2,116.
TRUMP MARKS PUNTA DEL ESTE LLC	209,441.
DT HOME MARKS INTERNATIONAL LLC	571,173.
DT HOME MARKS INTERNATIONAL MEMBER CORP	5,769.
EXCEL VENTURE I CORPORATION	7,905.
DT DUBAI II GOLF MANAGER MEMBER CORP	59,922.
TRUMP SCOTLAND MEMBER INC	46,098.
TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LTD	4,563,658.
TURNBERRY SCOTLAND MANAGING MEMBER CORP	179,543.
DJT HOLDINGS LLC (TURNBERRY SCOTLAND LLC)	17,597,013.
TRUMP MARKS PANAMA LLC	1,751,760.
TRUMP MARKS PANAMA CORP	17,695.
DT DUBAI GOLF MANAGER LLC	1,492,891.
DT DUBAI GOLF MANAGER MEMBER CORP	15,080.
TRUMP TORONTO HOTEL MANAGEMENT CORP	457,647.
THC VANCOUVER MANAGEMENT CORP	28,571.
TRUMP MARKS PHILIPPINES CORP	11,088.
TRUMP CANOUAN ESTATE MEMBER CORP	20,662.
DT MARKS WORLI LLC	1,408,557.
DT MARKS WORLI MEMBER CORP	14,228.
DT MARKS BALI LLC	1,485,000.
EXCEL VENTURE I LLC	782,551.
TTTT VENTURE MEMBER CORP (FKA THC VENTURE III MEMB	2.
TTTT VENTURE LLC (FKA THC VENTURE III LLC)	2,263,767.
DT MARKS LIDO LLC	1,485,000.

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DT MARKS LIDO MEMBER CORP	15,000.
DJT HOLDINGS LLC (TW VENTURE II LLC)	8,193,938.
TW VENTURE II MANAGING MEMBER CORP	83,603.
TRUMP MARKS ISTANBUL II LLC	1,034,186.
TRUMP MARKS ISTANBUL II CORP	10,446.
TRUMP PANAMA HOTEL MANAGEMENT MEMBER CORP	8,278.
TRUMP PANAMA HOTEL MANAGEMENT LLC	847,282.
DT MARKS VANCOUVER LP	1,023,983.
PAULSON ADVANTAGE PLUS LP	5,288.
PAULSON CREDIT OPPORTUNITIES LP	298.
PAULSON PARTNERS LP	14,567.
ADVANTAGE ADVISERS XANTHUS FUND LLC	2,580.
AG ELEVEN PARTNERS LP	97,098.
AG DIVERSIFIED CREDIT STRATEGIES FUND LP	35,657.
MIDOCEAN CREDIT OPPORTUNITY FUND LP	76.
PAULSON ADVANTAGE PLUS LP	5,288.
PAULSON CREDIT OPPORTUNITIES LP	298.
PAULSON PARTNERS LP	14,567.
ADVANTAGE ADVISERS XANTHUS FUND LLC	2,580.
AG ELEVEN PARTNERS LP	97,098.
AG DIVERSIFIED CREDIT STRATEGIES FUND LP	35,657.
MIDOCEAN CREDIT OPPORTUNITY FUND LP	76.
TOTAL FOREIGN PARTNERSHIP/S-CORPORATION INCOME	52,500,351.

FORM 1116 U.S. AND FOREIGN SOURCE INCOME SUMMARY STATEMENT 158
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS

DESCRIPTION	INCOME	LOSS
TRUMP EQUITABLE FIFTH AVENUE CO	20,364,045.	
THE EAST 61 ST. COMPANY		<14,136.>
THE EAST 61 ST. COMPANY		<30.>
PENN YARDS ASSOCIATES		<10,679.>
PARK BRIAR ASSOCIATES LLC	89,360.	
PLAZA OPERATING PARTNERS LTD		<111,128.>
MAR-A-LAGO CLUB, LLC	4,068,589.	
40 WALL DEVELOPMENT ASSOC, LLC		<10,666,660.>
HUDSON WATERFRONT ASSOC V, L.P.	221,546.	
HUDSON WATERFRONT ASSOC II, LP		<35,257.>
HUDSON WATERFRONT ASSOC III, LP	414,402.	
TRUMP CPS LLC	178,602.	
MISS UNIVERSE LP, LLP	10,323,130.	
TRUMP PALACE/PARC LLC		<152,520.>
TRUMP CPS DEVELOPMENT LLC		<10,455.>
TRUMP PLAZA LLC	1,748,775.	
TRUMP 845 UN GP LLC	2,168.	
TRUMP 845 UN LIMITED PARTNERSHIP		<57,571.>
767 LLC (767 MANAGER LLC)		<12,602.>
TRUMP MODEL MANAGEMENT LLC (TMG MEMBER LLC)		<349,151.>
TRUMP KOREA LLC (KOREAN PROJECTS)		<9.>
TIPPERARY REALTY CORP	20,304.	
PLAZA CONSULTING CORP		<53.>
THE TRUMP CORPORATION		<5,348,652.>
FOOTBALL GENERALS INC.		<12,910.>

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TRUMP PROJECT MANAGEMENT CORP		<9,715.>
TRUMP'S CASTLE MANAGEMENT CORP.		<855.>
TRAVEL ENTERPRISES MANAGEMENT INC	74,625.	
TRUMP PALM BEACHES CORP.		<12,426.>
DONVAN ENTERPRISES INC		<3,735.>
TRUMP PLAZA MANAGEMENT CORP.		<4,402.>
ALL COUNTY BLDG SUPPLY & MAINT CO		<5,637.>
B PLAZA REALTY CORP		<25.>
HELICOPTER AIR SERVICES INC		<11,851.>
PARC CONSULTING INC		<13,688.>
ULTIMATE AIR CORP		<9,474.>
TRUMP CENTRAL PARK WEST CORP		<1,160.>
TRUMP EMPIRE STATE, INC.		<16,474.>
FIFTY-SEVEN MANAGEMENT CORP	70,186.	
MAR-A-LAGO CLUB, INC.	4,073.	
TRUMP VILLAGE CONSTRUCTION CORP	401.	
TRUMP CPS CORP	179.	
DEVELOPMENT MEMBER INC.		<105.>
FIRST MEMBER INC		<207.>
TRUMP PAGEANTS, INC.	205,203.	
BEACH HAVEN APARTMENTS # 1, INC.	117.	
SHORE HAVEN APARTMENTS # 1, INC.	381.	
SHUTTLE INC		<255,245.>
FLIGHTS INC.		<76,855.>
TRUMP PLAZA MEMBER INC	15,749.	
TRUMP VILLAGE CONST CORP-DJT GR TR	99,635.	
81 PINE NOTE HOLDER INC		<25.>
TRUMP TOWER MANAGING MEMBER INC	114,272.	
TRUMP 845 UN MGR CORP		<780.>
BEACH HAVEN APARMTENTS #1 INC DJT GR TR	43,696.	
SHORE HAVEN APARTMENTS #1 INC DJT GR TR	94,829.	
SOFO REALTY CORP		<31,055.>
TRUMP MANAGEMENT INC	15,420.	
TRUMP DELMONICO LLC		<18,089.>
TRUMP TORONTO DEVELOPMENT INC		<5,857.>
VH PROPERTY CORP	1,712,682.	
STARRETT CITY ASSOCIATES	521,815.	
TRUMP LAS VEGAS SALES & MARKETING INC		<2,010.>
TRUMP PARK AVENUE LLC		<10,080.>
TRUMP MARKS HOLDING LP	29,653.	
TRUMP MARKS GP CORP		<534.>
THE TRUMP ENTREPRENEUR INITIATIVE LLC		<658,183.>
THE TRUMP ENTREPRENEUR INITIATIVE LLC		<17,624.>
TRUMP INTERNATIONAL GOLF CLUB LLC	3,021,465.	
TRUMP SCOTLAND MEMBER INC	46,163.	
TRUMP PRODUCTIONS LLC	5,236,209.	
TRUMP PRODUCTIONS LLC	360,438.	
TRUMP PRODUCTIONS MANAGING MEMBER INC	52,891.	
TRUMP PRODUCTIONS MANAGING MEMBER INC	2,751.	
TRUMP OCEAN MANAGER INC		<53.>
TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC	3,249,863.	
TRUMP OCEAN MANAGING MEMBER LLC		<342.>
809 NORTH CANON MEMBER CORP		<225.>
TIHM MEMBER CORP	3,253.	
TRUMP FOLLIES LLC		<88.>
TRUMP FLORIDA MANAGER CORP		<387.>
TIHT MEMBER LLC		<471.>
TIHT COMMERCIAL LLC	292,632.	

