

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

Your first name and initial DONALD J. Last name TRUMP See separate instructions. Your social security number

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

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.

Foreign country name Foreign province/state/county Foreign postal code [X] You [X] Spouse

Filing Status 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 6b [X] Spouse 6c 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 6d Total number of exemptions claimed 3

Income 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. 8b Tax-exempt interest. Do not include on line 8a 8b 18,586. 9a Ordinary dividends. Attach Schedule B if required 9a 1,729,897. 9b 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 6,603,942. 15a IRA distributions 15a 15b Taxable amount 15b 16a Pensions and annuities 16a 16b 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 20b 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.>

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

CH

Tax and Credits

Standard Deduction for - People who check any box on line 39a or 39b of 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

Table with 3 columns: Line number, Description, and Amount. Includes lines 38-56 covering Adjusted Gross Income, Deductions, Exemptions, Taxable Income, and Credits.

54A 1485739

Other Taxes

Table with 3 columns: Line number, Description, and Amount. Includes lines 57-63 covering Self-employment tax, Unreported social security, and Total Tax.

Payments

If you have a qualifying child, attach Schedule EIC.

Table with 3 columns: Line number, Description, and Amount. Includes lines 64-74 covering Federal income tax withheld, Estimated tax payments, and Total Payments.

Refund

Direct deposit? See instructions.

Table with 3 columns: Line number, Description, and Amount. Includes lines 75-77 covering Overpaid amount and Applied to 2016 estimated tax.

Amount You Owe

Table with 3 columns: Line number, Description, and Amount. Includes line 78: Amount you owe.

Third Party Designee

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

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.

Paid Preparer Use Only

Print/Type preparer's name: DONALD BENDER; Preparer's signature; Date: 10/14/16; Firm's name: WEISERMAZARS T.T.P.; Firm's EIN: 13-1459550; Phone no.: (516) 488-1200

**SCHEDULE A  
(Form 1040)**

**Itemized Deductions**

OMB No. 1545-0074

Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on Form 1040

Information about Schedule A and its separate instructions is at [www.irs.gov/schedulea](http://www.irs.gov/schedulea).  
Attach to Form 1040.

**2015**  
Attachment  
Sequence No. **07**

Your social security number

DONALD J. & MELANIA TRUMP

|  |  |  |               |  |            |
|--|--|--|---------------|--|------------|
| <b>Medical and Dental Expenses</b>                       |  | <b>Caution:</b> 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.    |
| <b>Taxes You Paid</b>                                    |  | <b>State and local (check only one box):</b>   |               |  |            |
| a  | <input checked="" type="checkbox"/> Income taxes, or   | 5  | 5,139,693.    |  |            |
| b  | <input type="checkbox"/> General sales taxes   |  |               |  |            |
| 6  | Real estate taxes (see instructions)   | 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. |
| <b>Interest You Paid</b>                                 |  | <b>Home mortgage interest and points reported to you on Form 1098</b>  |               |  |            |
| 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   |               |  |            |
| 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.)   | 14   | 975,139.      |  |            |
| 15   | Add lines 10 through 14  | 15   |               |  | 975,139.   |
| <b>Gifts to Charity</b>                                  |  | <b>Gifts by cash or check. If you made any gift of \$250 or more, see instructions</b>   |               |  |            |
| 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   | 17   | 21,078,900.   |  |            |
| 18   | Carryover from prior year  | 18   | 20,760,811.   |  |            |
| 19   | Add lines 16 through 18  | 19   |               |  | 0.         |
| <b>Casualty and Theft Losses</b>                         |  | <b>Casualty or theft loss(es). Attach Form 4684. (See instructions.)</b>   |               |  |            |
| 20   | Casualty or theft loss(es). Attach Form 4684. (See instructions.)  | 20   |               |  |            |
| <b>Job Expenses and Certain Miscellaneous Deductions</b> |  | <b>Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)</b> |               |  |            |
| 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   | 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.   |
| <b>Other Miscellaneous Deductions</b>                    |  | <b>Other - from list in instructions. List type and amount</b>   |               |  |            |
| 28   | Other - from list in instructions. List type and amount  | 28   |               |  | 28,449.    |
| <b>Total Itemized Deductions</b>                         |  | <b>Is Form 1040, line 38, over \$154,950?</b>  |               |  |            |
|  | <input checked="" type="checkbox"/> 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.    | 29   |               |  | 7,997,882. |
|  | <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.                                    |  |               |  |            |
| 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

| Year        |                                     | 100%<br>Limit | 50%<br>Limit | 30%<br>Limit | 50% of AGI<br>Appreciated<br>Property 30% Limit | 0. AGI<br>Appreciated<br>Property 20% Limit | Total<br>Contributions<br>Allowed | <31,756,435.><br>Total<br>Contributions<br>Carryover |
|-------------|-------------------------------------|---------------|--------------|--------------|---|---|-----------------------------------|--|
| <b>2006</b> | Contributions                       |               |              |              |   |   |                                   |  |
|             | Less: Allowed ...                   |               |              |              |   |   |                                   |  |
|             | Less: NOL Abs. CRP<br>CRP C/O ...   |               |              |              |   |   |                                   |  |
| <b>2007</b> | Contributions                       |               |              |              |   |   |                                   |  |
|             | Less: Allowed ...                   |               |              |              |   |   |                                   |  |
|             | Less: NOL Abs. CRP<br>CRP C/O ...   |               |              |              |   |   |                                   |  |
| <b>2008</b> | Contributions                       |               |              |              |   |   |                                   |  |
|             | Less: Allowed ...                   |               |              |              |   |   |                                   |  |
|             | Less: NOL Abs. CRP<br>CRP C/O ...   |               |              |              |   |   |                                   |  |
| <b>2009</b> | Contributions                       |               |              |              |   |   |                                   |  |
|             | Less: Allowed ...                   |               |              |              |   |   |                                   |  |
|             | Less: NOL Abs. CRP<br>CRP C/O ...   |               |              |              |   |   |                                   |  |
| <b>2010</b> | Contributions                       |               |              |              |   |   |                                   |  |
|             | Less: Allowed ...                   |               |              |              |   |   |                                   |  |
|             | Less: NOL Absorb.                   |               |              |              |   |   |                                   |  |
|             | Less: NOL Abs. CRP<br>Lost C/O ...  |               |              |              |   |   |                                   |  |
|             | CRP C/O ...                         |               |              |              |   |   |                                   |  |
| <b>2011</b> | Contributions                       |               |              |              |   |   |                                   |  |
|             | Less: Allowed ...                   |               |              |              |   |   |                                   |  |
|             | Less: NOL Absorb.                   |               |              |              |   |   |                                   |  |
|             | Less: NOL Abs. CRP<br>Carryover ... |               |              |              |   |   |                                   |  |
|             | CRP C/O ...                         |               |              |              |   |   |                                   |  |
| <b>2012</b> | Contributions                       |               |              |              |   |   |                                   |  |
|             | Less: Allowed ...                   |               |              |              |   |   |                                   |  |
|             | Less: NOL Absorb.                   |               |              |              |   |   |                                   |  |
|             | Less: NOL Abs. CRP<br>Carryover ... |               |              |              |   |   |                                   |  |
|             | CRP C/O ...                         |               |              |              |   |   |                                   |  |
| <b>2013</b> | Contributions                       |               |              |              |   |   |                                   |  |
|             | Less: Allowed ...                   |               |              |              |   |   |                                   |  |
|             | Less: NOL Absorb.                   |               |              |              |   |   |                                   |  |
|             | Less: NOL Abs. CRP<br>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%<br>Limit | 50%<br>Limit | 30%<br>Limit | Appreciated<br>Property 30% Limit | Appreciated<br>Property 20% Limit | Total<br>Contributions<br>Allowed | Total<br>Contributions<br>Carryover |
| <b>2014</b>                                     | 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 ...        |               |              |              |                                   |                                   |                                   |                                     |
| <b>2015</b>                                     | 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)

**Interest and Ordinary Dividends**

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **08**

Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return

▶ Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at [www.irs.gov/scheduleb](http://www.irs.gov/scheduleb).

Your social security number

DONALD J. & MELANIA TRUMP

**Part I  
Interest**

|                                       |   | 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 ▶<br>SEE STATEMENT 20 | 9,395,718. |
| SUBTOTAL FOR LINE 1                   |   | 9,395,718. |
| NOMINEE DISTRIBUTION SEE STATEMENT 22 |   | <2,622.>   |
| 2                                     | Add the amounts on line 1   | 9,393,096. |
| 3                                     | Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815   |            |
| 4                                     | Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶   | 9,393,096. |

**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.

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

**Part II  
Ordinary Dividends**

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

**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.

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

**Part III  
Foreign Accounts and Trusts**

|   |  | Yes | No |
|---|--|-----|----|
| 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. |  |     |    |
| 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. 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  |

527501  
09-24-15

**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](http://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

Social security number (SSN)

DONALD J. TRUMP

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  Yes  No

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 <input type="checkbox"/> | 1 | 2967766<br>X 1,345,779. |
| 2 | Returns and allowances   | 2 |                         |
| 3 | Subtract line 2 from line 1  | 3 | 2967766<br>X 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  | 7892                      |
| 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  |                     | 20a | a Vehicles, machinery, and equipment                    | 20a | 701235                    |
| 12  | Depletion  | 12  |                     | 20b | b Other business property                               | 20b |                           |
| 13  | Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13  | 837385<br>X 15,027. | 21  | Repairs and maintenance                                 | 21  | X 539,900.                |
| 14  | Employee benefit programs (other than on line 19)  | 14  | 20087               | 22  | Supplies (not included in Part III)                     | 22  | 94,997.                   |
| 15  | Insurance (other than health)  | 15  | X 92,304.           | 23  | Taxes and licenses                                      | 23  | 5,797.                    |
| 16  | Interest:  |     |                     | 24  | Travel, meals, and entertainment:                       |     |                           |
| 16a | a Mortgage (paid to banks, etc.)   | 16a | 28339               | 24a | a Travel  | 24a | 110888                    |
| 16b | b Other  | 16b | X 110,134.          | 24b | b Deductible meals and entertainment (see instructions) | 24b | 48676<br>X 48,126.        |
| 17  | Legal and professional services  | 17  |                     | 25  | Utilities   | 25  | 312317<br>X 311,671.      |
|     |  |     |                     | 26  | Wages (less employment credits)                         | 26  | 307087<br>X 75,703.       |
|     |  |     |                     | 27a | 27 a Other expenses (from line 45)                      | 27a | X 1019403<br>X <895,539.> |
|     |  |     |                     | 27b | b Reserved for future use                               | 27b |                           |

28 Total expenses before expenses for business use of home. Add lines 8 through 27a 1954647  
29 Tentative profit or (loss). Subtract line 28 from line 7 X 1,098,120.

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

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.

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.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015





**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](http://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

Social security number (SSN)

DONALD J. TRUMP

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)  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  Yes  No

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 <input type="checkbox"/> | 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  |          |
| 25  |   |     |   | 26  | Wages (less employment credits)                          | 26  |          |
| 26  |   |     |   | 27a | Other expenses (from line 48)                            | 27a |          |
| 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.  | 28  |  | 28  | 225,884. |
| 29  | Tentative profit or (loss). Subtract line 28 from line 7  | 29  | 214,500.  | 29  |  | 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).<br>Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____<br>Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30                    | 30  |   | 30  |  | 30  |          |
| 31  | Net profit or (loss). Subtract line 30 from line 29.<br>• 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.<br>• If a loss, you must go to line 32.   | 31  | 214,500.  | 31  |  | 31  | 214,500. |
| 32  | If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• 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.<br>• If you checked 32b, you must attach Form 6198. Your loss may be limited. | 32a | <input type="checkbox"/> All investment is at risk. | 32b | <input type="checkbox"/> Some investment is not at risk. |     |          |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

**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](http://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

Social security number (SSN)

DONALD J. TRUMP

**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)  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 <input type="checkbox"/> | 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 | <b>Gross profit.</b> 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 | <b>Gross income.</b> 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<br>(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<br>expense deduction (not included in<br>Part III) (see instructions)  | 13  |  | 21   | Repairs and maintenance                                     | 21  |  |
| 14 | Employee benefit programs (other<br>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<br>entertainment (see instructions)    | 24b |  |
| 17 | Legal and professional services   | 17  |  | 25   | Utilities   | 25  |  |
| 28 | <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a   | 28  | 0.   | 26   | Wages (less employment credits)                             | 26  |  |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7  | 29  | 443.   | 27 a | Other expenses (from line 48)                               | 27a |  |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829<br>unless using the simplified method (see instructions).<br><b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____<br>and (b) the part of your home used for business: _____<br>Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30   | 30  |  | b    | <b>Reserved for future use</b>                              | 27b |  |
| 31 | <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> .<br>(If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.   | 31  | 443.   |      |   |     |  |
| 32 | If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> .<br>(If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. | 32a | <input type="checkbox"/> All investment<br>is at risk. | 32b  | <input type="checkbox"/> Some investment<br>is not at risk. |     |  |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

**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](http://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)  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 <input type="checkbox"/> | 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 | <b>Gross profit.</b> 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 | <b>Gross income.</b> 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):                     | 20a |  |
| 11 | Contract labor (see instructions)  | 11  |    | a    | Vehicles, machinery, and equipment                    | 20b |  |
| 12 | Depletion  | 12  |    | b    | Other business property                               | 21  |  |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions)   | 13  |    | 21   | Repairs and maintenance                               | 22  |  |
| 14 | Employee benefit programs (other than on line 19)  | 14  |    | 22   | Supplies (not included in Part III)                   | 23  |  |
| 15 | Insurance (other than health)  | 15  |    | 23   | Taxes and licenses                                    | 24  |  |
| 16 | Interest:  |     |    | 24   | Travel, meals, and entertainment:                     | 24a |  |
| a  | Mortgage (paid to banks, etc.)   | 16a |    | a    | Travel  | 24b |  |
| b  | Other  | 16b |    | b    | Deductible meals and entertainment (see instructions) | 25  |  |
| 17 | Legal and professional services  | 17  |    | 25   | Utilities   | 26  |  |
| 18 |  |     |    | 26   | Wages (less employment credits)                       | 27a |  |
| 19 |  |     |    | 27 a | Other expenses (from line 48)                         | 27b |  |
| 20 |  |     |    | b    | Reserved for future use                               |     |  |
| 28 | <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a  | 28  | 0. | 28   |   | 29  | 100,000.   |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7   | 29  |    | 30   |   |     |  |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).<br><b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____<br>Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30  | 30  |    | 31   |   |     | 100,000.   |
| 31 | <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.   | 31  |    |      |   |     |  |
| 32 | If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |     |    | 32a  | <input type="checkbox"/> All investment is at risk.   | 32b | <input type="checkbox"/> Some investment is not at risk. |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

**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](http://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)  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 <input type="checkbox"/> | 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 | <b>Gross profit.</b> 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 | <b>Gross income.</b> 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  |  |
| 28 | <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a  | 28  | 0.  | 26   | Wages (less employment credits)                          | 26  |  |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7   | 29  | 150,000.  | 27 a | Other expenses (from line 48)                            | 27a |  |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).<br><b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____<br>Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30  | 30  |   | b    | <b>Reserved for future use</b>                           | 27b |  |
| 31 | <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> 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).<br>• If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. | 32a | <input type="checkbox"/> All investment is at risk. | 32b  | <input type="checkbox"/> Some investment is not at risk. |     |  |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

**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](http://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)  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 <input type="checkbox"/> | 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 | <b>Gross profit.</b> 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 | <b>Gross income.</b> 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  |   | 20a | a Vehicles, machinery, and equipment                     | 20a |         |
| 12  | Depletion  | 12  |   | 20b | 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:                        |     |         |
| 16a | a Mortgage (paid to banks, etc.)   | 16a |   | 24a | a Travel   | 24a | 46,162. |
| 16b | b Other  | 16b |   | 24b | b Deductible meals and entertainment (see instructions)  | 24b |         |
| 17  | Legal and professional services  | 17  |   | 25  | Utilities  | 25  |         |
| 25  |  |     |   | 26  | Wages (less employment credits)                          | 26  |         |
| 26  |  |     |   | 27a | 27 a Other expenses (from line 48)                       | 27a |         |
| 27a |  |     |   | 27b | b Reserved for future use                                | 27b |         |
| 28  | <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a  | 28  | 46,162.   | 28  |  | 28  | 46,162. |
| 29  | Tentative profit or (loss). Subtract line 28 from line 7   | 29  | 3,838.  | 29  |  | 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).<br><b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____<br>Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30  | 30  |   | 30  |  | 30  |         |
| 31  | <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.   | 31  | 3,838.  | 31  |  | 31  | 3,838.  |
| 32  | If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. | 32a | <input type="checkbox"/> All investment is at risk. | 32b | <input type="checkbox"/> Some investment is not at risk. |     |         |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

**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](http://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)  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 <input type="checkbox"/> | 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 | <b>Gross profit.</b> 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 | <b>Gross income.</b> 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):                     | 20a |  |
| 11 | Contract labor (see instructions)  | 11  |         | a   | Vehicles, machinery, and equipment                    | 20b |  |
| 12 | Depletion  | 12  |         | b   | Other business property                               | 21  |  |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions)   | 13  | 15,696. | 21  | Repairs and maintenance                               | 22  |  |
| 14 | Employee benefit programs (other than on line 19)  | 14  |         | 22  | Supplies (not included in Part III)                   | 23  | 14,470.  |
| 15 | Insurance (other than health)  | 15  |         | 23  | Taxes and licenses                                    | 24  |  |
| 16 | Interest:  |     |         | 24  | Travel, meals, and entertainment:                     | 24a |  |
| a  | Mortgage (paid to banks, etc.)   | 16a |         | a   | Travel  | 24b |  |
| b  | Other  | 16b |         | b   | Deductible meals and entertainment (see instructions) | 25  | 646.   |
| 17 | Legal and professional services  | 17  | 3,055.  | 25  | Utilities   | 26  |  |
| 18 |  |     |         | 26  | Wages (less employment credits)                       | 27a | 27,002.  |
| 19 |  |     |         | 27a | Other expenses (from line 48)                         | 27b |  |
| 20 |  |     |         | b   | Reserved for future use                               | 28  | 60,869.  |
| 21 |  |     |         |     |   | 29  | 27,763.  |
| 22 |  |     |         |     |   |     |  |
| 23 |  |     |         |     |   |     |  |
| 24 |  |     |         |     |   |     |  |
| 25 |  |     |         |     |   |     |  |
| 26 |  |     |         |     |   |     |  |
| 27 |  |     |         |     |   |     |  |
| 28 | <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a  | 28  |         |     |   |     |  |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7   | 29  |         |     |   |     |  |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).<br><b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____<br>Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30  | 30  |         |     |   |     |  |
| 31 | <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> 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).<br>• If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. | 32a |         | 32a | <input type="checkbox"/> All investment is at risk.   | 32b | <input type="checkbox"/> 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](http://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)  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 <input type="checkbox"/> | 1 |         |
| 2 | Returns and allowances   | 2 |         |
| 3 | Subtract line 2 from line 1  | 3 |         |
| 4 | Cost of goods sold (from line 42)  | 4 |         |
| 5 | <b>Gross profit.</b> Subtract line 4 from line 3   | 5 |         |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) <b>SEE STATEMENT 25</b>   | 6 | 33,246. |
| 7 | <b>Gross income.</b> 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  |         |
| 28 | <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a  | 28  |     | 26   | Wages (less employment credits)                          | 26  |         |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7   | 29  |     | 27 a | Other expenses (from line 48)                            | 27a |         |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).<br><b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____<br>Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30  | 30  |     | b    | <b>Reserved for future use</b>                           | 27b |         |
| 31 | <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.   | 31  |     | 28   |  | 28  | 405.    |
| 32 | If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |     |     | 29   |  | 29  | 32,841. |
|    |  |     |     | 31   |  | 31  | 32,841. |
|    |  |     |     | 32a  | <input type="checkbox"/> All investment is at risk.      |     |         |
|    |  |     |     | 32b  | <input type="checkbox"/> Some investment is not at risk. |     |         |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

**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](http://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

Social security number (SSN)

DONALD J. TRUMP

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

B Enter code from instructions

AVIATION

532290

C Business name. If no separate business name, leave blank.

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

DJT AEROSPACE LLC

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)  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 <input type="checkbox"/> | 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 | <b>Gross profit.</b> 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 | <b>Gross income.</b> 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<br>(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  |          | 20a | Vehicles, machinery, and equipment  | 20a |   |
| 12  | Depletion   | 12  |          | 20b | Other business property   | 20b | 56,828.   |
| 13  | Depreciation and section 179<br>expense deduction (not included in<br>Part III) (see instructions)  | 13  | 106,662. | 21  | Repairs and maintenance   | 21  | 161,335.  |
| 14  | Employee benefit programs (other<br>than on line 19)  | 14  | 968.     | 22  | Supplies (not included in Part III)   | 22  |   |
| 15  | Insurance (other than health)   | 15  | 28,383.  | 23  | Taxes and licenses  | 23  | 300.  |
| 16  | Interest:   |     |          | 24  | Travel, meals, and entertainment:   |     |   |
| 16a | a Mortgage (paid to banks, etc.)  | 16a |          | 24a | Travel  | 24a | 5,050.  |
| 16b | b Other   | 16b |          | 24b | Deductible meals and<br>entertainment (see instructions)  | 24b | 550.  |
| 17  | Legal and professional services   | 17  | 15,095.  | 25  | Utilities   | 25  |   |
| 18  | <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a   | 18  |          | 26  | Wages (less employment credits)   | 26  | 231,384.  |
| 19  | Tentative profit or (loss). Subtract line 28 from line 7  | 19  |          | 27a | Other expenses (from line 48)   | 27a | <150,866.>  |
| 20  | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829<br>unless using the simplified method (see instructions).<br><b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____<br>and (b) the part of your home used for business: _____<br>Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 20  |          | 27b | <b>Reserved for future use</b>  | 27b |   |
| 21  | <b>Net profit or (loss).</b> Subtract line 30 from line 29.   | 21  |          | 28  | <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a   | 28  | 463,581.  |
| 22  | • If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> .<br>(If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .   | 22  |          | 29  | Tentative profit or (loss). Subtract line 28 from line 7  | 29  | 104,831.  |
| 23  | • If a loss, you <b>must</b> go to line 32.   | 23  |          | 30  | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829<br>unless using the simplified method (see instructions).<br><b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____<br>and (b) the part of your home used for business: _____<br>Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30  |   |
| 24  | If you have a loss, check the box that describes your investment in this activity (see instructions).   | 24  |          | 31  | <b>Net profit or (loss).</b> Subtract line 30 from line 29.   | 31  | 104,831.  |
| 25  | • If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> .<br>(If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .   | 25  |          | 32a |   | 32a | <input type="checkbox"/> All investment<br>is at risk.      |
| 26  | • If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited.   | 26  |          | 32b |   | 32b | <input type="checkbox"/> Some investment<br>is not at risk. |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015



**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](http://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)  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 | <input type="checkbox"/> | 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             | <b>Gross profit.</b> 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             | <b>Gross income.</b> 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   |  |
| 9   | Car and truck expenses (see instructions)  | 9   |  |
| 10  | Commissions and fees   | 10  |  |
| 11  | Contract labor (see instructions)  | 11  |  |
| 12  | Depletion  | 12  |  |
| 13  | Depreciation and section 179 expense deduction (not included in Part III) (see instructions)   | 13  |  |
| 14  | Employee benefit programs (other than on line 19)  | 14  |  |
| 15  | Insurance (other than health)  | 15  |  |
| 16  | Interest:  |     |  |
|   | a Mortgage (paid to banks, etc.)   | 16a |  |
|   | b Other  | 16b |  |
| 17  | Legal and professional services  | 17  |  |
| 18  | Office expense   | 18  |  |
| 19  | Pension and profit-sharing plans   | 19  |  |
| 20  | Rent or lease (see instructions):  |     |  |
|   | a Vehicles, machinery, and equipment   | 20a |  |
|   | b Other business property  | 20b |  |
| 21  | Repairs and maintenance  | 21  |  |
| 22  | Supplies (not included in Part III)  | 22  |  |
| 23  | Taxes and licenses   | 23  |  |
| 24  | Travel, meals, and entertainment:  |     |  |
|   | a Travel   | 24a | 59,626.  |
|   | b Deductible meals and entertainment (see instructions)  | 24b |  |
| 25  | Utilities  | 25  |  |
| 26  | Wages (less employment credits)  | 26  |  |
| 27 a  | Other expenses (from line 48)  | 27a |  |
|   | b Reserved for future use  | 27b |  |
| 28  | <b>Total expenses</b> 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).<br><b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____<br>Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30  | 30  |  |
| 31  | <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> 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).<br>• If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. | 32a | <input type="checkbox"/> All investment is at risk.      |
|   |  | 32b | <input type="checkbox"/> Some investment is not at risk. |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

**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](http://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)  
**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)  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 <input type="checkbox"/> | 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 | <b>Gross profit.</b> 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 | <b>Gross income.</b> 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  |              | 20a | a Vehicles, machinery, and equipment                           | 20a | 10,003.    |
| 12  | Depletion  | 12  |              | 20b | 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:                              |     |            |
| 16a | a Mortgage (paid to banks, etc.)   | 16a |              | 24a | a Travel   | 24a | 1,140.     |
| 16b | b Other  | 16b |              | 24b | b Deductible meals and entertainment (see instructions)        | 24b | 4,139.     |
| 17  | Legal and professional services  | 17  | 86,716.      | 25  | Utilities  | 25  | 404,020.   |
| 28  | <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a  | 28  | 10,473,945.  | 26  | Wages (less employment credits)                                | 26  | 4,113,742. |
| 29  | Tentative profit or (loss). Subtract line 28 from line 7   | 29  | <1,287,722.> | 27a | 27 a Other expenses (from line 48)                             | 27a | 1,301,846. |
| 30  | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).<br><b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____<br>Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30  | 30  |              | 27b | b Reserved for future use                                      | 27b |            |
| 31  | <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.   | 31  | <1,287,722.> | 32a | <input checked="" type="checkbox"/> All investment is at risk. |     |            |
| 32  | If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |     |              | 32b | <input type="checkbox"/> Some investment is not at risk.       |     |            |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

**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 | 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 <b>Cost of goods sold.</b> 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 <b>Total other expenses.</b> 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](http://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)  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 | <input type="checkbox"/> | 1 | 4873370      |
| 2 | Returns and allowances  |                          | 2 | 3,304,403.   |
| 3 | Subtract line 2 from line 1   |                          | 3 | X 191,369.   |
| 4 | Cost of goods sold (from line 42)   |                          | 4 | X 3,113,034. |
| 5 | Gross profit. Subtract line 4 from line 3   |                          | 5 | X 1,437,091. |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)  |                          | 6 | 1,675,943.   |
| 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  | 18  | X 10,592.  |
| 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  |                      | 20a | Vehicles, machinery, and equipment  | 20a | 4,068.   |
| 12  | Depletion   | 12  |                      | 20b | Other business property   | 20b | 97,701.  |
| 13  | Depreciation and section 179 expense deduction (not included in Part III) (see instructions)  | 13  | 1807853<br>X 39,101. | 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:   |     |  |
| 16a | Mortgage (paid to banks, etc.)  | 16a |                      | 24a | Travel  | 24a | 2,197.   |
| 16b | Other   | 16b | 31161                | 24b | Deductible meals and entertainment (see instructions)   | 24b | 2,736.   |
| 17  | Legal and professional services   | 17  | X 19,512.            | 25  | Utilities   | 25  | 76,520.  |
| 27a | Other expenses (from line 48)   | 27a | X 132609             | 26  | Wages (less employment credits)   | 26  | 1,333,767.   |
| 27b | Reserved for future use   | 27b |                      | 27a | Other expenses (from line 48)   | 27a | X 297,695.   |
| 28  | Total expenses before expenses for business use of home. Add lines 8 through 27a  | 28  | 3490175              | 27b | Reserved for future use   | 27b |  |
| 29  | Tentative profit or (loss). Subtract line 28 from line 7  | 29  |                      | 28  | Total expenses before expenses for business use of home. Add lines 8 through 27a  | 28  | X 2,044,000.   |
| 30  | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).<br>Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____<br>Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30                    | 30  |                      | 29  | Tentative profit or (loss). Subtract line 28 from line 7  | 29  | <368,057.>   |
| 31  | Net profit or (loss). Subtract line 30 from line 29.<br>• 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.<br>• If a loss, you must go to line 32.   | 31  |                      | 30  | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).<br>Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____<br>Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30                    | 30  |  |
| 32  | If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• 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.<br>• If you checked 32b, you must attach Form 6198. Your loss may be limited. | 32a |                      | 31  | Net profit or (loss). Subtract line 30 from line 29.<br>• 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.<br>• If a loss, you must go to line 32.   | 31  | <368,057.>   |
|     |   | 32b |                      | 32a | If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• 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.<br>• If you checked 32b, you must attach Form 6198. Your loss may be limited. | 32a | <input checked="" type="checkbox"/> All investment is at risk. |
|     |   |     |                      | 32b |   | 32b | <input type="checkbox"/> Some investment is not at risk.       |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

**Part III Cost of Goods Sold** (see instructions)

|    |  |   |  |   |
|----|--|---|--|---|
| 33 | Method(s) used to value closing inventory:   | a <input checked="" type="checkbox"/> Cost                          | b <input type="checkbox"/> Lower of cost or market | c <input type="checkbox"/> Other (attach explanation) |
| 34 | Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 | <b>Cost of goods sold.</b> 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?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 46   | Do you (or your spouse) have another vehicle available for personal use?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 47 a | Do you have evidence to support your deduction?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b    | If "Yes," is the evidence written?  | <input type="checkbox"/> Yes <input type="checkbox"/> 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.             |
| <b>48 Total other expenses.</b> Enter here and on line 27a | <b>48</b> 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](http://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)  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**

|   |          |            |
|---|----------|------------|
| <b>1</b> 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 <input type="checkbox"/> | <b>1</b> | 1,276,051. |
| <b>2</b> Returns and allowances   | <b>2</b> |            |
| <b>3</b> Subtract line 2 from line 1  | <b>3</b> | 1,276,051. |
| <b>4</b> Cost of goods sold (from line 42)  | <b>4</b> |            |
| <b>5</b> <b>Gross profit.</b> Subtract line 4 from line 3   | <b>5</b> | 1,276,051. |
| <b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)   | <b>6</b> |            |
| <b>7</b> <b>Gross income.</b> Add lines 5 and 6   | <b>7</b> | 1,276,051. |

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

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

|   |           |            |
|---|-----------|------------|
| <b>28</b> <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a | <b>28</b> | 1,400,272. |
| <b>29</b> Tentative profit or (loss). Subtract line 28 from line 7                                | <b>29</b> | <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

|  |           |            |
|--|-----------|------------|
| <b>31</b> <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32. | <b>31</b> | <124,221.> |
|--|-----------|------------|

|  |            |  |
|--|------------|--|
| <b>32</b> If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. | <b>32a</b> | <input checked="" type="checkbox"/> All investment is at risk. |
|  | <b>32b</b> | <input type="checkbox"/> Some investment is not at risk.       |

LHA For Paperwork Reduction Act Notice, see the separate instructions.



**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](http://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)  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  Yes  No

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 <input type="checkbox"/> | 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 | <b>Gross profit.</b> 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 | <b>Gross income.</b> 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   |  |     |        | 26   | Wages (less employment credits)                       | 26  |        |
| 27   |  |     |        | 27 a | Other expenses (from line 48)                         | 27a | 4,132. |
| 27 b |  |     |        | b    | Reserved for future use                               | 27b |        |

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a

29 Tentative profit or (loss). Subtract line 28 from line 7

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

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.

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.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015



**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](http://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)  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 <input type="checkbox"/> |
| 2             | Returns and allowances   |
| 3             | Subtract line 2 from line 1  |
| 4             | Cost of goods sold (from line 42)  |
| 5             | Gross profit. Subtract line 4 from line 3  |
| 6             | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)   |
| 7             | Gross income. Add lines 5 and 6  |

| Part II Expenses. Enter expenses for business use of your home only on line 30. |   |        |   |     |
|---|---|--------|---|-----|
| 8   | Advertising   | 8      | 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 of 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  |
| 28  | Total expenses before expenses for business use of home. Add lines 8 through 27a  | 28     | 26 Wages (less employment credits)                      | 26  |
| 29  | Tentative profit or (loss). Subtract line 28 from line 7  | 29     | 27 a Other expenses (from line 48)                      | 27a |
| 30  | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).<br>Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____<br>Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30                    | 30     | b Reserved for future use                               | 27b |
| 31  | Net profit or (loss). Subtract line 30 from line 29.<br>• 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.<br>• If a loss, you must go to line 32.   | 31     |   |     |
| 32  | If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• 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.<br>• If you checked 32b, you must attach Form 6198. Your loss may be limited. |        |   |     |

**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](http://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)  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 <input type="checkbox"/> | 1 |
| 2 | Returns and allowances   | 2 |
| 3 | Subtract line 2 from line 1  | 3 |
| 4 | Cost of goods sold (from line 42)  | 4 |
| 5 | <b>Gross profit.</b> 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 | <b>Gross income.</b> 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  | 20a | a Vehicles, machinery, and equipment                    | 20a |
| 12  | Depletion  | 12  | 20b | 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:                       |     |
| 16a | a Mortgage (paid to banks, etc.)   | 16a | 24a | a Travel  | 24a |
| 16b | b Other  | 16b | 24b | b Deductible meals and entertainment (see instructions) | 24b |
| 17  | Legal and professional services  | 17  | 25  | Utilities   | 25  |
|     |  |     | 26  | Wages (less employment credits)                         | 26  |
|     |  |     | 27a | Other expenses (from line 48)                           | 27a |
|     |  |     | 27b | b Reserved for future use                               | 27b |

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a 10,813.

29 Tentative profit or (loss). Subtract line 28 from line 7 <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

31 **Net profit or (loss).** Subtract line 30 from line 29. <10,813.>

- 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.

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.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

**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](http://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)  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  Yes  No

**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 <input type="checkbox"/> | 1 |  |
| 2 | Returns and allowances   | 2 |  |
| 3 | Subtract line 2 from line 1  | 3 |  |
| 4 | Cost of goods sold (from line 42)  | 4 |  |
| 5 | <b>Gross profit.</b> 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 | <b>Gross income.</b> 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  |        |
| 28 | <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a  | 28  |      | 26   | Wages (less employment credits)                       | 26  |        |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7   | 29  |      | 27 a | Other expenses (from line 48)                         | 27a |        |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).<br><b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____<br>Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30  | 30  |      | b    | Reserved for future use                               | 27b |        |
| 31 | <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.   | 31  |      | 28   |   | 28  | 119.   |
| 32 | If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. | 32a |      | 29   |   | 29  | <119.> |
|    |  | 32b |      | 30   |   | 30  |        |
|    |  |     |      | 31   |   | 31  | <119.> |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

**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](http://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)  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:  Yes  No  
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 | <input type="checkbox"/> | 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        |
| 28 | Total expenses before expenses for business use of home. Add lines 8 through 27a  |     | 26   | Wages (less employment credits)                                | 26        |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7  |     | 27 a | Other expenses (from line 48)                                  | 27a 25.   |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).<br>Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____<br>Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30                    |     | b    | Reserved for future use  | 27b       |
| 31 | Net profit or (loss). Subtract line 30 from line 29.<br>• 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.<br>• If a loss, you must go to line 32.   |     | 28   |  | 28 599.   |
| 32 | If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• 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.<br>• If you checked 32b, you must attach Form 6198. Your loss may be limited. |     | 29   |  | 29 <599.> |
|    |   |     | 30   |  |           |
|    |   |     | 31   |  | 31 <599.> |
|    |   |     | 32a  | <input checked="" type="checkbox"/> All investment is at risk. |           |
|    |   |     | 32b  | <input type="checkbox"/> Some investment is not at risk.       |           |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015





**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](http://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

Social security number (SSN)

DONALD J. TRUMP

**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)  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  Yes  No

**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 <input type="checkbox"/> | 1 |
| 2 | Returns and allowances   | 2 |
| 3 | Subtract line 2 from line 1  | 3 |
| 4 | Cost of goods sold (from line 42)  | 4 |
| 5 | <b>Gross profit.</b> 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 | <b>Gross income.</b> 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      | 20a | a Vehicles, machinery, and equipment                    |         |
| 12  | Depletion  | 12      | 20b | b Other business property                               |         |
| 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:                       |         |
| 16a | a Mortgage (paid to banks, etc.)   | 16a     | 24a | a Travel  |         |
| 16b | b Other  | 16b     | 24b | b Deductible meals and entertainment (see instructions) |         |
| 17  | Legal and professional services  | 17 110. | 25  | Utilities   | 25      |
|     |  |         | 26  | Wages (less employment credits)                         | 26      |
|     |  |         | 27a | Other expenses (from line 48)                           |         |
|     |  |         | 27b | b Reserved for future use                               |         |

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

31 **Net profit or (loss).** Subtract line 30 from line 29. **31 <719.>**

- 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.

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.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

**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](http://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)  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: Yes  No

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:

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             |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27a  | 28      | 26 Wages (less employment credits)                      | 26             |
| 29 Tentative profit or (loss). Subtract line 28 from line 7  | 29      | 27 a Other expenses (from line 48)                      | 27a            |
| 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).<br>Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____<br>Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30                    | 30      | b Reserved for future use                               | 27b            |
| 31 Net profit or (loss). Subtract line 30 from line 29.<br>• 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.<br>• If a loss, you must go to line 32.   | 31      |   | 760.<br><760.> |
| 32 If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• 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.<br>• 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.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

**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](http://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)  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 <input type="checkbox"/> | 1 |
| 2 | Returns and allowances   | 2 |
| 3 | Subtract line 2 from line 1  | 3 |
| 4 | Cost of goods sold (from line 42)  | 4 |
| 5 | <b>Gross profit.</b> 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 | <b>Gross income.</b> 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  | 20a | a Vehicles, machinery, and equipment                    |      |
| 12  | Depletion  | 12  | 20b | b Other business property                               |      |
| 13  | Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13  | 21  | Repairs and maintenance                                 |      |
| 14  | Employee benefit programs (other than on line 19)  | 14  | 22  | Supplies (not included in Part III)                     |      |
| 15  | Insurance (other than health)  | 15  | 23  | Taxes and licenses                                      | 300. |
| 16  | Interest:  |     | 24  | Travel, meals, and entertainment:                       |      |
| 16a | a Mortgage (paid to banks, etc.)   | 16a | 24a | a Travel  |      |
| 16b | b Other  | 16b | 24b | b Deductible meals and entertainment (see instructions) |      |
| 17  | Legal and professional services  | 17  | 25  | Utilities   |      |
|     |  | 55. | 26  | Wages (less employment credits)                         |      |
|     |  |     | 27a | Other expenses (from line 48)                           |      |
|     |  |     | 27b | b Reserved for future use                               |      |

28 **Total expenses** before expenses for business use of home. Add lines 8 through 27a **▶** 355.

29 Tentative profit or (loss). Subtract line 28 from line 7 **<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

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 } **<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  All investment is at risk.  
32b  Some investment is not at risk.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

**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](http://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)  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:  Yes  No  
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 | <input type="checkbox"/> | 1 |  |
| 2 | Returns and allowances  |                          | 2 |  |
| 3 | Subtract line 2 from line 1   |                          | 3 |  |
| 4 | Cost of goods sold (from line 42)   |                          | 4 |  |
| 5 | <b>Gross profit.</b> 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 | <b>Gross income.</b> 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  | 20a | a Vehicles, machinery, and equipment                           |       |
| 12  | Depletion  | 12  | 20b | b Other business property                                      |       |
| 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:                              |       |
| 16a | a Mortgage (paid to banks, etc.)   | 16a | 24a | a Travel   |       |
| 16b | b Other  | 16b | 24b | b Deductible meals and entertainment (see instructions)        |       |
| 17  | Legal and professional services  | 17  | 25  | Utilities  | 25    |
|     |  |     | 26  | Wages (less employment credits)                                | 26    |
|     |  | 55. | 27a | Other expenses (from line 48)                                  | 27a   |
|     |  |     | 27b | b Reserved for future use                                      | 27b   |
| 28  | <b>Total expenses</b> 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).<br><b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____<br>Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30  |     | 30  |  |       |
| 31  | <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.   |     | 31  |  | <55.> |
| 32  | If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |     | 32a | <input checked="" type="checkbox"/> All investment is at risk. |       |
|     |  |     | 32b | <input type="checkbox"/> 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](http://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

Social security number (SSN)

DONALD J. TRUMP

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

B Enter code from instructions

REAL ESTATE

531390

C Business name. If no separate business name, leave blank.

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

CHICAGO UNIT ACQUISTION LLC

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  Yes  No

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 | <input type="checkbox"/> | 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

31 Net profit or (loss). Subtract line 30 from line 29. 31

• 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 } 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. } 32a  All investment is at risk.

• If you checked 32b, you must attach Form 6198. Your loss may be limited. } 32b  Some investment is not at risk.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule C (Form 1040) 2015

**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](http://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)  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 | <input type="checkbox"/> | 1 |
| 2 | Returns and allowances  |                          | 2 |
| 3 | Subtract line 2 from line 1   |                          | 3 |
| 4 | Cost of goods sold (from line 42)   |                          | 4 |
| 5 | <b>Gross profit.</b> 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 | <b>Gross income.</b> 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):                       | 20  |
| 11  | Contract labor (see instructions)  | 11         | 20a | a Vehicles, machinery, and equipment                    | 20a |
| 12  | Depletion  | 12         | 20b | 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:                       | 24  |
| 16a | a Mortgage (paid to banks, etc.)   | 16a        | 24a | a Travel  | 24a |
| 16b | b Other  | 16b 1,084. | 24b | b Deductible meals and entertainment (see instructions) | 24b |
| 17  | Legal and professional services  | 17         | 25  | Utilities   | 25  |
| 18  |  |            | 26  | Wages (less employment credits)                         | 26  |
| 19  |  |            | 27a | Other expenses (from line 48)                           | 27a |
| 20  |  |            | 27b | <b>Reserved for future use</b>                          | 27b |

|    |   |    |          |
|----|---|----|----------|
| 28 | <b>Total expenses</b> 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

|    |  |    |          |
|----|--|----|----------|
| 31 | <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2.</b> (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3.</b><br>• If a loss, you <b>must</b> 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  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](http://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)  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  Yes  No

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 | <input type="checkbox"/> | 1 |  |
| 2 | Returns and allowances  |                          | 2 |  |
| 3 | Subtract line 2 from line 1   |                          | 3 |  |
| 4 | Cost of goods sold (from line 42)   |                          | 4 |  |
| 5 | <b>Gross profit.</b> 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 | <b>Gross income.</b> 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  |          |
| 28 | <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a  | 28  |                                     | 26  | Wages (less employment credits)                       | 26  |          |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7   | 29  |                                     | 27a | Other expenses (from line 48)                         | 27a | 25.      |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).<br><b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____<br>Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30  | 30  |                                     | b   | <b>Reserved for future use</b>                        | 27b |          |
| 31 | <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.   | 31  |                                     | 28  |   | 28  | 2,380.   |
| 32 | If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. | 32a | <input checked="" type="checkbox"/> | 29  |   | 29  | <2,380.> |
|    |  | 32b | <input type="checkbox"/>            | 31  |   | 31  | <2,380.> |

LHA For Paperwork Reduction Act Notice, see the separate instructions.





**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](http://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.): 45-1174418

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  Yes  No

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 <input type="checkbox"/> | 1 |  |
| 2 | Returns and allowances   | 2 |  |
| 3 | Subtract line 2 from line 1  | 3 |  |
| 4 | Cost of goods sold (from line 42)  | 4 |  |
| 5 | <b>Gross profit.</b> 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 | <b>Gross income.</b> 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  |        | 20a | Vehicles, machinery, and equipment                             | 20a |      |
| 12  | Depletion  | 12  |        | 20b | 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:                              |     |      |
| 16a | Mortgage (paid to banks, etc.)   | 16a |        | 24a | Travel   | 24a |      |
| 16b | Other  | 16b |        | 24b | Deductible meals and entertainment (see instructions)          | 24b |      |
| 17  | Legal and professional services  | 17  |        | 25  | Utilities  | 25  |      |
| 28  | <b>Total expenses</b> before expenses for business use of home. Add lines 8 through 27a  | 28  | 300.   | 26  | Wages (less employment credits)                                | 26  |      |
| 29  | Tentative profit or (loss). Subtract line 28 from line 7   | 29  | <300.> | 27a | Other expenses (from line 48)                                  | 27a |      |
| 30  | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).<br><b>Simplified method filers only:</b> enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____<br>Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30  | 30  |        | 27b | Reserved for future use  | 27b |      |
| 31  | <b>Net profit or (loss).</b> Subtract line 30 from line 29.<br>• If a profit, enter on both <b>Form 1040, line 12</b> (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If a loss, you <b>must</b> go to line 32.   | 31  | <300.> |     |  |     |      |
| 32  | If you have a loss, check the box that describes your investment in this activity (see instructions).<br>• If you checked 32a, enter the loss on both <b>Form 1040, line 12</b> , (or <b>Form 1040NR, line 13</b> ) and on <b>Schedule SE, line 2</b> . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on <b>Form 1041, line 3</b> .<br>• If you checked 32b, you <b>must</b> attach <b>Form 6198</b> . Your loss may be limited. |     |        | 32a | <input checked="" type="checkbox"/> All investment is at risk. |     |      |
|     |  |     |        | 32b | <input type="checkbox"/> Some investment is not at risk.       |     |      |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

**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](http://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)  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

Yes  No

**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**

|  |                          |          |  |
|--|--------------------------|----------|--|
| <b>1</b> 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 | <input type="checkbox"/> | <b>1</b> |  |
| <b>2</b> Returns and allowances  |                          | <b>2</b> |  |
| <b>3</b> Subtract line 2 from line 1   |                          | <b>3</b> |  |
| <b>4</b> Cost of goods sold (from line 42)   |                          | <b>4</b> |  |
| <b>5</b> Gross profit. Subtract line 4 from line 3   |                          | <b>5</b> |  |
| <b>6</b> Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)  |                          | <b>6</b> |  |
| <b>7</b> Gross income. Add lines 5 and 6   |                          | <b>7</b> |  |

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

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

**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

**31** Net profit or (loss). Subtract line 30 from line 29. **31** <110.>

• 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.

**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 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](http://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.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> 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 |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked   | 38,841,496.                      | 39,167,884.                     | 2,763.  | <323,625.>  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 <span style="float:right">STMT 27</span>   |                                  |                                 | 4   | 20,401.   |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 <span style="float:right">SEE STATEMENT 29</span>   |                                  |                                 | 5   | <76,723.>   |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions  |                                  |                                 | 6   | ( )   |
| <b>7</b> <b>Net short-term capital gain or (loss).</b> 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.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> 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 |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked  | 6,848,449.                       | 6,837,977.                      |  | 10,472.   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   | 8,415,599.                       | 7,759,886.                      |  | 655,713.  |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked  |                                  |                                 |  |   |
| <b>11</b> 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 <span style="float:right">SEE STATEMENT 28<br/>SEE STATEMENT 30</span>   |                                  |                                 | 11   | 30,139,013.   |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1  |                                  |                                 | 12   | 4,644,386.  |
| <b>13</b> Capital gain distributions <span style="float:right">SEE STATEMENT 31</span>  |                                  |                                 | 13   | 765,816.  |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions  |                                  |                                 | 14   | ( )   |
| <b>15</b> <b>Net long-term capital gain or (loss).</b> Combine lines 8a through 14 in column (h). Then go to Part III on page 2   |                                  |                                 | 15   | 36,215,400.   |

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2015

**Part III Summary**

|   |      |             |
|---|------|-------------|
| <p>16 Combine lines 7 and 15 and enter the result .....</p> <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul> | 16   | 35,835,453. |
| <p>17 Are lines 15 and 16 <b>both</b> gains?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.</p> <p><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.</p>  |      |             |
| <p>18 Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions .....</p>   | ▶ 18 |             |
| <p>19 Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions ..... <small>SEE STATEMENT 32</small> ▶</p>   | ▶ 19 |             |
| <p>20 Are lines 18 and 19 <b>both</b> zero or blank?</p> <p><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.</p> <p><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> complete lines 21 and 22 below.</p>   |      |             |
| <p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the <b>smaller</b> of:</p> <ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500) } .....</li> </ul> <p><b>Note:</b> When figuring which amount is smaller, treat both amounts as positive numbers.</p>  | 21 ( | )           |
| <p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?</p> <p><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).</p> <p><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.</p>   |      |             |



**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2015**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Information about Schedule E and its separate instructions is at [www.irs.gov/schedulee](http://www.irs.gov/schedulee).

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) | 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                 | C                        |
| A 1                                   |  | 365              |                   | <input type="checkbox"/> |
| B 1                                   |  | 365              |                   | <input type="checkbox"/> |
| C 1                                   |  | 365              |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

| Income:   | Properties: | A        | B          | C         |
|---|-------------|----------|------------|-----------|
| <b>3</b> Rents received   | <b>3</b>    |          | 46,700.    | 75,634.   |
| <b>4</b> Royalties received   | <b>4</b>    |          |            |           |
| <b>Expenses:</b>  |             |          |            |           |
| <b>5</b> Advertising  | <b>5</b>    |          |            |           |
| <b>6</b> Auto and travel (see instructions)   | <b>6</b>    |          |            |           |
| <b>7</b> Cleaning and maintenance   | <b>7</b>    |          |            |           |
| <b>8</b> Commissions  | <b>8</b>    |          |            | 7,560.    |
| <b>9</b> Insurance  | <b>9</b>    |          | 3,892.     | 2,152.    |
| <b>10</b> Legal and other professional fees   | <b>10</b>   |          |            |           |
| <b>11</b> Management fees   | <b>11</b>   |          |            |           |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>   |          | 6,601.     | 3,252.    |
| <b>13</b> Other interest  | <b>13</b>   | 8,756.   |            |           |
| <b>14</b> Repairs   | <b>14</b>   |          | 5,477.     | 48,276.   |
| <b>15</b> Supplies  | <b>15</b>   |          |            |           |
| <b>16</b> Taxes   | <b>16</b>   |          | 142,939.   | 40,330.   |
| <b>17</b> Utilities   | <b>17</b>   |          | 23,482.    | 12,891.   |
| <b>18</b> Depreciation expense or depletion   | <b>18</b>   |          | 42,639.    | 13,363.   |
| <b>19</b> Other (list) ▶ STMT 40 STMT 41  | <b>19</b>   |          | 10,872.    | 4,349.    |
| <b>20</b> Total expenses. Add lines 5 through 19  | <b>20</b>   | 8,756.   | 235,902.   | 132,173.  |
| <b>21</b> 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   | <b>21</b>   | <8,756.> | <189,202.> | <56,539.> |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)  | <b>22</b>   | 8,756.)  | 189,202.)  | 56,539.)  |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties  | <b>23a</b>  |          |            |           |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties   | <b>23b</b>  |          |            |           |
| <b>c</b> Total of all amounts reported on line 12 for all properties  | <b>23c</b>  |          |            |           |
| <b>d</b> Total of all amounts reported on line 18 for all properties  | <b>23d</b>  |          |            |           |
| <b>e</b> Total of all amounts reported on line 20 for all properties  | <b>23e</b>  |          |            |           |
| <b>24</b> Income. Add positive amounts shown on line 21. Do not include any losses  | <b>24</b>   |          |            |           |
| <b>25</b> Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here   | <b>25</b>   |          |            |           |
| <b>26</b> 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 | <b>26</b>   |          |            |           |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

OMB No. 1545-0074

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

**2015**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Information about Schedule E and its separate instructions is at [www.irs.gov/schedulee](http://www.irs.gov/schedulee).

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 ROYALTY INCOME**

| 1b | Type of Property (from list below) | 2  | Fair Rental Days | Personal Use Days | QJV                      |
|----|------------------------------------|--|------------------|-------------------|--------------------------|
| A  | 1                                  | 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. | A                | 365               | <input type="checkbox"/> |
| B  | 1                                  |  | B                | 365               | <input type="checkbox"/> |
| C  | 6                                  |  | C                |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

**Income:** **Properties:** **A** **B** **C**

|                      |   |  |  |          |
|----------------------|---|--|--|----------|
| 3 Rents received     | 3 |  |  |          |
| 4 Royalties received | 4 |  |  | 421,930. |

**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 | 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 <b>Income.</b> Add positive amounts shown on line 21. Do not include any losses  | 24 |  |
| 25 <b>Losses.</b> Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here   | 25 |  |
| 26 <b>Total rental real estate and royalty income or (loss).</b> 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 |  |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2015



**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Information about Schedule E and its separate instructions is at [www.irs.gov/schedulee](http://www.irs.gov/schedulee).

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<br>(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                | B                 | C                        |
| A  | 6                                     |  |                  |                   | <input type="checkbox"/> |
| B  | 1                                     |  | 365              |                   | <input type="checkbox"/> |
| C  | 1                                     |  | 365              |                   | <input type="checkbox"/> |

**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** \_\_\_\_\_

**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** \_\_\_\_\_

**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** \_\_\_\_\_

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2015

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Information about Schedule E and its separate instructions is at [www.irs.gov/schedulee](http://www.irs.gov/schedulee).

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

| 1b | Type of Property<br>(from list below) | 2 | Fair Rental Days | Personal Use Days | QJV                      |
|----|---------------------------------------|---|------------------|-------------------|--------------------------|
|    |                                       |   |                  |                   |                          |
| A  | 1                                     |   | 365              |                   | <input type="checkbox"/> |
| B  | 1                                     |   | 365              |                   | <input type="checkbox"/> |
| C  | 1                                     |   | 365              |                   | <input type="checkbox"/> |

**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     |
|---|-------------|------------|--------|-------|
| <b>3</b> Rents received   | <b>3</b>    |            |        |       |
| <b>4</b> Royalties received   | <b>4</b>    |            |        |       |
| <b>Expenses:</b>  |             |            |        |       |
| <b>5</b> Advertising  | <b>5</b>    |            |        |       |
| <b>6</b> Auto and travel (see instructions)   | <b>6</b>    |            |        |       |
| <b>7</b> Cleaning and maintenance   | <b>7</b>    |            |        |       |
| <b>8</b> Commissions  | <b>8</b>    |            |        |       |
| <b>9</b> Insurance  | <b>9</b>    |            |        |       |
| <b>10</b> Legal and other professional fees   | <b>10</b>   | 125,571.   | 55.    |       |
| <b>11</b> Management fees   | <b>11</b>   |            |        |       |
| <b>12</b> Mortgage interest paid to banks, etc. (see instructions)  | <b>12</b>   |            |        |       |
| <b>13</b> Other interest  | <b>13</b>   |            |        |       |
| <b>14</b> Repairs   | <b>14</b>   |            |        |       |
| <b>15</b> Supplies  | <b>15</b>   |            |        |       |
| <b>16</b> Taxes   | <b>16</b>   | 144.       | 144.   |       |
| <b>17</b> Utilities   | <b>17</b>   |            |        |       |
| <b>18</b> Depreciation expense or depletion   | <b>18</b>   |            |        |       |
| <b>19</b> Other (list) ▶ STMT 46 STMT 47  | <b>19</b>   | 709.       |        | 25.   |
| <b>20</b> Total expenses. Add lines 5 through 19  | <b>20</b>   | 126,424.   | 199.   | 25.   |
| <b>21</b> 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   | <b>21</b>   | <126,424.> | <199.> | <25.> |
| <b>22</b> Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)  | <b>22</b>   | 126,424.)  | 199.)  | 25.)  |
| <b>23a</b> Total of all amounts reported on line 3 for all rental properties  | <b>23a</b>  |            |        |       |
| <b>b</b> Total of all amounts reported on line 4 for all royalty properties   | <b>23b</b>  |            |        |       |
| <b>c</b> Total of all amounts reported on line 12 for all properties  | <b>23c</b>  |            |        |       |
| <b>d</b> Total of all amounts reported on line 18 for all properties  | <b>23d</b>  |            |        |       |
| <b>e</b> Total of all amounts reported on line 20 for all properties  | <b>23e</b>  |            |        |       |
| <b>24</b> Income. Add positive amounts shown on line 21. Do not include any losses  | <b>24</b>   |            |        |       |
| <b>25</b> Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here   | <b>25</b>   |            |        |       |
| <b>26</b> 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 | <b>26</b>   |            |        |       |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2015

**SCHEDULE E**  
**(Form 1040)**

**Supplemental Income and Loss**

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

OMB No. 1545-0074

**2015**  
Attachment  
Sequence No. **13**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Information about Schedule E and its separate instructions is at [www.irs.gov/schedulee](http://www.irs.gov/schedulee).

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) | 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                                   |  |                  |                   | <input type="checkbox"/> |
| B 1                                   |  | 365              |                   | <input type="checkbox"/> |
| C 6                                   |  |                  |                   | <input type="checkbox"/> |

**Type of Property:**

- 1 Single Family Residence
- 2 Multi-Family Residence
- 3 Vacation/Short-Term Rental
- 4 Commercial
- 5 Land
- 6 Royalties
- 7 Self-Rental
- 8 Other (describe)

| Income:  | Properties: | A   | B         | C       |
|--|-------------|-----|-----------|---------|
| 3 Rents received   | 3           |     |           |         |
| 4 Royalties received   | 4           | 62. |           | 16,199. |
| <b>Expenses:</b>   |             |     |           |         |
| 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          |     |           |         |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Schedule E (Form 1040) 2015

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

Your social security number

DONALD J. & MELANIA TRUMP

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

Table with 5 columns: (a) Name, (b) Enter P for partnership, S for S corporation, (c) Check if for foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Rows A-D.

Table with 5 columns: (f) Passive loss allowed, (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. Rows A-D, 29a Totals, 29b Totals, 30, 31, 32.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Rows A-B.

Table with 4 columns: (c) Passive deduction or loss allowed, (d) Passive income from Schedule K-1, (e) Deduction or loss from Schedule K-1, (f) Other income from Schedule K-1. Rows A-B, 34a Totals, 34b Totals, 35, 36, 37.

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

Table with 5 columns: (a) Name, (b) Employer identification number, (c) Excess inclusion from Schedules Q, line 2c, (d) Taxable income (net loss) from Schedules Q, line 1b, (e) Income from Schedules Q, line 3b. Rows 38, 39.

Part V Summary \* ENTIRE DISPOSITION OF ACTIVITY

Table with 2 columns: Description, Amount. Rows 40, 41, 42, 43.

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](http://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      c  Section 901(j) income      e  Lump-sum distributions  
b  General category income      d  Certain income re-sourced by treaty

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<br>(Add cols. A, B, and C.) |
|--|------------------------------------|--------------|-----------------|-----------------------------------|
|  | A                                  | B            | 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) |                                    |              |                 | <input type="checkbox"/>          |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |              |                 |                                   |
| 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)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |                         |              |   |                 |                         |              |   |   |
|---------|--|-------------------------------|-------------------------|--------------|---|-----------------|-------------------------|--------------|---|---|
|         |  | In foreign currency           |                         |              |   | In U.S. dollars |                         |              |   |   |
|         |  | (k) Dividends                 | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | (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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2015)

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.

OMB No. 1545-0121

**2015**

Attachment  
Sequence No. **19**

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

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 |              |                    | Total<br>(Add cols. A, B, and C.) |
|--|------------------------------------|--------------|--------------------|-----------------------------------|
|  | A                                  | B            | 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) | <input type="checkbox"/>           |              |                    |                                   |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |              |                    |                                   |
| 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) |                                      | Foreign taxes paid or accrued |               |                         |                 |   |               |                         |              |   |   |  |  |
|---------|--|--------------------------------------|-------------------------------|---------------|-------------------------|-----------------|---|---------------|-------------------------|--------------|---|---|--|--|
|         | (h) <input checked="" type="checkbox"/> Paid     | (i) <input type="checkbox"/> Accrued | In foreign currency           |               |                         | In U.S. dollars |   |               |                         |              |   |   |  |  |
|         |  |                                      | (j) Date paid or accrued      | (k) Dividends | (l) Rents and royalties | (m) Interest    | (n) Other foreign taxes paid or accrued | (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**

Department of the Treasury  
Internal Revenue Service (99)

# Foreign Tax Credit

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

**2015**

Attachment  
Sequence No. **19**

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

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 |              |              | Total<br>(Add cols. A, B, and C.) |
|--|------------------------------------|--------------|--------------|-----------------------------------|
|  | A                                  | B            | 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) |                                    |              |              | <input type="checkbox"/>          |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |              |              |                                   |
| 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)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> 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 | (n) Other foreign taxes paid or accrued | (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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2015)

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.

OMB No. 1545-0121

**2015**

Attachment  
Sequence No. **19**

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

Name: DONALD J. & MELANIA TRUMP  
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 |                 |              | Total<br>(Add cols. A, B, and C.) |
|--|------------------------------------|-----------------|--------------|-----------------------------------|
|  | A                                  | B               | 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) |                                    |                 |              | <input type="checkbox"/>          |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |                 |              |                                   |
| 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)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |               |                         |                 |   |               | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |
|---------|--|-------------------------------|---------------|-------------------------|-----------------|---|---------------|---|---|
|         |  | In foreign currency           |               |                         | In U.S. dollars |   |               |   |   |
|         |  | (j) Date paid or accrued      | (k) Dividends | (l) Rents and royalties | (m) Interest    | (n) Other foreign taxes paid or accrued | (o) Dividends |   |   |
| 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



Form **1116**

**Foreign Tax Credit**

(Individual, Estate, or Trust)

OMB No. 1545-0121

**2015**

Attachment Sequence No. **19**

Department of the Treasury  
Internal Revenue Service (99)

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

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

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 |              |              | Total<br>(Add cols. A, B, and C.) |
|--|------------------------------------|--------------|--------------|-----------------------------------|
|  | A                                  | B            | 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) |                                    |              |              | <input type="checkbox"/>          |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |              |              |                                   |
| 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) |                                      | Foreign taxes paid or accrued |               |                         |                 |   |               | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |                         |              |   |  |
|---------|--|--------------------------------------|-------------------------------|---------------|-------------------------|-----------------|---|---------------|---|-------------------------|--------------|---|--|
|         | (h) <input checked="" type="checkbox"/> Paid     | (i) <input type="checkbox"/> Accrued | In foreign currency           |               |                         | In U.S. dollars |   |               |   |                         |              |   |  |
|         |  |                                      | (j) Date paid or accrued      | (k) Dividends | (l) Rents and royalties | (m) Interest    | (n) Other foreign taxes paid or accrued | (o) Dividends |   | (p) Rents and royalties | (q) Interest | (r) Other foreign taxes paid or accrued |  |
| A       |  |                                      |                               |               |                         |                 |   |               |   |                         |              |   |  |
| B       |  |                                      |                               |               |                         |                 |   |               |   |                         |              |   |  |
| C       |  |                                      |                               |               |                         |                 |   |               |   |                         |              |   |  |

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

LHA For Paperwork Reduction Act Notice, see instructions.

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.

OMB No. 1545-0121

**2015**

Attachment  
Sequence No. **19**

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

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 |              |              | Total<br>(Add cols. A, B, and C.) |
|--|------------------------------------|--------------|--------------|-----------------------------------|
|  | A                                  | B            | 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) |                                    |              |              | <input type="checkbox"/>          |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |              |              |                                   |
| 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)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |               |                         |              |   |               |                         | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |              |
|---------|--|-------------------------------|---------------|-------------------------|--------------|---|---------------|-------------------------|---|--------------|
|         |  | In foreign currency           |               |                         |              | In U.S. dollars                         |               |                         |   |              |
|         |  | (j) Date paid or accrued      | (k) Dividends | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | (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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2015)

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](http://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 |              |                | Total<br>(Add cols. A, B, and C.) |
|--|------------------------------------|--------------|----------------|-----------------------------------|
|  | A                                  | B            | 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) |                                    |              |                |                                   |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |              |                |                                   |
| 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)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |               |                         |              |   |                 |                         |              |   |   |
|---------|--|-------------------------------|---------------|-------------------------|--------------|---|-----------------|-------------------------|--------------|---|---|
|         |  | In foreign currency           |               |                         |              | (n) Other foreign taxes paid or accrued | In U.S. dollars |                         |              | (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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2015)

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.

OMB No. 1545-0121

**2015**

Attachment  
Sequence No. **19**

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

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 |              |              | Total<br>(Add cols. A, B, and C.) |
|--|------------------------------------|--------------|--------------|-----------------------------------|
|  | A                                  | B            | 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) |                                    |              |              | <input type="checkbox"/>          |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |              |              |                                   |
| 2 Expenses <b>definitely related</b> to the income on line 1a (attach statement) <small>SEE STATEMENT 55</small>   | 152,520.                           |              | 85,403.      |                                   |
| 3 Pro rata share of other deductions <b>not definitely related</b> :   |                                    |              |              |                                   |
| 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)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> 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 |
| (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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2015)

**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  | 8,596.       |        |
| 10 | Carryback or carryover (attach detailed computation)  |              |        |
| 11 | Add lines 9 and 10  | 8,596.       |        |
| 12 | Reduction in foreign taxes  |              |        |
| 13 | Taxes reclassified under high tax kickout   |              |        |
| 14 | Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit  |              | 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   | 2,047,555.   |        |
| 16 | Adjustments to line 15  | <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.) |              |        |
| 18 | <b>Individuals:</b> Enter the amount from Form 1040, line 41, or Form 1040NR, line 39.<br><b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption   |              |        |
| 19 | <b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. Divide line 17 by line 18. If line 17 is more than line 18, enter "1"  |              |        |
| 20 | <b>Individuals:</b> 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. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37                              |              |        |
| 21 | <b>Caution:</b> If you are completing line 20 for separate category e (lump-sum distributions), see instructions. Multiply line 20 by line 19 (maximum amount of credit)  |              |        |
| 22 | Enter the <b>smaller</b> 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  |              | 0.     |

**Part IV Summary of Credits From Separate Parts III**

|    |   |  |    |
|----|---|--|----|
| 23 | Credit for taxes on passive category income   |  |    |
| 24 | Credit for taxes on general category income   |  |    |
| 25 | Credit for taxes on certain income re-sourced by treaty   |  |    |
| 26 | Credit for taxes on lump-sum distributions  |  |    |
| 27 | Add lines 23 through 26   |  | 0. |
| 28 | Enter the <b>smaller</b> of line 20 or line 27  |  | 0. |
| 29 | Reduction of credit for international boycott operations  |  |    |
| 30 | Subtract line 29 from line 28. This is your <b>foreign tax credit</b> . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a |  | 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](http://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 |              |                | Total<br>(Add cols. A, B, and C.) |
|--|------------------------------------|--------------|----------------|-----------------------------------|
|  | A                                  | B            | C              |                                   |
| <b>g</b> Enter the name of the foreign country or U.S. possession  | OTHER COUNTRIES                    | KOREA, SOUTH | UNITED KINGDOM |                                   |
| <b>1a</b> Gross income from sources within country shown above and of the type checked above:  | 7,351,696.                         |              | 22,386,312.    | <b>1a</b>                         |
| <b>b</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) ▶ <input type="checkbox"/> |                                    |              |                |                                   |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |              |                |                                   |
| <b>2</b> Expenses definitely related to the income on line 1a (attach statement)   | 1,689,378.                         | 9.           | 36,142,607.    |                                   |
| <b>3</b> Pro rata share of other deductions not definitely related:  |                                    |              |                |                                   |
| <b>a</b> Certain itemized deductions or standard deduction   | 7,022,743.                         | 7,022,743.   | 7,022,743.     |                                   |
| <b>b</b> Other deductions (attach statement)   |                                    |              |                |                                   |
| <b>c</b> Add lines 3a and 3b   | 7,022,743.                         | 7,022,743.   | 7,022,743.     |                                   |
| <b>d</b> Gross foreign source income   | 7,351,696.                         |              | 22,386,312.    |                                   |
| <b>e</b> Gross income from all sources   | 316,509,660.                       | 316,509,660. | 316,509,660.   |                                   |
| <b>f</b> Divide line 3d by line 3e   | .02323                             | .00000       | .07073         |                                   |
| <b>g</b> Multiply line 3c by line 3f   | 163,119.                           |              | 496,696.       |                                   |
| <b>4</b> Pro rata share of interest expense:   |                                    |              |                |                                   |
| <b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)   |                                    |              |                |                                   |
| <b>b</b> Other interest expense  |                                    |              |                |                                   |
| <b>5</b> Losses from foreign sources   |                                    |              |                |                                   |
| <b>6</b> Add lines 2, 3g, 4a, 4b, and 5  | 1,852,497.                         | 9.           | 36,639,303.    | <b>6</b>                          |
| <b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶  |                                    |              |                | <b>7</b>                          |

**Part II Foreign Taxes Paid or Accrued**

| Country | Credit is claimed for taxes (you must check one)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |               |                         |              |   |               |                         | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |
|---------|--|-------------------------------|---------------|-------------------------|--------------|---|---------------|-------------------------|---|---|
|         |  | In foreign currency           |               |                         |              | In U.S. dollars                         |               |                         |   |   |
|         |  | (j) Date paid or accrued      | (k) Dividends | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | (o) Dividends | (p) Rents and royalties |   |   |
| 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**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2015)

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](http://www.irs.gov/form1116).

OMB No. 1545-0021

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

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<br>(Add cols. A, B, and C.) |
|---|------------------------------------|--------------------|--------------|-----------------------------------|
|   | A                                  | B                  | 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) ▶ <input type="checkbox"/> |                                    |                    |              |                                   |
| <b>Deductions and losses (Caution: See instructions):</b>   |                                    |                    |              |                                   |
| 2 Expenses <b>definitely related</b> to the income on line 1a (attach statement)  | 1,498,456.                         | 51,530.            | 569,467.     |                                   |
| 3 Pro rata share of other deductions <b>not definitely related</b> :  |                                    |                    |              |                                   |
| 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)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |                         |              |   |               |                         | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |
|---------|--|-------------------------------|-------------------------|--------------|---|---------------|-------------------------|---|---|
|         |  | In foreign currency           |                         |              | In U.S. dollars                         |               |                         |   |   |
|         |  | (k) Dividends                 | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | (o) Dividends | (p) Rents and royalties |   |   |
| 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)

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.

OMB No. 1545-0021

**2015**

Attachment  
Sequence No. **19**

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

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

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<br>(Add cols. A, B, and C.) |
|--|------------------------------------|--------------|--------------|-----------------------------------|
|  | A                                  | B            | 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) | <input type="checkbox"/>           |              |              |                                   |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |              |              |                                   |
| 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)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |                         |              |   |                 |                         |              | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |
|---------|--|-------------------------------|-------------------------|--------------|---|-----------------|-------------------------|--------------|---|---|
|         |  | In foreign currency           |                         |              |   | In U.S. dollars |                         |              |   |   |
|         |  | (k) Dividends                 | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | (o) Dividends   | (p) Rents and royalties | (q) Interest |   |   |
| 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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2015)



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.

OMB No. 1545-0121

**2015**

Attachment  
Sequence No. **19**

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

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

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<br>(Add cols. A, B, and C.) |
|--|------------------------------------|--------------|--------------|-----------------------------------|
|  | A                                  | B            | 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) |                                    |              |              | <input type="checkbox"/>          |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |              |              |                                   |
| 2 Expenses <b>definitely related</b> to the income on line 1a (attach statement)   | 1,438.                             | 82.          | 558,758.     |                                   |
| 3 Pro rata share of other deductions <b>not definitely related</b> :   |                                    |              |              |                                   |
| 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)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |               |                         |              |   |               |                         | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |
|---------|--|-------------------------------|---------------|-------------------------|--------------|---|---------------|-------------------------|---|---|
|         |  | In foreign currency           |               |                         |              | In U.S. dollars                         |               |                         |   |   |
|         |  | (j) Date paid or accrued      | (k) Dividends | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | (o) Dividends | (p) Rents and royalties |   |   |
| 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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2015)

**Foreign Tax Credit**  
 (Individual, Estate, or Trust)

OMB No. 1545-0121

**2015**  
 Attachment  
 Sequence No. **19**

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

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

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

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<br>(Add cols. A, B, and C.) |
|---|------------------------------------|--------------|--------------|-----------------------------------|
|   | A                                  | B            | 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) ▶ <input type="checkbox"/> |                                    |              |              |                                   |
| <b>Deductions and losses (Caution: See instructions):</b>   |                                    |              |              |                                   |
| 2 Expenses <b>definitely related</b> to the income on line 1a (attach statement)  | 405.                               | 65,893.      | 96,935.      |                                   |
| 3 Pro rata share of other deductions <b>not definitely related</b> :  |                                    |              |              |                                   |
| 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 for taxes (you must check one)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> 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 |
|         |  | (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

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](http://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      c  Section 901(j) income      e  Lump-sum distributions  
b  General category income      d  Certain income re-sourced by treaty

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<br>(Add cols. A, B, and C.) |
|--|------------------------------------|--------------|--------------|-----------------------------------|
|  | A                                  | B            | C            |                                   |
| <b>g</b> Enter the name of the foreign country or U.S. possession  | BRAZIL                             | SAINT MARTIN | MEXICO       |                                   |
| <b>1a</b> Gross income from sources within country shown above and of the type checked above:  |                                    | 782,551.     |              | 1a                                |
| <b>b</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) <input type="checkbox"/> |                                    |              |              |                                   |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |              |              |                                   |
| <b>2</b> Expenses definitely related to the income on line 1a (attach statement)   | 39,489.                            | 782,551.     | 22,290.      |                                   |
| <b>3</b> Pro rata share of other deductions not definitely related:  |                                    |              |              |                                   |
| <b>a</b> Certain itemized deductions or standard deduction   | 7,022,743.                         | 7,022,743.   | 7,022,743.   |                                   |
| <b>b</b> Other deductions (attach statement)   |                                    |              |              |                                   |
| <b>c</b> Add lines 3a and 3b   | 7,022,743.                         | 7,022,743.   | 7,022,743.   |                                   |
| <b>d</b> Gross foreign source income   |                                    | 782,551.     |              |                                   |
| <b>e</b> Gross income from all sources   | 316,509,660.                       | 316,509,660. | 316,509,660. |                                   |
| <b>f</b> Divide line 3d by line 3e   | .00000                             | .00247       | .00000       |                                   |
| <b>g</b> Multiply line 3c by line 3f   |                                    | 17,378.      |              |                                   |
| <b>4</b> Pro rata share of interest expense:   |                                    |              |              |                                   |
| <b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)   |                                    |              |              |                                   |
| <b>b</b> Other interest expense  |                                    |              |              |                                   |
| <b>5</b> Losses from foreign sources   |                                    |              |              |                                   |
| <b>6</b> Add lines 2, 3g, 4a, 4b, and 5  | 39,489.                            | 799,929.     | 22,290.      | 6                                 |
| <b>7</b> 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)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |                         |              |   |               |                         | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |
|---------|--|-------------------------------|-------------------------|--------------|---|---------------|-------------------------|---|---|
|         |  | In foreign currency           |                         |              | In U.S. dollars                         |               |                         |   |   |
|         |  | (k) Dividends                 | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | (o) Dividends | (p) Rents and royalties |   |   |
| 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)

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.

OMB No. 1545-0121

**2015**

Attachment  
Sequence No. **19**

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

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

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<br>(Add cols. A, B, and C.) |
|--|------------------------------------|--------------|--------------|-----------------------------------|
|  | A                                  | B            | C            |                                   |
| <b>g</b> Enter the name of the foreign country or U.S. possession  | QATAR                              | INDONESIA    | IRELAND      |                                   |
| <b>1a</b> Gross income from sources within country shown above and of the type checked above:  |                                    | 3,763,769.   | 8,277,541.   | <b>1a</b>                         |
| <b>b</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) <input type="checkbox"/> |                                    |              |              |                                   |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |              |              |                                   |
| <b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement)  | 1,737.                             | 96,331.      | 12,402,242.  |                                   |
| <b>3</b> Pro rata share of other deductions <b>not definitely related:</b>   |                                    |              |              |                                   |
| <b>a</b> Certain itemized deductions or standard deduction   | 7,022,743.                         | 7,022,743.   | 7,022,743.   |                                   |
| <b>b</b> Other deductions (attach statement)   |                                    |              |              |                                   |
| <b>c</b> Add lines 3a and 3b   | 7,022,743.                         | 7,022,743.   | 7,022,743.   |                                   |
| <b>d</b> Gross foreign source income   |                                    | 3,763,769.   | 8,277,541.   |                                   |
| <b>e</b> Gross income from all sources   | 316,509,660.                       | 316,509,660. | 316,509,660. |                                   |
| <b>f</b> Divide line 3d by line 3e   | .00000                             | .01189       | .02615       |                                   |
| <b>g</b> Multiply line 3c by line 3f   |                                    | 83,511.      | 183,664.     |                                   |
| <b>4</b> Pro rata share of interest expense:   |                                    |              |              |                                   |
| <b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)   |                                    |              |              |                                   |
| <b>b</b> Other interest expense  |                                    |              |              |                                   |
| <b>5</b> Losses from foreign sources   |                                    |              |              |                                   |
| <b>6</b> Add lines 2, 3g, 4a, 4b, and 5  | 1,737.                             | 179,842.     | 12,585,906.  | <b>6</b>                          |
| <b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2  |                                    |              |              | <b>7</b>                          |

**Part II Foreign Taxes Paid or Accrued**

| Country | Credit is claimed for taxes (you must check one)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |               |                         |              |   |               |                         | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |              |
|---------|--|-------------------------------|---------------|-------------------------|--------------|---|---------------|-------------------------|---|--------------|
|         |  | In foreign currency           |               |                         |              | In U.S. dollars                         |               |                         |   |              |
|         |  | (j) Date paid or accrued      | (k) Dividends | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | (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

LHA For Paperwork Reduction Act Notice, see instructions.

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](http://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      c  Section 901(j) income      e  Lump-sum distributions  
b  General category income      d  Certain income re-sourced by treaty

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<br>(Add cols. A, B, and C.) |
|---|------------------------------------|---|---|-----------------------------------|
|   | A                                  | B | 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:  |                                    |   |   | 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) ▶ <input type="checkbox"/> |                                    |   |   |                                   |
| <b>Deductions and losses</b> (Caution: See instructions):   |                                    |   |   |                                   |
| 2 Expenses <b>definitely related</b> to the income on line 1a (attach statement) SEE STATEMENT 57   | 244,486.                           |   |   |                                   |
| 3 Pro rata share of other deductions <b>not definitely related</b> :  |                                    |   |   |                                   |
| 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)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> 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: |              |  |
|         | (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.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2015)

**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 | <b>Individuals:</b> Enter the amount from Form 1040, line 41, or Form 1040NR, line 39.<br><b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption<br><i>Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.</i>   | 18 |              |            |
| 19 | Divide line 17 by line 18. If line 17 is more than line 18, enter "1"   | 19 |              |            |
| 20 | <b>Individuals:</b> 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. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37<br><i>Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.</i> | 20 |              |            |
| 21 | Multiply line 20 by line 19 (maximum amount of credit)  | 21 |              |            |
| 22 | Enter the <b>smaller</b> 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 <b>smaller</b> 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 <b>foreign tax credit</b> . 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)

Social security number of person with self-employment income

DONALD J. TRUMP

**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.

|   |  |    |            |
|---|--|----|------------|
| <p><b>A</b> 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 <input type="checkbox"/></p> |  |    |            |
| 1a  | Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. <b>Note.</b> 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. <b>Note.</b> 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 <b>Note.</b> If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.  | 4a | 905,084.   |
| 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. <b>Exception.</b> 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  | <b>Self-employment tax.</b> Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55   | 12 | 39,188.    |
| 13  | <b>Deduction for one-half of self-employment tax.</b> 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)

|   |  |    |          |
|---|--|----|----------|
| <p><b>Farm Optional Method.</b> You may use this method only if (a) your gross farm income<sup>1</sup> was not more than \$7,320, or (b) your net farm profits<sup>2</sup> were less than \$5,284.</p>  |  |    |          |
| 14  | Maximum income for optional methods  | 14 | 4,880.00 |
| 15  | Enter the smaller of: two-thirds (2/3) of gross farm income <sup>1</sup> (not less than zero) or \$4,880. Also include this amount on line 4b above                  | 15 |          |
| <p><b>Nonfarm Optional Method.</b> You may use this method only if (a) your net nonfarm profits<sup>3</sup> were less than \$5,284 and also less than 72.189% of your gross nonfarm income,<sup>4</sup> and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. <b>Caution.</b> You may use this method no more than five times.</p> |  |    |          |
| 16  | Subtract line 15 from line 14  | 16 |          |
| 17  | Enter the smaller of: two-thirds (2/3) of gross nonfarm income <sup>4</sup> (not less than zero) or the amount on line 16. Also include this amount on line 4b above | 17 |          |

<sup>1</sup> From Sch. F, line 9, and Sch. K-1 (Form 1065), box 14, code B.

<sup>2</sup> 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.

<sup>3</sup> 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.

<sup>4</sup> 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.

# General Business Credit

▶ Information about Form 3800 and its separate instructions is at [www.irs.gov/form3800](http://www.irs.gov/form3800).  
▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

DONALD J. & MELANIA TRUMP

Identifying number

**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:   |     |            |
|     | <ul style="list-style-type: none"> <li>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</li> <li>Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return</li> <li>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</li> </ul> | 7   | 0.         |
| 8   | Alternative minimum tax:  |     |            |
|     | <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 35</li> <li>Corporations. Enter the amount from Form 4626, line 14</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56</li> </ul>  | 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:  |     |            |
|     | <ul style="list-style-type: none"> <li>Individuals. Enter the amount from Form 6251, line 33</li> <li>Corporations. Enter the amount from Form 4626, line 12</li> <li>Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54</li> </ul>  | 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  | 17  | 0.         |
|     | <b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.  |     |            |

LHA For Paperwork Reduction Act Notice, see separate instructions.



**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 | <b>Credit allowed for the current year.</b> Add lines 28 and 37.<br>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:<br><ul style="list-style-type: none"> <li>• Individuals. Form 1040, line 54, or Form 1040NR, line 51</li> <li>• Corporations. Form 1120, Schedule J, Part I, line 5c</li> <li>• Estates and trusts. Form 1041, Schedule G, line 2b</li> </ul> | 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  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

| (a) Description of credit  | (b)<br>If claiming the credit from a pass-through entity, enter the EIN | (c)<br>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

**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)<br>If claiming the credit from a pass-through entity, enter the EIN | (c)<br>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  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)<br>If claiming the credit from a pass-through entity, enter the EIN | (c)<br>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

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

| (a) Description of credit  | (b)<br>If claiming the credit from a pass-through entity, enter the EIN | (c)<br>Enter the appropriate amount |
|--|---|-------------------------------------|
| 1a Investment (Form 3468, Part II only) (attach Form 3468)   |   |                                     |
| b Reserved   |   |                                     |
| c Increasing research activities (Form 6765)   |   |                                     |
| d Low-income housing (Form 8586, Part I only)  |   |                                     |
| e Disabled access (Form 8826) (see instructions for limitation)                                      |   |                                     |
| f Renewable electricity, refined coal, and Indian coal production (Form 8835)                        |   |                                     |
| g Indian employment (Form 8845)  |   |                                     |
| h Orphan drug (Form 8820)  |   |                                     |
| i New markets (Form 8874)  |   |                                     |
| j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)            |   |                                     |
| k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) |   |                                     |
| l Biodiesel and renewable diesel fuels (attach Form 8864)  |   |                                     |
| m Low sulfur diesel fuel production (Form 8896)  |   |                                     |
| n Distilled spirits (Form 8906)  |   |                                     |
| o Nonconventional source fuel  |   |                                     |
| p Energy efficient home (Form 8908)  |   |                                     |
| q Energy efficient appliance   |   |                                     |
| r Alternative motor vehicle (Form 8910)  |   |                                     |
| s Alternative fuel vehicle refueling property (Form 8911)  |   |                                     |
| t Reserved   |   |                                     |
| u Mine rescue team training (Form 8923)  |   |                                     |
| v Agricultural chemicals security (carryforward only)  |   |                                     |
| w Employer differential wage payments (Form 8932)  |   |                                     |
| x Carbon dioxide sequestration (Form 8933)   |   |                                     |
| y Qualified plug-in electric drive motor vehicle (Form 8936)   |   |                                     |
| z Qualified plug-in electric vehicle (carryforward only)   |   |                                     |
| aa New hire retention (carryforward only)  |   |                                     |
| bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))                   |   |                                     |
| zz Other   |   |                                     |
| 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I                       |   |                                     |
| 3 Enter the amount from Form 8844 here and on the applicable line of Part II                         |   |                                     |
| 4a Investment (Form 3468, Part III) (attach Form 3468)   |   |                                     |
| b Work opportunity (Form 5884)   |   |                                     |
| c Biofuel producer (Form 6478)   |   |                                     |
| d Low-income housing (Form 8586, Part II)  |   |                                     |
| e Renewable electricity, refined coal, and Indian coal production (Form 8835)                        |   |                                     |
| f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)              | 27-4162256  | 5,578.                              |
| g Qualified railroad track maintenance (Form 8900)   |   |                                     |
| h Small employer health insurance premiums (Form 8941)   |   |                                     |
| i Reserved   |   |                                     |
| j Reserved   |   |                                     |
| z Other  |   |                                     |
| 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                         |   | 5,578.                              |

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.