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TRUMP LAS OLAS LLC		<440.>
TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LTD	4,570,103.	
BAYROCK- TRUMP SOHO MEMBER LLC		<1,025.>
THE TRUMP MARKS REAL ESTATE CORP		<560.>
TRUMP MARKS REAL ESTATE LLC		<25,765.>
TRUMP MARKS PANAMA LLC	1,751,760.	
TRUMP MARKS PHILADELPHIA LLC		<2,129.>
TRUMP MARKS HOLLYWOOD LLC		<2,271.>
TRUMP MARKS WAIKIKI LLC	247,731.	
TRUMP MARKS BAJA LLC		<2,673.>
TRUMP MARKS DUBAI LLC		<3,777.>
TRUMP MARKS PALM BEACH LLC		<2,129.>
TRUMP MARKS SOHO LLC		<1,925.>
TRUMP MARKS WHITE PLAINS LLC		<322.>
TRUMP MARKS WESTCHESTER LLC		<2,153.>
TRUMP MARKS STAMFORD LLC	546,022.	
TRUMP MARKS NEW ROCHELLE LLC	628,997.	
TRUMP MARKS CANOUAN LLC		<404.>
TRUMP MARKS JERSEY CITY LLC		<2,129.>
TRUMP MARKS HOLLYWOOD CORP		<273.>
TRUMP MARKS SUNNY ISLES I LLC	389,819.	
TRUMP MARKS SUNNY ISLES II LLC		<2,183.>
TRUMP MARKS WAIKIKI CORP	1,372.	
TRUMP MARKS BAJA CORP		<537.>
TRUMP MARKS CANOUAN CORP		<334.>
TRUMP MARKS DUBAI CORP		<318.>
TRUMP MARKS SOHO LICENSE CORP		<74.>
TRUMP MARKS WESTCHESTER CORP		<72.>
TRUMP MARKS STAMFORD CORP	5,025.	
TRUMP MARKS JERSEY CITY CORP		<571.>
TRUMP MARKS SUNNY ISLES I MEMBER CORP	3,938.	
TRUMP MARKS MORTGAGE CORP		<352.>
TRUMP MARKS EGYPT LLC		<2,237.>
TRUMP MARKS EGYPT CORP		<358.>
TRUMP MARKS BEVERAGES LLC		<2,723.>
TRUMP MARKS BEVERAGES CORP		<537.>
TRUMP MARKS PUERTO RICO I LLC		<3,504.>
TRUMP MARKS PUERTO RICO I MEMBER CORP		<140.>
OCEAN DEVELOPMENT SERVICES LLC		<182.>
OCEAN DEVELOPMENT MEMBER INC		<11.>
TRUMP MARKS PHILADELPHIA CORP		<271.>
TRUMP MARKS LAS VEGAS LLC		<2,183.>
TRUMP MARKS LAS VEGAS CORP		<302.>
TRUMP MARKS MAGAZINE CORP		<247.>
TRUMP MARKS MAGAZINE LLC		<2,153.>
TRUMP MARKS NEW ROCHELLE CORP	6,193.	
TRUMP MARKS PALM BEACH CORP		<296.>
TRUMP GOLF COCO BEACH LLC		<25,682.>
TRUMP GOLF COCO BEACH MEMBER CORP		<589.>
TRUMP MARKS WHITE PLAINS CORP		<53.>
TRUMP MARKS FT. LAUDERDALE MEMBER CORP		<1.>
TRUMP MARKS PANAMA CORP	17,695.	
TRUMP MARKS TORONTO LLC		<2,129.>
TRUMP MARKS TORONTO CORP		<246.>
TRUMP MARKS SUNNY ISLES II MEMBER CORP		<297.>
TRUMP MARKS FT. LAUDERDALE LLC		<1,904.>
TRUMP MARKS TAMPA LLC		<2,129.>
TRUMP MARKS MTG LLC		<2,162.>

THE TRUMP FOLLIES MEMBER INC		<145.>
TRUMP MARKS TAMPA CORP		<296.>
TRUMP MARKS ASIA CORP		<280.>
TRUMP NATIONAL GOLF CLUB COLTS NECK LLC		<1,226,474.>
TRUMP MARKS PHILIPPINES	1,097,739.	
TRUMP MARKS PHILIPPINES CORP	11,088.	
TRUMP MARKS ISTANBUL II LLC	1,034,186.	
TRUMP MARKS ISTANBUL II CORP	10,471.	
UNIT 2502 ENTERPRISES CORP		<238.>
UNIT 2502 ENTERPRISES LLC		<1,287.>
TRUMP MARKS MATTRESS LLC	2,410,699.	
TRUMP MARKS MATTRESS MEMBER CORP	24,125.	
TRUMP JETS LLC		<297.>
SENTIENT JETS MEMBER CORP		<228.>
TRUMP MARKS ATLANTA LLC		<2,237.>
TRUMP MARKS PUERTO RICO II LLC		<2,129.>
TRUMP MARKS PUERTO RICO II MEMBER CORP		<246.>
TRUMP CANOUAN ESTATE LLC	0.	
TRUMP CANOUAN ESTATE MEMBER CORP	0.	
TRUMP MARKS TORONTO LP		<2,129.>
TRUMP FLORIDA MANAGEMENT LLC		<297.>
TNGC DUTCHESS COUNTY MEMBER CORP		<6,142.>
DSN LICENSING LLC (FKA TRUMP MARKS NETWORK LLC)		<2,262.>
GOLF PRODUCTIONS LLC		<26,680.>
TRUMP TORONTO MEMBER CORP		<246.>
TRUMP NATIONAL GOLF CLUB WASHINGTON DC	6,929.	
MELANIA MARKS ACCESSORIES LLC	4,949.	
TRUMP ACQUISITION LLC		<351.>
MELANIA MARKS ACCESSORIES MEMBER CORP		<85.>
TRUMP MARKS ATLANTA MEMBER CORP		<133.>
TRUMP HOME MARKS MEMBER CORP	149.	
TRUMP DEVELOPMENT SERVICES MEMBER CORP		<64.>
TRUMP MARKS MENSWEAR MEMBER CORP	2,730.	
DSN LICENSING MEMBER CORP	335.	
TRUMP MARKS FINE FOODS LLC	15,975.	
SC LP SHOPPING CENTER LLC	17,621.	
TRUMP HOME MARKS LLC	72,142.	
TRUMP DEVELOPMENT SERVICES LLC		<5,414.>
TRUMP LAS VEGAS CORP		<107,784.>
TRUMP SALES & LEASING CHICAGO LLC		<3,682.>
TRUMP MARKS MENSWEAR LLC	342,471.	
TRUMP INTERNATIONAL GOLF CLUB LLC		<712,670.>
TRUMP INTERNATIONAL HOTEL HAWAII LLC	2,385,500.	
TRUMP AC CASINO MARKS MEMBER CORP		<1,178.>
TRUMP CAROUSEL MEMBER CORP	1,265.	
TRUMP MARKS MUMBAI MEMBER CORP		<316.>
TRUMP PANAMA CONDOMINIUM MEMBER CORP		<1,520.>
TRUMP FERRY POINT MEMBER CORP	15,872.	
TRUMP PANAMA HOTEL MANAGEMENT MEMBER CORP	8,278.	
TRUMP SALES & LEASING CHICAGO MEMBER CORP		<317.>
GOLF PRODUCTIONS MEMBER CORP		<511.>
TIHH MEMBER CORP	23,445.	
TRUMP CHICAGO HOTEL MEMBER CORP	17,961.	
TRUMP TORONTO HOTEL MANAGEMENT CORP	457,647.	
THE OBSIDIAN FUND LLC	19,411.	
TRUMP FERRY POINT LLC	1,593,620.	
TRUMP PANAMA HOTEL MANAGEMENT LLC	847,282.	
TRUMP CHICAGO HOTEL MANAGER LLC	1,845,575.	