Table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include 1a-1zz, 2, 3, 4a-4z, 5, 6.

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

| (a) Description of credit  | (b)<br>If claiming the credit from a pass-through entity, enter the EIT | (c)<br>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

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

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  | 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

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

Table with columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include categories like Investment, Research, Housing, etc.

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

| (a) Description of credit   | (b)<br>If claiming the credit from a pass-through entity, enter the EIN | (c)<br>Enter the appropriate amount |
|---|---|-------------------------------------|
| <b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)   |   |                                     |
| <b>b</b> Reserved   |   |                                     |
| <b>c</b> Increasing research activities (Form 6765)   |   |                                     |
| <b>d</b> Low-income housing (Form 8586, Part I only)  |   |                                     |
| <b>e</b> Disabled access (Form 8826) (see instructions for limitation)                                      |   |                                     |
| <b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)                        |   |                                     |
| <b>g</b> Indian employment (Form 8845)  |   |                                     |
| <b>h</b> Orphan drug (Form 8820)  |   |                                     |
| <b>i</b> New markets (Form 8874)  |   |                                     |
| <b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation)            |   |                                     |
| <b>k</b> Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) |   |                                     |
| <b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)  |   |                                     |
| <b>m</b> Low sulfur diesel fuel production (Form 8896)  |   |                                     |
| <b>n</b> Distilled spirits (Form 8906)  |   |                                     |
| <b>o</b> Nonconventional source fuel  |   |                                     |
| <b>p</b> Energy efficient home (Form 8908)  |   |                                     |
| <b>q</b> Energy efficient appliance   |   |                                     |
| <b>r</b> Alternative motor vehicle (Form 8910)  |   |                                     |
| <b>s</b> Alternative fuel vehicle refueling property (Form 8911)  |   |                                     |
| <b>t</b> Reserved   |   |                                     |
| <b>u</b> Mine rescue team training (Form 8923)  |   |                                     |
| <b>v</b> Agricultural chemicals security (carryforward only)  |   |                                     |
| <b>w</b> Employer differential wage payments (Form 8932)  |   |                                     |
| <b>x</b> Carbon dioxide sequestration (Form 8933)   |   |                                     |
| <b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)   |   |                                     |
| <b>z</b> Qualified plug-in electric vehicle (carryforward only)   |   |                                     |
| <b>aa</b> New hire retention (carryforward only)  |   |                                     |
| <b>bb</b> General credits from an electing large partnership (Schedule K-1 (Form 1065-B))                   |   |                                     |
| <b>zz</b> Other   |   |                                     |
| <b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I                       |   |                                     |
| <b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II                         |   |                                     |
| <b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)   |   |                                     |
| <b>b</b> Work opportunity (Form 5884)   |   |                                     |
| <b>c</b> Biofuel producer (Form 6478)   |   |                                     |
| <b>d</b> Low-income housing (Form 8586, Part II)  |   |                                     |
| <b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)                        |   |                                     |
| <b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)              | 65-0750446  | 2,748.                              |
| <b>g</b> Qualified railroad track maintenance (Form 8900)   |   |                                     |
| <b>h</b> Small employer health insurance premiums (Form 8941)   |   |                                     |
| <b>i</b> Reserved   |   |                                     |
| <b>j</b> Reserved   |   |                                     |
| <b>z</b> Other  |   |                                     |
| <b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II                       |   | 2,748.                              |
| <b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                         |   | 2,748.                              |

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

| (a) Description of credit  | (b)<br>If claiming the credit from a pass-through entity, enter the EIN | (c)<br>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  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.

(b) If claiming the credit from a pass-through entity, enter the EIN  
(c) Enter the appropriate amount

| (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

**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

**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)

- 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

| (a) Description of credit  | (b)<br>If claiming the credit from a pass-through entity, enter the EIN | (c)<br>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)

- 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

| (a) Description of credit  | (b)<br>If claiming the credit from a pass-through entity, enter the EIN | (c)<br>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)

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

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)   |  |                                  |
| b Reserved   |  |                                  |
| c Increasing research activities (Form 6765)   |  |                                  |
| d Low-income housing (Form 8586, Part I only)  |  |                                  |
| e Disabled access (Form 8826) (see instructions for limitation)                                      |  |                                  |
| f Renewable electricity, refined coal, and Indian coal production (Form 8835)                        |  |                                  |
| g Indian employment (Form 8845)  |  |                                  |
| h Orphan drug (Form 8820)  |  |                                  |
| i New markets (Form 8874)  |  |                                  |
| j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)            |  |                                  |
| k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) |  |                                  |
| l Biodiesel and renewable diesel fuels (attach Form 8864)  |  |                                  |
| m Low sulfur diesel fuel production (Form 8896)  |  |                                  |
| n Distilled spirits (Form 8906)  |  |                                  |
| o Nonconventional source fuel  |  |                                  |
| p Energy efficient home (Form 8908)  |  |                                  |
| q Energy efficient appliance   |  |                                  |
| r Alternative motor vehicle (Form 8910)  |  |                                  |
| s Alternative fuel vehicle refueling property (Form 8911)  |  |                                  |
| t Reserved   |  |                                  |
| u Mine rescue team training (Form 8923)  |  |                                  |
| v Agricultural chemicals security (carryforward only)  |  |                                  |
| w Employer differential wage payments (Form 8932)  |  |                                  |
| x Carbon dioxide sequestration (Form 8933)   |  |                                  |
| y Qualified plug-in electric drive motor vehicle (Form 8936)   |  |                                  |
| z Qualified plug-in electric vehicle (carryforward only)   |  |                                  |
| aa New hire retention (carryforward only)  |  |                                  |
| bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))                   |  |                                  |
| zz Other   |  |                                  |
| 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I                       |  |                                  |
| 3 Enter the amount from Form 8844 here and on the applicable line of Part II                         |  |                                  |
| 4a Investment (Form 3468, Part III) (attach Form 3468)   |  |                                  |
| b Work opportunity (Form 5884)   |  |                                  |
| c Biofuel producer (Form 6478)   |  |                                  |
| d Low-income housing (Form 8586, Part II)  |  |                                  |
| e Renewable electricity, refined coal, and Indian coal production (Form 8835)                        |  |                                  |
| f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)              | 27-4162308   | 6,543.                           |
| g Qualified railroad track maintenance (Form 8900)   |  |                                  |
| h Small employer health insurance premiums (Form 8941)   |  |                                  |
| i Reserved   |  |                                  |
| j Reserved   |  |                                  |
| z Other  |  |                                  |
| 5 Add lines 4a through 4z and enter here and on the applicable line of Part II                       |  | 6,543.                           |
| 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                         |  | 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)

- 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

| (a) Description of credit  | (b)<br>If claiming the credit from a pass-through entity, enter the EIN | (c)<br>Enter the appropriate amount |
|--|---|-------------------------------------|
| 1a Investment (Form 3468, Part II only) (attach Form 3468)   |   |                                     |
| b Reserved   |   |                                     |
| c Increasing research activities (Form 6765)   |   |                                     |
| d Low-income housing (Form 8586, Part I only)  |   |                                     |
| e Disabled access (Form 8826) (see instructions for limitation)                                      |   |                                     |
| f Renewable electricity, refined coal, and Indian coal production (Form 8835)                        |   |                                     |
| g Indian employment (Form 8845)  |   |                                     |
| h Orphan drug (Form 8820)  |   |                                     |
| i New markets (Form 8874)  |   |                                     |
| j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)            |   |                                     |
| k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) |   |                                     |
| l Biodiesel and renewable diesel fuels (attach Form 8864)  |   |                                     |
| m Low sulfur diesel fuel production (Form 8896)  |   |                                     |
| n Distilled spirits (Form 8906)  |   |                                     |
| o Nonconventional source fuel  |   |                                     |
| p Energy efficient home (Form 8908)  |   |                                     |
| q Energy efficient appliance   |   |                                     |
| r Alternative motor vehicle (Form 8910)  |   |                                     |
| s Alternative fuel vehicle refueling property (Form 8911)  |   |                                     |
| t Reserved   |   |                                     |
| u Mine rescue team training (Form 8923)  |   |                                     |
| v Agricultural chemicals security (carryforward only)  |   |                                     |
| w Employer differential wage payments (Form 8932)  |   |                                     |
| x Carbon dioxide sequestration (Form 8933)   |   |                                     |
| y Qualified plug-in electric drive motor vehicle (Form 8936)   |   |                                     |
| z Qualified plug-in electric vehicle (carryforward only)   |   |                                     |
| aa New hire retention (carryforward only)  |   |                                     |
| bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))                   |   |                                     |
| zz Other   |   |                                     |
| 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I                       |   |                                     |
| 3 Enter the amount from Form 8844 here and on the applicable line of Part II                         |   |                                     |
| 4a Investment (Form 3468, Part III) (attach Form 3468)   |   |                                     |
| b Work opportunity (Form 5884)   |   |                                     |
| c Biofuel producer (Form 6478)   |   |                                     |
| d Low-income housing (Form 8586, Part II)  |   |                                     |
| e Renewable electricity, refined coal, and Indian coal production (Form 8835)                        |   |                                     |
| f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)              | 27-4162308  | 12,200.                             |
| g Qualified railroad track maintenance (Form 8900)   |   |                                     |
| h Small employer health insurance premiums (Form 8941)   |   |                                     |
| i Reserved   |   |                                     |
| j Reserved   |   |                                     |
| z Other  |   |                                     |
| 5 Add lines 4a through 4z and enter here and on the applicable line of Part II                       |   | 12,200.                             |
| 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                         |   | 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  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   | 27-4162308 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 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

Table with 3 columns: (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, (c) Enter the appropriate amount. Rows include categories like Investment, Research activities, Low-income housing, etc.

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

**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)

- 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

| (a) Description of credit  | (b)<br>If claiming the credit from a pass-through entity, enter the EIN | (c)<br>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

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

Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

Table with columns (a) Description of credit, (b) If claiming the credit from a pass-through entity, enter the EIN, and (c) Enter the appropriate amount. Rows include 1a-1zz, 2, 3, 4a-4z, 5, and 6.

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

**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)<br>If claiming the credit from a pass-through entity, enter the EIN | (c)<br>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

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

| (a) Description of credit  | (b)<br>If claiming the credit from a pass-through entity, enter the EIN | (c)<br>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

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

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)   |  |                                  |
| b Reserved   |  |                                  |
| c Increasing research activities (Form 6765)   |  |                                  |
| d Low-income housing (Form 8586, Part I only)  |  |                                  |
| e Disabled access (Form 8826) (see instructions for limitation)                                      |  |                                  |
| f Renewable electricity, refined coal, and Indian coal production (Form 8835)                        |  |                                  |
| g Indian employment (Form 8845)  |  |                                  |
| h Orphan drug (Form 8820)  |  |                                  |
| i New markets (Form 8874)  |  |                                  |
| j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)            |  |                                  |
| k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) |  |                                  |
| l Biodiesel and renewable diesel fuels (attach Form 8864)  |  |                                  |
| m Low sulfur diesel fuel production (Form 8896)  |  |                                  |
| n Distilled spirits (Form 8906)  |  |                                  |
| o Nonconventional source fuel  |  |                                  |
| p Energy efficient home (Form 8908)  |  |                                  |
| q Energy efficient appliance   |  |                                  |
| r Alternative motor vehicle (Form 8910)  |  |                                  |
| s Alternative fuel vehicle refueling property (Form 8911)  |  |                                  |
| t Reserved   |  |                                  |
| u Mine rescue team training (Form 8923)  |  |                                  |
| v Agricultural chemicals security (carryforward only)  |  |                                  |
| w Employer differential wage payments (Form 8932)  |  |                                  |
| x Carbon dioxide sequestration (Form 8933)   |  |                                  |
| y Qualified plug-in electric drive motor vehicle (Form 8936)   |  |                                  |
| z Qualified plug-in electric vehicle (carryforward only)   |  |                                  |
| aa New hire retention (carryforward only)  |  |                                  |
| bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))                   |  |                                  |
| zz Other   |  |                                  |
| 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I                       |  |                                  |
| 3 Enter the amount from Form 8844 here and on the applicable line of Part II                         |  |                                  |
| 4a Investment (Form 3468, Part III) (attach Form 3468)   |  |                                  |
| b Work opportunity (Form 5884)   |  |                                  |
| c Biofuel producer (Form 6478)   |  |                                  |
| d Low-income housing (Form 8586, Part II)  |  |                                  |
| e Renewable electricity, refined coal, and Indian coal production (Form 8835)                        |  |                                  |
| f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)              | 45-3714434   | 117.                             |
| g Qualified railroad track maintenance (Form 8900)   |  |                                  |
| h Small employer health insurance premiums (Form 8941)   |  |                                  |
| i Reserved   |  |                                  |
| j Reserved   |  |                                  |
| z Other  |  |                                  |
| 5 Add lines 4a through 4z and enter here and on the applicable line of Part II                       |  | 117.                             |
| 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                         |  | 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  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  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.                          |

## Credit for Federal Tax Paid on Fuels

Information about Form 4136 and its separate instructions is at [www.irs.gov/form4136](http://www.irs.gov/form4136).

Name (as shown on your income tax return)

Taxpayer identification number

DONALD J. & MELANIA TRUMP

**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       | \$ 14,276.           | 362     |
| b Use on a farm for farming purposes                     |                 | .183     |             |                      |         |
| c Other nontaxable use (see <b>Caution</b> above line 1) |                 | .183     |             |                      |         |
| 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 <b>Caution</b> 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  |             | \$                   | 360     |
| b Use on a farm for farming purposes   |                 | .243     |             |                      |         |
| c Use in trains  |                 | .243     |             |                      |         |
| d Use in certain intercity and local buses (see <b>Caution</b> 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  |             | \$                   | 346     |
| b Use on a farm for farming purposes   |                 | .243     |             |                      |         |
| c Use in certain intercity and local buses (see <b>Caution</b> above line 1) |                 | .17      |             |                      |         |
| d Exported   |                 | .244     |             |                      | 347     |
| e Nontaxable use taxed at \$.044   |                 | .043     |             |                      | 377     |
| f Nontaxable use taxed at \$.219   |                 | .218     |             |                      | 369     |

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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  | }           | \$                   | 346     |
| b Sales from a blocked pump                | .243     |             |                      |         |
| 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 4136 (2015)

**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](http://www.irs.gov/form4797).

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)

| (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<br>SEE STATEMENT 59       |                                   |                               |                       |   |  | 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:<br><b>Partnerships (except electing large partnerships) and S corporations.</b> 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.<br><b>Individuals, partners, S corporation shareholders, and all others.</b> 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. | 7           |
|   |   | 39,528,336. |
| 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. |

LHA For Paperwork Reduction Act Notice, see separate instructions.



**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<br>(mo., day, yr.) | (c) Date sold<br>(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  | <b>If section 1245 property:</b>   |                                      |                                  |
| a   | Depreciation allowed or allowable from line 22   | 25a                                  |                                  |
| b   | Enter the smaller of line 24 or 25a  | 25b                                  |                                  |
| 26  | <b>If section 1250 property:</b> 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  | <b>If section 1252 property:</b> 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  | <b>If section 1254 property:</b>   |                                      |                                  |
| 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  | <b>If section 1255 property:</b>   |                                      |                                  |
| 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](http://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) |
|-----------------------------|-----------------------------------|-------------------------------|-----------------------|---|--|---|
| <b>2</b>                    |                                   |                               |                       |   |  |   |
|                             |                                   |                               |                       |   |  |   |
|                             |                                   |                               |                       |   |  |   |

|  |          |
|--|----------|
| <b>3</b> Gain, if any, from Form 4684, line 39   | <b>3</b> |
| <b>4</b> Section 1231 gain from installment sales from Form 6252, line 26 or 37  | <b>4</b> |
| <b>5</b> Section 1231 gain or (loss) from like-kind exchanges from Form 8824   | <b>5</b> |
| <b>6</b> Gain, if any, from line 32, from other than casualty or theft   | <b>6</b> |
| <b>7</b> Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:  | <b>7</b> |
| <b>Partnerships (except electing large partnerships) and S corporations.</b> 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.  |          |
| <b>Individuals, partners, S corporation shareholders, and all others.</b> 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. |          |
| <b>8</b> Nonrecaptured net section 1231 losses from prior years (see instructions)   | <b>8</b> |
| <b>9</b> 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)  | <b>9</b> |

#### Part II Ordinary Gains and Losses

|  |            |                |  |  |  |  |
|--|------------|----------------|--|--|--|--|
| <b>10</b> Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):  |            |                |  |  |  |  |
|  |            |                |  |  |  |  |
|  |            |                |  |  |  |  |
|  |            |                |  |  |  |  |
| <b>11</b> Loss, if any, from line 7  | <b>11</b>  | ( )            |  |  |  |  |
| <b>12</b> Gain, if any, from line 7 or amount from line 8, if applicable   | <b>12</b>  |                |  |  |  |  |
| <b>13</b> Gain, if any, from line 31   | <b>13</b>  | <b>12,468.</b> |  |  |  |  |
| <b>14</b> Net gain or (loss) from Form 4684, lines 31 and 38a  | <b>14</b>  |                |  |  |  |  |
| <b>15</b> Ordinary gain from installment sales from Form 6252, line 25 or 36   | <b>15</b>  |                |  |  |  |  |
| <b>16</b> Ordinary gain or (loss) from like-kind exchanges from Form 8824  | <b>16</b>  |                |  |  |  |  |
| <b>17</b> Combine lines 10 through 16  | <b>17</b>  | <b>12,468.</b> |  |  |  |  |
| <b>18</b> 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:  |            |                |  |  |  |  |
| <b>a</b> 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 |            |                |  |  |  |  |
|  | <b>18a</b> |                |  |  |  |  |
| <b>b</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   |            |                |  |  |  |  |
|  | <b>18b</b> |                |  |  |  |  |

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2015)

**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<br>(mo., day, yr.) | (c) Date sold<br>(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.)   | 41,971.    |            |            |            |
| 21   | Cost or other basis plus expense of sale  | 74,213.    |            |            |            |
| 22   | Depreciation (or depletion) allowed or allowable  | 44,710.    |            |            |            |
| 23   | Adjusted basis. Subtract line 22 from line 21   | 29,503.    |            |            |            |
| 24   | Total gain. Subtract line 23 from line 20   | 12,468.    |            |            |            |
| 25   | If section 1245 property:   |            |            |            |            |
| 25a  | a Depreciation allowed or allowable from line 22  | 44,710.    |            |            |            |
| 25b  | b Enter the smaller of line 24 or 25a   | 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.                                       |            |            |            |            |
| 26a  | a Additional depreciation after 1975  |            |            |            |            |
| 26b  | b Applicable percentage multiplied by the smaller of line 24 or line 26a  |            |            |            |            |
| 26c  | 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   |            |            |            |            |
| 26d  | d Additional depreciation after 1969 and before 1976  |            |            |            |            |
| 26e  | e Enter the smaller of line 26c or 26d  |            |            |            |            |
| 26f  | f Section 291 amount (corporations only)  |            |            |            |            |
| 26g  | g Add lines 26b, 26e, and 26f   |            |            |            |            |
| 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). |            |            |            |            |
| 27a  | a Soil, water, and land clearing expenses   |            |            |            |            |
| 27b  | b Line 27a multiplied by applicable percentage  |            |            |            |            |
| 27c  | c Enter the smaller of line 24 or 27b   |            |            |            |            |
| 28   | If section 1254 property:   |            |            |            |            |
| 28a  | a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion                          |            |            |            |            |
| 28b  | b Enter the smaller of line 24 or 28a   |            |            |            |            |
| 29   | If section 1255 property:   |            |            |            |            |
| 29a  | a Applicable percentage of payments excluded from income under section 126  |            |            |            |            |
| 29b  | b Enter the smaller of line 24 or 29a   |            |            |            |            |

**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                    |                        |
| 34 | Recomputed depreciation (see instructions)  |                        |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report |                        |

## Additional Medicare Tax

Department of the Treasury  
Internal Revenue Service

- ▶ 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](http://www.irs.gov/form8959).

# 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:<br>Married filing jointly ..... \$250,000<br>Married filing separately ..... \$125,000<br>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:<br>Married filing jointly ..... \$250,000<br>Married filing separately ..... \$125,000<br>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 (RTTA) Compensation

|  |    |  |  |  |
|--|----|--|--|--|
| 14 Railroad retirement (RTTA) compensation and tips from Form(s) W-2, box 14 (see instructions) .....  | 14 |  |  |  |
| 15 Enter the following amount for your filing status:<br>Married filing jointly ..... \$250,000<br>Married filing separately ..... \$125,000<br>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 (RTTA) 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 (RTTA) 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**

# Depreciation and Amortization (Including Information on Listed Property) OTHER 1

OMB No. 1545-0172

## 2015

Attachment  
Sequence No. 179

Department of the Treasury  
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

Name(s) shown on return

Business or activity to which this form relates

Identifying number

TRUMP INTERNATIONAL GOLF CLUB SCOTLAND  
LIMITED

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 |    | <input type="checkbox"/> |

#### 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 |   |         |    |     |  |
|-----|------------|---|---------|----|-----|--|
| 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? <input type="checkbox"/> Yes <input type="checkbox"/> No                        |                                     |  |                               | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No |                           |                              |                                  |                                       |
|--|-------------------------------------|--|-------------------------------|---|---------------------------|------------------------------|----------------------------------|---------------------------------------|
| (a)<br>Type of property<br>(list vehicles first)   | (b)<br>Date<br>placed in<br>service | (c)<br>Business/<br>investment<br>use percentage | (d)<br>Cost or<br>other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only)                              | (f)<br>Recovery<br>period | (g)<br>Method/<br>Convention | (h)<br>Depreciation<br>deduction | (i)<br>Elected<br>section 179<br>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)<br>Vehicle |    | (b)<br>Vehicle |    | (c)<br>Vehicle |    | (d)<br>Vehicle |    | (e)<br>Vehicle |    | (f)<br>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.

|   |     |    |
|---|-----|----|
| 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  | Yes | No |
| 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?  |     |    |
| <b>Note:</b> 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)<br>Description of costs   | (b)<br>Date amortization<br>begins | (c)<br>Amortizable<br>amount | (d)<br>Code<br>section | (e)<br>Amortization<br>period or percentage | (f)<br>Amortization<br>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](http://www.irs.gov/form6781).  
Attach to your tax return.

OMB No. 1545-0644

**2015**  
Attachment  
Sequence No. **82**

Name(s) shown on tax return

Identifying number

DONALD J. & MELANIA TRUMP

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. |
| <b>Note:</b> 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 <b>Short-term capital gain or (loss).</b> 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 <b>Long-term capital gain or (loss).</b> 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 |     |     | (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- |
|---|-----------------------------------|-----|-----|-----------------------|--|--|---|---|
|   | (c) Date closed out or sold       |     |     |                       |  |  |   |   |
|   | Mo.                               | Day | Yr. |                       |  |  |   |   |
| 10  |                                   |     |     |                       |  |  |   |   |
| 11 a 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 |     |     | (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- |
|--|-----------------------------------|-----|-----|-----------------------|--|--|
|  | (c) Date closed out or sold       |     |     |                       |  |  |
|  | Mo.                               | Day | Yr. |                       |  |  |
| 12   |                                   |     |     |                       |  |  |
| 13 a 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 |     |     | (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- |
|-----------------------------|-------------------|-----|-----|--|-------------------------------------|---|
|                             | Mo.               | Day | Yr. |  |                                     |   |
| 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](http://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 <input type="checkbox"/> ..... | 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. |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8846** (2015)



## 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](http://www.irs.gov/form8582).

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

**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        | ( )         |            |  |
| <b>d Combine lines 1a, 1b, and 1c</b> .....  | <b>1d</b> |             | <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        | ( ) |  |  |
| <b>c Add lines 2a and 2b</b> .....   | <b>2c</b> | ( ) |  |  |

**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        | ( )            |             |  |
| <b>d Combine lines 3a, 3b, and 3c</b> .....  | <b>3d</b> |                | 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 <b>smaller</b> 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  |  |  |  |
| <b>Note:</b> 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 <b>smaller</b> of line 5 or line 9 .....   | 10 |  |  |  |

**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 <b>smallest</b> 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 <b>Total losses allowed from all passive activities for 2015.</b> 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            |   |          |           |                    |

# Passive Activity Credit Limitations

▶ See separate instructions.  
▶ Attach to Form 1040 or 1041.

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         |
| 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).<br>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 <b>smaller</b> 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 <b>smaller</b> 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 <b>smaller</b> of line 3c or line 33  | 34 |
| 35 | Tax attributable to the remaining special allowance (see instructions)                            | 35 |
| 36 | Enter the <b>smaller</b> of line 34 or line 35  | 36 |

**Part V Passive Activity Credit Allowed**

|    |  |    |    |
|----|--|----|----|
| 37 | <b>Passive Activity Credit Allowed.</b> 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 <b>Publicly Traded Partnerships (PTPs)</b> 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 | <input type="checkbox"/> |
| 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](http://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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part I,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| <b>1a</b> 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 |                                  |                                 |   |   |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked   | 38,841,496.                      | 39,167,884.                     | 2,763.  | <323,625.>  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |                                  |                                 |   |   |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |                                  |                                 |   |   |
| <b>4</b> Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824  |                                  |                                 | STMT 35   | 4 20,401.   |
| <b>5</b> Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1   |                                  |                                 | SEE STATEMENT 37  | 5 <76,723.>   |
| <b>6</b> Short-term capital loss carryover. Enter the amount, if any, from line 8 of your <b>Capital Loss Carryover Worksheet</b> in the instructions  |                                  |                                 |   | 6 ( )   |
| <b>7</b> <b>Net short-term capital gain or (loss)</b> . 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)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g)<br>Adjustments<br>to gain or loss from<br>Form(s) 8949, Part II,<br>line 2, column (g) | (h) Gain or (loss)<br>Subtract column (e)<br>from column (d) and<br>combine the result<br>with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| <b>8a</b> 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 |                                  |                                 |  |   |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked  | 6,848,449.                       | 6,837,977.                      |  | 10,472.   |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   | 8,415,599.                       | 7,759,886.                      |  | 655,713.  |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked  |                                  |                                 |  |   |
| <b>11</b> 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<br>SEE STATEMENT 33   | 11 30,139,015.  |
| <b>12</b> Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1  |                                  |                                 |  | 12 4,644,386.   |
| <b>13</b> Capital gain distributions  |                                  |                                 | SEE STATEMENT 34   | 13 765,816.   |
| <b>14</b> Long-term capital loss carryover. Enter the amount, if any, from line 13 of your <b>Capital Loss Carryover Worksheet</b> in the instructions  |                                  |                                 |  | 14 ( )  |
| <b>15</b> <b>Net long-term capital gain or (loss)</b> . Combine lines 8a through 14 in column (h). Then go to Part III on page 2  |                                  |                                 |  | 15 36,215,402.  |

LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Schedule D (Form 1040) 2015

Part III Summary

|  |    |                  |
|--|----|------------------|
| 16 Combine lines 7 and 15 and enter the result .....   | 16 | 35,835,455.      |
| <ul style="list-style-type: none"> <li>• If line 16 is a <b>gain</b>, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below.</li> <li>• If line 16 is a <b>loss</b>, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22.</li> <li>• If line 16 is <b>zero</b>, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.</li> </ul>      |    |                  |
| 17 Are lines 15 and 16 <b>both</b> gains?<br><input checked="" type="checkbox"/> <b>Yes.</b> Go to line 18.<br><input type="checkbox"/> <b>No.</b> Skip lines 18 through 21, and go to line 22.  |    |                  |
| 18 Enter the amount, if any, from line 7 of the <b>28% Rate Gain Worksheet</b> in the instructions .....   | 18 |                  |
| 19 Enter the amount, if any, from line 18 of the <b>Unrecaptured Section 1250 Gain Worksheet</b> in the instructions .....   | 19 | SEE STATEMENT 38 |
| 20 Are lines 18 and 19 <b>both</b> zero or blank?<br><input checked="" type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <b>Do not</b> complete lines 21 and 22 below.<br><br><input type="checkbox"/> <b>No.</b> Complete the <b>Schedule D Tax Worksheet</b> in the instructions. <b>Do not</b> 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 <b>smaller</b> of:<br><br><ul style="list-style-type: none"> <li>• The loss on line 16 or</li> <li>• (\$3,000), or if married filing separately, (\$1,500)</li> </ul>  | 21 | ( )              |
| <b>Note:</b> 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?<br><br><input type="checkbox"/> <b>Yes.</b> Complete the <b>Qualified Dividends and Capital Gain Tax Worksheet</b> in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).<br><br><input type="checkbox"/> <b>No.</b> Complete the rest of Form 1040 or Form 1040NR.   |    |                  |







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)
- (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)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price) | (e)<br>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. |                             | (h)<br>Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) |
|---|--|---|--|----------------------------------|---|--|-----------------------------|---|
|   |  |   |  |                                  |   | (f)<br>Code(s)   | (g)<br>Amount of adjustment |   |
|   | 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 | <b>Totals.</b> 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

Form 8949 (2015)

Attachment Sequence No. 12A

Page 2

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)
- (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)<br>Description of property<br>(Example: 100 sh. XYZ Co.)   | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or<br>disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost or other<br>basis. See the<br>Note below and<br>see Column (e) in<br>the instructions | Adjustment, if any, to gain or<br>loss. If you enter an amount<br>in column (g), enter a code in<br>column (f). See instructions. |                                | (h)<br>Gain or (loss).<br>Subtract column (e)<br>from column (d) &<br>combine the result<br>with column (g) |
|----------|--|---|---|----------------------------------|---|---|--------------------------------|---|
|          |  |   |   |                                  |   | (f)<br>Code(s)  | (g)<br>Amount of<br>adjustment |   |
|          | GENERAL ELEC CAP CORP  | 03/12/13                                | 01/09/15  | 600,000.                         | 616,812.  |   |                                | <16,812.>   |
|          | INDIANA ST FIN AUTH HOSP<br>REVENUE VAR  | 03/05/13                                | 03/06/15  | 100,000.                         | 100,000.  |   |                                | 0.  |
|          | INDIANA ST FIN AUTH HOSP<br>REVENUE VAR  | 03/05/13                                | 04/02/15  | 210,000.                         | 210,000.  |   |                                | 0.  |
|          | INDIANA ST FIN AUTH HOSP<br>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<br>ABATEMENT   | 05/09/13                                | 02/19/15  | 600,000.                         | 600,000.  |   |                                | 0.  |
|          | NEW JERSEY ST HLTH CARE<br>FACS FING AUTH  | 05/02/13                                | 02/19/15  | 200,000.                         | 200,000.  |   |                                | 0.  |
|          | NEW JERSEY ST HLTH CARE<br>FACS FING AUTH  | 05/09/13                                | 02/19/15  | 30,000.                          | 30,000.   |   |                                | 0.  |
|          | NEW JERSEY ST HLTH CARE<br>FACS FING AUTH  | 05/21/13                                | 04/22/15  | 125,000.                         | 125,000.  |   |                                | 0.  |
|          | NEW JERSEY ST HLTH CARE<br>FACS FING AUTH  | 05/23/13                                | 04/22/15  | 35,000.                          | 35,000.   |   |                                | 0.  |
|          | NEW JERSEY ST HLTH CARE<br>FACS FING AUTH  | 04/22/13                                | 04/22/15  | 140,000.                         | 140,000.  |   |                                | 0.  |
|          | NEW JERSEY ST HLTH CARE<br>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                                | 11/16/15  | 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.>  |
| <b>2</b> | <b>Totals.</b> 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

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))
Attach to your tax return.

Form 4797

Department of the Treasury
Internal Revenue Service
Name(s) shown on return

OMB No. 1545-0184

2015

Attachment
Sequence No. 27

Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

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

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)

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold, (d) Gross sales price, (e) Depreciation allowed, (f) Cost of other basis, (g) Gain or (loss). Row 2: SEE STATEMENT 62, 39,528,336.

Summary table for Part I with rows 3-9. Row 7: 39,528,336. Row 8: 9,419,923. Row 9: 30,108,413.

Part II Ordinary Gains and Losses (see instructions)

Table for Part II line 10: Ordinary gains and losses not included on lines 11 through 16. Value: <2,816,883>

Table for Part II lines 11-18. Row 11: ( ). Row 12: 9,419,923. Row 17: 6,603,040. Row 18b: 6,603,040.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2015)

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

| (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:  |   | (b) Date acquired<br>(mo., day, yr.) | (c) Date sold<br>(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                                   |                                  |
| <b>25 If section 1245 property:</b>   |   |                                      |                                  |
| a   | Depreciation allowed or allowable from line 22  | 25a                                  |                                  |
| b   | Enter the smaller of line 24 or 25a   | 25b                                  |                                  |
| <b>26 If section 1250 property:</b> 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                                  |                                  |
| <b>27 If section 1252 property:</b> 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                                  |                                  |
| <b>28 If section 1254 property:</b>   |   |                                      |                                  |
| 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                                  |                                  |
| <b>29 If section 1255 property:</b>   |   |                                      |                                  |
| 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                     |



### 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   |    |
| 10a | 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   | <input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.   | 15  |  |
| b   | <input type="checkbox"/> 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   | <input type="checkbox"/> Effective date   | 16  |  |
| b   | <input type="checkbox"/> The end of your prior year   | 16  |  |
| 17  | Add lines 15 and 16   | 17  |  |
| 18  | Decreases since (check box that applies):   |     |  |
| a   | <input type="checkbox"/> Effective date   | 18  |  |
| b   | <input type="checkbox"/> 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 | 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 | 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.

### 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   |            |
| 10a | 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   | <input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.   | 15  |  |
| b   | <input type="checkbox"/> 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   | <input type="checkbox"/> Effective date   | 16  |  |
| b   | <input type="checkbox"/> The end of your prior year   |     |  |
| 17  | Add lines 15 and 16   | 17  |  |
| 18  | Decreases since (check box that applies):   |     |  |
| a   | <input type="checkbox"/> Effective date   | 18  |  |
| b   | <input type="checkbox"/> The end of your prior year   |     |  |
| 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 | 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

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)

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   |    |
| 10a | 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   | <input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.   | 15  |  |
| b   | <input type="checkbox"/> 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   | <input type="checkbox"/> Effective date   | 16  |  |
| b   | <input type="checkbox"/> The end of your prior year   |     |  |
| 17  | Add lines 15 and 16   | 17  |  |
| 18  | Decreases since (check box that applies):   |     |  |
| a   | <input type="checkbox"/> Effective date   | 18  |  |
| b   | <input type="checkbox"/> The end of your prior year   |     |  |
| 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 | 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 | 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.

### 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)

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  | X <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)  | 7   | SEE STATEMENT 66<br>9,474. |
| 8   | Add lines 6 and 7  | 8   | 9,474.                     |
| 9   | Decreases for the tax year (see page 4 of the instructions)  | 9   |                            |
| 10a | 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   | <input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.   | 15  |  |
| b   | <input type="checkbox"/> 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   | <input type="checkbox"/> Effective date   | 16  |  |
| b   | <input type="checkbox"/> The end of your prior year   |     |  |
| 17  | Add lines 15 and 16   | 17  |  |
| 18  | Decreases since (check box that applies):   |     |  |
| a   | <input type="checkbox"/> Effective date   | 18  |  |
| b   | <input type="checkbox"/> The end of your prior year   |     |  |
| 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 | X 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 | 21 | X 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.

### 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 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   |    |
| 10a | 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   | <input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.   | 15  |  |
| b   | <input type="checkbox"/> 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   | <input type="checkbox"/> Effective date   | 16  |  |
| b   | <input type="checkbox"/> The end of your prior year   |     |  |
| 17  | Add lines 15 and 16   | 17  |  |
| 18  | Decreases since (check box that applies):   |     |  |
| a   | <input type="checkbox"/> Effective date   | 18  |  |
| b   | <input type="checkbox"/> The end of your prior year   |     |  |
| 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 | 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 | 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.

### 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  | <238,051.> |
| 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   |    |
| 10a | 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   | <input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.   | 15  |  |
| b   | <input type="checkbox"/> 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   | <input type="checkbox"/> Effective date   | 16  |  |
| b   | <input type="checkbox"/> The end of your prior year   |     |  |
| 17  | Add lines 15 and 16   | 17  |  |
| 18  | Decreases since (check box that applies):   |     |  |
| a   | <input type="checkbox"/> Effective date   | 18  |  |
| b   | <input type="checkbox"/> The end of your prior year   |     |  |
| 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 of 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 | 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.

### 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  | 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   |            |
| 10a | 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   | <input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.   | 15  |  |
| b   | <input type="checkbox"/> 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   | <input type="checkbox"/> Effective date   | 16  |  |
| b   | <input type="checkbox"/> The end of your prior year   |     |  |
| 17  | Add lines 15 and 16   | 17  |  |
| 18  | Decreases since (check box that applies):   |     |  |
| a   | <input type="checkbox"/> Effective date   | 18  |  |
| b   | <input type="checkbox"/> The end of your prior year   |     |  |
| 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 | 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.

### 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  | <19,507.> |
| 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. <b>Do not</b> 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   |    |
| 10a | Subtract line 9 from line 8  | 10a |    |
| b   | If line 10a is <b>more</b> than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see <b>Pub. 925</b> 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. <b>Do not</b> 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   | <input type="checkbox"/> At effective date. Subtract line 14 from line 13. <b>Do not</b> enter less than zero.  | 15  |  |
| b   | <input type="checkbox"/> From your prior year Form 6198, line 19b. <b>Do not</b> enter the amount from line 10b of your prior year form.                            |     |  |
| 16  | Increases since (check box that applies):   | 16  |  |
| a   | <input type="checkbox"/> Effective date   | 17  |  |
| b   | <input type="checkbox"/> The end of your prior year   |     |  |
| 17  | Add lines 15 and 16   | 17  |  |
| 18  | Decreases since (check box that applies):   | 18  |  |
| a   | <input type="checkbox"/> Effective date   | 18  |  |
| b   | <input type="checkbox"/> The end of your prior year   |     |  |
| 19a | Subtract line 18 from line 17   | 19a |  |
| b   | If line 19a is <b>more</b> than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see <b>Pub. 925</b> for information on the recapture rules | 19b |  |

**Part IV Deductible Loss**

|    |  |    |       |
|----|--|----|-------|
| 20 | Amount at risk. Enter the <b>larger</b> of line 10b or line 19b  | 20 | 0.    |
| 21 | Deductible loss. Enter the <b>smaller</b> 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 | ( 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.



### 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)

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. <b>Do not</b> 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   |    |
| 10a | Subtract line 9 from line 8  | 10a |    |
| b   | If line 10a is <b>more</b> than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see <b>Pub. 925</b> 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. <b>Do not</b> 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   | <input type="checkbox"/> At effective date. Subtract line 14 from line 13. <b>Do not</b> enter less than zero.  | 15  |  |
| b   | <input type="checkbox"/> From your prior year Form 6198, line 19b. <b>Do not</b> enter the amount from line 10b of your prior year form.                            |     |  |
| 16  | Increases since (check box that applies):   | 16  |  |
| a   | <input type="checkbox"/> Effective date   | 17  |  |
| b   | <input type="checkbox"/> The end of your prior year   |     |  |
| 17  | Add lines 15 and 16   | 17  |  |
| 18  | Decreases since (check box that applies):   | 18  |  |
| a   | <input type="checkbox"/> Effective date   | 19a |  |
| b   | <input type="checkbox"/> The end of your prior year   |     |  |
| 19a | Subtract line 18 from line 17   | 19a |  |
| b   | If line 19a is <b>more</b> than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see <b>Pub. 925</b> for information on the recapture rules | 19b |  |

**Part IV Deductible Loss**

|    |  |    |       |
|----|--|----|-------|
| 20 | Amount at risk. Enter the <b>larger</b> of line 10b or line 19b  | 20 | 0.    |
| 21 | Deductible loss. Enter the <b>smaller</b> 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 | ( 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.

### 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   | <input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.   | 15  |  |
| b   | <input type="checkbox"/> 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   | <input type="checkbox"/> Effective date   | 16  |  |
| b   | <input type="checkbox"/> The end of your prior year   |     |  |
| 17  | Add lines 15 and 16   | 17  |  |
| 18  | Decreases since (check box that applies):   |     |  |
| a   | <input type="checkbox"/> Effective date   | 18  |  |
| b   | <input type="checkbox"/> The end of your prior year   |     |  |
| 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.

LHA For Paperwork Reduction Act Notice, see page 8 of the instructions.