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PANAMA OCEAN CLUB MANAGEMENT LLC		<351.>
TRUMP MARKS CHICAGO LLC		<2,183.>
TRUMP CHICAGO COMMERCIAL MANAGER LLC	1,155,745.	
TRUMP INTERNATIONAL DEVELOPMENT LLC		<406.>
TRUMP AC CASINO MARKS LLC		<83,460.>
TRUMP CLASSIC CARS LLC		<2,348.>
TRUMP CAROUSEL LLC	236,063.	
TRUMP CHICAGO RESIDENTIAL MANAGER LLC	521,330.	
TRUMP PANAMA CONDOMINIUM MANAGEMENT LLC		<128,205.>
TRUMP MARKS PRODUCTS LLC		<2,262.>
TRUMP MARKS PRODUCTS MEMBER CORP		<303.>
TRUMP INTERNATIONAL DEVELOPMENT MEMBER CORP		<59.>
PANAMA OCEAN CLUB MANAGEMENT MEMBER CORP		<284.>
TRUMP CHICAGO RESIDENTIAL MEMBER CORP	4,877.	
TRUMP MARKS CHICAGO MEMBER CORP		<331.>
DJT HOLDINGS MANAGING MEMBER LLC	283,426.	
TRUMP CHICAGO COMMERCIAL MEMBER CORP	10,984.	
TRUMP MARKS MUMBAI LLC		<2,237.>
DJT HOLDINGS LLC		<1,929,672.>
TRUMP MARKS FINE FOODS MEMBER CORP		<183.>
TRUMP CLASSIC CARS MEMBER CORP		<1,269.>
TRUMP RESORTS HOLDING LP		<210,677.>
PAULSON ADVANTAGE PLUS LP	36,691.	
PAULSON CREDIT OPPORTUNITIES LP	25,078.	
PAULSON PARTNERS LP	13,994.	
ADVANTAGE ADVISERS XANTHUS FUND LLC	1,370.	
DJT HOLDINGS LLC - SEVEN SPRINGS LLC		<54,425.>
DJT HOLDINGS LLC - TRUMP SCOTSBOROUGH SQUARE LLC		<29,658.>
DJT HOLDINGS LLC - TRUMP WINE MARKS LLC		<15,316.>
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB LLC		<1,434,918.>
DJT HOLDINGS LLC - LFB ACQUISITION LLC	1,007,559.	
DJT HOLDINGS LLC - TNGC PINE HILL LLC		<681,810.>
DJT HOLDINGS LLC - TNGC DUTCHESS COUNTY LLC		<581,002.>
DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC	721,699.	
TRUMP VIRGINIA ACQUISITIONS LLC		<1,305,750.>
TRUMP MARKS BATUMI LLC		<351.>
TRUMP DRINKS ISRAEL LLC		<32,600.>
TRUMP BOOKS LLC		<322.>
CHARLOTTESVILLE CATERING & EVENTS LLC	21,235.	
PARAMOUNT RPV HOLDINGS LLC		<297.>
TRUMP DRINKS ISRAEL HOLDINGS LLC		<2,673.>
RESTAURANT 40 LLC		<322.>
TRUMP EU MARKS LLC		<2,183.>
TRUMP WORLD PRODUCTIONS LLC		<8,380.>
REGENCY ENERGY PARTNERS LP		<121,212.>
TRUMP BOOKS MANAGER CORP		<308.>
TRUMP DRINKS ISRAEL MEMBER CORP		<664.>
DJT LAND HOLDINGS MEMBER CORP		<1,225.>
TRUMP WINE MARKS MEMBER CORP		<381.>
TRUMP SCOTSBOROUGH SQUARE MEMBER CORP		<628.>
TRUMP VIRGINIA LOT 5 MANAGER CORP		<356.>
TRUMP ENDEAVOR 12 MANAGER CORP		<116,659.>
TAG AIR INC	111,120.	
TRUMP VINEYARD ESTATES MANAGER CORP		<4,268.>
TRUMP OLD POST OFFICE MEMBER CORP	7,204.	
PARAMOUNT RPV HOLDINGS MANAGER CORP		<228.>
TRUMP DRINKS ISRAEL HOLDINGS MEMBER CORP		<587.>

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TRUMP EU MARKS MEMBER CORP		<297.>
LFB AQUISITION MEMBER CORP	10,055.	
TRUMP WORLD PRODUCTIONS MANAGER CORP		<622.>
TRUMP NATIONAL GOLF CLUB MEMBER CORP		<14,268.>
DJT HOLDINGS LLC TRUMP VINEYARD ESTATE LLC		<385,501.>
DJT HOLDINGS LLC TRUMP VIRGINIA LOT 5 LLC		<3,006.>
TRUMP VIRGINIA ACQUISITIONS MANAGER CORP		<13,414.>
DT APP WARRANT HOLDING MANAGING MEMBER CORP		<297.>
DT CONNECT MANAGING MEMBER CORP		<1,390.>
DT INDIA VENTURE MANAGING MEMBER CORP		<321.>
DT MARKS BAKU MANAGING MEMBER CORP		<579.>
DT MARKS RIO MEMBER CORP		<341.>
POKER VENTURE MANAGING MEMBER CORP		<228.>
TP-CFD MANAGER CORP		<283.>
TRUMP MARKS BATUMI MANAGING MEMBER CORP		<229.>
TRUMP MARKS PUNTA DEL ESTE MANAGER	2,116.	
TRUMP MIAMI RESORT MANAGEMENT MEMBER CORP		<384.>
WHITE COURSE MANAGING MEMBER CORP		<325.>
MELANIA MARKS SKINCARE MANAGING MEMBER CORP		<2,403.>
AG ELEVEN PARTNERS LP		<76,819.>
AG DIVERSIFIED CREDIT STRATEGIES FUND LP		<44,775.>
MIDOCEAN CREDIT OPPORTUNITY FUND LP	0.	
DT CONNECT LLC		<71,409.>
DT MARKS PUNE LLC		<5,221.>
DT MARKS RIO LLC		<3,550.>
DT APP WARRANT HOLDING LLC		<2,183.>
TRUMP MARKS PUNTA DEL ESTE LLC	209,441.	
DT MARKS BAKU LLC		<48,947.>
T INTERNATIONAL REALTY LLC	263,864.	
TP-CFD LLC		<297.>
POKER VENTURE LLC		<297.>
DT INDIA VENTURE LLC		<2,129.>
TRUMP CHICAGO RETAIL MANAGER LCC		<431.>
MELANIA MARKS SKINCARE LLC		<41,431.>
DJT HOLDINGS TNGC CHARLOTTE LLC	1,080,373.	
DJT HOLDINGS TRUMP ENDEAVOR 12 LLC		<11,670,464.>
DJT HOLDINGS - WHITE COURSE LLC		<9,848.>
DJT HOLDINGS JUPITER GOLF CLUB		<1,623,584.>
DJT HOLDINGS - OLD POST OFFICE LLC	723,208.	
DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC		<3,015,363.>
DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC		<65,285.>
DT MARKS DUBAI LLC	8,760.	
THC SALES & MARKETING LLC	81,283.	
EXCEL VENTURE I LLC	782,551.	
DT MARKS WORLI LLC	1,408,557.	
DT DUBAI GOLF MANAGER LLC	1,492,891.	
DT MARKS VANCOUVER LP		<9,820.>
THC DEVELOPMENT BRAZIL LLC		<351.>
DT HOME MARKS INTERNATIONAL LLC	571,173.	
THC RIO MANAGER LLC		<27,770.>
DT MARKS PRODUCTS INTERNATIONAL LLC		<11,017.>
THC CENTRAL RESERVATIONS LLC		<133,600.>
TRUMP HOTEL MANAGEMENT CORP		<1,651.>
EID VENTURE I CORPORATION		<284.>
DT MARKS WORLI MEMBER CORP	14,228.	
DT HOME MARKS INTERNATIONAL MEMBER CORP	5,769.	
THC DEVELOPMENT BRAZIL MANAGING MEMBER		<634.>

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DT DUBAI GOLF MANAGER MEMBER CORP	15,080.	
DT MARKS VANCOUVER MEMBER CORP		<324.>
THC RIO MANAGING MEMBER CORP		<856.>
DT MARKS DUBAI MEMBER CORP	88.	
TRUMP CHICAGO RETAIL MEMBER CORP		<279.>
DT MARKS PRODCTS INTERNATIONAL MEMBER CORP		<445.>
EXCEL VENTURE I CORPORATION	7,905.	
OPO HOTEL MANAGER MEMBER CORP		<174.>
THC CENTRAL RESERVATIONS MEMBER CORP		<1,848.>
THC SALES & MARKETING MEMBER CORP	596.	
THC VANCOUVER MANAGEMENT CORP	32,157.	
THE CARIBUSINESS RE CORP		<55.>
TW VENTURE I MANAGING MEMBER CORP		<59.>
HUDSON WATERFRONT ASSOCIATES V LP		<2,042,399.>
HUDSON WATERFRONT ASSOC III LP		<3,840,315.>
TRUMP 845 UN GP LLC	251,790.	
DJT HOLDINGS LLC - TRUMP INT'L HOTEL & TOWER CHICAGO		<154,043.>
TRUMP CPS CORP		<2,918.>
DJT HOLDINGS MANAGING MEMBER LLC		<5,780.>
845 UN LIMITED PARTNERSHIP - 845 LP LLC	384,826.	
TRUMP PARK AVENUE LLC (TRUMP DELMONICO LLC)	110,580.	
TRUMP PARK AVENUE LLC - ACQUISITION		<68,749.>
D B PACE ACQUISITION MEMBER CORP		<519.>
DT CONNECT II MEMBER CORP		<12,099.>
DT DUBAI II GOLF MANAGER MEMBER CORP	30,000.	
DT MARKS GURGAON MANAGING MEMBER CORP		<947.>
DT MARKS PUNE II MANAGING MEMBER CORP		<289.>
DT MARKS QATAR MEMBER CORP		<1,307.>
PINE HILL DEVELOPMENT MANAGING MEMBER		<822.>
THC BAKU HOTEL MANAGER SERVICE MEMBER		<10,830.>
THC BAKU SERVICES MEMBER CORP	2,150.	
THC CHINA-TECHNICAL SERVICES MANAGER CORP		<634.>
THC DUBAI II HOTEL MANAGER MEMBER CORP		<630.>
THC QATAR HOTEL MANAGER MEMBER CORP		<716.>
THC SERVICES SHENZHEN MEMBER CORP		<485.>
THC VENTURE II MANGING MEMBER CORP		<638.>
TTTT VENTURE MEMBER CORP (FKA THC VENTURE III MEMBER CORP)	29,680.	
TNGC CHARLOTTE MANAGER CORP	9,760.	
TNGC JUPITER MANAGINF MEMBER CORP	897.	
TRUMP NATIONAL GOLF CLUB COLTS NECK MEMBER CORP		<13,714.>
TURNBERRY SCOTLAND MANAGING MEMBER CORP	143,781.	
THC CHINA TECHNICAL SERVICES LLC		<376.>
DT MARKS PUNE II LLC		<2,267.>
THC VENTURE II LLC		<772.>
DT MARKS GURGAON LLC		<25,911.>
DT MARKS QATAR LLC		<42,850.>
THC BAKU HOTEL MANAGER SERVICES LLC		<594.>
THC BAKU SERVICES LLC	312,718.	
THC QATAR HOTEL MANAGER LLC		<3,020.>
THC SERVICES SHENZHEN LLC		<3,068.>
THC SHENZHEN HOTEL MANAGER LLC		<2,421.>
TTTT VENTURE LLC (FKA THC VENTURE III LLC)	2,264,346.	
DJT HOLDINGS LLC (PINE HILL DEVELOPMENT LLC)		<8,276.>
DJT HOLDINGS LLC (TNGC JUPITER MANAGEMENT LLC)	115,344.	
DJT HOLDINGS LLC (TW VENTURE I LLC)	31,889.	
DJT HOLDINGS LLC (TW VENTURE II LLC)	61,548,522.	