Form 6198 (Rev. 11-2009)

# Statement SBE Supplemental Business Expenses

# 2015

|                              |                        |   |
|------------------------------|------------------------|---|
| Your name<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>THE EAST 61 ST. COMPANY |
|------------------------------|------------------------|---|

## Part I Business Expenses and Reimbursements

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |         | Column B<br>Meals and<br>Entertainment |  |
|--|---|---------|--|--|
|  | 1 Vehicle expense from line 22 or line 29 .....   | 1       |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2   |         |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3   |         |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br><small>SEE STATEMENT 106</small>     | 4   | 11,169. |  |  |
| 5 Meals and entertainment expenses .....   | 5   |         |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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       |
| 13 | Business miles included on line 12 .....                                       | 13   | miles       |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | 14   | %           |
| 15 | Average daily roundtrip commuting distance .....                               | 15   | miles       |
| 16 | Commuting miles included on line 12 .....                                      | 16   | miles       |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17   | miles       |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| 20 | Do you have evidence to support your deduction? .....                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| 21 | If "Yes," is the evidence written? .....                                       | <input type="checkbox"/> Yes <input type="checkbox"/> 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 57.5c (.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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>40 WALL DEVELOPMENT ASSOC, LLC |
|------------------------------|------------------------|--|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment | Column B<br>Meals and<br>Entertainment |
|--|---|--|
| 1 Vehicle expense from line 22 or line 29 .....  | 1   |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2   |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3   |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br><small>SEE STATEMENT 107</small>     | 4   | 480,976.                               |
| 5 Meals and entertainment expenses .....   | 5   |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13 Business miles included on line 12                                       | 13          | miles  |
| 14 Percent of business use. Divide line 13 by line 12                       | 14          | %  |
| 15 Average daily roundtrip commuting distance                               | 15          | miles  |
| 16 Commuting miles included on line 12                                      | 16          | miles  |
| 17 Other miles. Add lines 13 and 16 and subtract the total from line 12     | 17          | miles  |
| 18 Was your vehicle available for personal use during off-duty hours?       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 Do you (or your spouse) have another vehicle available for personal use? |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 Do you have evidence to support your deduction?                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 If "Yes," is the evidence written?                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br><b>DONALD J. TRUMP</b> | Social security number | Business in which expenses were incurred<br><b>PENN YARDS ASSOCIATES</b> |
|-------------------------------------|------------------------|--|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment | Column B<br>Meals and<br>Entertainment |
|--|---|--|
| 1 Vehicle expense from line 22 or line 29 .....  | 1   |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2   |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3   |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment ..... <b>SEE STATEMENT 108</b>                | 10,679.   |  |
| 5 Meals and entertainment expenses .....   | 5   |  |
| 6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 .....                  | 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 <b>not</b> 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? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>PLAZA OPERATING PARTNERS LTD |
|------------------------------|------------------------|--|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |          | Column B<br>Meals and<br>Entertainment |  |
|--|---|----------|--|--|
|  | 1 Vehicle expense from line 22 or line 29 .....   | 1        |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2   |          |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3   |          |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br>SEE STATEMENT 109                    | 4   | 111,128. |  |  |
| 5 Meals and entertainment expenses .....   | 5   |          |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13                               | Business miles included on line 12 .....                                       | 13          | miles  |
| 14                               | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15                               | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16                               | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17                               | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18                               | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19                               | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20                               | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21                               | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP CPS LLC |
|------------------------------|------------------------|---|

## Part I Business Expenses and Reimbursements

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment | Column B<br>Meals and<br>Entertainment |
|--|---|--|
| 1 Vehicle expense from line 22 or line 29 .....  | 1   |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2   |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3   |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br>SEE STATEMENT 110                    | 4   | 101,315.                               |
| 5 Meals and entertainment expenses .....   | 5   |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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 .....                             |             |  |
| 12 | Total miles vehicle was driven during 2015 .....                               | miles       | miles  |
| 13 | Business miles included on line 12 .....                                       | miles       | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | %           | %  |
| 15 | Average daily roundtrip commuting distance .....                               | miles       | miles  |
| 16 | Commuting miles included on line 12 .....                                      | miles       | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | miles       | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP CPS DEVELOPMENT LLC |
|------------------------------|------------------------|---|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |         | Column B<br>Meals and<br>Entertainment |  |
|--|---|---------|--|--|
|  | 1 Vehicle expense from line 22 or line 29 .....   | 1       |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2   |         |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3   |         |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br><small>SEE STATEMENT 111</small>     | 4   | 10,455. |  |  |
| 5 Meals and entertainment expenses .....   | 5   |         |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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 .....                             |  |             |
| 12 | Total miles vehicle was driven during 2015 .....                               |  | miles       |
| 13 | Business miles included on line 12 .....                                       | miles  | miles       |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | %  | %           |
| 15 | Average daily roundtrip commuting distance .....                               | miles  | miles       |
| 16 | Commuting miles included on line 12 .....                                      | miles  | miles       |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | miles  | miles       |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| 20 | Do you have evidence to support your deduction? .....                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| 21 | If "Yes," is the evidence written? .....                                       | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP 845 UN GP LLC (MGR) |
|------------------------------|------------------------|---|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |         | Column B<br>Meals and<br>Entertainment |  |
|--|---|---------|--|--|
|  | 1 Vehicle expense from line 22 or line 29         | 1       |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel                          | 2   |         |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment | 3   |         |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 112</b>                | 4   | 55,361. |  |  |
| 5 Meals and entertainment expenses   | 5   |         |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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 .....                             |             |  |
| 12 | Total miles vehicle was driven during 2015 .....                               | miles       | miles  |
| 13 | Business miles included on line 12 .....                                       | miles       | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | %           | %  |
| 15 | Average daily roundtrip commuting distance .....                               | miles       | miles  |
| 16 | Commuting miles included on line 12 .....                                      | miles       | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | miles       | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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. ....   |             |             |
| 24a | Vehicle rentals .....  |             |             |
| 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP EQUITABLE FIFTH AVENUE CO |
|------------------------------|------------------------|---|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses  | Column A<br>Other Than Meals<br>and Entertainment |          | Column B<br>Meals and<br>Entertainment |  |
|---|---|----------|--|--|
|   | 1 Vehicle expense from line 22 or line 29 .....   | 1        |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b><br>involve overnight travel .....                          | 2   |          |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental,<br>etc. <b>Do not</b> include meals and entertainment ..... | 3   |          |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals<br>and entertainment .....<br><small>SEE STATEMENT 113</small>     | 4   | 191,195. |  |  |
| 5 Meals and entertainment expenses .....  | 5   |          |  |  |
| 6 <b>Total expenses.</b> In Column A, add lines 1 through 4 and enter the result. In Column B,<br>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 <b>not</b> reported to you in box 1 of Form W-2.<br>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<br>amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to<br>the Department of Transportation (DOT) hours-of-service limits;<br>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.<br>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 .....                             |             |  |
| 12 | Total miles vehicle was driven during 2015 .....                               | miles       | miles  |
| 13 | Business miles included on line 12 .....                                       | miles       | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | %           | %  |
| 15 | Average daily roundtrip commuting distance .....                               | miles       | miles  |
| 16 | Commuting miles included on line 12 .....                                      | miles       | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | miles       | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 .....

**Section C. - Actual Expenses**

|     |  | (a) Vehicle | (b) Vehicle |
|-----|--|-------------|-------------|
| 23  | Gasoline, oil, repairs, vehicle insurance, etc. ....   |             |             |
| 24a | Vehicle rentals .....  |             |             |
| b   | Inclusion amount .....   |             |             |
| c   | Subtract line 24b from line 24a .....  |             |             |
| 25  | Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) ..... |             |             |
| 26  | Add lines 23, 24c, and 25 .....  |             |             |
| 27  | Multiply line 26 by the percentage on line 14 .....  |             |             |
| 28  | Depreciation. Enter amount from line 38 below .....  |             |             |
| 29  | Add lines 27 and 28. Enter total here and on line 1 .....  |             |             |

**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 .....  |             |             |
| 31 | Enter section 179 deduction and special allowance .....  |             |             |
| 32 | Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) .....                                 |             |             |
| 33 | Enter depreciation method and percentage .....   |             |             |
| 34 | Multiply line 32 by the percentage on line 33 .....  |             |             |
| 35 | Add lines 31 and 34 .....  |             |             |
| 36 | Enter the limitation amount .....  |             |             |
| 37 | Multiply line 36 by the percentage on line 14 .....  |             |             |
| 38 | Enter the <b>smaller</b> 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 ..... |             |             |

**Statement SBE  
Supplemental Business Expenses**

**2015**

|                                     |                        |  |
|-------------------------------------|------------------------|--|
| Your name<br><b>DONALD J. TRUMP</b> | Social security number | Business in which expenses were incurred<br><b>MISS UNIVERSE LP, LLP</b> |
|-------------------------------------|------------------------|--|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses  |   | Column A<br>Other Than Meals<br>and Entertainment |  | Column B<br>Meals and<br>Entertainment |
|---|---|---|--|--|
| 1 Vehicle expense from line 22 or line 29 .....   | 1 |   |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                                       | 2 |   |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....              | 3 |   |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <span style="float: right;">SEE STATEMENT 114</span> ..... | 4 | 75,013.   |  |  |
| 5 Meals and entertainment expenses .....  | 5 |   |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13 | Business miles included on line 12 .....                                       | 13          | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15 | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16 | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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         |             |
| 24b | b Inclusion amount .....   | 24b         |             |
| 24c | 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP PALACE/PARC LLC |
|------------------------------|------------------------|---|

## Part I Business Expenses and Reimbursements

### STEP 1 Enter Your Expenses

|  |   | Column A<br>Other Than Meals<br>and Entertainment |  | Column B<br>Meals and<br>Entertainment |
|--|---|---|--|--|
| 1 Vehicle expense from line 22 or line 29 .....  | 1 |   |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....  | 2 |   |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....                                 | 3 |   |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br><span style="float:right; font-size:small;">SEE STATEMENT 115</span> | 4 | 45,476.   |  |  |
| 5 Meals and entertainment expenses .....   | 5 |   |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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. |

| <b>Part II Vehicle Expenses</b>         |  |             |  |
|---|--|-------------|--|
| <b>Section A. - General Information</b> |  | (a) Vehicle | (b) Vehicle  |
| 11                                      | Enter the date vehicle was placed in service .....                             | 11          |  |
| 12                                      | Total miles vehicle was driven during 2015 .....                               | 12          | miles  |
| 13                                      | Business miles included on line 12 .....                                       | 13          | miles  |
| 14                                      | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15                                      | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16                                      | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17                                      | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18                                      | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19                                      | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20                                      | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21                                      | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 |
|----|---|----|

| <b>Section C. - Actual Expenses</b> |  | (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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>DONVAN ENTERPRISES INC |
|------------------------------|------------------------|--|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |        | Column B<br>Meals and<br>Entertainment |  |
|--|---|--------|--|--|
|  |   |        |  |  |
| 1 Vehicle expense from line 22 or line 29  | 1   |        |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel                          | 2   |        |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment | 3   |        |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 116</b>                | 4   | 3,735. |  |  |
| 5 Meals and entertainment expenses   | 5   |        |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>FLIGHTS INC. |
|------------------------------|------------------------|--|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |         | Column B<br>Meals and<br>Entertainment |  |
|--|---|---------|--|--|
|  | 1 Vehicle expense from line 22 or line 29         | 1       |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel                          | 2   |         |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment | 3   |         |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 117</b>                | 4   | 76,241. |  |  |
| 5 Meals and entertainment expenses   | 5   |         |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13 | Business miles included on line 12 .....                                       | 13          | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15 | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16 | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>FOOTBALL GENERALS INC. |
|------------------------------|------------------------|--|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A |                                    | Column B |                         |
|--|----------|------------------------------------|----------|-------------------------|
|  |          | Other Than Meals and Entertainment |          | Meals and Entertainment |
| 1 Vehicle expense from line 22 or line 29 .....  | 1        |                                    |          |                         |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2        |                                    |          |                         |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3        |                                    |          |                         |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment ..... SEE STATEMENT 118                       | 4        | 12,910.                            |          |                         |
| 5 Meals and entertainment expenses .....   | 5        |                                    |          |                         |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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. |

| <b>Part II Vehicle Expenses</b>         |  |             |  |
|---|--|-------------|--|
| <b>Section A. - General Information</b> |  | (a) Vehicle | (b) Vehicle  |
| 11                                      | Enter the date vehicle was placed in service .....                             | 11          |  |
| 12                                      | Total miles vehicle was driven during 2015 .....                               | 12          | miles  |
| 13                                      | Business miles included on line 12 .....                                       | 13          | miles  |
| 14                                      | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15                                      | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16                                      | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17                                      | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18                                      | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19                                      | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20                                      | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21                                      | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 |  |
|----|---|----|--|

| <b>Section C. - Actual Expenses</b> |  | (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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>HELICOPTER AIR SERVICES INC |
|------------------------------|------------------------|---|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |         | Column B<br>Meals and<br>Entertainment |  |
|--|---|---------|--|--|
|  | 1 Vehicle expense from line 22 or line 29         | 1       |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel                          | 2   |         |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment | 3   |         |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 119</b>                | 4   | 11,326. |  |  |
| 5 Meals and entertainment expenses   | 5   |         |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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. |

| <b>Part II Vehicle Expenses</b>         |  |    | (a) Vehicle | (b) Vehicle  |
|---|--|----|-------------|--|
| <b>Section A. - General Information</b> |  |    |             |  |
| 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? .....       |    |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19                                      | Do you (or your spouse) have another vehicle available for personal use? ..... |    |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20                                      | Do you have evidence to support your deduction? .....                          |    |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21                                      | If "Yes," is the evidence written? .....                                       |    |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 |  |
|----|---|----|--|

| <b>Section C. - Actual Expenses</b> |  |     | (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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP PALM BEACHES CORP. |
|------------------------------|------------------------|--|

## Part I Business Expenses and Reimbursements

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |         | Column B<br>Meals and<br>Entertainment |  |
|--|---|---------|--|--|
|  | 1 Vehicle expense from line 22 or line 29         | 1       |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel                          | 2   |         |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment | 3   |         |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 120</b>                | 4   | 12,426. |  |  |
| 5 Meals and entertainment expenses   | 5   |         |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br><b>DONALD J. TRUMP</b> | Social security number | Business in which expenses were incurred<br><b>THE TRUMP CORPORATION</b> |
|-------------------------------------|------------------------|--|

**Part I Business Expenses and Reimbursements**

| <b>STEP 1 Enter Your Expenses</b>  | <b>Column A</b><br>Other Than Meals<br>and Entertainment |          | <b>Column B</b><br>Meals and<br>Entertainment |
|--|--|----------|---|
| 1 Vehicle expense from line 22 or line 29 .....  | 1  |          |   |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....  | 2  |          |   |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....                       | 3  |          |   |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br><span style="margin-left: 150px;">SEE STATEMENT 121</span> | 4  | 170,697. |   |
| 5 Meals and entertainment expenses .....   | 5  |          |   |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13 | Business miles included on line 12 .....                                       | 13          | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15 | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16 | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 57.5c (.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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP EMPIRE STATE, INC. |
|------------------------------|------------------------|--|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A                           |         | Column B                |  |
|--|------------------------------------|---------|-------------------------|--|
|  | Other Than Meals and Entertainment |         | Meals and Entertainment |  |
| 1 Vehicle expense from line 22 or line 29 .....  | 1                                  |         |                         |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2                                  |         |                         |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3                                  |         |                         |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br><small>SEE STATEMENT 122</small>     | 4                                  | 15,729. |                         |  |
| 5 Meals and entertainment expenses .....   | 5                                  |         |                         |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13                               | Business miles included on line 12 .....                                       | 13          | miles  |
| 14                               | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15                               | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16                               | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17                               | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18                               | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19                               | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20                               | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21                               | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP PROJECT MANAGEMENT CORP |
|------------------------------|------------------------|---|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |        | Column B<br>Meals and<br>Entertainment |  |
|--|---|--------|--|--|
|  | 1 Vehicle expense from line 22 or line 29         | 1      |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel                          | 2   |        |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment | 3   |        |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment<br><small>SEE STATEMENT 123</small>     | 4   | 9,665. |  |  |
| 5 Meals and entertainment expenses   | 5   |        |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13                               | Business miles included on line 12 .....                                       | 13          | miles  |
| 14                               | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15                               | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16                               | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17                               | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18                               | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19                               | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20                               | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21                               | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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          |             |
| 24 a                         | 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 <b>smaller</b> 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<br><b>DONALD J. TRUMP</b> | Social security number | Business in which expenses were incurred<br><b>TRUMP PLAZA MANAGEMENT CORP.</b> |
|-------------------------------------|------------------------|---|

**Part I Business Expenses and Reimbursements**

| <b>STEP 1 Enter Your Expenses</b>   | Column A<br>Other Than Meals<br>and Entertainment | Column B<br>Meals and<br>Entertainment |
|---|---|--|
| 1 Vehicle expense from line 22 or line 29 .....   | 1   |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....   | 2   |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....                                | 3   |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <span style="float: right; font-size: small;">SEE STATEMENT 124</span> ..... | 4   | 4,402.                                 |
| 5 Meals and entertainment expenses .....  | 5   |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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 .....                             |             |  |
| 12 | Total miles vehicle was driven during 2015 .....                               | miles       | miles  |
| 13 | Business miles included on line 12 .....                                       | miles       | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | %           | %  |
| 15 | Average daily roundtrip commuting distance .....                               | miles       | miles  |
| 16 | Commuting miles included on line 12 .....                                      | miles       | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | miles       | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 57.5c (.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. ....   |             |             |
| 24a | Vehicle rentals .....  |             |             |
| 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>SOFO REALTY CORP |
|------------------------------|------------------------|--|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |         | Column B<br>Meals and<br>Entertainment |  |
|--|---|---------|--|--|
|  | 1 Vehicle expense from line 22 or line 29         | 1       |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel                          | 2   |         |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment | 3   |         |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 125</b>                | 4   | 31,055. |  |  |
| 5 Meals and entertainment expenses   | 5   |         |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13 | Business miles included on line 12 .....                                       | 13          | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15 | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16 | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>ULTIMATE AIR CORP |
|------------------------------|------------------------|---|

## Part I Business Expenses and Reimbursements

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment | Column B<br>Meals and<br>Entertainment |
|--|---|--|
| 1 Vehicle expense from line 22 or line 29 .....  | 1   |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2   |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3   |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br>SEE STATEMENT 126                    | 4   | 9,474.                                 |
| 5 Meals and entertainment expenses .....   | 5   |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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 .....                             |             |  |
| 12 | Total miles vehicle was driven during 2015 .....                               | miles       | miles  |
| 13 | Business miles included on line 12 .....                                       | miles       | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | %           | %  |
| 15 | Average daily roundtrip commuting distance .....                               | miles       | miles  |
| 16 | Commuting miles included on line 12 .....                                      | miles       | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | miles       | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>SHUTTLE INC |
|------------------------------|------------------------|---|

## Part I Business Expenses and Reimbursements

### STEP 1 Enter Your Expenses

|  | Column A<br>Other Than Meals<br>and Entertainment | Column B<br>Meals and<br>Entertainment |
|--|---|--|
| 1 Vehicle expense from line 22 or line 29 .....  | 1   |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2   |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3   |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment ..... SEE STATEMENT 127                       | 4   | 255,245.                               |
| 5 Meals and entertainment expenses .....   | 5   |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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 .....                             |             |  |
| 12 | Total miles vehicle was driven during 2015 .....                               | miles       | miles  |
| 13 | Business miles included on line 12 .....                                       | miles       | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | %           | %  |
| 15 | Average daily roundtrip commuting distance .....                               | miles       | miles  |
| 16 | Commuting miles included on line 12 .....                                      | miles       | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | miles       | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 .....

**Section C. - Actual Expenses**

|     |  | (a) Vehicle | (b) Vehicle |
|-----|--|-------------|-------------|
| 23  | Gasoline, oil, repairs, vehicle insurance, etc. ....   |             |             |
| 24a | Vehicle rentals .....  |             |             |
| b   | Inclusion amount .....   |             |             |
| c   | Subtract line 24b from line 24a .....  |             |             |
| 25  | Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) ..... |             |             |
| 26  | Add lines 23, 24c, and 25 .....  |             |             |
| 27  | Multiply line 26 by the percentage on line 14 .....  |             |             |
| 28  | Depreciation. Enter amount from line 38 below .....  |             |             |
| 29  | Add lines 27 and 28. Enter total here and on line 1 .....  |             |             |

**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 .....  |             |             |
| 31 | Enter section 179 deduction and special allowance .....  |             |             |
| 32 | Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) .....                                 |             |             |
| 33 | Enter depreciation method and percentage .....   |             |             |
| 34 | Multiply line 32 by the percentage on line 33 .....  |             |             |
| 35 | Add lines 31 and 34 .....  |             |             |
| 36 | Enter the limitation amount .....  |             |             |
| 37 | Multiply line 36 by the percentage on line 14 .....  |             |             |
| 38 | Enter the <b>smaller</b> 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 ..... |             |             |

**Statement SBE  
Supplemental Business Expenses**

**2015**

|                              |                        |   |
|------------------------------|------------------------|---|
| Your name<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>T MANAGEMENT LLC (TMG MEMBER LLC) |
|------------------------------|------------------------|---|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |         | Column B<br>Meals and<br>Entertainment |  |
|--|---|---------|--|--|
|  | 1 Vehicle expense from line 22 or line 29         | 1       |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel                          | 2   |         |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment | 3   |         |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <small>SEE STATEMENT 128</small>        | 4   | 69,337. |  |  |
| 5 Meals and entertainment expenses   | 5   |         |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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 .....                             |             |  |
| 12 | Total miles vehicle was driven during 2015 .....                               | miles       | miles  |
| 13 | Business miles included on line 12 .....                                       | miles       | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | %           | %  |
| 15 | Average daily roundtrip commuting distance .....                               | miles       | miles  |
| 16 | Commuting miles included on line 12 .....                                      | miles       | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | miles       | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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. ....   |             |             |
| 24a | Vehicle rentals .....  |             |             |
| 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP PARK AVENUE LLC (DELMONICO) |
|------------------------------|------------------------|---|

## Part I Business Expenses and Reimbursements

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |         | Column B<br>Meals and<br>Entertainment |
|--|---|---------|--|
| 1 Vehicle expense from line 22 or line 29 .....  | 1   |         |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....  | 2   |         |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....                       | 3   |         |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br><span style="margin-left: 150px;">SEE STATEMENT 129</span> | 4   | 18,089. |  |
| 5 Meals and entertainment expenses .....   | 5   |         |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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 .....                             |  |             |
| 12 | Total miles vehicle was driven during 2015 .....                               | miles  | miles       |
| 13 | Business miles included on line 12 .....                                       | miles  | miles       |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | %  | %           |
| 15 | Average daily roundtrip commuting distance .....                               | miles  | miles       |
| 16 | Commuting miles included on line 12 .....                                      | miles  | miles       |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | miles  | miles       |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| 20 | Do you have evidence to support your deduction? .....                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |             |
| 21 | If "Yes," is the evidence written? .....                                       | <input type="checkbox"/> Yes <input type="checkbox"/> 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. ....   |             |             |
| 24a | Vehicle rentals .....  |             |             |
| b   | Inclusion amount .....   |             |             |
| 24c | Subtract line 24b from line 24a .....  |             |             |
| 25  | Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) ..... |             |             |
| 26  | Add lines 23, 24c, and 25 .....  |             |             |
| 27  | Multiply line 26 by the percentage on line 14 .....  |             |             |
| 28  | Depreciation. Enter amount from line 38 below .....  |             |             |
| 29  | Add lines 27 and 28. Enter total here and on line 1 .....  |             |             |

**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 .....  |             |             |
| 31 | Enter section 179 deduction and special allowance .....  |             |             |
| 32 | Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) .....                                 |             |             |
| 33 | Enter depreciation method and percentage .....   |             |             |
| 34 | Multiply line 32 by the percentage on line 33 .....  |             |             |
| 35 | Add lines 31 and 34 .....  |             |             |
| 36 | Enter the limitation amount .....  |             |             |
| 37 | Multiply line 36 by the percentage on line 14 .....  |             |             |
| 38 | Enter the <b>smaller</b> 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 ..... |             |             |

# Statement SBE Supplemental Business Expenses

# 2015

|                              |                        |   |
|------------------------------|------------------------|---|
| Your name<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>767 LLC (767 MANAGER LLC) |
|------------------------------|------------------------|---|

## Part I Business Expenses and Reimbursements

| STEP 1 Enter Your Expenses   | Column A |                                    | Column B |                         |
|--|----------|------------------------------------|----------|-------------------------|
|  |          | Other Than Meals and Entertainment |          | Meals and Entertainment |
| 1 Vehicle expense from line 22 or line 29 .....  | 1        |                                    |          |                         |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2        |                                    |          |                         |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3        |                                    |          |                         |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br>SEE STATEMENT 130                    | 4        | 12,602.                            |          |                         |
| 5 Meals and entertainment expenses .....   | 5        |                                    |          |                         |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13 | Business miles included on line 12 .....                                       | 13          | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15 | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16 | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 57.5c (.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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>RPV DEVELOPMENT LLC |
|------------------------------|------------------------|---|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |        | Column B<br>Meals and<br>Entertainment |  |
|--|---|--------|--|--|
|  | 1 Vehicle expense from line 22 or line 29         | 1      |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel                          | 2   |        |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment | 3   |        |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 131</b>                | 4   | 2,487. |  |  |
| 5 Meals and entertainment expenses   | 5   |        |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13 | Business miles included on line 12 .....                                       | 13          | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15 | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16 | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 57.5c (.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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP PARK AVE LLC - ACQUISITIONS |
|------------------------------|------------------------|---|

## Part I Business Expenses and Reimbursements

| STEP 1 Enter Your Expenses   | Column A                           |         | Column B                |  |
|--|------------------------------------|---------|-------------------------|--|
|  | Other Than Meals and Entertainment |         | Meals and Entertainment |  |
| 1 Vehicle expense from line 22 or line 29 .....  | 1                                  |         |                         |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2                                  |         |                         |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3                                  |         |                         |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br>SEE STATEMENT 132                    | 4                                  | 10,080. |                         |  |
| 5 Meals and entertainment expenses .....   | 5                                  |         |                         |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13 | Business miles included on line 12 .....                                       | 13          | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15 | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16 | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP ENTREPRENEUR INITIATIVE LLC |
|------------------------------|------------------------|---|

## Part I Business Expenses and Reimbursements

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |        | Column B<br>Meals and<br>Entertainment |  |
|--|---|--------|--|--|
|  | 1 Vehicle expense from line 22 or line 29 .....   | 1      |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2   |        |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3   |        |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br><small>SEE STATEMENT 133</small>     | 4   | 1,571. |  |  |
| 5 Meals and entertainment expenses .....   | 5   |        |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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 .....                             |             |  |
| 12 | Total miles vehicle was driven during 2015 .....                               | miles       | miles  |
| 13 | Business miles included on line 12 .....                                       | miles       | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | %           | %  |
| 15 | Average daily roundtrip commuting distance .....                               | miles       | miles  |
| 16 | Commuting miles included on line 12 .....                                      | miles       | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | miles       | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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. ....   |             |             |
| 24a | Vehicle rentals .....  |             |             |
| 24b | b Inclusion amount .....   |             |             |
| 24c | c Subtract line 24b from line 24a .....  |             |             |
| 25  | Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) ..... |             |             |
| 26  | Add lines 23, 24c, and 25 .....  |             |             |
| 27  | Multiply line 26 by the percentage on line 14 .....  |             |             |
| 28  | Depreciation. Enter amount from line 38 below .....  |             |             |
| 29  | Add lines 27 and 28. Enter total here and on line 1 .....  |             |             |

**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 .....  |             |             |
| 31 | Enter section 179 deduction and special allowance .....  |             |             |
| 32 | Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) .....                                 |             |             |
| 33 | Enter depreciation method and percentage .....   |             |             |
| 34 | Multiply line 32 by the percentage on line 33 .....  |             |             |
| 35 | Add lines 31 and 34 .....  |             |             |
| 36 | Enter the limitation amount .....  |             |             |
| 37 | Multiply line 36 by the percentage on line 14 .....  |             |             |
| 38 | Enter the <b>smaller</b> 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 ..... |             |             |

**Statement SBE  
Supplemental Business Expenses**

**2015**

|                              |                        |   |
|------------------------------|------------------------|---|
| Your name<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP ENTREPRENEUR INITIATIVE LLC |
|------------------------------|------------------------|---|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |         | Column B<br>Meals and<br>Entertainment |  |
|--|---|---------|--|--|
|  | 1 Vehicle expense from line 22 or line 29 .....   | 1       |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2   |         |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3   |         |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br><small>SEE STATEMENT 134</small>     | 4   | 16,967. |  |  |
| 5 Meals and entertainment expenses .....   | 5   |         |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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 .....                             |             |  |
| 12 | Total miles vehicle was driven during 2015 .....                               | miles       | miles  |
| 13 | Business miles included on line 12 .....                                       | miles       | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | %           | %  |
| 15 | Average daily roundtrip commuting distance .....                               | miles       | miles  |
| 16 | Commuting miles included on line 12 .....                                      | miles       | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | miles       | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 57.5c (.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. ....   |             |             |
| 24a | Vehicle rentals .....  |             |             |
| b   | Inclusion amount .....   |             |             |
| c   | Subtract line 24b from line 24a .....  |             |             |
| 25  | Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) ..... |             |             |
| 26  | Add lines 23, 24c, and 25 .....  |             |             |
| 27  | Multiply line 26 by the percentage on line 14 .....  |             |             |
| 28  | Depreciation. Enter amount from line 38 below .....  |             |             |
| 29  | Add lines 27 and 28. Enter total here and on line 1 .....  |             |             |

**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 .....  |             |             |
| 31 | Enter section 179 deduction and special allowance .....  |             |             |
| 32 | Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) .....                                 |             |             |
| 33 | Enter depreciation method and percentage .....   |             |             |
| 34 | Multiply line 32 by the percentage on line 33 .....  |             |             |
| 35 | Add lines 31 and 34 .....  |             |             |
| 36 | Enter the limitation amount .....  |             |             |
| 37 | Multiply line 36 by the percentage on line 14 .....  |             |             |
| 38 | Enter the <b>smaller</b> 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 ..... |             |             |

**Statement SBE  
Supplemental Business Expenses**

**2015**

|                              |                        |   |
|------------------------------|------------------------|---|
| Your name<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>BAYROCK-TRUMP SOHO MEMBER LLC |
|------------------------------|------------------------|---|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |        | Column B<br>Meals and<br>Entertainment |  |
|--|---|--------|--|--|
|  | 1 Vehicle expense from line 22 or line 29 .....   | 1      |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2   |        |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3   |        |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br>SEE STATEMENT 135                    | 4   | 1,025. |  |  |
| 5 Meals and entertainment expenses .....   | 5   |        |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13 | Business miles included on line 12 .....                                       | 13          | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15 | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16 | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 57.5c (.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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TIHT COMMERCIAL LLC |
|------------------------------|------------------------|---|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |        | Column B<br>Meals and<br>Entertainment |  |
|--|---|--------|--|--|
|  | 1 Vehicle expense from line 22 or line 29 .....   | 1      |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2   |        |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3   |        |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br><small>SEE STATEMENT 136</small>     | 4   | 1,336. |  |  |
| 5 Meals and entertainment expenses .....   | 5   |        |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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 .....                             |             |  |
| 12 | Total miles vehicle was driven during 2015 .....                               | miles       | miles  |
| 13 | Business miles included on line 12 .....                                       | miles       | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | %           | %  |
| 15 | Average daily roundtrip commuting distance .....                               | miles       | miles  |
| 16 | Commuting miles included on line 12 .....                                      | miles       | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | miles       | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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. ....   |             |             |
| 24a | Vehicle rentals .....  |             |             |
| b   | Inclusion amount .....   |             |             |
| c   | Subtract line 24b from line 24a .....  |             |             |
| 25  | Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) ..... |             |             |
| 26  | Add lines 23, 24c, and 25 .....  |             |             |
| 27  | Multiply line 26 by the percentage on line 14 .....  |             |             |
| 28  | Depreciation. Enter amount from line 38 below .....  |             |             |
| 29  | Add lines 27 and 28. Enter total here and on line 1 .....  |             |             |

**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 .....  |             |             |
| 31 | Enter section 179 deduction and special allowance .....  |             |             |
| 32 | Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) .....                                 |             |             |
| 33 | Enter depreciation method and percentage .....   |             |             |
| 34 | Multiply line 32 by the percentage on line 33 .....  |             |             |
| 35 | Add lines 31 and 34 .....  |             |             |
| 36 | Enter the limitation amount .....  |             |             |
| 37 | Multiply line 36 by the percentage on line 14 .....  |             |             |
| 38 | Enter the <b>smaller</b> 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 ..... |             |             |



# Statement SBE Supplemental Business Expenses

# 2015

|                              |                        |  |
|------------------------------|------------------------|--|
| Your name<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP MARKS HOLDING LP |
|------------------------------|------------------------|--|

## Part I Business Expenses and Reimbursements

| STEP 1 Enter Your Expenses   | Column A |                                    | Column B |                         |
|--|----------|------------------------------------|----------|-------------------------|
|  |          | Other Than Meals and Entertainment |          | Meals and Entertainment |
| 1 Vehicle expense from line 22 or line 29 .....  | 1        |                                    |          |                         |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2        |                                    |          |                         |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3        |                                    |          |                         |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br>SEE STATEMENT 137                    | 4        | 19,128.                            |          |                         |
| 5 Meals and entertainment expenses .....   | 5        |                                    |          |                         |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13                               | Business miles included on line 12 .....                                       | 13          | miles  |
| 14                               | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15                               | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16                               | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17                               | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18                               | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19                               | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20                               | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21                               | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP INTERNATIONAL GOLF CLUB LLC |
|------------------------------|------------------------|---|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |          | Column B<br>Meals and<br>Entertainment |  |
|--|---|----------|--|--|
|  | 1 Vehicle expense from line 22 or line 29 .....   | 1        |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2   |          |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3   |          |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br><small>SEE STATEMENT 138</small>     | 4   | 712,670. |  |  |
| 5 Meals and entertainment expenses .....   | 5   |          |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>MAR-A-LAGO CLUB LLC |
|------------------------------|------------------------|---|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |          | Column B<br>Meals and<br>Entertainment |  |
|--|---|----------|--|--|
|  | 1 Vehicle expense from line 22 or line 29 .....   | 1        |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2   |          |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3   |          |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br><small>SEE STATEMENT 139</small>     | 4   | 734,021. |  |  |
| 5 Meals and entertainment expenses .....   | 5   |          |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13 | Business miles included on line 12 .....                                       | 13          | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15 | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16 | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP RESORTS HOLDINGS LP |
|------------------------------|------------------------|---|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses  | Column A<br>Other Than Meals<br>and Entertainment | Column B<br>Meals and<br>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? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19                               | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20                               | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21                               | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP PRODUCTIONS LLC |
|------------------------------|------------------------|---|

## Part I Business Expenses and Reimbursements

| STEP 1 Enter Your Expenses  | Column A<br>Other Than Meals<br>and Entertainment | Column B<br>Meals and<br>Entertainment |
|---|---|--|
| 1 Vehicle expense from line 22 or line 29 .....   | 1   |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                                       | 2   |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....              | 3   |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <span style="float: right;">SEE STATEMENT 141</span> ..... | 4   | 103,865.                               |
| 5 Meals and entertainment expenses .....  | 5   |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13                               | Business miles included on line 12 .....                                       | 13          | miles  |
| 14                               | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15                               | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16                               | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17                               | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18                               | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19                               | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20                               | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21                               | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 57.5c (.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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>DJT HOLDINGS LLC - SEVEN SPRINGS |
|------------------------------|------------------------|--|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |         | Column B<br>Meals and<br>Entertainment |  |
|--|---|---------|--|--|
|  | 1 Vehicle expense from line 22 or line 29 .....   | 1       |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2   |         |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3   |         |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br><small>SEE STATEMENT 142</small>     | 4   | 54,425. |  |  |
| 5 Meals and entertainment expenses .....   | 5   |         |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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 .....                             |             |  |
| 12 | Total miles vehicle was driven during 2015 .....                               | miles       | miles  |
| 13 | Business miles included on line 12 .....                                       | miles       | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | %           | %  |
| 15 | Average daily roundtrip commuting distance .....                               | miles       | miles  |
| 16 | Commuting miles included on line 12 .....                                      | miles       | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | miles       | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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          |             |
| 24 a | 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP NATIONAL GOLF CLUB |
|------------------------------|------------------------|--|

## Part I Business Expenses and Reimbursements

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment | Column B<br>Meals and<br>Entertainment |
|--|---|--|
| 1 Vehicle expense from line 22 or line 29 .....  | 1   |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2   |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3   |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br>SEE STATEMENT 143                    | 4   | 58,539.                                |
| 5 Meals and entertainment expenses .....   | 5   |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13 | Business miles included on line 12 .....                                       | 13          | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15 | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16 | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 57.5c (.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 <b>smaller</b> 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<br><b>DONALD J. TRUMP</b> | Social security number | Business in which expenses were incurred<br><b>DJT HOLDINGS LLC TRUMP ENDEAVOR 12</b> |
|-------------------------------------|------------------------|---|

**Part I Business Expenses and Reimbursements**

| <b>STEP 1 Enter Your Expenses</b>   | Column A<br>Other Than Meals<br>and Entertainment | Column B<br>Meals and<br>Entertainment |
|---|---|--|
| 1 Vehicle expense from line 22 or line 29 .....   | 1   |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....   | 2   |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....                                | 3   |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <span style="float: right; font-size: small;">SEE STATEMENT 144</span> ..... | 4   | 274,364.                               |
| 5 Meals and entertainment expenses .....  | 5   |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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 .....                             |             |  |
| 12 | Total miles vehicle was driven during 2015 .....                               | miles       | miles  |
| 13 | Business miles included on line 12 .....                                       | miles       | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | %           | %  |
| 15 | Average daily roundtrip commuting distance .....                               | miles       | miles  |
| 16 | Commuting miles included on line 12 .....                                      | miles       | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | miles       | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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. ....   |             |             |
| 24a | Vehicle rentals .....  |             |             |
| 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP INTERNATIONAL HOTEL HAWAII |
|------------------------------|------------------------|--|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |      | Column B<br>Meals and<br>Entertainment |  |
|--|---|------|--|--|
|  | 1 Vehicle expense from line 22 or line 29         | 1    |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel                          | 2   |      |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment | 3   |      |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment<br>SEE STATEMENT 145                    | 4   | 355. |  |  |
| 5 Meals and entertainment expenses   | 5   |      |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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 .....                             |             |  |
| 12 | Total miles vehicle was driven during 2015 .....                               | miles       | miles  |
| 13 | Business miles included on line 12 .....                                       | miles       | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | %           | %  |
| 15 | Average daily roundtrip commuting distance .....                               | miles       | miles  |
| 16 | Commuting miles included on line 12 .....                                      | miles       | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | miles       | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 57.5c (.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. ....   |             |             |
| 24a | Vehicle rentals .....  |             |             |
| 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>DJT HOLDINGS LLC (TURNBERRY SCOTLAND LLC) |
|------------------------------|------------------------|---|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |          | Column B<br>Meals and<br>Entertainment |  |
|--|---|----------|--|--|
|  | 1 Vehicle expense from line 22 or line 29         | 1        |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel                          | 2   |          |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment | 3   |          |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <b>SEE STATEMENT 146</b>                | 4   | 247,683. |  |  |
| 5 Meals and entertainment expenses   | 5   |          |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13 | Business miles included on line 12 .....                                       | 13          | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15 | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16 | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP KOREAN PROJECTS LLC |
|------------------------------|------------------------|---|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |    | Column B<br>Meals and<br>Entertainment |  |
|--|---|----|--|--|
|  | 1 Vehicle expense from line 22 or line 29         | 1  |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel                          | 2   |    |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment | 3   |    |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment <small>SEE STATEMENT 147</small>        | 4   | 9. |  |  |
| 5 Meals and entertainment expenses   | 5   |    |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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 .....                             |             |  |
| 12 | Total miles vehicle was driven during 2015 .....                               | miles       | miles  |
| 13 | Business miles included on line 12 .....                                       | miles       | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | %           | %  |
| 15 | Average daily roundtrip commuting distance .....                               | miles       | miles  |
| 16 | Commuting miles included on line 12 .....                                      | miles       | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | miles       | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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. ....   |             |             |
| 24a | Vehicle rentals .....  |             |             |
| 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP MARKS FT LAUDERDALE LLC |
|------------------------------|------------------------|---|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment | Column B<br>Meals and<br>Entertainment |
|--|---|--|
| 1 Vehicle expense from line 22 or line 29 .....  | 1   |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....  | 2   |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....                                   | 3   |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br><span style="float: right; font-size: small;">SEE STATEMENT 148</span> | 4   | 1,850.                                 |
| 5 Meals and entertainment expenses .....   | 5   |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13 | Business miles included on line 12 .....                                       | 13          | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15 | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16 | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP HOME MARKS LLC |
|------------------------------|------------------------|--|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |        | Column B<br>Meals and<br>Entertainment |  |
|--|---|--------|--|--|
|  | 1 Vehicle expense from line 22 or line 29         | 1      |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel                          | 2   |        |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment | 3   |        |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment<br><small>SEE STATEMENT 149</small>     | 4   | 1,850. |  |  |
| 5 Meals and entertainment expenses   | 5   |        |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13 | Business miles included on line 12 .....                                       | 13          | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15 | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16 | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB<br>WASHINGTON DC L |
|------------------------------|------------------------|--|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment |          | Column B<br>Meals and<br>Entertainment |  |
|--|---|----------|--|--|
|  | 1 Vehicle expense from line 22 or line 29 .....   | 1        |  |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2   |          |  |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3   |          |  |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br>SEE STATEMENT 150                    | 4   | 520,711. |  |  |
| 5 Meals and entertainment expenses .....   | 5   |          |  |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13 | Business miles included on line 12 .....                                       | 13          | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15 | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16 | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TIHT MEMBER LLC |
|------------------------------|------------------------|---|

## Part I Business Expenses and Reimbursements

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment | Column B<br>Meals and<br>Entertainment |
|--|---|--|
| 1 Vehicle expense from line 22 or line 29 .....  | 1   |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....  | 2   |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....                       | 3   |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br><span style="margin-left: 150px;">SEE STATEMENT 151</span> | 4   | 500.                                   |
| 5 Meals and entertainment expenses .....   | 5   |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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 .....                             |             |  |
| 12 | Total miles vehicle was driven during 2015 .....                               | miles       | miles  |
| 13 | Business miles included on line 12 .....                                       | miles       | miles  |
| 14 | Percent of business use. Divide line 13 by line 12 .....                       | %           | %  |
| 15 | Average daily roundtrip commuting distance .....                               | miles       | miles  |
| 16 | Commuting miles included on line 12 .....                                      | miles       | miles  |
| 17 | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | miles       | miles  |
| 18 | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19 | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20 | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21 | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>TRUMP HOTEL MANAGEMENT CORP |
|------------------------------|------------------------|---|

## Part I Business Expenses and Reimbursements

| STEP 1 Enter Your Expenses   | Column A<br>Other Than Meals<br>and Entertainment | Column B<br>Meals and<br>Entertainment |
|--|---|--|
| 1 Vehicle expense from line 22 or line 29 .....  | 1   |  |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....  | 2   |  |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment .....                       | 3   |  |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br><span style="margin-left: 150px;">SEE STATEMENT 152</span> | 4   | 1,101.                                 |
| 5 Meals and entertainment expenses .....   | 5   |  |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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  |
| 13                               | Business miles included on line 12 .....                                       | 13          | miles  |
| 14                               | Percent of business use. Divide line 13 by line 12 .....                       | 14          | %  |
| 15                               | Average daily roundtrip commuting distance .....                               | 15          | miles  |
| 16                               | Commuting miles included on line 12 .....                                      | 16          | miles  |
| 17                               | Other miles. Add lines 13 and 16 and subtract the total from line 12 .....     | 17          | miles  |
| 18                               | Was your vehicle available for personal use during off-duty hours? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19                               | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20                               | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21                               | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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<br>DONALD J. TRUMP | Social security number | Business in which expenses were incurred<br>DJT HOLDINGS TRUMP TW VENTURE II LLC |
|------------------------------|------------------------|--|

**Part I Business Expenses and Reimbursements**

| STEP 1 Enter Your Expenses   | Column A |                                    | Column B |                         |
|--|----------|------------------------------------|----------|-------------------------|
|  |          | Other Than Meals and Entertainment |          | Meals and Entertainment |
| 1 Vehicle expense from line 22 or line 29 .....  | 1        |                                    |          |                         |
| 2 Parking fees, tolls, and transportation, including train, bus, etc., that <b>did not</b> involve overnight travel .....                          | 2        |                                    |          |                         |
| 3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. <b>Do not</b> include meals and entertainment ..... | 3        |                                    |          |                         |
| 4 Business expenses not included on lines 1 through 3. <b>Do not</b> include meals and entertainment .....<br><small>SEE STATEMENT 153</small>     | 4        | 149,565.                           |          |                         |
| 5 Meals and entertainment expenses .....   | 5        |                                    |          |                         |
| 6 <b>Total expenses.</b> 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 <b>not</b> 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? .....       |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 19                               | Do you (or your spouse) have another vehicle available for personal use? ..... |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 20                               | Do you have evidence to support your deduction? .....                          |             | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 21                               | If "Yes," is the evidence written? .....                                       |             | <input type="checkbox"/> Yes <input type="checkbox"/> 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 <b>smaller</b> 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 of Specified Foreign Financial Assets**

Information about Form 8938 and its separate instructions is at [www.irs.gov/form8938](http://www.irs.gov/form8938).  
Attach to your tax return.