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DJT HOLDINGS LLC (DT CONNECT II LLC)		<1,089,339.>
DJT HOLDINGS LLC (TURNBERRY SCOTLAND LLC)	61,548,522.	
TW VENTURE II MANAGING MEMBER CORP	67,280.	
MISS UNIVERSE LP, LLLP		<788,887.>
DT TOWER GURGAON LLC		<9,933.>
DT MARKS BALI LLC	1,485,000.	
DT MARKS LIDO LLC	1,485,000.	
DT BALI GOLF MANAGER LLC		<193.>
DT BALI TECHNICAL SERVICES MANAGER LLC		<3,587.>
DT LIDO GOLF MANAGER LLC		<163.>
DT BALI HOTEL MANAGER LLC		<193.>
DT LIDO HOTEL MANAGER LLC		<399.>
DT LIDO TECHNICAL SERVICES MANAGER LLC		<3,774.>
DT JEDDAH TECHNICAL SERVICES MANAGER LLC		<168.>
THC JEDDAH HOTEL MANAGER LLC		<42,584.>
EID VENTURE I LLC		<351.>
DT DUBAI II GOLF MANAGER LLC		<7,404.>
DT MARKS DUBAI II LLC		<2,426.>
THC DUBAI II HOTEL MANAGER LLC		<594.>
DT MARKS PUNE MANAGING MEMBER CORP		<383.>
DT MARKS DUBAI II MEMBER CORP		<898.>
THC SHENZHEN HOTEL MANAGER MEMBER CORP		<776.>
THC JEDDAH HOTEL MANAGER MEMBER CORP		<430.>
JUPITER GOLF CLUB MANAGING MEMBER CORP		<16,790.>
DTW VENTURE MANAGING MEMBER CORP		<225.>
DT TOWER GURGAON MANAGING MEMBER CORP		<431.>
DT MARKS LIDO MEMBER CORP	15,000.	
DT MARKS BALI MEMBER CORP	14,198.	
DT LIDO TECHNICAL SERVICES MANAGER MEMBER CORP		<111.>
DT LIDO HOTEL MANAGER MEMBER CORP		<59.>
DT LIDO GOLF MANAGER MEMBER CORP		<57.>
DT JEDDAH TECHNICAL SERVICES MANAGER MEMBER CORP		<2.>
DT BALI TECHNICAL SERVICES MANAGER MEMBER CORP		<91.>
DT BALI GOLF MANAGER MEMBER CORP		<79.>
DT BALI HOTEL MANAGER MEMBER CORP		<78.>
TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS	213,855,375.	<52,431,495.>

DONALD J. & MELANIA TRUMP

FORM 1116 - FOREIGN BUSINESS AND PROFESSION INCOME STATEMENT 159

DESCRIPTION	AMOUNT
MISS UNIVERSE LP, LLP	1,598,956.
TRUMP PAGEANTS, INC.	32,632.
TRUMP MARKS PHILIPPINES	1,097,739.
TRUMP CANOUAN ESTATE LLC	2,045,550.
THE OBSIDIAN FUND LLC	1,459,978.
DJT HOLDINGS MANAGING MEMBER LLC	260,515.
TRUMP MARKS PUNTA DEL ESTE MANAGER	2,116.
TRUMP MARKS PUNTA DEL ESTE LLC	209,441.
DT HOME MARKS INTERNATIONAL LLC	571,173.
DT HOME MARKS INTERNATIONAL MEMBER CORP	5,769.
EXCEL VENTURE I CORPORATION	7,905.
DT DUBAI II GOLF MANAGER MEMBER CORP	59,922.
TOTAL FOREIGN BUSINESS AND PROFESSION INCOME	7,351,696.

FORM HAS BEEN ELECTRONICALLY
FILED - KEEP FOR YOUR RECORDS

518711
05-12-15

▼ DETACH HERE ▼

Form **4868**
Department of the Treasury
Internal Revenue Service (99)

Application for Automatic Extension of Time To File U.S. Individual Income Tax Return

For calendar year 2015, or other tax year beginning , 2015, ending

1019

2015

Part I Identification

1 Your name(s)

DONALD J. TRUMP & MELANIA TRUMP

NEW YORK, NY 10022

2 Your social security number

3 Spouse's social security number

Part II Individual Income Tax

4	Estimate of total tax liability for 2015	$ 27,000,000.
5	Total 2015 payments	10,756.
6	**Balance due.** Subtract line 5 from line 4	26,989,244.
7	Amount you are paying ▶	0.

8 Check here if you are "out of the country" and a U.S. citizen or resident ▶ ☐

9 Check here if you file Form 1040NR or 1040NR-EZ and did not receive wages as an employee subject to U.S. income tax withholding ▶ ☐

NP TRUM 30 0 201512 670

Form **8865**

Department of the Treasury
Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships

▶ Attach to your tax return.
▶ Information about Form 8865 and its separate instructions is at *www.irs.gov/form8865* .
Information furnished for the foreign partnership's tax year beginning JAN 1 , 2015, and ending DEC 31 , 2015

OMB No. 1545-1668

2015

Attachment Sequence No. **118**

Name of person filing this return
DONALD J. & MELANIA TRUMP

Filer's identifying number

Filer's address (if you are not filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es)):
1 [X] 2 [ ] 3 [ ] 4 [ ]

B Filer's tax year beginning JAN 1 , 2015 , and ending DEC 31 , 2015

C Filer's share of liabilities: Nonrecourse $ 873,331. Qualified nonrecourse financing $ Other $

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:
Name | EIN
Address

E Check if any excepted specified foreign financial assets are reported on this form (see instructions) [ ]

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es) Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership

TRUMP INTERNATIONAL GOLF CLUB
SCOTLAND LIMITED
C/O TRUMP ORGANIZATION
NEW YORK, NY 10022

2(a) EIN (if any) 98-0485744

2(b) Reference ID number

3 Country under whose laws organized UNITED KINGDOM

4 Date of organization	5 Principal place of business	6 Principal business activity code number	7 Principal business activity	8a Functional currency	8b Exchange rate (see instr.)
10/21/2005	UNITED KINGDOM	713900	AMUSEMENT & REC	UK POUNDS	.658000

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identifying number of agent (if any) in the United States

2 Check if the foreign partnership must file:
[ ] Form 1042 [ ] Form 8804 [ ] Form 1065 or 1065-B
Service Center where Form 1065 or 1065-B is filed:

3 Name and address of foreign partnership's agent in country of organization, if any

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different
TRUMP ORGANIZATION C/O JEFF MCCONNEY
NEW YORK, NY 10022

5 Were any special allocations made by the foreign partnership? ▶ [ ] Yes [X] No

6 Enter the no. of Forms 8858, Info Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return ▶

7 How is this partnership classified under the law of the country in which it is organized? ▶ PRIVATE LIMITED CO

8a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that is a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 8b. ▶ [ ] Yes [X] No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)? ▶ [ ] Yes [ ] No

9 Does this partnership meet **both** of the following requirements?
- The partnership's total receipts for the tax year were less than $250,000 and
- The value of the partnership's total assets at the end of the tax year was less than $1 million.

If "Yes," **do not** complete Schedules L, M-1, and M-2. ▶ [ ] Yes [X] No

Sign Here Only If You Are Filing This Form Separately and Not With Your Tax Return.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ Signature of general partner or limited liability company member ▶ Date

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
DONALD BENDER				

Firm's name ▶ WEISERMAZARS LLP — Firm's EIN ▶ 13-1459550

Firm's address ▶ WOODBURY, NY 11797-2003 — Phone no. (516) 488-1200

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identifying number (if any) of the person(s) whose interest you constructively own. See instructions.

a [X] Owns a direct interest b [ ] Owns a constructive interest

Name	Address	Identifying number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identifying number (if any)	Check if foreign person

Does the partnership have any other foreign person as a direct partner? [ ] Yes [X] No

Schedule A-2 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

Schedule B **Income Statement - Trade or Business Income**

Caution: Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1a	Gross receipts or sales	1a		
	b	Less returns and allowances	1b		1c
	2	Cost of goods sold			2
	3	Gross profit. Subtract line 2 from line 1c			3
	4	Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5	Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6 12,468.
	7	Other income (loss) (attach statement) STATEMENT 100			7 4,603,798.
	8	**Total income (loss).** Combine lines 3 through 7			8 4,616,266.
Deductions (see instructions for limitations)	9	Salaries and wages (other than to partners) (less employment credits)			9
	10	Guaranteed payments to partners			10
	11	Repairs and maintenance			11
	12	Bad debts			12
	13	Rent			13
	14	Taxes and licenses			14
	15	Interest			15 111.
	16a	Depreciation (if required, attach Form 4562)	16a	1,698,719.	
	b	Less depreciation reported elsewhere on return	16b		16c 1,698,719.
	17	Depletion (**Do not** deduct oil and gas depletion.)			17
	18	Retirement plans, etc.			18
	19	Employee benefit programs			19
	20	Other deductions (attach statement) STATEMENT 101			20 5,881,885.
	21	**Total deductions.** Add the amounts shown in the far right column for lines 9 through 20			21 7,580,715.
	22	**Ordinary business income (loss)** from trade or business activities. Subtract line 21 from line 8			22 <2,964,449.>

Schedule K Partners' Distributive Share Items

				Total amount
Income (Loss)	1	Ordinary business income (loss) (page 2, line 22)	1	<2,964,449.>
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3 a	Other gross rental income (loss) 3a		
	b	Expenses from other rental activities (attach statement) 3b		
	c	Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4	Guaranteed payments	4	
	5	Interest income	5	
	6	Dividends: a Ordinary dividends	6a	
		b Qualified dividends 6b		
	7	Royalties	7	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9 a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b	Collectibles (28%) gain (loss) 9b		
	c	Unrecaptured section 1250 gain (attach statement) 9c		
	10	Net section 1231 gain (loss) (attach Form 4797)	10	
	11	Other income (loss) (see instructions) Type ▶	11	
Deductions	12	Section 179 deduction (attach Form 4562)	12	
	13 a	Contributions	13a	
	b	Investment interest expense	13b	
	c	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
	d	Other deductions (see instructions) Type ▶	13d	
Self-Employment	14 a	Net earnings (loss) from self-employment	14a	
	b	Gross farming or fishing income	14b	
	c	Gross nonfarm income	14c	
Credits	15 a	Low-income housing credit (section 42(j)(5))	15a	
	b	Low-income housing credit (other)	15b	
	c	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d	Other rental real estate credits (see instructions) Type ▶	15d	
	e	Other rental credits (see instructions) Type ▶	15e	
	f	Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16 a	Name of country or U.S. possession ▶ UNITED KINGDOM		
	b	Gross income from all sources	16b	4,616,266.
	c	Gross income sourced at partner level	16c	
		Foreign gross income sourced at partnership level		
	d	Passive category ▶ e General category ▶ 4,609,756. f Other (att. stmnt.) ▶	16f	
		Deductions allocated and apportioned at partner level		
	g	Interest expense ▶ h Other ▶	16h	
		Deductions allocated and apportioned at partnership level to foreign source income		
	i	Passive category ▶ j General category ▶ 7,490,031. k Other (att. stmnt.) ▶	16k	
	l	Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued	16l	
	m	Reduction in taxes available for credit (attach statement)	16m	
	n	Other foreign tax information (attach statement)		
Alternative Minimum Tax (AMT) Items	17 a	Post-1986 depreciation adjustment	17a	
	b	Adjusted gain or loss	17b	
	c	Depletion (other than oil and gas)	17c	
	d	Oil, gas, and geothermal properties - gross income	17d	
	e	Oil, gas, and geothermal properties - deductions	17e	
	f	Other AMT items (attach statement)	17f	
Other Information	18 a	Tax-exempt interest income	18a	
	b	Other tax-exempt income	18b	
	c	Nondeductible expenses	18c	11,894.
	19 a	Distributions of cash and marketable securities	19a	289,013.
	b	Distributions of other property	19b	
	20 a	Investment income	20a	
	b	Investment expenses	20b	
	c	Other items and amounts (attach statement)		

Schedule L **Balance Sheets per Books.** (Not required if Item H9, page 1, is answered "Yes.")

Assets		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
1	Cash		331,626.		193,651.
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories		188,935.		279,716.
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)	STMT 104	210,629.		76,957.
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets	30,306,427.		30,881,684.	
b	Less accumulated depreciation	3,972,623.	26,333,804.	5,390,892.	25,490,792.
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)		14,506,419.		13,797,216.
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
13	Other assets (attach statement)	STMT 103	4,478,203.		6,490,588.
14	**Total** assets		46,049,616.		46,328,920.
Liabilities and Capital					
15	Accounts payable		1,014,659.		483,679.
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement)	STMT 102	481,154.		389,652.
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)				
b	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach statement)	STMT 105	133,690.		127,156.
21	Partners' capital accounts		44,420,113.		45,328,433.
22	**Total** liabilities and capital		46,049,616.		46,328,920.

Schedule M Balance Sheets for Interest Allocation

	(a) Beginning of tax year	(b) End of tax year
1 Total U.S. assets	784.	531.
2 Total foreign assets:		
a Passive category	46,048,832.	46,328,389.
b General category		
c Other (attach statement)		

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. (Not required if Item H9, page 1, is answered "Yes.")

1 Net income (loss) per books	<2,976,343.>	6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11 not recorded on books this year (itemize):		a Tax-exempt interest $	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation $	
a Depreciation $			
b Travel and entertainment $ 11,894.	11,894.	8 Add lines 6 and 7	
		9 Income (loss). Subtract line 8 from line 5	<2,964,449.>
5 Add lines 1 through 4	<2,964,449.>		

Schedule M-2 Analysis of Partners' Capital Accounts. (Not required if Item H9, page 1, is answered "Yes.")

1 Balance at beginning of year	44,420,113.	6 Distributions: a Cash	289,013.
2 Capital contributed:		b Property	
a Cash	4,173,676.	7 Other decreases (itemize):	
b Property			
3 Net income (loss) per books	<2,976,343.>		
4 Other increases (itemize):			
		8 Add lines 6 and 7	289,013.
		9 Balance at end of year. Subtract line 8 from line 5	45,328,433.
5 Add lines 1 through 4	45,617,446.		

Schedule N **Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities**

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory				
2 Sales of property rights (patents, trademarks, etc.)				
3 Compensation received for technical, managerial, engineering, construction, or like services				
4 Commissions received				
5 Rents, royalties, and license fees received				
6 Distributions received				
7 Interest received				
8 Other				
9 Add lines 1 through 8				
10 Purchases of inventory				
11 Purchases of tangible property other than inventory				
12 Purchases of property rights (patents, trademarks, etc.)				
13 Compensation paid for technical, managerial, engineering, construction, or like services				
14 Commissions paid				
15 Rents, royalties, and license fees paid				
16 Distributions paid				
17 Interest paid				
18 Other				
19 Add lines 10 through 18				
20 Amounts borrowed (enter the maximum loan balance during the year). See instructions				
21 Amounts loaned (enter the maximum loan balance during the year). See instructions				

FOOTNOTES STATEMENT 1

FORM 8865 IS BEING FILED BY DONALD J TRUMP (SS#)
WHO IS THE MAJORITY OWNER OF THIS FOREIGN PARTNERSHIP.
THIS ENTITY IS NOT ENGAGED IN A US TRADE OR BUSINESS; ALL
ITEMS OF INCOME OR LOSS ARE BEING REPORTED ON FORM 8865.
THIS 1065 IS BEING FILED FOR INFORMATIONAL PURPOSES ONLY.

FORM 1065 OTHER INCOME STATEMENT 2

DESCRIPTION	AMOUNT
GAIN ON FX	7,705.
MEMBERSHIP FEES	4,457,455.
MISCELLANEOUS INCOME	138,638.
TOTAL TO FORM 1065, LINE 7	4,603,798.