For calendar year **2015** or tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

If you have attached continuation statements, check here  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  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 | (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? X 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) X 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)
40 WALL STREET
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)

**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<br><br>RENTAL PROPERTY | 2 Identifying number or other designation |
|---|---|

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**

# Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return

▶ Attach to your tax return.

SUMMARY

# 2015

Attachment  
Sequence No. 179

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

DONALD J. & MELANIA TRUMP

Business or activity to which this form relates

Identifying number

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 |    | <input type="checkbox"/> |

#### 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**

# Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return

▶ Attach to your tax return. SCHEDULE C- 25

**2015**  
Attachment  
Sequence No. 179

▶ Information about Form 4562 and its separate instructions is at [www.irs.gov/form4562](http://www.irs.gov/form4562).

|                           |  |                    |
|---------------------------|--|--------------------|
| DONALD J. & MELANIA TRUMP | Business or activity to which this form relates<br><br>WOLLMAN RINK OPERATIONS LLC | Identifying number |
|---------------------------|--|--------------------|

**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 ..... | <input type="checkbox"/> |          |

**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)<br>Type of property<br>(list vehicles first)   | (b)<br>Date<br>placed in<br>service | (c)<br>Business/<br>investment<br>use percentage | (d)<br>Cost or<br>other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only) | (f)<br>Recovery<br>period | (g)<br>Method/<br>Convention | (h)<br>Depreciation<br>deduction | (i)<br>Elected<br>section 179<br>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)<br>Vehicle |    | (b)<br>Vehicle |    | (c)<br>Vehicle |    | (d)<br>Vehicle |    | (e)<br>Vehicle |    | (f)<br>Vehicle |    |
|--|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
|  | Yes            | No | Yes            | No | Yes            | No | Yes            | No | Yes            | No | Yes            | No |
| 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?                       |                |    |                |    |                |    |                |    |                |    |                |    |
| 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)<br>Description of costs   | (b)<br>Date amortization<br>begins | (c)<br>Amortizable<br>amount | (d)<br>Code<br>section | (e)<br>Amortization<br>period or percentage | (f)<br>Amortization<br>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 |  | Taxable income including NOL carryover | 0. |
| Name               |  | 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 |              |              |               |                   |             |                |                |              |              |                  |                             |
| TCTALS          |                            |              |              |               |                   |             |                |                |              |              |                  |                             |

| Property Number | Property Description       | % Depletion | % Depletion Limited to Net Income | Daily Production (Barrel) | Quantity Limitation Rate | % Depletion After 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.                             |                           |                  |                       |                             |
| TCTALS          |                            |             |                                   |                           |                          |                              |                |                            |                                |                           |                  |                       |                             |

| 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.                             |          |          |
| TCTALS          |                            |                    |                       |                            |                              |                  |                      |                             |                                   |            |                                |          |          |

| Property Number | Property Description       | Beginning Recoverables | 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.                    |                         |          |          |
| TCTALS          |                            |                        |            |                     |       |                            |                |                     |                |                       |                         |          |          |

\* "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

Schedule of Mineral Interest Properties - Alternative Minimum Tax

Identifying Number \_\_\_\_\_ AMT Income (From AMT Depletion Taxable Income Limitation Worksheet) 23,831,561.  
 Name \_\_\_\_\_ 65% of AMT Income 15,490,515.

DONALD J. TRUMP

| Property Number                        | Property Description       | Gross Income | Royalty Paid | Severance Tax | Operating Expense | IDC Expense | Dry Hole Costs | Other Expenses | AMT Depreciation | AMT Amortization | (1) Overhead Expense | AMT Adjustment | Net Income Before Depletion |
|--|----------------------------|--------------|--------------|---------------|-------------------|-------------|----------------|----------------|------------------|------------------|----------------------|----------------|-----------------------------|
| 1                                      | REGENCY ENERGY PARTNERS LP |              |              |               |                   |             |                |                |                  |                  |                      |                |                             |
| (1) includes overhead AMT depreciation |                            |              |              |               |                   |             |                |                |                  |                  |                      |                |                             |
| Totals                                 |                            |              |              |               |                   |             |                |                |                  |                  |                      |                |                             |

| Property Number | Property Description       | AMT % Depletion | AMT % Depl. Limited to Net Income | Daily Production Depletion (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          |                            |                 |                                   |                                     |                          |                                       |                    |                                |                                    |                               |                  |                             |                                 |

| 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          |                            |                    |                             |                     |                  |                                      |          |          |          |          |          |          |          |

| 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          |                            |                        |            |                     |           |                                     |                    |                     |                    |                             |                                 |                              |                                  |

(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%<br>Limit | 50%<br>Limit | 30%<br>Limit | Appreciated<br>Property 30% Limit | Appreciated<br>Property 20% Limit | Total Contributions<br>Allowed | Total Contributions<br>Carryover |
|------|--------------------------------------|---------------|--------------|--------------|-----------------------------------|-----------------------------------|--------------------------------|----------------------------------|
| 2006 | Contributions                        |               |              |              |                                   |                                   |                                |                                  |
|      | Less: Allowed .....                  |               |              |              |                                   |                                   |                                |                                  |
|      | Less: NOL Abs. CRP<br>CRP c/o .....  |               |              |              |                                   |                                   |                                |                                  |
| 2007 | Contributions                        |               |              |              |                                   |                                   |                                |                                  |
|      | Less: Allowed .....                  |               |              |              |                                   |                                   |                                |                                  |
|      | Less: NOL Abs. CRP<br>CRP c/o .....  |               |              |              |                                   |                                   |                                |                                  |
| 2008 | Contributions                        |               |              |              |                                   |                                   |                                |                                  |
|      | Less: Allowed .....                  |               |              |              |                                   |                                   |                                |                                  |
|      | Less: NOL Abs. CRP<br>CRP c/o .....  |               |              |              |                                   |                                   |                                |                                  |
| 2009 | Contributions                        |               |              |              |                                   |                                   |                                |                                  |
|      | Less: Allowed .....                  |               |              |              |                                   |                                   |                                |                                  |
|      | Less: NOL Abs. CRP<br>CRP c/o .....  |               |              |              |                                   |                                   |                                |                                  |
| 2010 | Contributions                        |               |              | 1,694,095.   |                                   |                                   |                                |                                  |
|      | Less: Allowed .....                  |               |              |              |                                   |                                   |                                |                                  |
|      | Less: NOL Absorb.                    |               |              | 0.           |                                   |                                   |                                |                                  |
|      | Less: NOL Abs. CRP<br>Lost c/o ..... |               |              | 1,694,095.   |                                   |                                   |                                |                                  |
|      | CRP c/o .....                        |               |              |              |                                   |                                   |                                |                                  |
| 2011 | Contributions                        |               |              |              |                                   |                                   |                                |                                  |
|      | Less: Allowed .....                  |               |              |              |                                   |                                   |                                |                                  |
|      | Less: NOL Absorb.                    |               |              |              |                                   |                                   |                                |                                  |
|      | Less: NOL Abs. CRP<br>Carryover ...  |               |              |              |                                   |                                   |                                |                                  |
|      | CRP c/o .....                        |               |              |              |                                   |                                   |                                |                                  |
| 2012 | Contributions                        |               |              |              |                                   |                                   |                                |                                  |
|      | Less: Allowed .....                  |               |              |              |                                   |                                   |                                |                                  |
|      | Less: NOL Absorb.                    |               |              |              |                                   |                                   |                                |                                  |
|      | Less: NOL Abs. CRP<br>Carryover ...  |               |              |              |                                   |                                   |                                |                                  |
|      | CRP c/o .....                        |               |              |              |                                   |                                   |                                |                                  |
| 2013 | Contributions                        |               |              |              |                                   |                                   |                                |                                  |
|      | Less: Allowed .....                  |               |              |              |                                   |                                   |                                |                                  |
|      | Less: NOL Absorb.                    |               |              |              |                                   |                                   |                                |                                  |
|      | Less: NOL Abs. CRP<br>Carryover ...  |               |              |              |                                   |                                   |                                |                                  |
|      | CRP c/o .....                        |               |              |              |                                   |                                   |                                |                                  |
| 2014 | Contributions                        |               |              | 20,760,811.  |                                   |                                   |                                |                                  |
|      | Less: Allowed .....                  |               |              |              |                                   |                                   |                                |                                  |
|      | Less: NOL Absorb.                    |               |              | 0.           |                                   |                                   |                                |                                  |
|      | Less: NOL Abs. CRP<br>and MWD .....  |               |              |              |                                   |                                   |                                |                                  |
|      | Carryover ...<br>CRP c/o .....       |               |              | 20,760,811.  |                                   |                                   |                                | 20,760,811.                      |

## Form 6251 - AMT Charitable Contributions Worksheet Page 2

| Year   |  | 100%<br>Limit | 50%<br>Limit | 30%<br>Limit | Appreciated<br>Property 30% Limit | Appreciated<br>Property 20% Limit | Total Contributions<br>Allowed | Total Contributions<br>Carryover |
|--|--|---------------|--------------|--------------|-----------------------------------|-----------------------------------|--------------------------------|----------------------------------|
| <b>2015</b>  | Contributions                                |               | 21,163,842.  | 49,500.      |                                   |                                   |                                |                                  |
|  | Less: Allowed                                |               |              |              |                                   |                                   |                                |                                  |
|  | Less: NOL Absorb.<br>NOL Abs. CRP<br>and MWD |               | 16,291,863.  | 0.           |                                   |                                   |                                |                                  |
|  | Less: Carryover                              |               | 4,871,979.   | 49,500.      |                                   |                                   |                                | 4,921,479.                       |
|  | Less: CRP c/o                                |               |              |              |                                   |                                   |                                |                                  |
|  | AMT charitable contributions                 |               |              |              |                                   |                                   |                                |                                  |
| Less: Charitable contributions allowed under regular tax calculation |  |               |              |              |                                   |                                   |                                |                                  |
| Charitable contributions adjustment to Form 6251, line 27            |  |               |              |              |                                   |                                   |                                |                                  |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |                        | Adjustment         |                    |                    |                    | Social Security Number     |
|---------------------------|------------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|
| DONALD J. & MELANIA TRUMP |                        | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |
| Form Name                 | Description            | Income             |                    |                    |                    |                            |
| 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-                       | 309 NORTH CANON MEMBER |                    |                    |                    |                    |                            |
|                           | CORP                   |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME       | <225.>             |                    |                    |                    |                            |
|                           | * AMT NET INCOME       | <225.>             |                    |                    |                    |                            |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |                                  | Adjustment |                    |                    |                    | Social Security Number |                            |
|---------------------------|----------------------------------|------------|--------------------|--------------------|--------------------|------------------------|----------------------------|
| Form Name                 | Description                      | Income     | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20     | Form 6251 Other Adjustment |
| DONALD J. & MELANIA TRUMP |                                  |            |                    |                    |                    |                        |                            |
| K1-                       | TRUMP FLORIDA MANAGER CORP       |            |                    |                    |                    |                        |                            |
|                           | * REGULAR INCOME                 | <387.>     |                    |                    |                    |                        |                            |
|                           | * AMT NET INCOME                 | <387.>     |                    |                    |                    |                        |                            |
| K1-                       | THE TRUMP MARKS REAL ESTATE CORP |            |                    |                    |                    |                        |                            |
|                           | * REGULAR INCOME                 | <560.>     |                    |                    |                    |                        |                            |
|                           | * AMT NET INCOME                 | <560.>     |                    |                    |                    |                        |                            |
| K1-                       | TRUMP MARKS REAL ESTATE 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 PHILADELPHIA LLC     |            |                    |                    |                    |                        |                            |
|                           | * REGULAR INCOME                 | <2,129.>   |                    |                    |                    |                        |                            |
|                           | * AMT NET INCOME                 | <2,129.>   |                    |                    |                    |                        |                            |



ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |                            | Adjustment         |                    |                    |                    |                            | Social Security Number |
|---------------------------|----------------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|------------------------|
| DONALD J. & MELANIA TRUMP |                            | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |                        |
| Form Name                 | Description                | Income             |                    |                    |                    |                            |                        |
| K1-                       | TRUMP MARKS HOLLYWOOD LLC  |                    |                    |                    |                    |                            |                        |
|                           | * REGULAR INCOME           | <2,271.>           |                    |                    |                    |                            |                        |
|                           | * AMT NET INCOME           | <2,271.>           |                    |                    |                    |                            |                        |
| K1-                       | TRUMP MARKS WAIKIKI LL C   |                    |                    |                    |                    |                            |                        |
|                           | * 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)                   |                              | Adjustment         |                    |                    |                    | Social Security Number     |  |
|---------------------------|------------------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|--|
| DONALD J. & MELANIA TRUMP |                              | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |  |
| Form Name                 | Description                  | Income             |                    |                    |                    |                            |  |
| K1-                       | TRUMP MARKS WHITE PLAIN LLC  |                    |                    |                    |                    |                            |  |
|                           | * REGULAR INCOME             | <322.>             |                    |                    |                    |                            |  |
|                           | * AMT NET INCOME             | <322.>             |                    |                    |                    |                            |  |
| K1-                       | TRUMP MARKS WESTCHESTER LLC  |                    |                    |                    |                    |                            |  |
|                           | * REGULAR INCOME             | <2,153.>           |                    |                    |                    |                            |  |
|                           | * AMT NET INCOME             | <2,153.>           |                    |                    |                    |                            |  |
| K1-                       | TRUMP MARKS STAMFORD LLC     |                    |                    |                    |                    |                            |  |
|                           | * REGULAR INCOME             | 546,022.           |                    |                    |                    |                            |  |
|                           | * AMT NET INCOME             | 546,022.           |                    |                    |                    |                            |  |
| K1-                       | TRUMP MARKS NEW ROCHELLE LLC |                    |                    |                    |                    |                            |  |
|                           | * REGULAR INCOME             | 628,997.           |                    |                    |                    |                            |  |
|                           | * AMT NET INCOME             | 628,997.           |                    |                    |                    |                            |  |
| K1-                       | TRUMP MARKS CANOUAN LLC      |                    |                    |                    |                    |                            |  |
|                           | * REGULAR INCOME             | <404.>             |                    |                    |                    |                            |  |
|                           | * AMT NET INCOME             | <404.>             |                    |                    |                    |                            |  |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |                                    | Adjustment         |                    |                    |                    | Social Security Number     |  |
|---------------------------|------------------------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|--|
| DONALD J. & MELANIA TRUMP |                                    | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |  |
| Form Name                 | Description                        | Income             |                    |                    |                    |                            |  |
| K1-                       | TRUMP MARKS JERSEY CIT<br>Y LLC    |                    |                    |                    |                    |                            |  |
|                           | * REGULAR INCOME                   | <2,129.>           |                    |                    |                    |                            |  |
|                           | * AMT NET INCOME                   | <2,129.>           |                    |                    |                    |                            |  |
| K1-                       | TRUMP MARKS HOLLYWOOD<br>CORP      |                    |                    |                    |                    |                            |  |
|                           | * REGULAR INCOME                   | <273.>             |                    |                    |                    |                            |  |
|                           | * AMT NET INCOME                   | <273.>             |                    |                    |                    |                            |  |
| K1-                       | TRUMP MARKS SUNNY ISLE<br>S I LLC  |                    |                    |                    |                    |                            |  |
|                           | * REGULAR INCOME                   | 389,819.           |                    |                    |                    |                            |  |
|                           | * AMT NET INCOME                   | 389,819.           |                    |                    |                    |                            |  |
| K1-                       | TRUMP MARKS SUNNY ISLE<br>S II LLC |                    |                    |                    |                    |                            |  |
|                           | * REGULAR INCOME                   | <2,183.>           |                    |                    |                    |                            |  |
|                           | * AMT NET INCOME                   | <2,183.>           |                    |                    |                    |                            |  |
| K1-                       | TRUMP MARKS WAIKIKI CO<br>RP       |                    |                    |                    |                    |                            |  |
|                           | * REGULAR INCOME                   | 1,372.             |                    |                    |                    |                            |  |
|                           | * AMT NET INCOME                   | 1,372.             |                    |                    |                    |                            |  |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)   |                                   | Adjustment       |        |  |  | Income | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment | Social Security Number |
|-----------|-----------------------------------|------------------|--------|--|--|--------|--------------------|--------------------|--------------------|--------------------|----------------------------|------------------------|
| Form Name | Description                       |                  |        |  |  |        |                    |                    |                    |                    |                            |                        |
| K1-       | TRUMP MARKS CANOUAN CO<br>RP      | * REGULAR INCOME | <334.> |  |  |        |                    |                    |                    |                    |                            |                        |
|           |                                   | * AMT NET INCOME | <334.> |  |  |        |                    |                    |                    |                    |                            |                        |
| K1-       | TRUMP MARKS DUBAI CORP            | * REGULAR INCOME | <318.> |  |  |        |                    |                    |                    |                    |                            |                        |
|           |                                   | * AMT NET INCOME | <318.> |  |  |        |                    |                    |                    |                    |                            |                        |
| K1-       | TRUMP MARKS SOHO LICEN<br>SE CORP | * REGULAR INCOME | <74.>  |  |  |        |                    |                    |                    |                    |                            |                        |
|           |                                   | * AMT NET INCOME | <74.>  |  |  |        |                    |                    |                    |                    |                            |                        |
| K1-       | TRUMP MARKS WESTCHESTE<br>R CORP  | * REGULAR INCOME | <72.>  |  |  |        |                    |                    |                    |                    |                            |                        |
|           |                                   | * AMT NET INCOME | <72.>  |  |  |        |                    |                    |                    |                    |                            |                        |
| K1-       | TRUMP MARKS STAMFORD C<br>ORP     | * REGULAR INCOME | 5,025. |  |  |        |                    |                    |                    |                    |                            |                        |
|           |                                   | * AMT NET INCOME | 5,025. |  |  |        |                    |                    |                    |                    |                            |                        |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)   |   | Adjustment         |                    |                    |                    | Social Security Number |
|-----------|---|--------------------|--------------------|--------------------|--------------------|------------------------|
| Form Name | Description                               | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 |                        |
|           | DONALD J. & MELANIA TRUMP                 |                    |                    |                    |                    |                        |
| K1-       | TRUMP MARKS JERSEY CIT<br>Y CORP          |                    |                    |                    |                    |                        |
|           | * REGULAR INCOME                          |                    |                    |                    |                    |                        |
|           | * AMT NET INCOME                          |                    |                    |                    |                    |                        |
| K1-       | TRUMP MARKS SUNNY ISLE<br>S I MEMBER CORP |                    |                    |                    |                    |                        |
|           | * REGULAR INCOME                          |                    |                    |                    |                    |                        |
|           | * AMT NET INCOME                          |                    |                    |                    |                    |                        |
| K1-       | TRUMP MARKS MORTGAGE C<br>ORP             |                    |                    |                    |                    |                        |
|           | * REGULAR INCOME                          |                    |                    |                    |                    |                        |
|           | * AMT NET INCOME                          |                    |                    |                    |                    |                        |
| K1-       | TRUMP MARKS EGYPT LLC                     |                    |                    |                    |                    |                        |
|           | * REGULAR INCOME                          |                    |                    |                    |                    |                        |
|           | * AMT NET INCOME                          |                    |                    |                    |                    |                        |
| K1-       | TRUMP MARKS EGYPT CORP                    |                    |                    |                    |                    |                        |
|           | * REGULAR INCOME                          |                    |                    |                    |                    |                        |
|           | * AMT NET INCOME                          |                    |                    |                    |                    |                        |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)   |   | Adjustment |                    |                    |                    | Social Security Number                 |
|-----------|---|------------|--------------------|--------------------|--------------------|--|
| Form Name | Description                               | Income     | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20<br>Other Adjustment |
| K1-       | TRUMP MARKS BEVERAGES<br>CORP             |            |                    |                    |                    |  |
|           | * REGULAR INCOME                          | <537.>     |                    |                    |                    |  |
|           | * AMT NET INCOME                          | <537.>     |                    |                    |                    |  |
| K1-       | TRUMP MARKS PUERTO RIC<br>O I LLC         |            |                    |                    |                    |  |
|           | * REGULAR INCOME                          | <3,504.>   |                    |                    |                    |  |
|           | * AMT NET INCOME                          | <3,504.>   |                    |                    |                    |  |
| K1-       | TRUMP MARKS PUERTO RIC<br>O I MEMBER CORP |            |                    |                    |                    |  |
|           | * REGULAR INCOME                          | <140.>     |                    |                    |                    |  |
|           | * AMT NET INCOME                          | <140.>     |                    |                    |                    |  |
| K1-       | TRUMP MARKS PHILADELPH<br>IA CORP         |            |                    |                    |                    |  |
|           | * REGULAR INCOME                          | <271.>     |                    |                    |                    |  |
|           | * AMT NET INCOME                          | <271.>     |                    |                    |                    |  |
| K1-       | TRUMP MARKS LAS VEGAS<br>LLC              |            |                    |                    |                    |  |
|           | * REGULAR INCOME                          | <2,183.>   |                    |                    |                    |  |
|           | * AMT NET INCOME                          | <2,183.>   |                    |                    |                    |  |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |                                | Adjustment         |                    |                    |                    | Social Security Number     |
|---------------------------|--------------------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|
| DONALD J. & MELANIA TRUMP |                                | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |
| Form Name                 | Description                    | Income             |                    |                    |                    |                            |
| 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)   |                           | Adjustment   |                    |                    |                    | Social Security Number                 |
|-----------|---------------------------|--------------|--------------------|--------------------|--------------------|--|
| Form Name | Description               | Income       | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20<br>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)   |                                     | Adjustment    |                    |                    |                    | Social Security Number                 |
|-----------|-------------------------------------|---------------|--------------------|--------------------|--------------------|--|
| Form Name | Description                         | Income        | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20<br>Other Adjustment |
| K1-       | DJT HOLDINGS MANAGING MEMBER LLC    |               |                    |                    |                    |  |
|           | * REGULAR INCOME                    | <364,393.>    |                    | <1,781.>           |                    |  |
|           | DEPR ADJ                            | <1,781.>      |                    | <1,781.>           |                    |  |
|           | * AMT NET INCOME                    | <366,174.>    |                    |                    |                    |  |
| K1-       | DJT HOLDINGS TRUMP END FAVOR 12 LLC |               |                    |                    |                    |  |
|           | * REGULAR INCOME                    | <11,670,464.> |                    |                    |                    |  |
|           | DEPR ADJ                            | 299,855.      |                    | 299,855.           |                    |  |
|           | * AMT NET INCOME                    | <11,370,609.> |                    |                    |                    |  |
| K1-       | MISS UNIVERSE LP, LLLP              |               |                    |                    |                    |  |
|           | * REGULAR INCOME                    | <788,887.>    |                    | <30,691.>          |                    |  |
|           | DEPR ADJ                            | <30,691.>     |                    | <30,691.>          |                    |  |
|           | * AMT NET INCOME                    | <819,578.>    |                    |                    |                    |  |
| 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)                   |                                 | Adjustment         |                    |                    |                    | Social Security Number     |  |
|---------------------------|---------------------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|--|
| DONALD J. & MELANIA TRUMP |                                 | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |  |
| Form Name                 | Description                     | Income             |                    |                    |                    |                            |  |
| C-                        | WOLLMAN RINK OPERATION<br>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)                   |                        | Social Security Number |                    |                    |                    |                    |                            |
|---------------------------|------------------------|------------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|
| DONALD J. & MELANIA TRUMP |                        |                        |                    |                    |                    |                    |                            |
| Form Name                 | Description            | Income                 | 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 |                        |                    |                    |                    |                    |                            |
|                           | * 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)                   |                                       | Adjustment         |                    |                    |                    | Social Security Number     |
|---------------------------|---------------------------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|
| DONALD C. & MELANIA TRUMP |                                       | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |
| Form Name                 | Description                           | Income             |                    |                    |                    |                            |
| K1-                       | MAR-A-LAGO CLUB, LLC                  | 3,334,568.         |                    |                    |                    |                            |
|                           | * REGULAR INCOME                      | <562,751.>         |                    | <562,751.>         |                    |                            |
|                           | AMT ADJUSTMENTS                       | 2,771,817.         |                    | <562,751.>         |                    |                            |
|                           | * AMT NET INCOME                      |                    |                    |                    |                    |                            |
| K1-                       | HUDSON WATERFRONT ASSO<br>C V, L.P.   | 221,546.           |                    |                    |                    |                            |
|                           | * REGULAR INCOME                      | 364.               |                    | 364.               |                    |                            |
|                           | AMT ADJUSTMENTS                       | 221,910.           |                    | 364.               |                    |                            |
|                           | * AMT NET INCOME                      |                    |                    |                    |                    |                            |
| K1-                       | HUDSON WATERFRONT ASSO<br>C II, LP    | <35,257.>          |                    |                    |                    |                            |
|                           | * REGULAR INCOME                      | <35,257.>          |                    |                    |                    |                            |
|                           | * AMT NET INCOME                      |                    |                    |                    |                    |                            |
| K1-                       | TRUMP 845 UN GP LLC                   | 2,168.             |                    |                    |                    |                            |
|                           | * REGULAR INCOME                      | 2,168.             |                    |                    |                    |                            |
|                           | * AMT NET INCOME                      |                    |                    |                    |                    |                            |
| K1-                       | TRUMP 845 UN LIMITED P<br>PARTNERSHIP | <57,571.>          |                    |                    |                    |                            |
|                           | * REGULAR INCOME                      | <57,571.>          |                    |                    |                    |                            |
|                           | * AMT NET INCOME                      |                    |                    |                    |                    |                            |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)   |   | Adjustment         |                    |                    |                    | Social Security Number     |
|-----------|---|--------------------|--------------------|--------------------|--------------------|----------------------------|
| Form Name | Description                                 | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |
| K1-       | DONALD J. & MELANIA TRUMP                   |                    |                    |                    |                    |                            |
| 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)   |  | Adjustment             |                    |                    |                    | Social Security Number |                            |
|-----------|--|------------------------|--------------------|--------------------|--------------------|------------------------|----------------------------|
| Form Name | Description  | Income                 | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20     | Form 6251 Other Adjustment |
| K1-       | DONALD J. & MELANIA TRUMP<br>ALL COUNTY BLDG SUPPLY & MAINT CO<br>* REGULAR INCOME<br>* AMT NET INCOME | <5,637.><br><5,637.>   |                    |                    |                    |                        |                            |
| K1-       | HELICOPTER AIR SERVICE S INC<br>* REGULAR INCOME<br>* AMT NET INCOME                                   | <11,851.><br><11,851.> |                    |                    |                    |                        |                            |
| K1-       | ULTIMATE AIR CORP<br>* REGULAR INCOME<br>* AMT NET INCOME  | <9,474.><br><9,474.>   |                    |                    |                    |                        |                            |
| K1-       | TRUMP CENTRAL PARK WEST CORP<br>* REGULAR INCOME<br>* AMT NET INCOME                                   | <1,160.><br><1,160.>   |                    |                    |                    |                        |                            |
| K1-       | TRUMP EMPIRE STATE, INC.<br>* REGULAR INCOME<br>* AMT NET INCOME                                       | <16,474.><br><16,474.> |                    |                    |                    |                        |                            |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |                                | Social Security Number |                    |                    |                    |                    |                            |
|---------------------------|--------------------------------|------------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|
| DONALD J. & MELANIA TRUMP |                                |                        |                    |                    |                    |                    |                            |
| Form Name                 | Description                    | Income                 | 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-                       |                                |                        |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME               | <25.>                  |                    |                    |                    |                    |                            |
|                           | * AMT NET INCOME               | <25.>                  |                    |                    |                    |                    |                            |
| K1-                       | DONALD J TRUMP ELIZABETH TRUST |                        |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME               | 0.                     |                    |                    |                    |                    |                            |
|                           | FORM 1041, LINE 16             | 1,761.                 |                    |                    |                    |                    |                            |
|                           | * AMT NET INCOME               | 1,761.                 |                    |                    |                    |                    | 1,761.                     |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)   |  | Adjustment |                    |                    |                    | Social Security Number |                            |
|-----------|--|------------|--------------------|--------------------|--------------------|------------------------|----------------------------|
| Form Name | Description                            | Income     | 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.     |                    |                    |                    |                        |                            |
|           | * AMT NET INCOME                       | 3,869.     |                    |                    |                    |                        | 3,869.                     |
| K1-       | ELIZABETH TRUMP GRANDCHILDREN - DONALD |            |                    |                    |                    |                        |                            |
|           | * REGULAR INCOME                       | 0.         |                    |                    |                    |                        |                            |
|           | FORM 1041, LINE 16                     | 3,877.     |                    |                    |                    |                        |                            |
|           | * AMT NET INCOME                       | 3,877.     |                    |                    |                    |                        | 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 DEVELOPMENT INC          |            |                    |                    |                    |                        |                            |
|           | * REGULAR INCOME                       | <5,857.>   |                    |                    |                    |                        |                            |
|           | * AMT NET INCOME                       | <5,857.>   |                    |                    |                    |                        |                            |



ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)   |                                       | Adjustment |                    |                    |                    | Social Security Number                 |
|-----------|---------------------------------------|------------|--------------------|--------------------|--------------------|--|
| Form Name | Description                           | Income     | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20<br>Other Adjustment |
| K1-       | VH PROPERTY CORP                      | 1,710,195. |                    |                    |                    |  |
|           | * REGULAR INCOME                      |            |                    |                    | 19,274.            |  |
|           | AMT ADJUSTMENTS                       | 19,274.    |                    |                    |                    |  |
| K1-       | * AMT NET INCOME                      | 1,729,469. |                    |                    | 19,274.            |  |
|           | TRUMP LAS VEGAS SALES & MARKETING INC |            |                    |                    |                    |  |
|           | * REGULAR INCOME                      | <2,010.>   |                    |                    |                    |  |
| K1-       | * AMT NET INCOME                      | <2,010.>   |                    |                    |                    |  |
|           | TRUMP PARK AVENUE LLC                 |            |                    |                    |                    |  |
|           | * REGULAR INCOME                      | <10,080.>  |                    |                    |                    |  |
| K1-       | * AMT NET INCOME                      | <10,080.>  |                    |                    |                    |  |
|           | TRUMP MARKS HOLDING LP                |            |                    |                    |                    |  |
|           | * REGULAR INCOME                      | 10,525.    |                    |                    |                    |  |
| K1-       | * AMT NET INCOME                      | 10,525.    |                    |                    |                    |  |
|           | TRUMP MARKS GP CORP                   |            |                    |                    |                    |  |
|           | * REGULAR INCOME                      | <534.>     |                    |                    |                    |  |
| K1-       | * AMT NET INCOME                      | <534.>     |                    |                    |                    |  |
|           | HUDSON WATERFRONT ASSO C III, LP      |            |                    |                    |                    |  |
|           | * REGULAR INCOME                      | 414,402.   |                    |                    |                    |  |
| K1-       | AMT ADJUSTMENTS                       | 680.       |                    |                    | 680.               |  |
|           | * AMT NET INCOME                      | 415,082.   |                    |                    | 680.               |  |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |   | Adjustment   |                    |                    |                    | Social Security Number |                            |
|---------------------------|---|--------------|--------------------|--------------------|--------------------|------------------------|----------------------------|
| DONALD J. & MELANIA TRUMP |   |              |                    |                    |                    |                        |                            |
| Form Name                 | Description                                   | Income       | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20     | Form 6251 Other Adjustment |
| K1-                       | TRUMP INTERNATIONAL GO<br>LF CLUB LLC         | 3,021,465.   |                    |                    |                    |                        |                            |
|                           | * REGULAR INCOME                              | <64,551.>    |                    |                    | <64,551.>          |                        |                            |
|                           | * AMT AT-RISK ALLOWE                          | 2,956,914.   |                    |                    | <64,551.>          |                        |                            |
|                           | * AMT NET INCOME                              |              |                    |                    |                    |                        |                            |
| K1-                       | TRUMP PRODUCTIONS LLC                         | 5,236,209.   |                    |                    |                    |                        |                            |
|                           | * REGULAR INCOME                              | 5,236,209.   |                    |                    |                    |                        |                            |
|                           | * AMT NET INCOME                              |              |                    |                    |                    |                        |                            |
| K1-                       | TRUMP PRODUCTIONS LLC                         | 256,573.     |                    |                    |                    |                        |                            |
|                           | * REGULAR INCOME                              | 256,573.     |                    |                    |                    |                        |                            |
|                           | * AMT NET INCOME                              |              |                    |                    |                    |                        |                            |
| K1-                       | TRUMP PRODUCTIONS MANA<br>GING MEMBER INC     | 52,891.      |                    |                    |                    |                        |                            |
|                           | * REGULAR INCOME                              | 52,891.      |                    |                    |                    |                        |                            |
|                           | * AMT NET INCOME                              |              |                    |                    |                    |                        |                            |
| K1-                       | TRUMP INTERNATIONAL HO<br>TELS MANAGEMENT LLC | <1,490,509.> |                    |                    |                    |                        |                            |
|                           | * REGULAR INCOME                              | <1,490,509.> |                    |                    |                    |                        |                            |
|                           | * AMT NET INCOME                              |              |                    |                    |                    |                        |                            |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)   |   | Adjustment |                    |                    |                    | Social Security Number |                            |
|-----------|---|------------|--------------------|--------------------|--------------------|------------------------|----------------------------|
| Form Name | Description                             | Income     | 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 PLAINS 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 CORP                 |            |                    |                    |                    |                        |                            |
|           | * REGULAR INCOME                        | 14,361.    |                    |                    |                    |                        |                            |
|           | * AMT NET INCOME                        | 14,361.    |                    |                    |                    |                        |                            |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)   |                           | Description                                | Income   | Adjustment         |                    |                    |                    | Social Security Number |
|-----------|---------------------------|--|----------|--------------------|--------------------|--------------------|--------------------|------------------------|
| Form Name |                           |  |          | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 |                        |
| K1-       | DONALD J. & MELANIA TRUMP | TRUMP MARKS TORONTO LL<br>C                |          |                    |                    |                    |                    |                        |
|           |                           | * REGULAR INCOME                           | <2,129.> |                    |                    |                    |                    |                        |
|           |                           | * AMT NET INCOME                           | <2,129.> |                    |                    |                    |                    |                        |
| K1-       |                           | TRUMP MARKS TORONTO CO<br>RP               |          |                    |                    |                    |                    |                        |
|           |                           | * REGULAR INCOME                           | <246.>   |                    |                    |                    |                    |                        |
|           |                           | * AMT NET INCOME                           | <246.>   |                    |                    |                    |                    |                        |
| K1-       |                           | TRUMP MARKS SUNNY ISLE<br>S II MEMBER CORP |          |                    |                    |                    |                    |                        |
|           |                           | * REGULAR INCOME                           | <297.>   |                    |                    |                    |                    |                        |
|           |                           | * AMT NET INCOME                           | <297.>   |                    |                    |                    |                    |                        |
| K1-       |                           | TRUMP MARKS FT. LAUDER<br>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)                           |                        | Adjustment   |                    |                    |                    | Social Security Number                 |
|-----------------------------------|------------------------|--------------|--------------------|--------------------|--------------------|--|
| Form Name                         | Description            | Income       | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20<br>Other Adjustment |
| K1 -<br>DONALD J. & MELANIA TRUMP | 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.>          |  |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |                               | Adjustment         |                    |                    |                    | Social Security Number     |
|---------------------------|-------------------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|
| DONALD J. & MELANIA TRUMP |                               | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |
| Form Name                 | Description                   | Income             |                    |                    |                    |                            |
| 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)                   |                                   | 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, Line 21<br>Other Adjustment |  |
| K1-                       | UNIT 2502 ENTERPRISES LLC         |                        |                    |                    |                    |                    |  |  |
|                           | * REGULAR INCOME                  | <1,287.>               |                    |                    |                    |                    |  |  |
|                           | * AMT NET INCOME                  | <1,287.>               |                    |                    |                    |                    |  |  |
| K1-                       | TRUMP MARKS MATTRESS L LC         |                        |                    |                    |                    |                    |  |  |
|                           | * REGULAR INCOME                  | 2,410,699.             |                    |                    |                    |                    |  |  |
|                           | * AMT NET INCOME                  | 2,410,699.             |                    |                    |                    |                    |  |  |
| K1-                       | TRUMP MARKS MATTRESS M EMBER 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 C ORP        |                        |                    |                    |                    |                    |  |  |
|                           | * REGULAR INCOME                  | <228.>                 |                    |                    |                    |                    |  |  |
|                           | * AMT NET INCOME                  | <228.>                 |                    |                    |                    |                    |  |  |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |  | Adjustment         |                    |                    |                    | Social Security Number     |
|---------------------------|--|--------------------|--------------------|--------------------|--------------------|----------------------------|
| DONALD J. & MELANIA TRUMP |  | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |
| Form Name                 | Description                                | Income             |                    |                    |                    |                            |
| K1-                       | TRUMP MARKS ATLANTA LL<br>C                |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                           | <2,237.>           |                    |                    |                    |                            |
|                           | * AMT NET INCOME                           | <2,237.>           |                    |                    |                    |                            |
| K1-                       | TRUMP MARKS PUERTO RIC<br>O II LLC         |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                           | <2,129.>           |                    |                    |                    |                            |
|                           | * AMT NET INCOME                           | <2,129.>           |                    |                    |                    |                            |
| K1-                       | TRUMP MARKS PUERTO RIC<br>O II MEMBER CORP |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                           | <246.>             |                    |                    |                    |                            |
|                           | * AMT NET INCOME                           | <246.>             |                    |                    |                    |                            |
| K1-                       | TRUMP CANOUAN ESTATE L<br>LC               |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                           | <8,385.>           |                    |                    |                    |                            |
|                           | * AMT NET INCOME                           | <8,385.>           |                    |                    |                    |                            |
| K1-                       | TRUMP CANOUAN ESTATE M<br>EMBER CORP       |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                           | <360.>             |                    |                    |                    |                            |
|                           | * AMT NET INCOME                           | <360.>             |                    |                    |                    |                            |



ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |                        | Adjustment |                    |                    |                    | Social Security Number                 |
|---------------------------|------------------------|------------|--------------------|--------------------|--------------------|--|
| Form Name                 | Description            | Income     | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20<br>Other Adjustment |
| DONALD J. & MELANIA TRUMP |                        |            |                    |                    |                    |  |
| 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-                       | INGC DUTCHESS COUNTY M |            |                    |                    |                    |  |
|                           | EMBER CORP             |            |                    |                    |                    |  |
|                           | * REGULAR INCOME       | <6,142.>   |                    |                    |                    |  |
|                           | AMT ADJUSTMENTS        | <81.>      |                    |                    | <81.>              |  |
|                           | * AMT NET INCOME       | <6,223.>   |                    |                    | <81.>              |  |
| K1-                       | DSN LICENSING LLC (FXA |            |                    |                    |                    |  |
|                           | 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)                   |  | Adjustment         |                    |                    |                    | Social Security Number     |
|---------------------------|--|--------------------|--------------------|--------------------|--------------------|----------------------------|
| DONALD J. & MELANIA TRUMP |  | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |
| Form Name                 | Description                                | Income             |                    |                    |                    |                            |
| K1-                       | TRUMP TORONTO MEMBER C<br>ORP              |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                           | <246.>             |                    |                    |                    |                            |
|                           | * AMT NET INCOME                           | <246.>             |                    |                    |                    |                            |
| K1-                       | TRUMP NATIONAL GOLF CL<br>UB WASHINGTON DC |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                           | 6,929.             |                    |                    |                    |                            |
|                           | AMT ADJUSTMENTS                            | <113.>             |                    | <113.>             |                    |                            |
|                           | * AMT NET INCOME                           | 6,816.             |                    | <113.>             |                    |                            |
| K1-                       | MELANIA MARKS ACCESSOR<br>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<br>IES MEMBER CORP  |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                           | <85.>              |                    |                    |                    |                            |
|                           | * AMT NET INCOME                           | <85.>              |                    |                    |                    |                            |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |  | Adjustment         |                    |                    |                    | Social Security Number     |
|---------------------------|--|--------------------|--------------------|--------------------|--------------------|----------------------------|
| DONALD J. & MELANIA TRUMP |  | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |
| Form Name                 | Description                            | Income             |                    |                    |                    |                            |
| K1-                       | TRUMP MARKS ATLANTA MEMBER CORP        |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                       | <133.>             |                    |                    |                    |                            |
|                           | * AMT NET INCOME                       | <133.>             |                    |                    |                    |                            |
| K1-                       | TRUMP HOME MARKS MEMBER CORP           |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                       | 149.               |                    |                    |                    |                            |
|                           | * AMT NET INCOME                       | 149.               |                    |                    |                    |                            |
| K1-                       | TRUMP DEVELOPMENT SERVICES MEMBER CORP |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                       | <64.>              |                    |                    |                    |                            |
|                           | * AMT NET INCOME                       | <64.>              |                    |                    |                    |                            |
| K1-                       | TRUMP MARKS MENSWEAR MEMBER CORP       |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                       | 2,730.             |                    |                    |                    |                            |
|                           | * AMT NET INCOME                       | 2,730.             |                    |                    |                    |                            |
| K1-                       | DSN LICENSING MEMBER CORP              |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                       | 335.               |                    |                    |                    |                            |
|                           | * AMT NET INCOME                       | 335.               |                    |                    |                    |                            |

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<br>Form 6251<br>Other Adjustment |
| K1-                       | TRUMP MARKS FINE FOODS<br>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 SERV<br>ICES 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<br>CHICAGO LLC |                        |                    |                    |                    |   |
|                           | * REGULAR INCOME                     | <3,682.>               |                    |                    |                    |   |
|                           | * AMT NET INCOME                     | <3,682.>               |                    |                    |                    |   |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |                                       | Adjustment         |                    |                    |                    | Social Security Number     |  |
|---------------------------|---------------------------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|--|
| DONALD J. & MELANIA TRUMP |                                       | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |  |
| Form Name                 | Description                           | Income             |                    |                    |                    |                            |  |
| K1-                       | TRUMP MARKS MENSWEAR L LC             |                    |                    |                    |                    |                            |  |
|                           | * REGULAR INCOME                      |                    | 342,471.           |                    |                    |                            |  |
|                           | * AMT NET INCOME                      |                    | 342,471.           |                    |                    |                            |  |
| K1-                       | TRUMP INTERNATIONAL GO LP 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)   |                    | Description   | Income               | Adjustment         |                    |                    |                            | Social Security Number |
|-----------|--------------------|---|----------------------|--------------------|--------------------|--------------------|----------------------------|------------------------|
| Form Name | Form 6251, Line 17 |   |                      | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |                        |
| K1-       |                    | TRUMP MARKS MUMBAI MEMBER CORP<br>* REGULAR INCOME<br>* AMT NET INCOME            | <316.><br><316.>     |                    |                    |                    |                            |                        |
| K1-       |                    | TRUMP PANAMA CONDOMINIUM MEMBER CORP<br>* REGULAR INCOME<br>* AMT NET INCOME      | <1,520.><br><1,520.> |                    |                    |                    |                            |                        |
| K1-       |                    | TRUMP PANAMA HOTEL MANAGEMENT MEMBER CORP<br>* REGULAR INCOME<br>* AMT NET INCOME | 8,278.<br>8,278.     |                    |                    |                    |                            |                        |
| K1-       |                    | TRUMP SALES & LEASING CHICAGO MEMBER CORP<br>* REGULAR INCOME<br>* AMT NET INCOME | <317.><br><317.>     |                    |                    |                    |                            |                        |
| K1-       |                    | GOLF PRODUCTIONS MEMBER CORP<br>* REGULAR INCOME<br>* AMT NET INCOME              | <511.><br><511.>     |                    |                    |                    |                            |                        |

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 MEMBER CORP<br>* REGULAR INCOME<br>* AMT NET INCOME                        | 23,445.<br>23,445.              |                    |                    |                    |                    |                            |
| K1-                       | TRUMP CHICAGO HOTEL MEMBER CORP<br>* REGULAR INCOME<br>* AMT NET INCOME          | 17,961.<br>17,961.              |                    |                    |                    |                    |                            |
| K1-                       | TRUMP TORONTO HOTEL MANAGEMENT CORP<br>* REGULAR INCOME<br>* AMT NET INCOME      | 134,935.<br>134,935.            |                    |                    |                    |                    |                            |
| K1-                       | TRUMP FERRY POINT LLC<br>* REGULAR INCOME<br>AMT ADJUSTMENTS<br>* AMT NET INCOME | 1,593,620.<br>49.<br>1,593,669. |                    |                    | 49.<br>49.         |                    |                            |
| K1-                       | TRUMP PANAMA HOTEL MANAGEMENT LLC<br>* REGULAR INCOME<br>* AMT NET INCOME        | 847,282.<br>847,282.            |                    |                    |                    |                    |                            |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |   | Adjustment         |                    |                    |                    | Social Security Number     |
|---------------------------|---|--------------------|--------------------|--------------------|--------------------|----------------------------|
| DONALD J. & MELANIA TRUMP |   | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |
| Form Name                 | Description                             | Income             |                    |                    |                    |                            |
| K1-                       | TRUMP CHICAGO HOTEL MA<br>NAGER LLC     |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                        | 1,845,575.         |                    |                    |                    |                            |
|                           | * AMT NET INCOME                        | 1,845,575.         |                    |                    |                    |                            |
| K1-                       | PANAMA OCEAN CLUB MANA<br>GEMENT LLC    |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                        | <351.>             |                    |                    |                    |                            |
|                           | * AMT NET INCOME                        | <351.>             |                    |                    |                    |                            |
| K1-                       | TRUMP MARKS CHICAGO LL<br>C             |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                        | <2,183.>           |                    |                    |                    |                            |
|                           | * AMT NET INCOME                        | <2,183.>           |                    |                    |                    |                            |
| K1-                       | TRUMP CHICAGO COMMERCIAL<br>MANAGER LLC |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                        | 1,155,745.         |                    |                    |                    |                            |
|                           | * AMT NET INCOME                        | 1,155,745.         |                    |                    |                    |                            |
| K1-                       | TRUMP INTERNATIONAL DE<br>VELOPMENT LLC |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                        | <406.>             |                    |                    |                    |                            |
|                           | * AMT NET INCOME                        | <406.>             |                    |                    |                    |                            |



ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |   | Adjustment         |                    |                    |                    | Social Security Number |
|---------------------------|---|--------------------|--------------------|--------------------|--------------------|------------------------|
| Form Name                 | Description                             | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 |                        |
| DONALD J. & MELANIA TRUMP |   |                    |                    |                    |                    |                        |
| 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.>         |                    |                    |                        |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)   |   | Adjustment         |                    |                    |                    | Social Security Number     |
|-----------|---|--------------------|--------------------|--------------------|--------------------|----------------------------|
| Form Name | Description                                     | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |
|           |   | Income             |                    |                    |                    |                            |
| K1-       | TRUMP MARKS PRODUCTS L<br>LC                    |                    |                    |                    |                    |                            |
|           | * REGULAR INCOME                                |                    | <2,262.>           |                    |                    |                            |
|           | * AMT NET INCOME                                |                    | <2,262.>           |                    |                    |                            |
| K1-       | TRUMP MARKS PRODUCTS M<br>EMBER CORP            |                    |                    |                    |                    |                            |
|           | * REGULAR INCOME                                |                    | <303.>             |                    |                    |                            |
|           | * AMT NET INCOME                                |                    | <303.>             |                    |                    |                            |
| K1-       | TRUMP INTERNATIONAL DE<br>VELOPMENT MEMBER CORP |                    |                    |                    |                    |                            |
|           | * REGULAR INCOME                                |                    | <59.>              |                    |                    |                            |
|           | * AMT NET INCOME                                |                    | <59.>              |                    |                    |                            |
| K1-       | PANAMA OCEAN CLUB MANA<br>GEMENT MEMBER CORP    |                    |                    |                    |                    |                            |
|           | * REGULAR INCOME                                |                    | <284.>             |                    |                    |                            |
|           | * AMT NET INCOME                                |                    | <284.>             |                    |                    |                            |
| K1-       | TRUMP CHICAGO RESIDENT<br>IAL MEMBER CORP       |                    |                    |                    |                    |                            |
|           | * REGULAR INCOME                                |                    | 4,877.             |                    |                    |                            |
|           | * AMT NET INCOME                                |                    | 4,877.             |                    |                    |                            |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |                                      | Adjustment         |                    |                    |                    | Social Security Number     |
|---------------------------|--------------------------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|
| DONALD J. & MELANIA TRUMP |                                      | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |
| Form Name                 | Description                          | Income             |                    |                    |                    |                            |
| K1-                       | TRUMP MARKS CHICAGO MEMBER CORP      |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                     | <331.>             |                    |                    |                    |                            |
|                           | * AMT NET INCOME                     | <331.>             |                    |                    |                    |                            |
| K1-                       | TRUMP CHICAGO COMMERCIAL 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.>         |                    | <495,125.>                 |
| K1-                       | TRUMP MARKS FINE FOODS MEMBER CORP   |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                     | <183.>             |                    |                    |                    |                            |
|                           | * AMT NET INCOME                     | <183.>             |                    |                    |                    |                            |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |   | Social Security Number |                    |                    |                    |                    |  |
|---------------------------|---|------------------------|--------------------|--------------------|--------------------|--------------------|--|
| DONALD J. & MELANIA TRUMP |   |                        |                    |                    |                    |                    |  |
| Form Name                 | Description                                     | Income                 | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251, Line 20<br>Other Adjustment |
| K1-                       | TRUMP CLASSIC CARS MEM<br>BER CORP              |                        |                    |                    |                    |                    |  |
|                           | * REGULAR INCOME                                | <1,269.>               |                    |                    |                    |                    |  |
|                           | * AMT NET INCOME                                | <1,269.>               |                    |                    |                    |                    |  |
| K1-                       | DJT HOLDINGS LLC - SEV<br>EN SPRINGS LLC        |                        |                    |                    |                    |                    |  |
|                           | * REGULAR INCOME                                | <54,425.>              |                    |                    |                    |                    |  |
|                           | * AMT NET INCOME                                | <54,425.>              |                    |                    |                    |                    |  |
| K1-                       | DJT HOLDINGS LLC - TRU<br>MP WINE MARKS LLC     |                        |                    |                    |                    |                    |  |
|                           | * REGULAR INCOME                                | <15,316.>              |                    |                    |                    |                    |  |
|                           | * AMT NET INCOME                                | <15,316.>              |                    |                    |                    |                    |  |
| K1-                       | DJT HOLDINGS LLC - TRU<br>MP NATIONAL GOLF CLUB |                        |                    |                    |                    |                    |  |
|                           | * REGULAR INCOME                                | <1,434,918.>           |                    |                    |                    |                    |  |
|                           | * AMT NET INCOME                                | <1,434,918.>           |                    |                    |                    |                    |  |
| K1-                       | DJT HOLDINGS LLC - LFB<br>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)<br>DONALD J. & MELANIA TRUMP | Form Name                                       | Description   | Income                               | Adjustment         |                    |                        | Social Security Number |                    |
|--------------------------------------|---|---|--------------------------------------|--------------------|--------------------|------------------------|------------------------|--------------------|
|                                      |   |   |                                      | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19     |                        | Form 6251, Line 20 |
| K1-                                  | DJT HOLDINGS LLC - TNG<br>C PINE HILL LLC       | * REGULAR INCOME<br>AMT ADJUSTMENTS<br>* AMT NET INCOME | <681,810.><br><5,557.><br><687,367.> |                    |                    | <5,557.><br><5,557.>   |                        |                    |
| K1-                                  | DJT HOLDINGS LLC - TNG<br>C DUTCHESS COUNTY LLC | * REGULAR INCOME<br>AMT ADJUSTMENTS<br>* AMT NET INCOME | <581,002.><br><7,931.><br><588,933.> |                    |                    | <7,931.><br><7,931.>   |                        |                    |
| K1-                                  | DJT HOLDINGS LLC - TRU<br>MP NATIONAL GOLF CLUB | * REGULAR INCOME<br>AMT ADJUSTMENTS<br>* AMT NET INCOME | 200,988.<br><11,069.><br>189,919.    |                    |                    | <11,069.><br><11,069.> |                        |                    |
| K1-                                  | TRUMP VIRGINIA ACQUISITIONS LLC                 | * REGULAR INCOME<br>* AMT NET INCOME                    | <1,305,750.><br><1,305,750.>         |                    |                    |                        |                        |                    |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |                        | Adjustment         |                    |                    |                    | Social Security Number |
|---------------------------|------------------------|--------------------|--------------------|--------------------|--------------------|------------------------|
| Form Name                 | Description            | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 |                        |
| DONALD J. & MELANIA TRUMP |                        |                    |                    |                    |                    |                        |
| K1-                       | TRUMP MARKS BATUMI LLC |                    |                    |                    |                    |                        |
|                           | * REGULAR INCOME       |                    |                    |                    |                    |                        |
|                           | * AMT NET INCOME       |                    |                    |                    |                    |                        |
| K1-                       | TRUMP DRINKS ISRAEL LL |                    |                    |                    |                    |                        |
|                           | * REGULAR INCOME       |                    |                    |                    |                    |                        |
|                           | * AMT NET INCOME       |                    |                    |                    |                    |                        |
| K1-                       | TRUMP BOOKS LLC        |                    |                    |                    |                    |                        |
|                           | * REGULAR INCOME       |                    |                    |                    |                    |                        |
|                           | * AMT NET INCOME       |                    |                    |                    |                    |                        |
| K1-                       | PARAMOUNT RPV HOLDINGS |                    |                    |                    |                    |                        |
|                           | LLC                    |                    |                    |                    |                    |                        |
|                           | * REGULAR INCOME       |                    |                    |                    |                    |                        |
|                           | * AMT NET INCOME       |                    |                    |                    |                    |                        |
| K1-                       | TRUMP EU MARKS LLC     |                    |                    |                    |                    |                        |
|                           | * REGULAR INCOME       |                    |                    |                    |                    |                        |
|                           | * AMT NET INCOME       |                    |                    |                    |                    |                        |
| K1-                       | TRUMP WORLD PRODUCTION |                    |                    |                    |                    |                        |
|                           | S LLC                  |                    |                    |                    |                    |                        |
|                           | * REGULAR INCOME       |                    |                    |                    |                    |                        |
|                           | * AMT NET INCOME       |                    |                    |                    |                    |                        |

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<br>Form 6251, Line 20 |
| K1-                       | TRUMP BOOKS MANAGER CO<br>RP        |                        |                    |                    |  |
|                           | * REGULAR INCOME                    | <308.>                 |                    |                    |  |
|                           | * AMT NET INCOME                    | <308.>                 |                    |                    |  |
| K1-                       | TRUMP DRINKS ISRAEL ME<br>MBER CORP |                        |                    |                    |  |
|                           | * REGULAR INCOME                    | <664.>                 |                    |                    |  |
|                           | * AMT NET INCOME                    | <664.>                 |                    |                    |  |
| K1-                       | DJT LAND HOLDINGS MEMB<br>ER CORP   |                        |                    |                    |  |
|                           | * REGULAR INCOME                    | <1,225.>               |                    |                    |  |
|                           | * AMT NET INCOME                    | <1,225.>               |                    |                    |  |
| K1-                       | TRUMP WINE MARKS MEMBE<br>R CORP    |                        |                    |                    |  |
|                           | * REGULAR INCOME                    | <381.>                 |                    |                    |  |
|                           | * AMT NET INCOME                    | <381.>                 |                    |                    |  |
| K1-                       | TRUMP ENDEAVOR 12 MANA<br>GER CORP  |                        |                    |                    |  |
|                           | * REGULAR INCOME                    | <116,659.>             |                    |                    |  |
|                           | AMT ADJUSTMENTS                     | 3,059.                 |                    | 3,059.             |  |
|                           | * AMT NET INCOME                    | <113,600.>             |                    | 3,059.             |  |
|                           |                                     |                        |                    | 3,059.             |  |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |                        | Adjustment |                    |                    |                    | Social Security Number |                            |
|---------------------------|------------------------|------------|--------------------|--------------------|--------------------|------------------------|----------------------------|
| DONALD J. & MELANIA TRUMP |                        |            |                    |                    |                    |                        |                            |
| Form Name                 | Description            | Income     | 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 ACQUISITION 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)   |   | Description | Income    | Adjustment         |                    |                    | Social Security Number |
|-----------|---|-------------|-----------|--------------------|--------------------|--------------------|------------------------|
| Form Name | Form 6251, Line 17                          |             |           | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 |                        |
| K1-       | TRUMP VIRGINIA ACQUISITION 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 MANAGING 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 CORP                    |             |           |                    |                    |                    |                        |
|           | * REGULAR INCOME                            |             | <341.>    |                    |                    |                    |                        |
|           | * AMT NET INCOME                            |             | <341.>    |                    |                    |                    |                        |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |   | Adjustment |                    |                    |                    | Social Security Number |                    |
|---------------------------|---|------------|--------------------|--------------------|--------------------|------------------------|--------------------|
| Form Name                 | Description                               | Income     | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 |                        | Form 6251, Line 20 |
| DONALD J. & MELANIA TRUMP |   |            |                    |                    |                    |                        |                    |
| 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 MANAGING 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 MANAGEMENT MEMBER CORP |            |                    |                    |                    |                        |                    |
|                           | * REGULAR INCOME                          | <384.>     |                    |                    |                    |                        |                    |
|                           | * AMT NET INCOME                          | <384.>     |                    |                    |                    |                        |                    |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |   | Adjustment |                    |                    |                    | Social Security Number                 |
|---------------------------|---|------------|--------------------|--------------------|--------------------|--|
| Form Name                 | Description                                 | Income     | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20<br>Other Adjustment |
| DONALD J. & MELANIA TRUMP |   |            |                    |                    |                    |  |
| 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)                   |                                | Adjustment |             |           |                    | Social Security Number |                    |                    |                            |
|---------------------------|--------------------------------|------------|-------------|-----------|--------------------|------------------------|--------------------|--------------------|----------------------------|
| DONALD J. & MELANIA TRUMP |                                | Form Name  | Description | Income    | 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-                       | POKEE 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)                   |                                      | Adjustment   |                    |                    |                    | Social Security Number |                            |
|---------------------------|--------------------------------------|--------------|--------------------|--------------------|--------------------|------------------------|----------------------------|
| DONALD J. & MELANIA TRUMP |                                      |              |                    |                    |                    |                        |                            |
| Form Name                 | Description                          | Income       | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20     | Form 6251 Other Adjustment |
| K1-                       | TRUMP CHICAGO RETAIL M<br>ANAGER LLC |              |                    |                    |                    |                        |                            |
|                           | * REGULAR INCOME                     | <431.>       |                    |                    |                    |                        |                            |
|                           | * AMT NET INCOME                     | <431.>       |                    |                    |                    |                        |                            |
| K1-                       | MELANIA MARKS SKINCARE<br>LLC        |              |                    |                    |                    |                        |                            |
|                           | * REGULAR INCOME                     | <41,431.>    |                    |                    |                    |                        |                            |
|                           | * AMT NET INCOME                     | <41,431.>    |                    |                    |                    |                        |                            |
| K1-                       | DJT HOLDINGS TNGC CHAR<br>LOTTE LLC  |              |                    |                    |                    |                        |                            |
|                           | * REGULAR INCOME                     | 1,080,373.   |                    |                    | 255.               |                        |                            |
|                           | * AMT ADJUSTMENTS                    | 255.         |                    |                    |                    |                        |                            |
|                           | * AMT NET INCOME                     | 1,080,628.   |                    |                    | 255.               |                        |                            |
| K1-                       | DJT HOLDINGS - WHITE C<br>OURSE LLC  |              |                    |                    |                    |                        |                            |
|                           | * REGULAR INCOME                     | <9,848.>     |                    |                    |                    |                        |                            |
|                           | * AMT NET INCOME                     | <9,848.>     |                    |                    |                    |                        |                            |
| K1-                       | DJT HOLDINGS JUPITER G<br>OLF 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)                   |                            | 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-                       | 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)   |   | Adjustment |                    |                    |                    | Social Security Number                 |
|-----------|---|------------|--------------------|--------------------|--------------------|--|
| Form Name | Description                             | Income     | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20<br>Other Adjustment |
| K1-       | DT HOME MARKS INTERNAT<br>IONAL LLC     |            |                    |                    |                    |  |
|           | * REGULAR INCOME                        | 429,786.   |                    |                    |                    |  |
|           | * AMT NET INCOME                        | 429,786.   |                    |                    |                    |  |
| K1-       | THC RIO MANAGER LLC                     |            |                    |                    |                    |  |
|           | * REGULAR INCOME                        | <27,770.>  |                    |                    | 40.                |  |
|           | * AMT NET INCOME                        | <27,730.>  |                    |                    | 40.                |  |
| K1-       | DT MARKS PRODUCTS INTE<br>RNATIONAL LLC |            |                    |                    |                    |  |
|           | * REGULAR INCOME                        | <11,017.>  |                    |                    |                    |  |
|           | * AMT NET INCOME                        | <11,017.>  |                    |                    |                    |  |
| K1-       | THC CENTRAL RESERVATIO<br>NS LLC        |            |                    |                    |                    |  |
|           | * REGULAR INCOME                        | <133,600.> |                    |                    |                    |  |
|           | * AMT NET INCOME                        | <133,600.> |                    |                    |                    |  |
| K1-       | TRUMP HOTEL MANAGEMENT<br>CORP          |            |                    |                    |                    |  |
|           | * REGULAR INCOME                        | <1,651.>   |                    |                    |                    |  |
|           | * AMT NET INCOME                        | <1,651.>   |                    |                    |                    |  |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |   | Adjustment         |                    |                    |                    | Social Security Number     |
|---------------------------|---|--------------------|--------------------|--------------------|--------------------|----------------------------|
| DONALD J. & MELANIA TRUMP |   | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |
| Form Name                 | Description                                 | Income             |                    |                    |                    |                            |
| K1-                       | EID VENTURE I CORPORAT<br>ION               |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                            | <284.>             |                    |                    |                    |                            |
|                           | * AMT NET INCOME                            | <284.>             |                    |                    |                    |                            |
| K1-                       | DT MARKS WORLI MEMBER<br>CORP               |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                            | 10,118.            |                    |                    |                    |                            |
|                           | * AMT NET INCOME                            | 10,118.            |                    |                    |                    |                            |
| K1-                       | DT HOME MARKS INTERNAT<br>IONAL MEMBER CORP |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                            | 3,853.             |                    |                    |                    |                            |
|                           | * AMT NET INCOME                            | 3,853.             |                    |                    |                    |                            |
| K1-                       | THC DEVELOPMENT BRAZIL<br>MANAGING MEMBER   |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                            | <634.>             |                    |                    |                    |                            |
|                           | * AMT NET INCOME                            | <634.>             |                    |                    |                    |                            |
| K1-                       | DT DUBAI GOLF MANAGER<br>MEMBER CORP        |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                            | 13,239.            |                    |                    |                    |                            |
|                           | * AMT NET INCOME                            | 13,239.            |                    |                    |                    |                            |



ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)   |   | Adjustment       |                    |                    |                    | Social Security Number |                            |
|-----------|---|------------------|--------------------|--------------------|--------------------|------------------------|----------------------------|
| Form Name | Description   | Income           | 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<br>* REGULAR INCOME<br>* AMT NET INCOME              | <324.><br><324.> |                    |                    |                    |                        |                            |
| K1-       | THC RIO MANAGING MEMBER CORP<br>* REGULAR INCOME<br>* AMT NET INCOME                | <856.><br><856.> |                    |                    |                    |                        |                            |
| K1-       | DT MARKS DUBAI MEMBER CORP<br>* REGULAR INCOME<br>* AMT NET INCOME                  | <260.><br><260.> |                    |                    |                    |                        |                            |
| K1-       | TRUMP CHICAGO RETAIL MEMBER CORP<br>* REGULAR INCOME<br>* AMT NET INCOME            | <279.><br><279.> |                    |                    |                    |                        |                            |
| K1-       | DT MARKS PRODUCTS INTERNATIONAL MEMBER CORP<br>* REGULAR INCOME<br>* AMT NET INCOME | <445.><br><445.> |                    |                    |                    |                        |                            |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |                                      | Adjustment |                    |                    |                    | Social Security Number |                            |
|---------------------------|--------------------------------------|------------|--------------------|--------------------|--------------------|------------------------|----------------------------|
| DONALD J. & MELANIA TRUMP |                                      |            |                    |                    |                    |                        |                            |
| Form Name                 | Description                          | Income     | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20     | Form 6251 Other Adjustment |
| K1-                       | OPO HOTEL MANAGER MEMBER CORP        |            |                    |                    |                    |                        |                            |
|                           | * REGULAR INCOME                     | <174.>     |                    |                    |                    |                        |                            |
|                           | * AMT NET INCOME                     | <174.>     |                    |                    |                    |                        |                            |
| K1-                       | THC CENTRAL RESERVATIONS 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 MANAGEMENT CORP        |            |                    |                    |                    |                        |                            |
|                           | * REGULAR INCOME                     | 4,239.     |                    |                    |                    |                        |                            |
|                           | * AMT NET INCOME                     | 4,239.     |                    |                    |                    |                        |                            |
| K1-                       | THE CARIBBUSINESS REPRESENTATIVE     |            |                    |                    |                    |                        |                            |
|                           | * REGULAR INCOME                     | <55.>      |                    |                    |                    |                        |                            |
|                           | * AMT NET INCOME                     | <55.>      |                    |                    |                    |                        |                            |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |                                   | Adjustment         |                    |                    |                    | Social Security Number     |  |
|---------------------------|-----------------------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|--|
| DONALD J. & MELANIA TRUMP |                                   | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |  |
| Form Name                 | Description                       | Income             |                    |                    |                    |                            |  |
| 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            |                    |                    |                    |                    | <3,015,363.>               |  |
|                           | * REGULAR INCOME                  |                    |                    |                    |                    | <3,015,363.>               |  |
|                           | * AMT NET INCOME                  |                    |                    |                    |                    |                            |  |
| K1-                       | DJT HOLDINGS LLC - TRU            |                    |                    |                    |                    |                            |  |
|                           | MP LAS VEGAS MANAGING             |                    |                    |                    |                    | <65,285.>                  |  |
|                           | * REGULAR INCOME                  |                    |                    |                    |                    | <65,285.>                  |  |
|                           | * AMT NET INCOME                  |                    |                    |                    |                    |                            |  |
| K1-                       | D B PACE ACQUISITION M            |                    |                    |                    |                    |                            |  |
|                           | EMBER CORP                        |                    |                    |                    |                    | <519.>                     |  |
|                           | * REGULAR INCOME                  |                    |                    |                    |                    | <519.>                     |  |
|                           | * AMT NET INCOME                  |                    |                    |                    |                    |                            |  |

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-                       | DT CONNECT II MEMBER C<br>ORP             |                        |                    |                    |                    |                    |                            |  |
|                           | * REGULAR INCOME                          | <12,099.>              |                    |                    |                    |                    |                            |  |
|                           | AMT ADJUSTMENTS                           | 625.                   |                    |                    | 625.               |                    |                            |  |
|                           | * AMT NET INCOME                          | <11,474.>              |                    |                    | 625.               |                    |                            |  |
| K1-                       | DT DUBAI II GOLF MANAG<br>ER MEMBER CORP  |                        |                    |                    |                    |                    |                            |  |
|                           | * REGULAR INCOME                          | 29,293.                |                    |                    |                    |                    |                            |  |
|                           | * AMT NET INCOME                          | 29,293.                |                    |                    |                    |                    |                            |  |
| K1-                       | DT MARKS GURGAON MANAG<br>ING MEMBER CORP |                        |                    |                    |                    |                    |                            |  |
|                           | * REGULAR INCOME                          | <947.>                 |                    |                    |                    |                    |                            |  |
|                           | * AMT NET INCOME                          | <947.>                 |                    |                    |                    |                    |                            |  |
| K1-                       | DT MARKS PUNE II MANAG<br>ING MEMBER CORP |                        |                    |                    |                    |                    |                            |  |
|                           | * REGULAR INCOME                          | <289.>                 |                    |                    |                    |                    |                            |  |
|                           | * AMT NET INCOME                          | <289.>                 |                    |                    |                    |                    |                            |  |
| K1-                       | DT MARKS QATAR MEMBER<br>CORP             |                        |                    |                    |                    |                    |                            |  |
|                           | * REGULAR INCOME                          | <1,307.>               |                    |                    |                    |                    |                            |  |
|                           | * AMT NET INCOME                          | <1,307.>               |                    |                    |                    |                    |                            |  |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)   |   | Adjustment             |                    |                    |                    | Social Security Number                 |
|-----------|---|------------------------|--------------------|--------------------|--------------------|--|
| Form Name | Description   | Income                 | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20<br>Other Adjustment |
| K1-       | PINE HILL DEVELOPMENT<br>MANAGING MEMBER<br>* REGULAR INCOME<br>* AMT NET INCOME      | <822.><br><822.>       |                    |                    |                    |  |
| K1-       | THC BAKU HOTEL MANAGER<br>SERVICE MEMBER<br>* REGULAR INCOME<br>* AMT NET INCOME      | <10,830.><br><10,830.> |                    |                    |                    |  |
| K1-       | THC BAKU SERVICES MEMB<br>ER CORP<br>* REGULAR INCOME<br>* AMT NET INCOME             | 2,150.<br>2,150.       |                    |                    |                    |  |
| K1-       | THC CHINA-TECHNICAL SE<br>RVICES MANAGER CORP<br>* REGULAR INCOME<br>* AMT NET INCOME | <634.><br><634.>       |                    |                    |                    |  |
| K1-       | THC QATAR HOTEL MANAGE<br>R MEMBER CORP<br>* REGULAR INCOME<br>* AMT NET INCOME       | <716.><br><716.>       |                    |                    |                    |  |

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 SERVICES SHENZHEN MEMBER CORP             |                        |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                              | <485.>                 |                    |                    |                    |                    |                            |
|                           | * AMT NET INCOME                              | <485.>                 |                    |                    |                    |                    |                            |
| K1-                       | THC VENTURE II MANGING MEMBER CORP            |                        |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                              | <638.>                 |                    |                    |                    |                    |                            |
|                           | * AMT NET INCOME                              | <638.>                 |                    |                    |                    |                    |                            |
| K1-                       | TTTT VENTURE MEMBER CO RP (PKA 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 MANAGING MEMBER CORP             |                        |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                              | 897.                   |                    |                    |                    |                    |                            |
|                           | * AMT NET INCOME                              | 897.                   |                    |                    |                    |                    |                            |

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 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.>                 |                            |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |   | Adjustment             |                    |                    |                    | Social Security Number     |
|---------------------------|---|------------------------|--------------------|--------------------|--------------------|----------------------------|
| DONALD J. & MELANIA TRUMP |   | Form 6251, Line 17     | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |
| Form Name                 | Description   | Income                 |                    |                    |                    |                            |
| K1-                       | DT MARKS GURGAON LLC<br>* REGULAR INCOME<br>* AMT NET INCOME                | <25,911.><br><25,911.> |                    |                    |                    |                            |
| K1-                       | DT MARKS QATAR LLC<br>* REGULAR INCOME<br>* AMT NET INCOME                  | <42,850.><br><42,850.> |                    |                    |                    |                            |
| K1-                       | THC BAKU HOTEL MANAGER SERVICES LLC<br>* REGULAR INCOME<br>* AMT NET INCOME | <594.><br><594.>       |                    |                    |                    |                            |
| K1-                       | THC BAKU SERVICES LLC<br>* REGULAR INCOME<br>* AMT NET INCOME               | 312,718.<br>312,718.   |                    |                    |                    |                            |
| K1-                       | THC QATAR HOTEL MANAGER LLC<br>* REGULAR INCOME<br>* AMT NET INCOME         | <3,020.><br><3,020.>   |                    |                    |                    |                            |
| K1-                       | THC SERVICES SHENZHEN LLC<br>* REGULAR INCOME<br>* AMT NET INCOME           | <3,068.><br><3,068.>   |                    |                    |                    |                            |



ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)   |  | Adjustment         |                    |                    |                    | Social Security Number     |
|-----------|--|--------------------|--------------------|--------------------|--------------------|----------------------------|
| Form Name | Description                                  | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |
|           |  | Income             |                    |                    |                    |                            |
| K1-       | THC SHENZHEN HOTEL MANAGER LLC               |                    |                    |                    |                    |                            |
|           | * REGULAR INCOME                             | <2,421.>           |                    |                    |                    |                            |
|           | * AMT NET INCOME                             | <2,421.>           |                    |                    |                    |                            |
| K1-       | TITT 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 V ENTURE I LLC)         |                    |                    |                    |                    |                            |
|           | * REGULAR INCOME                             | 31,889.            |                    |                    |                    |                            |
|           | * AMT NET INCOME                             | 31,889.            |                    |                    |                    |                            |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |                                      | Social Security Number |                    |                    |                    |                    |                            |  |
|---------------------------|--------------------------------------|------------------------|--------------------|--------------------|--------------------|--------------------|----------------------------|--|
| DCNALD 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-                       | 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)                          | Description                                  | Income     | Adjustment         |                    |                    |                    | Social Security Number |
|----------------------------------|--|------------|--------------------|--------------------|--------------------|--------------------|------------------------|
|                                  |  |            | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 |                        |
| K1-<br>DONALD J. & MELANIA TRUMP | DT MARKS LIDO LLC                            |            |                    |                    |                    |                    |                        |
|                                  | * REGULAR INCOME                             | 1,405,584. |                    |                    |                    |                    |                        |
|                                  | * AMT NET INCOME                             | 1,405,584. |                    |                    |                    |                    |                        |
| K1-                              | DT BALI TECHNICAL SERV<br>ICES MANAGER LLC   |            |                    |                    |                    |                    |                        |
|                                  | * REGULAR INCOME                             | <3,587.>   |                    |                    |                    |                    |                        |
|                                  | * AMT NET INCOME                             | <3,587.>   |                    |                    |                    |                    |                        |
| K1-                              | DT LIDO HOTEL MANAGER<br>LLC                 |            |                    |                    |                    |                    |                        |
|                                  | * REGULAR INCOME                             | <399.>     |                    |                    |                    |                    |                        |
|                                  | * AMT NET INCOME                             | <399.>     |                    |                    |                    |                    |                        |
| K1-                              | DT LIDO TECHNICAL SERV<br>ICES MANAGER LLC   |            |                    |                    |                    |                    |                        |
|                                  | * REGULAR INCOME                             | <3,774.>   |                    |                    |                    |                    |                        |
|                                  | * AMT NET INCOME                             | <3,774.>   |                    |                    |                    |                    |                        |
| K1-                              | DT JEDDAH TECHNICAL SE<br>RVICES MANAGER LLC |            |                    |                    |                    |                    |                        |
|                                  | * REGULAR INCOME                             | <168.>     |                    |                    |                    |                    |                        |
|                                  | * AMT NET INCOME                             | <168.>     |                    |                    |                    |                    |                        |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)                   |  | Adjustment         |                    |                    |                    | Social Security Number     |
|---------------------------|--|--------------------|--------------------|--------------------|--------------------|----------------------------|
| DONALD J. & MELANIA TRUMP |  | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |
| Form Name                 | Description                            | Income             | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20         |
| K1-                       | THC JEDDAH HOTEL MANAGER 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 MANAGER MEMBER CORP |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                       | <776.>             |                    |                    |                    |                            |
|                           | * AMT NET INCOME                       | <776.>             |                    |                    |                    |                            |
| K1-                       | THC JEDDAH HOTEL MANAGER MEMBER CORP   |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                       | <430.>             |                    |                    |                    |                            |
|                           | * AMT NET INCOME                       | <430.>             |                    |                    |                    |                            |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)   |  | Adjustment |                    |                    |                    | Social Security Number |                            |
|-----------|--|------------|--------------------|--------------------|--------------------|------------------------|----------------------------|
| Form Name | Description                            | Income     | 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.>     |                    |                    |                    |                        |                            |
|           | * AMT NET INCOME                       | <17,067.>  |                    |                    | <277.>             |                        |                            |
| K1-       | DTW VENTURE MANAGING MEMBER CORP       |            |                    |                    |                    |                        |                            |
|           | * REGULAR INCOME                       | <225.>     |                    |                    |                    |                        |                            |
|           | * AMT NET INCOME                       | <225.>     |                    |                    | <277.>             |                        |                            |
| 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)                   |  | Adjustment         |                    |                    |                    | Social Security Number     |
|---------------------------|--|--------------------|--------------------|--------------------|--------------------|----------------------------|
| DONALD J. & MELANIA TRUMP |  | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 | Form 6251 Other Adjustment |
| Form Name                 | Description                                  | Income             |                    |                    |                    |                            |
| K1-                       | DT LIDO TECHNICAL SERVICES 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 MEMBER CORP             |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                             |                    | <57.>              |                    |                    |                            |
|                           | * AMT NET INCOME                             |                    | <57.>              |                    |                    |                            |
| K1-                       | DT JEDDAH TECHNICAL SERVICES MANAGER MEMBER  |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                             |                    | <2.>               |                    |                    |                            |
|                           | * AMT NET INCOME                             |                    | <2.>               |                    |                    |                            |
| K1-                       | DT BALI TECHNICAL SERVICES MANAGER MEMBER CO |                    |                    |                    |                    |                            |
|                           | * REGULAR INCOME                             |                    | <91.>              |                    |                    |                            |
|                           | * AMT NET INCOME                             |                    | <91.>              |                    |                    |                            |

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-                       | DT BALI GOLF MANAGER M<br>EMBER CORP |                        |                    |                    |                    |                    |                            |  |
|                           | * REGULAR INCOME                     | <79.>                  |                    |                    |                    |                    |                            |  |
|                           | * AMT NET INCOME                     | <79.>                  |                    |                    |                    |                    |                            |  |
| K1-                       | DT BALI HOTEL MANAGER<br>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<br>LLC         |                        |                    |                    |                    |                    |                            |  |
|                           | * REGULAR INCOME                     | <599.>                 |                    |                    |                    |                    |                            |  |
|                           | * AMT NET INCOME                     | <599.>                 |                    |                    |                    |                    |                            |  |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)   |                                 | Adjustment |                    |                    |                    | Social Security Number |                    |
|-----------|---------------------------------|------------|--------------------|--------------------|--------------------|------------------------|--------------------|
| Form Name | Description                     | Income     | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 |                        | Form 6251, Line 20 |
| 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-        | TRUMP HOLDING COMPANY LLC       |            |                    |                    |                    |                        |                    |
|           | * REGULAR INCOME                | 27,763.    |                    |                    |                    |                        |                    |
|           | * AMT NET INCOME                | 27,763.    |                    |                    |                    |                        |                    |



ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)   |                              | Adjustment         |                    |                    |                    | Income    | Social Security Number |
|-----------|------------------------------|--------------------|--------------------|--------------------|--------------------|-----------|------------------------|
| Form Name | Description                  | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 |           |                        |
| C-        | CHICAGO UNIT ACQUISITION 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)   |   | Adjustment         |                    |                    |                    | Social Security Number |
|-----------|---|--------------------|--------------------|--------------------|--------------------|------------------------|
| Form Name | Description                             | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20 |                        |
| E-        | TRUMP 106 CPS LLC - 10<br>NY            |                    |                    |                    |                    |                        |
|           | * REGULAR INCOME                        |                    |                    |                    |                    |                        |
|           | * AMT NET INCOME                        |                    |                    |                    |                    |                        |
| E-        | APARTMENT- NEW YORK, N<br>EW YORK       |                    |                    |                    |                    |                        |
|           | * REGULAR INCOME                        |                    |                    |                    |                    |                        |
|           | * AMT NET INCOME                        |                    |                    |                    |                    |                        |
| E-        | BOOK                                    |                    |                    |                    |                    |                        |
|           | * REGULAR INCOME                        |                    |                    |                    |                    |                        |
|           | * AMT NET INCOME                        |                    |                    |                    |                    |                        |
| E-        | TRUMP CARIBBEAN LLC -<br>ROYALTY INCOME |                    |                    |                    |                    |                        |
|           | * REGULAR INCOME                        |                    |                    |                    |                    |                        |
|           | * AMT NET INCOME                        |                    |                    |                    |                    |                        |
| E-        | TRUMP BRAZIL LLC - ROY<br>ALTY INCOME   |                    |                    |                    |                    |                        |
|           | * REGULAR INCOME                        |                    |                    |                    |                    |                        |
|           | * AMT NET INCOME                        |                    |                    |                    |                    |                        |

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

| Name(s)   |  | Adjustment               |                    |                    |                    | Social Security Number                 |
|-----------|--|--------------------------|--------------------|--------------------|--------------------|--|
| Form Name | Description  | Income                   | Form 6251, Line 17 | Form 6251, Line 18 | Form 6251, Line 19 | Form 6251, Line 20<br>Other Adjustment |
| E-        | TRUMP LAUDERDALE DEVELOPMENT LLC - ROYALTY I<br>* REGULAR INCOME<br>* AMT NET INCOME | <126,424.><br><126,424.> |                    |                    |                    |  |
| E-        | TRUMP LAUDERDALE DEVELOPMENT # 2 LLC<br>* REGULAR INCOME<br>* AMT NET INCOME         | <199.><br><199.>         |                    |                    |                    |  |
| E-        | TRUMP WORLD PUBLICATIONS   |                          |                    |                    |                    |  |
| E-        | WEST PALM OPERATIONS LLC<br>* REGULAR INCOME<br>* AMT NET INCOME                     | <26,466.><br><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. &amp; MELANIA TRUMP

| INCOME TYPE                                | TOTAL         | U.S.          | FOREIGN      |            |
|--|---------------|---------------|--------------|------------|
|  |               |               | GENERAL      | PASSIVE    |
| Compensation                               | 14,141.       | 14,141.       |              |            |
| Dividends/Distributions                    | 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                  | 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. |

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<br>for amended returns                         |            |          |          |            |          |            |
| 3. Reduction in foreign<br>taxes  |            |          |          |            |          |            |
| 4. Foreign tax available  |            |          |          |            |          | 465,747.   |
| 5. Maximum credit allowable   |            |          |          |            |          | 0.         |
| 6. Unused foreign tax ( + )<br>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<br>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<br>for amended returns         |         |          |            |          |            |
| 3. Reduction in foreign<br>taxes                        |         |          |            |          |            |
| 4. Foreign tax available                                |         |          |            |          |            |
| 5. Maximum credit allowable                             |         |          |            |          |            |
| 6. Unused foreign tax ( + )<br>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<br>limit remaining             | 86,270. | 180,130. | 1,154,408. | 617,258. | 1,401,174. |

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             |         |      |          |          |         |



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<br>for amended returns                         |      |      |      |      |      |        |
| 3. Reduction in foreign<br>taxes  |      |      |      |      |      |        |
| 4. Foreign tax available  |      |      |      |      |      | 8,596. |
| 5. Maximum credit allowable   |      |      |      |      |      | 0.     |
| 6. Unused foreign tax ( + )<br>or excess of limit ( - )                 |      |      |      |      |      | 8,596. |
| 7. Foreign tax carryback  |      |      |      |      |      |        |
| 8. Foreign tax carryforward   |      |      |      |      |      |        |
| 9. Foreign tax or excess<br>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<br>for amended returns         |      |      |      |      |      |
| 3. Reduction in foreign<br>taxes                        |      |      |      |      |      |
| 4. Foreign tax available                                |      |      |      |      |      |
| 5. Maximum credit allowable                             |      |      |      |      |      |
| 6. Unused foreign tax ( + )<br>or excess of limit ( - ) |      |      |      |      |      |
| 7. Foreign tax carryback                                |      |      |      |      |      |
| 8. Foreign tax carryforward                             |      |      |      |      |      |
| 9. Foreign tax or excess<br>limit remaining             |      |      |      |      |      |

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<br>for amended returns                         |      |      |      |      |      |         |
| 3. Reduction in foreign<br>taxes  |      |      |      |      |      |         |
| 4. Foreign tax available  |      |      |      |      |      | 17,192. |
| 5. Maximum credit allowable   |      |      |      |      |      | 0.      |
| 6. Unused foreign tax ( + )<br>or excess of limit ( - )                 |      |      |      |      |      | 17,192. |
| 7. Foreign tax carryback  |      |      |      |      |      |         |
| 8. Foreign tax carryforward   |      |      |      |      |      |         |
| 9. Foreign tax or excess<br>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<br>for amended returns         |      |      |      |      |      |
| 3. Reduction in foreign<br>taxes                        |      |      |      |      |      |
| 4. Foreign tax available                                |      |      |      |      |      |
| 5. Maximum credit allowable                             |      |      |      |      |      |
| 6. Unused foreign tax ( + )<br>or excess of limit ( - ) |      |      |      |      |      |
| 7. Foreign tax carryback                                |      |      |      |      |      |
| 8. Foreign tax carryforward                             |      |      |      |      |      |
| 9. Foreign tax or excess<br>limit remaining             |      |      |      |      |      |

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 ..... |  |        |



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.