FORM 1065 OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
AUTO EXPENSE	40,112.
BAD DEBT	320.
BANK CHARGES	11,654.
DECORATIONS	31,534.
DIRECT COSTS	724,932.
INSURANCE	164,527.
MARKETING	298,856.
MEALS AND ENTERTAINMENT	11,894.
MISCELLANEOUS	119,361.
OFFICE EXPENSE	352,140.
PROFESSIONAL FEES	163,092.
REPAIRS & MAINTENANCE	111,113.
SALARIES AND WAGES	3,155,897.
SECURITY	30,456.
SUPPLIES	500,155.
UTILITIES	165,842.
TOTAL TO FORM 1065, LINE 20	5,881,885.

527861 04-01-15

Form 1116 — Alternative Minimum Tax Foreign Tax Credit Pro Rata Share of Allocated Losses

NAME

DONALD J. & MELANIA TRUMP

Allocation of Losses from Other Categories

INCOME CLASSIFICATION	INCOME	LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income	2,099,042.		2,099,042.	
Income re-sourced by treaty				
General limitation income		4,499,115.		2,400,073.
Totals	2,099,042.	4,499,115.	2,099,042.	2,400,073.

Allocation of U.S. Losses

INCOME CLASSIFICATION	REMAINING INCOME	U.S. LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income				
Income re-sourced by treaty				
General limitation income				
Totals				

Recapture of Prior Year Overall Foreign Loss

INCOME CLASSIFICATION	REMAINING INCOME	OVERALL PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income				
Totals				
Recapture percentage				

Recapture of Separate Limitation Loss Accounts

INCOME CLASSIFICATION	REMAINING INCOME	PRIOR YEAR LOSS	RECHARACTERIZED LOSS	LOSS NOT RECHARACTERIZED
Passive income				
Income re-sourced by treaty				
General limitation income		7,865.		7,865.
Totals		7,865.		7,865.

Recapture of Overall Domestic Loss Prior to 2012

INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income	13,115,817.	20,170,677.	13,115,817.	7,054,860.
Totals	13,115,817.	20,170,677.	13,115,817.	7,054,860.

Recapture of Overall Domestic Loss

INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income	0.	48,029,791.		48,029,791.
Totals	0.	48,029,791.		55,084,651.

Adjustments to Form 1116, Line 15

INC. CLASSIFICATION	OTHER CATEGORIES	U.S. LOSSES	PRIOR YEAR OVERALL	RECAPTURE OF LOSS ACCOUNTS	DOMESTIC RECAPTURE	FORM 1116, LINE 16
Passive	<2,099,042.>					<2,099,042.>
Re-sourced by treaty						
General limitation	4,499,115.				13,115,817.	17,614,932.

SCHEDULE K NONDEDUCTIBLE EXPENSE STATEMENT 4

DESCRIPTION	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	11,894.
TOTAL TO SCHEDULE K, LINE 18C	11,894.

SCHEDULE L OTHER CURRENT ASSETS STATEMENT 5

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
PREPAID EXPENSE	75,417.	37,093.
TRADE RECEIVABLES	135,212.	39,864.
TOTAL TO SCHEDULE L, LINE 6	210,629.	76,957.

SCHEDULE L OTHER ASSETS STATEMENT 6

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
UNREALIZED CONVERSION GAIN/LOSS	4,478,203.	6,490,588.
TOTAL TO SCHEDULE L, LINE 13	4,478,203.	6,490,588.

SCHEDULE L OTHER CURRENT LIABILITIES STATEMENT 7

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
OTHER PAYABLES	481,154.	389,652.
TOTAL TO SCHEDULE L, LINE 17	481,154.	389,652.

SCHEDULE L OTHER LIABILITIES STATEMENT 8

DESCRIPTION	BEGINNING OF TAX YEAR	END OF TAX YEAR
LOANS/OBLIGATIONS	133,690.	127,156.
TOTAL TO SCHEDULE L	133,690.	127,156.

SCHEDULE M-3 OTHER INCOME (LOSS) AND EXPENSE / DEDUCTION ITEMS WITH NO DIFFERENCES STATEMENT 9

DESCRIPTION	PER INCOME STATEMENT	PER TAX RETURN
OTHER INCOME (LOSS) - SEE STATEMENT	4,603,798.	4,603,798.
OTHER EXPENSE / DEDUCTION - SEE STATEMENT	-5,869,991.	-5,869,991.
TOTAL TO SCHEDULE M-3, PART II, LINE 25	-1,266,193.	-1,266,193.

SCHEDULE M-3 OTHER INCOME (LOSS) ITEMS WITH NO DIFFERENCES STATEMENT 10

DESCRIPTION	INCOME (LOSS) PER INCOME STATEMENT	INCOME (LOSS) PER TAX RETURN
GAIN ON FX	7,705.	7,705.
MEMBERSHIP FEES	4,457,455.	4,457,455.
MISCELLANEOUS INCOME	138,638.	138,638.
TOTAL TO SCHEDULE M-3, PART II, LINE 25	4,603,798.	4,603,798.

SCHEDULE M-3 MEALS AND ENTERTAINMENT STATEMENT 11

DESCRIPTION	EXPENSE PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	DEDUCTION PER TAX RETURN
MEALS AND ENTERTAINMENT FROM TRADE OR BUSINESS	23,788.		-11,894.	11,894.
TOTAL	23,788.		-11,894.	11,894.

SCHEDULE M-3 OTHER EXPENSE/DEDUCTION ITEMS WITH NO DIFFERENCES STATEMENT 12

DESCRIPTION	EXPENSE/ DEDUCTION PER INCOME STATEMENT	EXPENSE/ DEDUCTION PER TAX RETURN
AUTO EXPENSE	40,112.	40,112.
BAD DEBT	320.	320.
BANK CHARGES	11,654.	11,654.
DECORATIONS	31,534.	31,534.
DIRECT COSTS	724,932.	724,932.
INSURANCE	164,527.	164,527.
MARKETING	298,856.	298,856.
MISCELLANEOUS	119,361.	119,361.
OFFICE EXPENSE	352,140.	352,140.
PROFESSIONAL FEES	163,092.	163,092.
REPAIRS & MAINTENANCE	111,113.	111,113.
SALARIES AND WAGES	3,155,897.	3,155,897.
SECURITY	30,456.	30,456.
SUPPLIES	500,155.	500,155.
UTILITIES	165,842.	165,842.
TOTAL TO SCHEDULE M-3, PART II, LINE 25	5,869,991.	5,869,991.

FORM 8916-A OTHER INTEREST EXPENSE STATEMENT 13

DESCRIPTION	PER INCOME STATEMENT	TEMPORARY DIFFERENCE	PERMANENT DIFFERENCE	PER TAX RETURN
INTEREST EXPENSE	111.	0.	0.	111.
TOTAL TO PART III, LINE 4	111.	0.	0.	111.

SCHEDULE K-1 NONDEDUCTIBLE EXPENSES, BOX 18, CODE C

DESCRIPTION	PARTNER FILING INSTRUCTIONS	AMOUNT
EXCLUDED MEALS AND ENTERTAINMENT EXPENSES	NONDEDUCTIBLE PORTION	11,775.
TOTAL TO SCHEDULE K-1, BOX 18, CODE C		11,775.

SCHEDULE K-1 CURRENT YEAR INCREASES (DECREASES)

DESCRIPTION	AMOUNT	TOTALS
ORDINARY INCOME (LOSS)	-2,934,805.	
SCHEDULE K-1 INCOME SUBTOTAL		-2,934,805.
NET INCOME (LOSS) PER SCHEDULE K-1		-2,934,805.
NONDEDUCTIBLE EXPENSES	-11,775.	
OTHER INCREASES OR DECREASES SUBTOTAL		-11,775.
TOTAL TO SCHEDULE K-1, ITEM L		-2,946,580.

This list identifies the codes used on Schedule K-1 for all partners and provides summarized reporting information for partners who file Form 1040. For detailed reporting and filing information, see the separate Partner's Instructions for Schedule K-1 and the instructions for your income tax return.

1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.

	Report on
Passive loss	See the Partner's Instructions
Passive income	Schedule E, line 28, column (g)
Nonpassive loss	Schedule E, line 28, column (h)
Nonpassive income	Schedule E, line 28, column (j)

2.	Net rental real estate income (loss)	See the Partner's Instructions
3.	Other net rental income (loss)	
	Net income	Schedule E, line 28, column (g)
	Net loss	See the Partner's Instructions
4.	Guaranteed payments	Schedule E, line 28, column (j)
5.	Interest income	Form 1040, line 8a
6a.	Ordinary dividends	Form 1040, line 9a
6b.	Qualified dividends	Form 1040, line 9b
7.	Royalties	Schedule E, line 4
8.	Net short-term capital gain (loss)	Schedule D, line 5
9a.	Net long-term capital gain (loss)	Schedule D, line 12
9b.	Collectibles (28%) gain (loss)	28% Rate Gain Worksheet, line 4 (Schedule D Instructions)
9c.	Unrecaptured section 1250 gain	See the Partner's Instructions
10.	Net section 1231 gain (loss)	See the Partner's Instructions
11.	Other income (loss)	

Code		
A	Other portfolio income (loss)	See the Partner's Instructions
B	Involuntary conversions	See the Partner's Instructions
C	Sec. 1256 contracts & straddles	Form 6781, line 1
D	Mining exploration costs recapture	See Pub. 535
E	Cancellation of debt	Form 1040, line 21 or Form 982
F	Other income (loss)	See the Partner's Instructions

12.	Section 179 deduction	See the Partner's Instructions
13.	Other deductions	
A	Cash contributions (50%)	See the Partner's Instructions
B	Cash contributions (30%)	
C	Noncash contributions (50%)	
D	Noncash contributions (30%)	
E	Capital gain property to a 50% organization (30%)	
F	Capital gain property (20%)	
G	Contributions (100%)	
H	Investment interest expense	Form 4952, line 1
I	Deductions - royalty income	Schedule E, line 19
J	Section 59(e)(2) expenditures	See the Partner's Instructions
K	Deductions - portfolio (2% floor)	Schedule A, line 23
L	Deductions - portfolio (other)	Schedule A, line 28
M	Amounts paid for medical insurance	Schedule A, line 1 or Form 1040, line 29
N	Educational assistance benefits	See the Partner's Instructions
O	Dependent care benefits	Form 2441, line 12
P	Preproductive period expenses	See the Partner's Instructions
Q	Commercial revitalization deduction from rental real estate activities	See Form 8582 Instructions
R	Pensions and IRAs	See the Partner's Instructions
S	Reforestation expense deduction	See the Partner's Instructions
T	Domestic production activities information	See Form 8903 Instructions
U	Qualified production activities income	Form 8903, line 7b
V	Employer's Form W-2 wages	Form 8903, line 17
W	Other deductions	See the Partner's Instructions

14. Self-employment earnings (loss)

Note: If you have a section 179 deduction or any partner-level deductions, see the Partner's Instructions before completing Schedule SE.

A	Net earnings (loss) from self-employment	Schedule SE, Section A or B
B	Gross farming or fishing income	See the Partner's Instructions
C	Gross non-farm income	See the Partner's Instructions

15. Credits

A	Low-income housing credit (section 42(j)(5)) from pre-2008 buildings	See the Partner's Instructions
B	Low-income housing credit (other) from pre-2008 buildings	
C	Low-income housing credit (section 42(j)(5)) from post-2007 buildings	
D	Low-income housing credit (other) from post-2007 buildings	
E	Qualified rehabilitation expenditures (rental real estate)	
F	Other rental real estate credits	
G	Other rental credits	
H	Undistributed capital gains credit	Form 1040, line 73; check box a
I	Biofuel producer credit	See the Partner's Instructions
J	Work opportunity credit	
K	Disabled access credit	

Code		Report on
L	Empowerment zone employment credit	See the Partner's Instructions
M	Credit for increasing research activities	
N	Credit for employer social security and Medicare taxes	
O	Backup withholding	
P	Other credits	

16. Foreign transactions

A	Name of country or U.S. possession	Form 1116, Part I
B	Gross income from all sources	
C	Gross income sourced at partner level	
	Foreign gross income sourced at partnership level	
D	Passive category	Form 1116, Part I
E	General category	
F	Other	
	Deductions allocated and apportioned at partner level	
G	Interest expense	Form 1116, Part I
H	Other	Form 1116, Part I
	Deductions allocated and apportioned at partnership level to foreign source income	
I	Passive category	Form 1116, Part I
J	General category	
K	Other	
	Other information	
L	Total foreign taxes paid	Form 1116, Part II
M	Total foreign taxes accrued	Form 1116, Part II
N	Reduction in taxes available for credit	Form 1116, line 12
O	Foreign trading gross receipts	Form 8873
P	Extraterritorial income exclusion	Form 8873
Q	Other foreign transactions	See the Partner's Instructions

17. Alternative minimum tax (AMT) items

A	Post-1986 depreciation adjustment	See the Partner's Instructions and the Instructions for Form 6251
B	Adjusted gain or loss	
C	Depletion (other than oil & gas)	
D	Oil, gas, & geothermal - gross income	
E	Oil, gas, & geothermal - deductions	
F	Other AMT items	

18. Tax-exempt income and nondeductible expenses

A	Tax-exempt interest income	Form 1040, line 8b
B	Other tax-exempt income	See the Partner's Instructions
C	Nondeductible expenses	See the Partner's Instructions

19. Distributions

A	Cash and marketable securities	See the Partner's Instructions
B	Distribution subject to section 737	
C	Other property	

20. Other information

A	Investment income	Form 4952, line 4a
B	Investment expenses	Form 4952, line 5
C	Fuel tax credit information	Form 4136
D	Qualified rehabilitation expenditures (other than rental real estate)	See the Partner's Instructions
E	Basis of energy property	See the Partner's Instructions
F	Recapture of low-income housing credit (section 42(j)(5))	Form 8611, line 8
G	Recapture of low-income housing credit (other)	Form 8611, line 8
H	Recapture of investment credit	See Form 4255
I	Recapture of other credits	See the Partner's Instructions
J	Look-back interest - completed long-term contracts	See Form 8697
K	Look-back interest - income forecast method	See Form 8866
L	Dispositions of property with section 179 deductions	See the Partner's Instructions
M	Recapture of section 179 deduction	
N	Interest expense for corporate partners	
O	Section 453(l)(3) information	
P	Section 453A(c) information	
Q	Section 1260(b) information	
R	Interest allocable to production expenditures	
S	CCF nonqualified withdrawals	
T	Depletion information - oil and gas	
U	Reserved	
V	Unrelated business taxable income	
W	Precontribution gain (loss)	
X	Section 108(i) information	
Y	Net investment income	
Z	Other information	