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.

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.

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.



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. &amp; 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 10 |
|----------------------|------------------|-------------|--------------------|----------------------------|--------------------|--------------------|
| 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<br>TRUMP INTERNATIONAL GOLF CLUB<br>SCOTLAND LIMITED |  | Employer identification number |
| 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 - <input type="checkbox"/> Paid <input type="checkbox"/> Accrued |                                |
| g  | Reduction in taxes available for credit  |                                |



**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](http://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 |  | <input type="checkbox"/>   |   |
| B |  | <input type="checkbox"/>   |   |
| C |  | <input type="checkbox"/>   |   |
| D |  | <input type="checkbox"/>   |   |
| E |  | <input type="checkbox"/>   |   |

**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...

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.

Table with 3 main columns: (a) Description of donated property, (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. Includes rows for Conservation Easement, Westchester County, and recorded date.

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.

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.

Sign Here Signature Title Sr. Managing Director/Director Date 3/25/16 Business address (including room or suite no.) 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.

Does the organization intend to use the property for an unrelated use? Yes No

Name of charitable organization (donee) North American Land Trust Employer identification number 23-2698266 Address (number, street, and room or suite no.) Chadds Ford, PA 19317 City or town, state, and ZIP code Authorized signature Andrew L. Johnson, Vice President Date 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.

# Alternative Minimum Tax - Individuals

Department of the Treasury  
Internal Revenue Service (99)

Information about Form 6251 and its separate instructions is at [www.irs.gov/form6251](http://www.irs.gov/form6251).  
Attach to Form 1040 or Form 1040NR.

**2015**  
Attachment  
Sequence No. **32**

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

DONALD J. & MELANIA TRUMP

## 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.) | 1  | <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-                                      | 2  | 0.            |
| 3  | Taxes from Schedule A (Form 1040), line 9   | 3  | 6,108,156.    |
| 4  | Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line   | 4  |               |
| 5  | Miscellaneous deductions from Schedule A (Form 1040), line 27   | 5  | 866,727.      |
| 6  | If Form 1040, line 38, is \$154,950 or less, enter -0-. Otherwise, see instructions   | 6  | 0.            |
| 7  | Tax refund from Form 1040, line 10 or line 21   | 7  |               |
| 8  | Investment interest expense (difference between regular tax and AMT)  | 8  |               |
| 9  | Depletion (difference between regular tax and AMT)  | 9  |               |
| 10 | Net operating loss deduction from Form 1040, line 21. Enter as a positive amount  | 10 | 105,157,825.  |
| 11 | Alternative tax net operating loss deduction  | 11 | <47,096,428.> |
| 12 | Interest from specified private activity bonds exempt from the regular tax  | 12 |               |
| 13 | Qualified small business stock, see instructions  | 13 |               |
| 14 | Exercise of incentive stock options (excess of AMT income over regular tax income)  | 14 |               |
| 15 | Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)   | 15 | 9,507.        |
| 16 | Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)   | 16 |               |
| 17 | Disposition of property (difference between AMT and regular tax gain or loss)   | 17 |               |
| 18 | Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) <small>STMT 78</small>   | 18 | 574,203.      |
| 19 | Passive activities (difference between AMT and regular tax income or loss) <small>SEE STATEMENT 77</small>  | 19 | <2,033,762.>  |
| 20 | Loss limitations (difference between AMT and regular tax income or loss)  | 20 |               |
| 21 | Circulation costs (difference between regular tax and AMT)  | 21 |               |
| 22 | Long-term contracts (difference between AMT and regular tax income)   | 22 |               |
| 23 | Mining costs (difference between regular tax and AMT)   | 23 |               |
| 24 | Research and experimental costs (difference between regular tax and AMT)  | 24 |               |
| 25 | Income from certain installment sales before January 1, 1987  | 25 |               |
| 26 | Intangible drilling costs preference  | 26 |               |
| 27 | Other adjustments, including income-based related adjustments   | 27 | <350.>        |
| 28 | <b>Alternative minimum taxable income.</b> Combine lines 1 through 27. (If married filing separately and line 28 is more than \$246,250, see instructions.)   | 28 | 23,831,561.   |

## Part II Alternative Minimum Tax (AMT)

|    |   |                                   |                                 |
|----|---|-----------------------------------|---------------------------------|
| 29 | Exemption. (If you were under age 24 at the end of 2015, see instructions.)   | 29                                | 0.                              |
|    | <b>IF your filing status is...</b>  | <b>AND line 28 is not over...</b> | <b>THEN enter on line 29...</b> |
|    | 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                          |
| 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   |                                   | 23,831,561.                     |
| 31 | <ul style="list-style-type: none"> <li>If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.</li> <li>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.</li> <li><b>All others:</b> 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.</li> </ul> |                                   | 4,731,835.                      |
| 32 | Alternative minimum tax foreign tax credit (see instructions)   |                                   |                                 |
| 33 | Tentative minimum tax. Subtract line 32 from line 31  |                                   | 2,604,165.                      |
| 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)   |                                   | 2,127,670.                      |
| 35 | <b>AMT.</b> 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.

Table with 4 columns: Line number, Description, Line number, and Amount. Rows 36-64 contain calculations for tax computation, including amounts like 23,831,561, 36,562,295, 74,900, 464,850, 389,950, 58,493, 4,731,835, and 6,669,129.

**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](http://www.irs.gov/scheduleh).

OMB No. 1545-1971

**2015**  
Attachment  
Sequence No. **44**

Name of employer

DONALD J. TRUMP

Social security

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.)

- 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 | <b>Total social security, Medicare, and federal income taxes.</b> 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.

**Yes.** Go to line 10.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Schedule H (Form 1040) 2015

**Part II Federal Unemployment (FUTA) Tax**

|    |   |     |    |
|----|---|-----|----|
| 10 | Did you pay unemployment contributions to only one state? (If you paid contributions to a credit reduction state, see instructions and check "No.") | Yes | No |
| 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   |    |
| 12 |   | 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)<br>Name of state | (b)<br>Taxable wages (as defined in state act) | (c)<br>State experience rate period |    | (d)<br>State experience rate | (e)<br>Multiply col. (b) by .054 | (f)<br>Multiply col. (b) by col. (d) | (g)<br>Subtract col. (f) from col. (e). If zero or less, enter -0- | (h)<br>Contributions paid to state unemployment fund |
|----------------------|--|-------------------------------------|----|------------------------------|----------------------------------|--------------------------------------|--|--|
|                      |  | From                                | To |                              |                                  |                                      |  |  |
|                      |  |                                     |    |                              |                                  |                                      |  |  |
|                      |  |                                     |    |                              |                                  |                                      |  |  |
|                      |  |                                     |    |                              |                                  |                                      |  |  |
| 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 23  
(Employers in a credit reduction state must use the worksheet and check here)

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.

**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 \_\_\_\_\_

|                               |                            |                      |      |   |      |
|-------------------------------|----------------------------|----------------------|------|---|------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> 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](http://www.irs.gov/form4952).  
▶ Attach to your tax return.

OMB No. 1545-0191

**2015**  
Attachment  
Sequence No. **51**

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

### Part I Total Investment Interest Expense

|   |  |   |            |
|---|--|---|------------|
| 1 | Investment interest expense paid or accrued in 2015 (see instructions) <span style="float: right;">SEE STATEMENT 80</span> | 1 | 2,692,597. |
| 2 | Disallowed investment interest expense from 2014 Form 4952, line 7   | 2 |            |
| 3 | <b>Total investment interest expense.</b> 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) <span style="float: right;">STMT 81</span>         | 4a | 11,147,303. |
| 4b | Qualified dividends included on line 4a   | 4b | 718,317.    |
| 4c | Subtract line 4b from line 4a   | 4c | 10,428,986. |
| 4d | Net gain from the disposition of property held for investment <span style="float: right;">STMT 82</span>  | 4d | 5,727,042.  |
| 4e | Enter the <b>smaller</b> of line 4d or your net capital gain from the disposition of property held for investment (see instructions) <span style="float: right;">STMT 83</span> | 4e | 5,727,042.  |
| 4f | Subtract line 4e from line 4d   | 4f | 0.          |
| 4g | Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)   | 4g |             |
| 4h | Investment income. Add lines 4c, 4f, and 4g   | 4h | 10,428,986. |
| 5  | Investment expenses (see instructions) <span style="float: right;">SEE STATEMENT 84</span>  | 5  | 843,411.    |
| 6  | <b>Net investment income.</b> 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 | <b>Investment interest expense deduction.</b> Enter the <b>smaller</b> of line 3 or 6. See instructions <span style="float: right;">STMT 85</span> | 8 | 2,692,597. |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4952** (2015)

# Foreign Tax Credit

(Individual, Estate, or Trust)

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

# Form 1116

Department of the Treasury  
Internal Revenue Service (99)

# 2015

Attachment  
Sequence No. 19

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

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 |              |                    | Total<br>(Add cols. A, B, and C.) |
|--|------------------------------------|--------------|--------------------|-----------------------------------|
|  | A                                  | B            | 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) | <input type="checkbox"/>           |              |                    |                                   |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |              |                    |                                   |
| 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)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |                         |              |   |               |                         | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |
|---------|--|-------------------------------|-------------------------|--------------|---|---------------|-------------------------|---|---|
|         |  | In foreign currency           |                         |              | In U.S. dollars                         |               |                         |   |   |
|         |  | (k) Dividends                 | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | (o) Dividends | (p) Rents and royalties |   |   |
| 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.

Foreign Tax Credit

(Individual, Estate, or Trust)

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

Form 1116

2015

Attachment Sequence No. 19

Department of the Treasury Internal Revenue Service (99)

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

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 [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)

Table with columns: Foreign Country or U.S. Possession (A, B, C), Total (Add cols. A, B, and C.). Rows include: Enter the name of the foreign country or U.S. possession (CANADA, GREECE, OTHER COUNTRIES); 1a Gross income from sources within country shown above; Deductions and losses (Expenses definitely related, Pro rata share of other deductions); 4 Pro rata share of interest expense; 5 Losses from foreign sources; 6 Add lines 2, 3g, 4a, 4b, and 5; 7 Subtract line 6 from line 1a.

Part II Foreign Taxes Paid or Accrued

Table for Foreign Taxes Paid or Accrued. Columns: Country, Foreign taxes paid or accrued (In foreign currency, In U.S. dollars), Total foreign taxes paid or accrued. Rows A, B, C. Includes sub-columns for Taxes withheld at source on: (n) Other foreign taxes paid or accrued, (o) Dividends, (p) Rents and royalties, (q) Interest, (r) Other foreign taxes paid or accrued, (s) Total foreign taxes paid or accrued.

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

LHA For Paperwork Reduction Act Notice, see instructions.

Foreign Tax Credit

(Individual, Estate, or Trust)

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

Form 1116

Form

Department of the Treasury Internal Revenue Service (99)

2015

Attachment Sequence No. 19

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

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 [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)

Table with columns: Foreign Country or U.S. Possession (A, B, C), Total (Add cols. A, B, and C). Rows include: 1a Gross income from sources within country shown above and of the type checked above; Deductions and losses (2, 3, 4, 5, 6); 7 Subtract line 6 from line 1a.

Part II Foreign Taxes Paid or Accrued

Table for Foreign Taxes Paid or Accrued. Columns: Country, Foreign taxes paid or accrued (In foreign currency, In U.S. dollars), Total foreign taxes paid or accrued. Rows A, B, C.

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

LHA For Paperwork Reduction Act Notice, see instructions.

**Foreign Tax Credit**

(Individual, Estate, or Trust)

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

Form **1116**

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

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

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<br>(Add cols. A, B, and C.) |
|---|------------------------------------|-----------------|--------------|-----------------------------------|
|   | A                                  | B               | C            |                                   |
| <b>g</b> Enter the name of the foreign country or U.S. possession   | UNITED ARAB EMIRATES               | OTHER COUNTRIES | EGYPT        |                                   |
| <b>1a</b> Gross income from sources within country shown above and of the type checked above:   |                                    | 230,123.        |              | <b>1a</b>                         |
| <b>b</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) |                                    |                 |              | <input type="checkbox"/>          |
| <b>Deductions and losses (Caution: See instructions):</b>   |                                    |                 |              |                                   |
| <b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement)   |                                    | 825.            |              |                                   |
| <b>3</b> Pro rata share of other deductions <b>not definitely related:</b>  |                                    |                 |              |                                   |
| <b>a</b> Certain itemized deductions or standard deduction  | 47,860.                            | 47,860.         | 47,860.      |                                   |
| <b>b</b> Other deductions (attach statement)  |                                    |                 |              |                                   |
| <b>c</b> Add lines 3a and 3b  | 47,860.                            | 47,860.         | 47,860.      |                                   |
| <b>d</b> Gross foreign source income  |                                    | 230,123.        |              |                                   |
| <b>e</b> Gross income from all sources  | 316,509,660.                       | 316,509,660.    | 316,509,660. |                                   |
| <b>f</b> Divide line 3d by line 3e  | .00000                             | .00073          | .00000       |                                   |
| <b>g</b> Multiply line 3c by line 3f  |                                    | 35.             |              |                                   |
| <b>4</b> Pro rata share of interest expense:  |                                    |                 |              |                                   |
| <b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)  |                                    |                 |              |                                   |
| <b>b</b> Other interest expense   |                                    |                 |              |                                   |
| <b>5</b> Losses from foreign sources  |                                    |                 |              |                                   |
| <b>6</b> Add lines 2, 3g, 4a, 4b, and 5   |                                    | 860.            |              | <b>6</b>                          |
| <b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2   |                                    |                 |              | <b>7</b>                          |

**Part II Foreign Taxes Paid or Accrued**

| Country | Credit is claimed for taxes (you must check one)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |               |                         |              |   |               |                         | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |              |   |
|---------|--|-------------------------------|---------------|-------------------------|--------------|---|---------------|-------------------------|---|--------------|---|
|         |  | In foreign currency           |               |                         |              | In U.S. dollars                         |               |                         |   |              |   |
|         |  | (j) Date paid or accrued      | (k) Dividends | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | (o) Dividends | (p) Rents and royalties |   | (q) Interest | (r) Other foreign taxes paid or accrued |
| A       |  |                               |               |                         |              |   |               |                         |   |              |   |
| B       |  |                               |               |                         |              | 4,026.                                  |               |                         |   | 4,570.       |   |
| 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.



Foreign Tax Credit

(Individual, Estate, or Trust)

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

Form 1116

Department of the Treasury Internal Revenue Service (99)

2015 Attachment Sequence No. 19

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

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 [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)

Table with columns: Foreign Country or U.S. Possession (A, B, C) and Total. Rows include: 1a Gross income from sources within country shown above; Deductions and losses (2-6); 7 Subtract line 6 from line 1a.

Part II Foreign Taxes Paid or Accrued

Table for Foreign Taxes Paid or Accrued. Columns: Country, In foreign currency, In U.S. dollars. Rows: A, B, C. Includes sub-headers for Taxes withheld at source and Other foreign taxes paid or accrued.

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

LHA For Paperwork Reduction Act Notice, see instructions.

# 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](http://www.irs.gov/form1116).

# 2015

Attachment Sequence No. 19

# Form 1116

Department of the Treasury  
Internal Revenue Service (99)

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

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<br>(Add cols. A, B, and C.) |
|--|------------------------------------|--------------|--------------|-----------------------------------|
|  | A                                  | B            | C            |                                   |
| <b>g</b> Enter the name of the foreign country or U.S. possession  | INDIA                              | GEORGIA      | ISRAEL       |                                   |
| <b>1a</b> Gross income from sources within country shown above and of the type checked above:  |                                    |              |              | <b>1a</b>                         |
| <b>b</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) ▶ <input type="checkbox"/> |                                    |              |              |                                   |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |              |              |                                   |
| <b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement)  |                                    |              |              |                                   |
| <b>3</b> Pro rata share of other deductions <b>not definitely related:</b>   |                                    |              |              |                                   |
| <b>a</b> Certain itemized deductions or standard deduction   | 47,860.                            | 47,860.      | 47,860.      |                                   |
| <b>b</b> Other deductions (attach statement)   |                                    |              |              |                                   |
| <b>c</b> Add lines 3a and 3b   | 47,860.                            | 47,860.      | 47,860.      |                                   |
| <b>d</b> Gross foreign source income   |                                    |              |              |                                   |
| <b>e</b> Gross income from all sources   | 316,509,660.                       | 316,509,660. | 316,509,660. |                                   |
| <b>f</b> Divide line 3d by line 3e   | .00000                             | .00000       | .00000       |                                   |
| <b>g</b> Multiply line 3c by line 3f   |                                    |              |              |                                   |
| <b>4</b> Pro rata share of interest expense:   |                                    |              |              |                                   |
| <b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)   |                                    |              |              |                                   |
| <b>b</b> Other interest expense  |                                    |              |              |                                   |
| <b>5</b> Losses from foreign sources   |                                    |              |              |                                   |
| <b>6</b> Add lines 2, 3g, 4a, 4b, and 5  |                                    |              |              | <b>6</b>                          |
| <b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶  |                                    |              |              | <b>7</b>                          |

## Part II Foreign Taxes Paid or Accrued

| Country | Credit is claimed for taxes (you must check one)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> 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: |              |  |
|         | (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)

# Foreign Tax Credit

(Individual, Estate, or Trust)

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

Form **1116**

Department of the Treasury  
Internal Revenue Service (99)

**2015**  
Attachment  
Sequence No. **19**

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

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

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<br>(Add cols. A, B, and C.) |
|---|------------------------------------|--------------|----------------|-----------------------------------|
|   | A                                  | B            | C              |                                   |
| <b>g</b> Enter the name of the foreign country or U.S. possession   | GRENADA                            | URUGUAY      | UNITED KINGDOM |                                   |
| <b>1a</b> Gross income from sources within country shown above and of the type checked above:   |                                    |              |                | <b>1a</b>                         |
| <b>b</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) |                                    |              |                | <input type="checkbox"/>          |
| <b>Deductions and losses (Caution: See instructions):</b>   |                                    |              |                |                                   |
| <b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement)   |                                    |              |                |                                   |
| <b>3</b> Pro rata share of other deductions <b>not definitely related:</b>  |                                    |              |                |                                   |
| <b>a</b> Certain itemized deductions or standard deduction  | 47,860.                            | 47,860.      | 47,860.        |                                   |
| <b>b</b> Other deductions (attach statement)  |                                    |              |                |                                   |
| <b>c</b> Add lines 3a and 3b  | 47,860.                            | 47,860.      | 47,860.        |                                   |
| <b>d</b> Gross foreign source income  |                                    |              |                |                                   |
| <b>e</b> Gross income from all sources  | 316,509,660.                       | 316,509,660. | 316,509,660.   |                                   |
| <b>f</b> Divide line 3d by line 3e  | .00000                             | .00000       | .00000         |                                   |
| <b>g</b> Multiply line 3c by line 3f  |                                    |              |                |                                   |
| <b>4</b> Pro rata share of interest expense:  |                                    |              |                |                                   |
| <b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)  |                                    |              |                |                                   |
| <b>b</b> Other interest expense   |                                    |              |                |                                   |
| <b>5</b> Losses from foreign sources  |                                    |              |                |                                   |
| <b>6</b> Add lines 2, 3g, 4a, 4b, and 5   |                                    |              |                | <b>6</b>                          |
| <b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2   |                                    |              |                | <b>7</b>                          |

**Part II Foreign Taxes Paid or Accrued**

| Country | Credit is claimed for taxes (you must check one)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> 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.

# Foreign Tax Credit

(Individual, Estate, or Trust)

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

# Form 1116

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

# 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 |              |              | Total<br>(Add cols. A, B, and C.) |
|---|------------------------------------|--------------|--------------|-----------------------------------|
|   | A                                  | B            | 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) ▶ <input type="checkbox"/> |                                    |              |              |                                   |
| <b>Deductions and losses (Caution: See instructions):</b>   |                                    |              |              |                                   |
| 2 Expenses <b>definitely related</b> to the income on line 1a (attach statement)  | 152,520.                           |              | 85,403.      |                                   |
| 3 Pro rata share of other deductions <b>not definitely related:</b>   |                                    |              |              |                                   |
| 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)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |                         |              |   |               |                         |              |   |   |
|---------|--|-------------------------------|-------------------------|--------------|---|---------------|-------------------------|--------------|---|---|
|         |  | In foreign currency           |                         |              | In U.S. dollars                         |               |                         |              |   |   |
|         |  | Taxes withheld at source on:  |                         |              | Taxes withheld at source on:            |               |                         |              |   |   |
|         |  | (k) Dividends                 | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | (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.

LHA For Paperwork Reduction Act Notice, see instructions.

ALTERNATIVE MINIMUM TAX

| <b>Part III Figuring the Credit</b>  |   |    |              |
|--|---|----|--------------|
| 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   | <b>Individuals:</b> Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption .....  | 18 |              |
| <i>Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.</i> |   |    |              |
| 19   | Divide line 17 by line 18. If line 17 is more than line 18, enter "1" .....   | 19 |              |
| 20   | <b>Individuals:</b> 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. <b>Estates and trusts:</b> 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.   |
| <i>Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.</i>        |   |    |              |
| 21   | Multiply line 20 by line 19 (maximum amount of credit) .....  | 21 |              |
| 22   | Enter the <b>smaller</b> 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.           |
| <b>Part IV Summary of Credits From Separate Parts III</b>  |   |    |              |
| 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 <b>smaller</b> 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 <b>foreign tax credit</b> . 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.   |

Foreign Tax Credit

(Individual, Estate, or Trust)

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

2015

Attachment Sequence No. 19

Form 1116

Department of the Treasury Internal Revenue Service (99)

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

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 X 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)

Table with columns: Foreign Country or U.S. Possession (A, B, C) and Total. Rows include: Enter the name of the foreign country or U.S. possession, Gross income from sources within country shown above, Deductions and losses, Expenses definitely related to the income on line 1a, Pro rata share of other deductions not definitely related, Gross foreign source income, Gross income from all sources, Divide line 3d by line 3e, Multiply line 3c by line 3f, Pro rata share of interest expense, Losses from foreign sources, Add lines 2, 3g, 4a, 4b, and 5, Subtract line 6 from line 1a.

Part II Foreign Taxes Paid or Accrued

Table for Foreign Taxes Paid or Accrued. Columns: Country, Credit is claimed for taxes, Foreign taxes paid or accrued (In foreign currency, In U.S. dollars), (n) Other foreign taxes paid or accrued, (o) Dividends, (p) Rents and royalties, (q) Interest, (r) Other foreign taxes paid or accrued, (s) Total foreign taxes paid or accrued.

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

LHA For Paperwork Reduction Act Notice, see instructions.

# Foreign Tax Credit

(Individual, Estate, or Trust)

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

# 2015

Attachment Sequence No. 19

Form **1116**

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

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

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<br>(Add cols. A, B, and C.) |
|---|------------------------------------|--------------------|--------------|-----------------------------------|
|   | A                                  | B                  | C            |                                   |
| <b>g</b> Enter the name of the foreign country or U.S. possession   | CHINA                              | DOMINICAN REPUBLIC | PANAMA       |                                   |
| <b>1a</b> Gross income from sources within country shown above and of the type checked above:   |                                    |                    | 1,769,455.   | <b>1a</b>                         |
| <b>b</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) |                                    |                    |              | <input type="checkbox"/>          |
| <b>Deductions and losses (Caution: See instructions):</b>   |                                    |                    |              |                                   |
| <b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement)   | 1,498,456.                         | 51,530.            | 569,467.     |                                   |
| <b>3</b> Pro rata share of other deductions <b>not definitely related:</b>  |                                    |                    |              |                                   |
| <b>a</b> Certain itemized deductions or standard deduction  | 47,860.                            | 47,860.            | 47,860.      |                                   |
| <b>b</b> Other deductions (attach statement)  |                                    |                    |              |                                   |
| <b>c</b> Add lines 3a and 3b  | 47,860.                            | 47,860.            | 47,860.      |                                   |
| <b>d</b> Gross foreign source income  |                                    |                    | 1,769,455.   |                                   |
| <b>e</b> Gross income from all sources  | 316,509,660.                       | 316,509,660.       | 316,509,660. |                                   |
| <b>f</b> Divide line 3d by line 3e  | .00000                             | .00000             | .00559       |                                   |
| <b>g</b> Multiply line 3c by line 3f  |                                    |                    | 268.         |                                   |
| <b>4</b> Pro rata share of interest expense:  |                                    |                    |              |                                   |
| <b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)  |                                    |                    |              |                                   |
| <b>b</b> Other interest expense   |                                    |                    |              |                                   |
| <b>5</b> Losses from foreign sources  |                                    |                    |              |                                   |
| <b>6</b> Add lines 2, 3g, 4a, 4b, and 5   | 1,498,456.                         | 51,530.            | 569,735.     | <b>6</b>                          |
| <b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2   |                                    |                    |              | <b>7</b>                          |

## Part II Foreign Taxes Paid or Accrued

| Country | Credit is claimed for taxes (you must check one)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |                         |              |   |               |                         |              | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |
|---------|--|-------------------------------|-------------------------|--------------|---|---------------|-------------------------|--------------|---|---|
|         |  | In foreign currency           |                         |              | In U.S. dollars                         |               |                         |              |   |   |
|         |  | (k) Dividends                 | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | (o) Dividends | (p) Rents and royalties | (q) Interest |   |   |
| 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)

# 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](http://www.irs.gov/form1116).

# 2015

Attachment Sequence No. 19

Form

# 1116

Department of the Treasury  
Internal Revenue Service (99)

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

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<br>(Add cols. A, B, and C.) |
|--|------------------------------------|--------------|--------------|-----------------------------------|
|  | A                                  | B            | 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) |                                    |              |              | <input type="checkbox"/>          |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |              |              |                                   |
| 2 Expenses <b>definitely related</b> to the income on line 1a (attach statement)   | 185,122.                           | 6,882.       | 345,098.     |                                   |
| 3 Pro rata share of other deductions <b>not definitely related:</b>  |                                    |              |              |                                   |
| 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)                                     |                              | Foreign taxes paid or accrued |              |   |               |                         |   |   |
|---------|--|------------------------------|-------------------------------|--------------|---|---------------|-------------------------|---|---|
|         | (h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | In foreign currency          |                               |              | In U.S. dollars                         |               |                         | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |   |
|         |  | Taxes withheld at source on: |                               |              | Taxes withheld at source on:            |               |                         |   |   |
|         | (j) Date paid or accrued   | (k) Dividends                | (l) Rents and royalties       | (m) Interest | (n) Other foreign taxes paid or accrued | (o) Dividends | (p) Rents and royalties | (q) Interest  | (r) Other foreign taxes paid or accrued |
| A       |  |                              |                               |              |   |               |                         |   |   |
| B       |  |                              |                               |              |   |               |                         |   |   |
| C       |  |                              |                               |              |   |               |                         |   | 4,286.                                  |

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



Form **1116**

**Foreign Tax Credit**

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

**2015**

Attachment Sequence No. **19**

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

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

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<br>(Add cols. A, B, and C.) |
|--|------------------------------------|--------------|--------------|-----------------------------------|
|  | A                                  | B            | C            |                                   |
| <b>g</b> Enter the name of the foreign country or U.S. possession ▶  | PHILIPPINES                        | GRENADA      | INDIA        |                                   |
| <b>1a</b> Gross income from sources within country shown above and of the type checked above:  | 11,088.                            | 20,662.      | 2,907,785.   | <b>1a</b>                         |
| <b>b</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) ▶ <input type="checkbox"/> |                                    |              |              |                                   |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |              |              |                                   |
| <b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement) .....  | 1,438.                             | 82.          | 558,758.     |                                   |
| <b>3</b> Pro rata share of other deductions <b>not definitely related:</b>   |                                    |              |              |                                   |
| <b>a</b> Certain itemized deductions or standard deduction .....   | 47,860.                            | 47,860.      | 47,860.      |                                   |
| <b>b</b> Other deductions (attach statement) .....   |                                    |              |              |                                   |
| <b>c</b> Add lines 3a and 3b .....   | 47,860.                            | 47,860.      | 47,860.      |                                   |
| <b>d</b> Gross foreign source income .....   | 11,088.                            | 20,662.      | 2,907,785.   |                                   |
| <b>e</b> Gross income from all sources .....   | 316,509,660.                       | 316,509,660. | 316,509,660. |                                   |
| <b>f</b> Divide line 3d by line 3e .....   | .00004                             | .00007       | .00919       |                                   |
| <b>g</b> Multiply line 3c by line 3f .....   | 2.                                 | 3.           | 440.         |                                   |
| <b>4</b> Pro rata share of interest expense:   |                                    |              |              |                                   |
| <b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) .....   |                                    |              |              |                                   |
| <b>b</b> Other interest expense .....  |                                    |              |              |                                   |
| <b>5</b> Losses from foreign sources .....   |                                    |              |              |                                   |
| <b>6</b> Add lines 2, 3g, 4a, 4b, and 5 .....  | 1,440.                             | 85.          | 559,198.     | <b>6</b>                          |
| <b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 .....  |                                    |              |              | <b>7</b>                          |

**Part II Foreign Taxes Paid or Accrued**

| Country | Credit is claimed for taxes (you must check one) |                                      | Foreign taxes paid or accrued |                         |              |   |                              |  | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |          |
|---------|--|--------------------------------------|-------------------------------|-------------------------|--------------|---|------------------------------|--|---|---|----------|
|         | (h) <input checked="" type="checkbox"/> Paid     | (i) <input type="checkbox"/> Accrued | In foreign currency           |                         |              | In U.S. dollars                         |                              |  |   |   |          |
|         |  |                                      | (k) Dividends                 | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | Taxes withheld at source on: |  |   |   |          |
| 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)

# Foreign Tax Credit

(Individual, Estate, or Trust)

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

**2015**  
Attachment  
Sequence No. **19**

Form **1116**

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

Name **DONALD J. & MELANIA TRUMP** 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 |              |              | Total<br>(Add cols. A, B, and C.) |
|--|------------------------------------|--------------|--------------|-----------------------------------|
|  | A                                  | B            | C            |                                   |
| <b>g</b> Enter the name of the foreign country or U.S. possession  | GEORGIA                            | ISRAEL       | AZERBAIJAN   |                                   |
| <b>1a</b> Gross income from sources within country shown above and of the type checked above:  |                                    |              |              | <b>1a</b>                         |
| <b>b</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) ▶ <input type="checkbox"/> |                                    |              |              |                                   |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |              |              |                                   |
| <b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement)  | 405.                               | 65,893.      | 96,935.      |                                   |
| <b>3</b> Pro rata share of other deductions <b>not definitely related:</b>   |                                    |              |              |                                   |
| <b>a</b> Certain itemized deductions or standard deduction   | 47,860.                            | 47,860.      | 47,860.      |                                   |
| <b>b</b> Other deductions (attach statement)   |                                    |              |              |                                   |
| <b>c</b> Add lines 3a and 3b   | 47,860.                            | 47,860.      | 47,860.      |                                   |
| <b>d</b> Gross foreign source income   |                                    |              |              |                                   |
| <b>e</b> Gross income from all sources   | 316,509,660.                       | 316,509,660. | 316,509,660. |                                   |
| <b>f</b> Divide line 3d by line 3e   | .00000                             | .00000       | .00000       |                                   |
| <b>g</b> Multiply line 3c by line 3f   |                                    |              |              |                                   |
| <b>4</b> Pro rata share of interest expense:   |                                    |              |              |                                   |
| <b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)   |                                    |              |              |                                   |
| <b>b</b> Other interest expense  |                                    |              |              |                                   |
| <b>5</b> Losses from foreign sources   |                                    |              |              |                                   |
| <b>6</b> Add lines 2, 3g, 4a, 4b, and 5  | 405.                               | 65,893.      | 96,935.      | <b>6</b>                          |
| <b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶  |                                    |              |              | <b>7</b>                          |

**Part II Foreign Taxes Paid or Accrued**

| Country | Credit is claimed for taxes (you must check one)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |               |                         |   |                 |               |                         |   |   |
|---------|--|-------------------------------|---------------|-------------------------|---|-----------------|---------------|-------------------------|---|---|
|         |  | In foreign currency           |               |                         | (n) Other foreign taxes paid or accrued | In U.S. dollars |               |                         | (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 |   |   |
| 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.

**Foreign Tax Credit**

(Individual, Estate, or Trust)

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

**2015**  
Attachment  
Sequence No. **19**

Form **1116**

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

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

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<br>(Add cols. A, B, and C.) |
|--|------------------------------------|--------------|--------------|-----------------------------------|
|  | A                                  | B            | C            |                                   |
| <b>g</b> Enter the name of the foreign country or U.S. possession  | BRAZIL                             | SAINT MARTIN | MEXICO       |                                   |
| <b>1a</b> Gross income from sources within country shown above and of the type checked above:  |                                    | 782,551.     |              | <b>1a</b>                         |
| <b>b</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) ▶ <input type="checkbox"/> |                                    |              |              |                                   |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |              |              |                                   |
| <b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement)  | 39,489.                            | 782,551.     | 22,290.      |                                   |
| <b>3</b> Pro rata share of other deductions <b>not definitely related:</b>   |                                    |              |              |                                   |
| <b>a</b> Certain itemized deductions or standard deduction   | 47,860.                            | 47,860.      | 47,860.      |                                   |
| <b>b</b> Other deductions (attach statement)   |                                    |              |              |                                   |
| <b>c</b> Add lines 3a and 3b   | 47,860.                            | 47,860.      | 47,860.      |                                   |
| <b>d</b> Gross foreign source income   |                                    | 782,551.     |              |                                   |
| <b>e</b> Gross income from all sources   | 316,509,660.                       | 316,509,660. | 316,509,660. |                                   |
| <b>f</b> Divide line 3d by line 3e   | .00000                             | .00247       | .00000       |                                   |
| <b>g</b> Multiply line 3c by line 3f   |                                    | 118.         |              |                                   |
| <b>4</b> Pro rata share of interest expense:   |                                    |              |              |                                   |
| <b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)   |                                    |              |              |                                   |
| <b>b</b> Other interest expense  |                                    |              |              |                                   |
| <b>5</b> Losses from foreign sources   |                                    |              |              |                                   |
| <b>6</b> Add lines 2, 3g, 4a, 4b, and 5  | 39,489.                            | 782,669.     | 22,290.      | <b>6</b>                          |
| <b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 7c, page 2 ▶  |                                    |              |              | <b>7</b>                          |

**Part II Foreign Taxes Paid or Accrued**

| Country | Credit is claimed for taxes (you must check one)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |                         |              |   |                 |                         |              | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |
|---------|--|-------------------------------|-------------------------|--------------|---|-----------------|-------------------------|--------------|---|---|
|         |  | In foreign currency           |                         |              | (n) Other foreign taxes paid or accrued | In U.S. dollars |                         |              |   |   |
|         |  | (k) Dividends                 | (l) Rents and royalties | (m) Interest |   | (o) Dividends   | (p) Rents and royalties | (q) Interest |   |   |
| A       |  |                               |                         |              |   |                 |                         |              | 316.                                    | 316.  |
| B       |  |                               |                         |              |   |                 |                         |              |   |   |
| C       |  |                               |                         |              |   |                 |                         |              |   |   |

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

LHA For Paperwork Reduction Act Notice, see instructions.

# Foreign Tax Credit

(Individual, Estate, or Trust)

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

# 2015

Attachment Sequence No. 19

Form **1116**

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

Name **DONALD J. & MELANIA TRUMP** 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      c  Section 901(j) income      e  Lump-sum distributions  
 b  General category income      d  Certain income re-sourced by treaty

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)

| g Enter the name of the foreign country or U.S. possession ▶   | Foreign Country or U.S. Possession |                  |                | Total<br>(Add cols. A, B, and C.) |
|--|------------------------------------|------------------|----------------|-----------------------------------|
|  | A                                  | B                | C              |                                   |
| <b>QATAR</b>   |                                    | <b>INDONESIA</b> | <b>IRELAND</b> |                                   |
| <b>1a</b> Gross income from sources within country shown above and of the type checked above:  |                                    | 3,763,769.       | 8,277,541.     | <b>1a</b>                         |
| <b>b</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) ▶ <input type="checkbox"/> |                                    |                  |                |                                   |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |                  |                |                                   |
| <b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement)  | 1,737.                             | 96,331.          | 12,402,242.    |                                   |
| <b>3</b> Pro rata share of other deductions <b>not definitely related:</b>   |                                    |                  |                |                                   |
| <b>a</b> Certain itemized deductions or standard deduction   | 47,860.                            | 47,860.          | 47,860.        |                                   |
| <b>b</b> Other deductions (attach statement)   |                                    |                  |                |                                   |
| <b>c</b> Add lines 3a and 3b   | 47,860.                            | 47,860.          | 47,860.        |                                   |
| <b>d</b> Gross foreign source income   |                                    | 3,763,769.       | 8,277,541.     |                                   |
| <b>e</b> Gross income from all sources   | 316,509,660.                       | 316,509,660.     | 316,509,660.   |                                   |
| <b>f</b> Divide line 3d by line 3e   | .00000                             | .01189           | .02615         |                                   |
| <b>g</b> Multiply line 3c by line 3f   |                                    | 569.             | 1,252.         |                                   |
| <b>4</b> Pro rata share of interest expense:   |                                    |                  |                |                                   |
| <b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)   |                                    |                  |                |                                   |
| <b>b</b> Other interest expense  |                                    |                  |                |                                   |
| <b>5</b> Losses from foreign sources   |                                    |                  |                |                                   |
| <b>6</b> Add lines 2, 3g, 4a, 4b, and 5  | 1,737.                             | 96,900.          | 12,403,494.    | <b>6</b>                          |
| <b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 16, page 2 ▶  |                                    |                  |                | <b>7</b>                          |

### Part II Foreign Taxes Paid or Accrued

| Country | Credit is claimed for taxes (you must check one)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |               |                         |                 |   |               |                         | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |
|---------|--|-------------------------------|---------------|-------------------------|-----------------|---|---------------|-------------------------|---|---|
|         |  | In foreign currency           |               |                         | In U.S. dollars |   |               |                         |   |   |
|         |  | (j) Date paid or accrued      | (k) Dividends | (l) Rents and royalties | (m) Interest    | (n) Other foreign taxes paid or accrued | (o) Dividends | (p) Rents and royalties |   |   |
| 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)

**Foreign Tax Credit**  
(Individual, Estate, or Trust)

Form **1116**

Department of the Treasury  
Internal Revenue Service (99)

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

**2015**  
Attachment  
Sequence No. **19**

▶ Information about Form 1116 and its separate instructions is at [www.irs.gov/form1116](http://www.irs.gov/form1116).

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

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<br>(Add cols. A, B, and C.) |
|--|------------------------------------|---|---|-----------------------------------|
|  | A                                  | B | C |                                   |
| <b>g</b> Enter the name of the foreign country or U.S. possession ▶ TURKEY   |                                    |   |   |                                   |
| <b>1a</b> Gross income from sources within country shown above and of the type checked above:  |                                    |   |   |                                   |
|  | 1,044,632.                         |   |   | <b>1a</b> 50,309,680.             |
| <b>b</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) ▶ <input type="checkbox"/> |                                    |   |   |                                   |
| <b>Deductions and losses (Caution: See instructions):</b>  |                                    |   |   |                                   |
| <b>2</b> Expenses <b>definitely related</b> to the income on line 1a (attach statement) ▶  | 244,486.                           |   |   |                                   |
| <b>3</b> Pro rata share of other deductions <b>not definitely related:</b>   |                                    |   |   |                                   |
| <b>a</b> Certain itemized deductions or standard deduction ▶   | 47,860.                            |   |   |                                   |
| <b>b</b> Other deductions (attach statement) ▶   |                                    |   |   |                                   |
| <b>c</b> Add lines 3a and 3b ▶   | 47,860.                            |   |   |                                   |
| <b>d</b> Gross foreign source income ▶   | 1,044,632.                         |   |   |                                   |
| <b>e</b> Gross income from all sources ▶   | 316,509,660.                       |   |   |                                   |
| <b>f</b> Divide line 3d by line 3e ▶   | .00330                             |   |   |                                   |
| <b>g</b> Multiply line 3c by line 3f ▶   | 158.                               |   |   |                                   |
| <b>4</b> Pro rata share of interest expense:   |                                    |   |   |                                   |
| <b>a</b> Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) ▶   |                                    |   |   |                                   |
| <b>b</b> Other interest expense ▶  |                                    |   |   |                                   |
| <b>5</b> Losses from foreign sources ▶   |                                    |   |   |                                   |
| <b>6</b> Add lines 2, 3g, 4a, 4b, and 5 ▶  | 244,644.                           |   |   | <b>6</b> 54,808,795.              |
| <b>7</b> Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶  |                                    |   |   | <b>7</b> <4,499,115.>             |

**Part II Foreign Taxes Paid or Accrued**

| Country  | Credit is claimed for taxes for taxes (you must check one)<br>(h) <input checked="" type="checkbox"/> Paid<br>(i) <input type="checkbox"/> Accrued | Foreign taxes paid or accrued |                         |              |   |                 |                         |              |   |   |
|--|--|-------------------------------|-------------------------|--------------|---|-----------------|-------------------------|--------------|---|---|
|  |  | In foreign currency           |                         |              | (n) Other foreign taxes paid or accrued | In U.S. dollars |                         |              | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |
|  |  | (k) Dividends                 | (l) Rents and royalties | (m) Interest |   | (o) Dividends   | (p) Rents and royalties | (q) Interest |   |   |
| A  |  |                               |                         |              |   |                 |                         |              |   |   |
| B  |  |                               |                         |              |   |                 |                         |              |   |   |
| C  |  |                               |                         |              |   |                 |                         |              |   |   |
| <b>8</b> Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ |  |                               |                         |              |   |                 |                         |              |   | <b>8</b> 465,747.   |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2015)

ALTERNATIVE MINIMUM TAX

| <b>Part III Figuring the Credit</b> |   |    |              |
|-------------------------------------|---|----|--------------|
| 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                                  | <b>Individuals:</b> Enter the amount from Form 1040, line 41, or Form 1040NR, line 39.<br><b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption   | 18 | 23,831,561.  |
| 19                                  | <b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.<br>Divide line 17 by line 18. If line 17 is more than line 18, enter "1"   | 19 | .55035       |
| 20                                  | <b>Individuals:</b> 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. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37<br><b>Caution:</b> If you are completing line 20 for separate category e (lump-sum distributions), see instructions. | 20 | 4,731,835.   |
| 21                                  | Multiply line 20 by line 19 (maximum amount of credit)  | 21 | 2,604,165.   |
| 22                                  | Enter the <b>smaller</b> 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.   |

| <b>Part IV Summary of Credits From Separate Parts III</b> |   |    |  |
|---|---|----|--|
| 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 <b>smaller</b> 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 <b>foreign tax credit</b> . 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 |  |

Form **4952**

**Investment Interest Expense Deduction**

OMB No. 1545-0191

Department of the Treasury  
Internal Revenue Service (99)

▶ Information about Form 4952 and its instructions is at [www.irs.gov/form4952](http://www.irs.gov/form4952).  
▶ Attach to your tax return.

**2015**  
Attachment  
Sequence No. **51**

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

**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 | <b>Total investment interest expense.</b> 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. |
| 4b | Qualified dividends included on line 4a  | 4b | 726,840.    |
| 4c | Subtract line 4b from line 4a  | 4c | 10,428,986. |
| 4d | Net gain from the disposition of property held for investment  | 4d | 5,727,042.  |
| 4e | Enter the <b>smaller</b> of line 4d or your net capital gain from the disposition of property held for investment (see instructions) | 4e | 5,727,042.  |
| 4f | Subtract line 4e from line 4d  | 4f | 0.          |
| 4g | Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)                              | 4g |             |
| 4h | Investment income. Add lines 4c, 4f, and 4g  | 4h | 10,428,986. |
| 5  | Investment expenses (see instructions)   | 5  | 28,457.     |
| 6  | <b>Net investment income.</b> 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 | <b>Investment interest expense deduction.</b> Enter the <b>smaller</b> 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 |            |

# 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](http://www.irs.gov/form8621).

|  |   |
|--|---|
| Name of shareholder<br><b>DONALD J. TRUMP</b>  | Identifying number (see instructions)   |
| Number, street, or suite no. (If a P.O. box, see instructions.)  | Shareholder tax year: calendar year <b>2015</b> or other tax year beginning and ending    |
| City or town, state, and ZIP code or country<br><b>NEW YORK, NY 10022</b>  |   |
| Check type of shareholder filing the return: <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> S Corporation <input type="checkbox"/> Nongrantor Trust <input type="checkbox"/> Estate |   |
| Check if any Excepted Specified Foreign Financial Assets are Reported on this Form (see instructions) <input type="checkbox"/>   |   |
| Name of passive foreign investment company (PFIC) or qualified electing fund (QEF)<br><b>PAULSON ADVANTAGE SELECT LTD</b>  | Employer identification number (if any)   |
| Address (Enter number, street, city or town, and country.)<br><b>UGLAND HOUSE,<br/>GEORGE TOWN GRAND CAYMAN CAYMAN ISLANDS</b>   | Reference ID number (see instructions)  |
|  | Tax year of PFIC or QEF: calendar year <b>2015</b> 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:

- Description of each class of shares held by the shareholder: **COMMON**  
 Check if shares jointly owned with spouse.
- Date shares acquired during the taxable year, if applicable:
- Number of shares held at the end of the taxable year: **0**.
- Value of shares held at the end of the taxable year (check the appropriate box, if applicable):  
(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:
- 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 |  |
| <b>Important:</b> 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. <b>This is the deferred tax, the time for payment of which is extended by making Election B</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  | <b>If you sold or otherwise disposed of any section 1296 stock (see instructions) during the tax year:</b>  |     |  |
| 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).

|  |            |  |
|--|------------|--|
| <b>15 a</b> 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   | <b>15a</b> |  |
| <b>b</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)   | <b>15b</b> |  |
| <b>c</b> Divide line 15b by 3. (See instructions if the number of preceding tax years is less than 3.)   | <b>15c</b> |  |
| <b>d</b> Multiply line 15c by 125% (1.25)  | <b>15d</b> |  |
| <b>e</b> 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, <b>do not</b> 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 | <b>15e</b> |  |
| <b>f</b> 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 <b>do not</b> complete line 16   | <b>15f</b> |  |
| <b>16 a</b> 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>b</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   | <b>16b</b> |  |
| <b>c</b> 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.)  | <b>16c</b> |  |
| <b>d</b> Foreign tax credit. (See instructions.)   | <b>16d</b> |  |
| <b>e</b> Subtract line 16d from line 16c. Enter this amount on your income tax return as "additional tax." (See instructions.)   | <b>16e</b> |  |
| <b>f</b> 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.)   | <b>16f</b> |  |

**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) |
|--|-----|------|-------|------|-----|------|
| <b>17</b> Tax year of outstanding election                                 |     |      |       |      |     |      |
| <b>18</b> Undistributed earnings to which the election relates             |     |      |       |      |     |      |
| <b>19</b> Deferred tax   |     |      |       |      |     |      |
| <b>20</b> Interest accrued on deferred tax (line 19) as of the filing date |     |      |       |      |     |      |
| <b>21</b> Event terminating election                                       |     |      |       |      |     |      |
| <b>22</b> Earnings distributed or deemed distributed during the tax year   |     |      |       |      |     |      |
| <b>23</b> Deferred tax due with this return                                |     |      |       |      |     |      |
| <b>24</b> Accrued interest due with this return                            |     |      |       |      |     |      |
| <b>25</b> Deferred tax outstanding after partial termination of election   |     |      |       |      |     |      |
| <b>26</b> Interest accrued after partial termination of election           |     |      |       |      |     |      |

Form **5471**

# Information Return of U.S. Persons With Respect To Certain Foreign Corporations

OMB No. 1545-0704

(Rev. December 2015)  
Department of the Treasury  
Internal Revenue Service

▶ For more information about Form 5471, see [www.irs.gov/form5471](http://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

Attachment  
Sequence No. **121**

|  |   |
|--|---|
| Name of person filing this return<br><br><b>DONALD J. TRUMP</b><br><small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small><br><br>City or town, state, and ZIP code<br><b>NEW YORK, NY 10022</b><br>Filer's tax year beginning <b>JAN 1</b> , 2015, and ending <b>DEC 31</b> , 2015 | <b>A Identifying number</b><br><br><b>B Category of filer</b> (See instructions. Check applicable box(es)):<br>1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/><br><b>C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period</b> _____ % |
|--|---|

**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.

|  |                                      |   |                                      |                              |
|--|--------------------------------------|---|--------------------------------------|------------------------------|
| <b>1a Name and address of foreign corporation</b><br><br>DJ AEROSPACE (BERMUDA) LTD.<br>C/O THE TRUMP ORGANIZATION<br><br>NEW YORK, NY 10022 |                                      | <b>b(1) Employer identification number, if any</b><br>98-0669791<br><b>b(2) Reference ID number</b> (see instructions)<br><br><b>c Country under whose laws incorporated</b><br>BERMUDA |                                      |                              |
| <b>d Date of incorporation</b>   | <b>e Principal place of business</b> | <b>f Principal business activity code number</b>  | <b>g Principal business activity</b> | <b>h Functional currency</b> |
| 02/11/94   | BERMUDA                              | 488100  | AVIATION LEASING                     | US DOLLAR                    |

**2 Provide the following information for the foreign corporation's accounting period stated above.**

|   |   |                                     |  |  |  |
|---|---|-------------------------------------|--|--|--|
| <b>a Name, address, and identifying number of branch office or agent (if any) in the United States</b><br>N/A   | <b>b If a U.S. income tax return was filed, enter:</b><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>(i) Taxable income or (loss)</b></td> <td style="width:50%;"><b>(ii) U.S. income tax paid (after all credits)</b></td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | <b>(i) Taxable income or (loss)</b> | <b>(ii) U.S. income tax paid (after all credits)</b> |  |  |
| <b>(i) Taxable income or (loss)</b>   | <b>(ii) U.S. income tax paid (after all credits)</b>  |                                     |  |  |  |
|   |   |                                     |  |  |  |
| <b>c Name and address of foreign corporation's statutory or resident agent in country of incorporation</b><br><br>CODAN SERVICES LIMITED<br><br>HAMILTON HM 11<br>BERMUDA | <b>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</b><br><br>DONALD J TRUMP<br><br>NEW YORK, NY 10022   |                                     |  |  |  |

| <b>Schedule A Stock of the Foreign Corporation</b> |   |                                      |
|--|---|--------------------------------------|
| (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 E Income, War Profits, and Excess Profits Taxes Paid or Accrued**

|   | (a)<br>Name of country or U.S. possession | Amount of tax              |                        |                        |
|---|---|----------------------------|------------------------|------------------------|
|   |   | (b)<br>In foreign currency | (c)<br>Conversion rate | (d)<br>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)<br>Beginning of annual<br>accounting period | (b)<br>End of annual<br>accounting period |
|---|---|---|---|
| 1   | Cash  | 525.  | 1,312.                                    |
| 2a  | Trade notes and accounts receivable                           |   |   |
| b   | Less allowance for bad debts                                  | ( )   | ( )                                       |
| 3   | Inventories   |   |   |
| 4   | Other current assets (attach statement)                       |   |   |
| 5   | Loans to shareholders and other related persons               | 1,035,379.                                      | 0.  |
| 6   | Investment in subsidiaries (attach statement)                 |   |   |
| 7   | Other investments (attach statement)                          |   |   |
| 8a  | Buildings and other depreciable assets                        |   |   |
| b   | Less accumulated depreciation                                 | ( )   | ( )                                       |
| 9a  | Depletable assets   |   |   |
| b   | Less accumulated depletion                                    | ( )   | ( )                                       |
| 10  | Land (net of any amortization)                                |   |   |
| 11  | Intangible assets:  |   |   |
| a   | Goodwill  |   |   |
| b   | Organization costs  |   |   |
| c   | Patents, trademarks, and other intangible assets              |   |   |
| d   | Less accumulated amortization for lines 11a, b, and c         | ( )   | ( )                                       |
| 12  | Other assets (attach statement) SEE STATEMENT 98              | 3,570.  | 3,570.                                    |
| 13  | Total assets  | 1,039,474.                                      | 4,882.                                    |
| <b>Liabilities and Shareholders' Equity</b> |   |   |   |
| 14  | Accounts payable  |   |   |
| 15  | Other current liabilities (attach statement) SEE STATEMENT 99 | 740.  | 740.                                      |
| 16  | Loans from shareholders and other related persons             |   |   |
| 17  | Other liabilities (attach statement)                          |   |   |
| 18  | Capital stock:  |   |   |
| a   | Preferred stock   |   |   |
| b   | Common stock  | 100.  | 100.                                      |
| 19  | Paid-in or capital surplus (attach reconciliation)            | 244,144.  | 244,144.                                  |
| 20  | Retained earnings   | 794,490.  | <240,102.>                                |
| 21  | Less cost of treasury stock                                   | ( )   | ( )                                       |
| 22  | Total liabilities and shareholders' equity                    | 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?<br>If "Yes," see the instructions for required statement.  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2 During the tax year, did the foreign corporation own an interest in any trust?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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?<br>If "Yes," you are generally required to attach Form 8858 for each entity (see instructions). | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 4 During the tax year, was the foreign corporation a participant in any cost sharing arrangement?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 5 During the course of the tax year, did the foreign corporation become a participant in any cost sharing arrangement?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 6 During the tax year, did the foreign corporation participate in any reportable transaction as defined in Regulations section 1.6011-4?<br>If "Yes," attach Form(s) 8886 if required by Regulations section 1.6011-4(c)(3)(i)(G).   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 7 During the tax year, did the foreign corporation pay or accrue any foreign tax that was disqualified for credit under section 901(m)?  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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?   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

**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):   |    |          |
| 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)<br>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 |                      |

- |  |                          |                                     |
|--|--------------------------|-------------------------------------|
| • Was any income of the foreign corporation blocked?                             | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Did any such income become unblocked during the tax year (see section 964(b))? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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](http://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

**EJ AEROSPACE (BERMUDA) LTD.  
C/O THE TRUMP ORGANIZATION**

Reference ID number

EIN (if any)

98-0669791

|   | (a) Post-1986<br>Undistributed Earnings<br>(post-86 section<br>959(c)(3) balance) | (b) Pre-1987 E&P<br>Not Previously Taxed<br>(pre-87 section<br>959(c)(3) balance) | (c) Previously Taxed E&P<br>(sections 959(c)(1) and (2) balances) |  | (d) Total Section<br>964(a) E&P<br>(combine columns<br>(a), (b), and (c)) |
|---|---|---|---|--|---|
|   |   |   | (i) Earnings Invested<br>in U.S. Property                         | (ii) Earnings Invested in<br>Excess Passive Assets |   |
| <b>1</b> Balance at beginning of year   | 855,278.  |   |   |  | 855,278.  |
| <b>2a</b> Current year E&P  | <9,212.>  |   |   |  |   |
| <b>b</b> Current year deficit in E&P  |   |   |   |  |   |
| <b>3</b> Total current and accumulated E&P<br>not previously taxed (line 1 plus line 2a<br>or line 1 minus line 2b) | 846,066.  |   |   |  |   |
| <b>4</b> Amounts included under section<br>951(a) or reclassified under section<br>959(c) in current year           |   |   |   |  |   |
| <b>5a</b> Actual distributions or reclassifications<br>of previously taxed E&P                                      |   |   |   |  |   |
| <b>b</b> Actual distributions of nonpreviously<br>taxed E&P   | 846,066.  |   |   |  |   |
| <b>6a</b> Balance of previously taxed E&P at<br>end of year (line 1 plus line 4, minus<br>line 5a)                  |   |   |   |  |   |
| <b>b</b> Balance of E&P not previously taxed<br>at end of year (line 3 minus line 4,<br>minus line 5b)              |   |   |   |  |   |
| <b>7</b> Balance at end of year. (Enter amount<br>from line 6a or line 6b, whichever is<br>applicable.)             |   |   |   |  |   |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 5471.

Schedule J (Form 5471) (Rev. 12-2012)

**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](http://www.irs.gov/form5471).

▶ Attach to Form 5471.

OMB No. 1545-0704

|  |                    |
|--|--------------------|
| Name of person filing Form 5471<br><br>DONALD J. TRUMP | Identifying number |
|--|--------------------|

|  |                            |                     |
|--|----------------------------|---------------------|
| Name of foreign corporation<br>DJ AEROSPACE (BERMUDA) LTD.<br>C/O THE TRUMP ORGANIZATION | EIN (if any)<br>98-0669791 | Reference ID number |
|--|----------------------------|---------------------|

**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.                         |  |   |  |   |



Form **5471**

**Information Return of U.S. Persons With Respect To Certain Foreign Corporations**

OMB No. 1545-0704

(Rev. December 2015)  
Department of the Treasury  
Internal Revenue Service

▶ For more information about Form 5471, see [www.irs.gov/form5471](http://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 \_\_\_\_\_

Attachment  
Sequence No. **121**

|   |  |
|---|--|
| Name of person filing this return<br><br>DONALD J. TRUMP<br><small>Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address)</small><br><br>City or town, state, and ZIP code<br>NEW YORK, NY 10022 | <b>A Identifying number</b><br><br><b>B Category of filer</b> (See instructions. Check applicable box(es)):<br>1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/><br><br><b>C</b> Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period _____ %<br><br>Filer's tax year beginning <u>JAN 1</u> , 2015, and ending <u>DEC 31</u> , 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.

|  |                                      |  |                                      |                              |
|--|--------------------------------------|--|--------------------------------------|------------------------------|
| <b>1a</b> Name and address of foreign corporation<br><br>THC BARRA HOTELARIA<br><br>NEW YORK, NY 10022 |                                      | <b>b(1)</b> Employer identification number, if any<br>32-0447181<br><br><b>b(2)</b> Reference ID number (see instructions)<br><br><b>c</b> Country under whose laws incorporated<br>BRAZIL |                                      |                              |
| <b>d</b> Date of incorporation   | <b>e</b> Principal place of business | <b>f</b> Principal business activity code number   | <b>g</b> Principal business activity | <b>h</b> Functional currency |
| 04/15/14   |                                      |  |                                      |                              |

**2** Provide the following information for the foreign corporation's accounting period stated above.

|  |   |                                     |  |  |  |
|--|---|-------------------------------------|--|--|--|
| <b>a</b> Name, address, and identifying number of branch office or agent (if any) in the United States     | <b>b</b> If a U.S. income tax return was filed, enter:<br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><b>(i)</b> Taxable income or (loss)</td> <td style="width:50%;"><b>(ii)</b> U.S. income tax paid (after all credits)</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> | <b>(i)</b> Taxable income or (loss) | <b>(ii)</b> U.S. income tax paid (after all credits) |  |  |
| <b>(i)</b> Taxable income or (loss)  | <b>(ii)</b> U.S. income tax paid (after all credits)  |                                     |  |  |  |
|  |   |                                     |  |  |  |
| <b>c</b> Name and address of foreign corporation's statutory or resident agent in country of incorporation | <b>d</b> 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 |
|   |   |                                      |
|   |   |                                      |
|   |   |                                      |

LHA For Paperwork Reduction Act Notice, see instructions.

Form **5471** (Rev. 12-2015)

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

2015

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

DONALD J. & MELANIA TRUMP

Business or activity to which this form relates

TRUMP INTERNATIONAL GOLF CLUB SCOTLAND

Identifying number

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.

Table with 5 columns: Line number, Description, (b) Cost, (c) Elected cost, and Amount. Includes lines 1-13 for Section 179 election.

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.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 14-16 for special depreciation.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 3 columns: Line number, Description, and Amount. Includes lines 17-18 for MACRS deductions.

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows 19a-i.

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows 20a-c.

Part IV Summary (See instructions.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 21-23 for summary.

**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)<br>Type of property<br>(list vehicles first) | (b)<br>Date<br>placed in<br>service | (c)<br>Business/<br>investment<br>use percentage | (d)<br>Cost or<br>other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only) | (f)<br>Recovery<br>period | (g)<br>Method/<br>Convention | (h)<br>Depreciation<br>deduction | (i)<br>Elected<br>section 179<br>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:

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (h) | (i) |
|-----|-----|-----|-----|-----|-----|-----|-----|-----|
|     |     | %   |     |     |     |     |     |     |
|     |     | %   |     |     |     |     |     |     |
|     |     | %   |     |     |     |     |     |     |

**27** Property used 50% or less in a qualified business use:

| (a) | (b) | (c) | (d) | (e) | (f) | (g)   | (h) | (i) |
|-----|-----|-----|-----|-----|-----|-------|-----|-----|
|     |     | %   |     |     |     | 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)<br>Vehicle |    | (b)<br>Vehicle |    | (c)<br>Vehicle |    | (d)<br>Vehicle |    | (e)<br>Vehicle |    | (f)<br>Vehicle |    |
|---|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
| <b>30</b> Total business/investment miles driven during the year (do not include commuting miles) ..... |                |    |                |    |                |    |                |    |                |    |                |    |
| <b>31</b> Total commuting miles driven during the year .....  |                |    |                |    |                |    |                |    |                |    |                |    |
| <b>32</b> Total other personal (noncommuting) miles driven .....  |                |    |                |    |                |    |                |    |                |    |                |    |
| <b>33</b> Total miles driven during the year. Add lines 30 through 32 .....                             |                |    |                |    |                |    |                |    |                |    |                |    |
| <b>34</b> Was the vehicle available for personal use during off-duty hours? .....                       | Yes            | No | Yes            | No | Yes            | No | Yes            | No | Yes            | No | Yes            | No |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person? .....               |                |    |                |    |                |    |                |    |                |    |                |    |
| <b>36</b> 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 |
|--|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....  |     |    |
| <b>38</b> 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 ..... |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use? .....   |     |    |
| <b>40</b> 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? .....   |     |    |
| <b>41</b> 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)<br>Description of costs  | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
|--|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| <b>42</b> Amortization of costs that begins during your 2015 tax year:                     |                                 |                           |                     |  |                                   |
|  |                                 |                           |                     |  |                                   |
| <b>43</b> Amortization of costs that began before your 2015 tax year .....                 |                                 |                           |                     |  | <b>43</b>                         |
| <b>44 Total.</b> Add amounts in column (f). See the instructions for where to report ..... |                                 |                           |                     |  | <b>44</b>                         |

**Reportable Transaction Disclosure Statement**

▶ **Attach to your tax return.**  
 ▶ **See separate instructions.**

Name(s) shown on return (individuals enter last name, first name, middle initial)

Identifying number

DONALD J. & MELANIA TRUMP

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 **c**  Contractual protection **e**  Transaction of interest  
**b**  Confidential **d**  Loss

**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  Partnership  Trust  
 S corporation  Foreign  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. |                               | \$        |

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. |                               | \$        |

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
- 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](http://www.irs.gov/form8858).

OMB No. 1545-1910

Information furnished for the foreign disregarded entity's annual accounting period (see instructions)  
beginning JAN 1, 2015, and ending DEC 31, 2015

Attachment  
Sequence No. 140

Name of person filing this return  
DONALD J. TRUMP

Filer's identifying number

Number of the foreign disregarded entity 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.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **8858** (Rev. 12-2013)

**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)<br>Amount stated in functional currency of foreign disregarded entity | (b)<br>Amount stated in functional currency of recipient |    |
|---|---|--|----|
|   |   | Yes  | No |
| 1 Remittances from the foreign disregarded entity .....   | 1   |  |    |
| 2 Section 987 gain (loss) of recipient .....  | 2   |  |    |
| 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)<br>Beginning of annual accounting period | (b)<br>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?<br>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 ▶  |   |  |



# Domestic Production Activities Deduction

OMB No. 1545-1984

▶ Attach to your tax return. ▶ See separate instructions.

Attachment  
 Sequence No. **143**

Name(s) as shown on return

Identifying number

DONALD J. & MELANIA TRUMP

|   | (a)                               |         | (b)            |               |
|---|-----------------------------------|---------|----------------|---------------|
|   | Oil-related production activities |         | All activities |               |
| <b>1</b> Domestic production gross receipts (DPGR) .....  | <b>1</b>                          | 44,768. |                | 208,673.      |
| <b>2</b> Allocable cost of goods sold. If you are using the small business simplified overall method, skip lines 2 and 3 .....  | <b>2</b>                          | 42,580. |                | 187,714.      |
| <b>3</b> Enter deductions and losses allocable to DPGR (see instructions) .....   | <b>3</b>                          | 2,575.  |                | 16,011.       |
| <b>4</b> 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 .....  | <b>4</b>                          |         |                |               |
| <b>5</b> Add lines 2 through 4 .....  | <b>5</b>                          | 45,155. |                | 203,725.      |
| <b>6</b> Subtract line 5 from line 1 .....  | <b>6</b>                          | <387.>  |                | 4,948.        |
| <b>7</b> Qualified production activities income from estates, trusts, and certain partnerships and S corporations (see instructions) .....  | <b>7</b>                          |         |                |               |
| <b>8</b> Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10 .....   | <b>8</b>                          | <387.>  |                | 4,948.        |
| <b>9</b> Amount allocated to beneficiaries of the estate or trust (see instructions) .....  | <b>9</b>                          |         |                |               |
| <b>10a</b> 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 .....  | <b>10a</b>                        | 0.      |                |               |
| <b>b</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 .....  | <b>10b</b>                        |         |                | 4,948.        |
| <b>11</b> Income limitation (see instructions):<br><ul style="list-style-type: none"> <li>• Individuals, estates, and trusts. Enter your adjusted gross income figured without the domestic production activities deduction .....</li> <li>• All others. Enter your taxable income figured without the domestic production activities deduction (tax-exempt organizations, see instructions) .....</li> </ul> | <b>11</b>                         |         |                | <31,756,435.> |
| <b>12</b> 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 .....   | <b>12</b>                         |         |                | 0.            |
| <b>13</b> Enter 9% of line 12 .....   | <b>13</b>                         |         |                |               |
| <b>14a</b> Enter the smaller of line 10a or line 12 .....   | <b>14a</b>                        |         |                |               |
| <b>b</b> Reduction for oil-related qualified production activities income. Multiply line 14a by 3% .....  | <b>14b</b>                        |         |                |               |
| <b>15</b> Subtract line 14b from line 13 .....  | <b>15</b>                         |         |                |               |
| <b>16</b> Form W-2 wages (see instructions) .....   | <b>16</b>                         |         |                |               |
| <b>17</b> Form W-2 wages from estates, trusts, and certain partnerships and S corporations (see instructions) .....   | <b>17</b>                         |         |                |               |
| <b>18</b> Add lines 16 and 17. Estates and trusts, go to line 19, all others, skip line 19 and go to line 20 .....  | <b>18</b>                         |         |                |               |
| <b>19</b> Amount allocated to beneficiaries of the estate or trust (see instructions) .....   | <b>19</b>                         |         |                |               |
| <b>20</b> Estates and trusts, subtract line 19 from line 18, all others, enter amount from line 18 .....  | <b>20</b>                         |         |                |               |
| <b>21</b> Form W-2 wage limitation. Enter 50% of line 20 .....  | <b>21</b>                         |         |                |               |
| <b>22</b> Enter the smaller of line 15 or line 21 .....   | <b>22</b>                         |         |                | 0.            |
| <b>23</b> Domestic production activities deduction from cooperatives. Enter deduction from Form 1099-PATR, box 6 .....  | <b>23</b>                         |         |                |               |
| <b>24</b> Expanded affiliated group allocation (see instructions) .....   | <b>24</b>                         |         |                |               |
| <b>25</b> 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 .....  | <b>25</b>                         |         |                | 0.            |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **8903** (Rev. 12-2010)

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

DONALD J. & MELANIA TRUMP

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 |         |
|   | <hr/>   |
|   | 77,808. |
| TOTAL INCLUDED IN FORM 1040, LINE 16B       | <hr/>   |
|   | 77,808. |

FORM 1040

STATE AND LOCAL INCOME TAX REFUNDS

STATEMENT 4

|                                   | 2014           | 2013  | 2012  |
|-----------------------------------|----------------|-------|-------|
|                                   | <hr/>          | <hr/> | <hr/> |
|                                   | CALIFORNIA     |       |       |
| GROSS STATE/LOCAL INC TAX REFUNDS | 695,773.       |       |       |
| LESS: TAX PAID IN FOLLOWING YEAR  |                |       |       |
| NET TAX REFUNDS CALIFORNIA        | <hr/> 695,773. |       |       |
|                                   | HAWAII         |       |       |
| GROSS STATE/LOCAL INC TAX REFUNDS | 97,918.        |       |       |
| LESS: TAX PAID IN FOLLOWING YEAR  | 17,093.        |       |       |
| NET TAX REFUNDS HAWAII            | <hr/> 80,825.  |       |       |
|                                   | ILLINOIS       |       |       |
| GROSS STATE/LOCAL INC TAX REFUNDS | 116,746.       |       |       |
| LESS: TAX PAID IN FOLLOWING YEAR  |                |       |       |
| NET TAX REFUNDS ILLINOIS          | <hr/> 116,746. |       |       |
|                                   | IOWA           |       |       |
| GROSS STATE/LOCAL INC TAX REFUNDS | 3,399.         |       |       |
| LESS: TAX PAID IN FOLLOWING YEAR  |                |       |       |
| NET TAX REFUNDS IOWA              | <hr/> 3,399.   |       |       |
|                                   | MARYLAND       |       |       |
| GROSS STATE/LOCAL INC TAX REFUNDS | 190.           |       |       |
| LESS: TAX PAID IN FOLLOWING YEAR  | 190.           |       |       |
| NET TAX REFUNDS MARYLAND          | <hr/> 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        | <u>66,660.</u>           |  |  |
|                                   | 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          | <u>1,199,431.</u>        |  |  |
|                                   | NORTH CAROLINA           |  |  |
| GROSS STATE/LOCAL INC TAX REFUNDS | 253,033.                 |  |  |
| LESS: TAX PAID IN FOLLOWING YEAR  | 82,862.                  |  |  |
| NET TAX REFUNDS NORTH CAROLINA    | <u>170,171.</u>          |  |  |
|                                   | VIRGINIA                 |  |  |
| GROSS STATE/LOCAL INC TAX REFUNDS | 139,927.                 |  |  |
| LESS: TAX PAID IN FOLLOWING YEAR  | 9,058.                   |  |  |
| NET TAX REFUNDS VIRGINIA          | <u>130,869.</u>          |  |  |
| TOTAL NET TAX REFUNDS             | <u><u>2,463,874.</u></u> |  |  |

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<br>* IF LINE 21 IS -0- OR MORE, USE AMOUNT FROM LINE 20<br>* 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.   |

| 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. |

|                               | 2014       | STATE REFUND | AMOUNT SUBTRACTED FROM TAXABLE REFUND |
|-------------------------------|------------|--------------|---------------------------------------|
| HAWAII                        |            |              |                                       |
| STATE TAX PAID IN FOLLOW YEAR | 27,336.    |              |                                       |
| TOTAL STATE TAX PAID 2014     | 156,596.   | 97,918. =    | 17,093.                               |
| MARYLAND                      |            |              |                                       |
| STATE TAX PAID IN FOLLOW YEAR | 190.       |              |                                       |
| TOTAL STATE TAX PAID 2014     | 190.       | 190. =       | 190.                                  |
| NEW YORK                      |            |              |                                       |
| STATE TAX PAID IN FOLLOW YEAR | 2,700,000. |              |                                       |
| TOTAL STATE TAX PAID 2014     | 5,303,595. | 2,443,275. = | 1,243,844.                            |
| NORTH CAROLINA                |            |              |                                       |
| STATE TAX PAID IN FOLLOW YEAR | 82,862.    |              |                                       |
| TOTAL STATE TAX PAID 2014     | 253,033.   | 253,033. =   | 82,862.                               |
| VIRGINIA                      |            |              |                                       |
| STATE TAX PAID IN FOLLOW YEAR | 9,058.     |              |                                       |
| TOTAL STATE TAX PAID 2014     | 139,927.   | 139,927. =   | 9,058.                                |

FORM 1040

WAGES RECEIVED AND TAXES WITHHELD

STATEMENT 8

| T<br>S EMPLOYER'S NAME                                     | AMOUNT<br>PAID | FEDERAL<br>TAX<br>WITHHELD | STATE<br>TAX<br>WITHHELD | CITY<br>SDI<br>TAX W/H | FICA<br>TAX | MEDICARE<br>TAX |
|--|----------------|----------------------------|--------------------------|------------------------|-------------|-----------------|
| T TWENTIETH CENTURY FOX<br>FILM CORP                       | 117.           | 29.                        | 11.                      | 5.                     | 7.          | 2.              |
| T SPE CORPORATE<br>SERVICES                                | 56.            | 14.                        | 5.                       |                        | 3.          | 1.              |
| T UNIVERSAL CITY<br>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<br>INC. FOR WALT DISNEY<br>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<br>SERVICES                           | 1,025.         | 52.                        | 17.                      | 13.                    | 64.         | 15.             |
| <b>TOTALS</b>  | <b>14,141.</b> | <b>3,017.</b>              | <b>1,131.</b>            | <b>453.</b>            | <b>877.</b> | <b>207.</b>     |



FORM 1040

## QUALIFIED DIVIDENDS

STATEMENT 9

| NAME OF PAYER  | ORDINARY<br>DIVIDENDS | QUALIFIED<br>DIVIDENDS |
|--|-----------------------|------------------------|
| JP MORGAN CHASE<br>OPPENHEIMER                         | 41,376.               | 41,376.                |
| BARON GROWTH FUND                                      | 385,495.              | 385,477.               |
| BARON PARTNERS FUND                                    | 879.                  | 879.                   |
| DEUTSCHE BANK TRUST CO                                 | 15,343.               | 15,343.                |
| PERSHING LLC   | 117,942.              | 93,095.                |
| SKYLINE DIVIDEND                                       | 9,253.                | 9,253.                 |
| FROM K-1 - DONALD J TRUMP ELIZABETH<br>TRUST           | 79.                   | 79.                    |
| FROM K-1 - DONALD J TRUMP 'FRED' TRUST                 | 1,882.                | 1,882.                 |
| FROM K-1 - ELIZABETH TRUMP<br>GRANDCHILDREN - DONALD   | 190.                  | 190.                   |
| FROM K-1 - THE OBSIDIAN FUND LLC                       | 2,382.                | 2,382.                 |
| FROM K-1 - PAULSON ADVANTAGE PLUS LP                   | 157,573.              | 50,652.                |
| FROM K-1 - PAULSON CREDIT OPPORTUNITIES<br>LP          | 22,965.               | 21,423.                |
| FROM K-1 - PAULSON PARTNERS LP                         | 7,097.                | 7,097.                 |
| FROM K-1 - ADVANTAGE ADVISERS XANTHUS<br>FUND LLC      | 30,687.               | 30,065.                |
| FROM K-1 - ENERGY TRANSFER PARTNERS LP                 | 13,289.               | 12,408.                |
| FROM K-1 - AG ELEVEN PARTNERS LP                       | 2,669.                | 2,669.                 |
| FROM K-1 - AG DIVERSIFIED CREDIT<br>STRATEGIES FUND LP | 70,387.               | 40,658.                |
| FROM K-1 - MIDOCEAN CREDIT OPPORTUNITY<br>FUND LP      | 3,374.                | 3,225.                 |
|  | 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.     |

---

---

SCHEDULE A MISCELLANEOUS DEDUCTIONS NOT SUBJECT TO FLOOR STATEMENT 14

---

| <u>DESCRIPTION</u>                      | <u>AMOUNT</u> |
|---|---------------|
| 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<br>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<br>EXTENSION PAYMENTS - TAXPAYER | 4,529.       |
| IOWA PRIOR YEAR OVERPAYMENT APPLIED - SPOUSE                         | 1,660.       |
| IOWA PRIOR YEAR BALANCE DUE AND<br>EXTENSION PAYMENTS - SPOUSE       | 3,000.       |
| VIRGINIA PRIOR YEAR OVERPAYMENT APPLIED - SPOUSE                     | 69,963.      |
| VIRGINIA PRIOR YEAR BALANCE DUE AND<br>EXTENSION PAYMENTS - SPOUSE   | 4,529.       |
| REDUCTION OF STATE TAX DEDUCTION - STATE REFUNDS                     | <1,353,047.> |
| TOTAL TO SCHEDULE A, LINE 5  | 5,139,693.   |

DONALD J. & MELANIA TRUMP

SCHEDULE A CASH CONTRIBUTIONS STATEMENT 16

| DESCRIPTION   | AMOUNT<br>50% LIMIT | AMOUNT<br>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<br>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<br>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<br>CORP                      | 9.                  |                     |
| FROM K-1 - T INTERNATIONAL REALTY LLC                                       | 1,375.              |                     |
| <b>SUBTOTALS</b>  | <b>84,942.</b>      | <b>49,500.</b>      |
| <b>TOTAL TO SCHEDULE A, LINE 16</b>   |                     | <b>134,442.</b>     |

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.            |
| <b>TOTAL TO SCHEDULE A, LINE 14</b>             | <b>975,139.</b> |

SCHEDULE A CONTRIBUTIONS OTHER THAN CASH OR CHECK STATEMENT 18

| DESCRIPTION  | AMOUNT<br>100% LIMIT | AMOUNT<br>50% LIMIT | AMOUNT<br>30% LIMIT | AMOUNT<br>20% LIMIT |
|--|----------------------|---------------------|---------------------|---------------------|
| FROM K-1 - DJT HOLDINGS<br>MANAGING MEMBER LLC     |                      | 210,789.            |                     |                     |
| FROM K-1 - DJT HOLDINGS<br>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. |

## 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 APARTMENTS #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.    |

DONALD J. & MELANIA TRUMP

|  |            |
|--|------------|
| 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<br>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. |



DONALD J. & MELANIA TRUMP

| SCHEDULE B   | DIVIDEND INCOME       | STATEMENT 21           |
|--|-----------------------|------------------------|
| NAME OF PAYER  | ORDINARY<br>DIVIDENDS | QUALIFIED<br>DIVIDENDS |
| BARON REAL ESTATE FUND                                 | 799.                  |                        |
| JP MORGAN CHASE<br>OPPENHEIMER                         | 41,376.               | 41,376.                |
| BARON GROWTH FUND                                      | 385,495.              | 385,477.               |
| DJ AEROSPACE (BERMUDA) LTD                             | 879.                  | 879.                   |
| BARON PARTNERS FUND                                    | 846,066.              |                        |
| DEUTSCHE BANK TRUST CO                                 | 15,343.               | 15,343.                |
| PERSHING LLC   | 117,942.              | 93,095.                |
| SKYLINE DIVIDEND                                       | 9,253.                | 9,253.                 |
| FROM K-1 - TRUMP EQUITABLE FIFTH AVENUE CO             | 79.                   | 79.                    |
| FROM K-1 - DONALD J TRUMP ELIZABETH TRUST              | 6.                    |                        |
| FROM K-1 - DONALD J TRUMP 'FRED' TRUST                 | 1,882.                | 1,882.                 |
| FROM K-1 - ELIZABETH TRUMP GRANDCHILDREN - DONALD      | 190.                  | 190.                   |
| FROM K-1 - THE OBSIDIAN FUND LLC                       | 2,382.                | 2,382.                 |
| FROM K-1 - PAULSON ADVANTAGE PLUS LP                   | 157,573.              | 50,652.                |
| FROM K-1 - PAULSON CREDIT OPPORTUNITIES LP             | 22,965.               | 21,423.                |
| FROM K-1 - PAULSON PARTNERS LP                         | 7,097.                | 7,097.                 |
| FROM K-1 - ADVANTAGE ADVISERS XANTHUS FUND LLC         | 30,687.               | 30,065.                |
| FROM K-1 - ENERGY TRANSFER PARTNERS LP                 | 13,289.               | 12,408.                |
| FROM K-1 - AG ELEVEN PARTNERS LP                       | 2,669.                | 2,669.                 |
| FROM K-1 - AG DIVERSIFIED CREDIT STRATEGIES FUND<br>LP | 70,387.               | 40,658.                |
| FROM K-1 - MIDOCEAN CREDIT OPPORTUNITY FUND LP         | 3,374.                | 3,225.                 |
|  | 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.     |

| 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 MAINTENANCE             |                | 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.      |

DONALD J. & MELANIA TRUMP

| 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<br>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<br>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.  |              |

DONALD J. & MELANIA TRUMP

| SCHEDULE D                          | NET SHORT-TERM GAIN OR LOSS FROM<br>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<br>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<br>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

## 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.





## 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<br>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<br>FORM 1040, LINE 9B                | 726,840.  |              |
| 3. IF YOU ARE FILING FORM 4952, ENTER<br>THE AMOUNT FROM FORM 4952, LINE 4G |   |              |
| 4. ENTER THE AMOUNT FROM FORM 4952,<br>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<br>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,<br>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 - ROYALTY 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.

---



---

SCHEDULE E INCOME OR (LOSS) FROM PARTNERSHIPS AND S CORPS STATEMENT 50

---

| NAME                            | ANY  |     | PASSIVE  | PASSIVE    | NONPASSIVE  | SEC. 179  | NONPASSIVE  |
|---------------------------------|------|-----|----------|------------|-------------|-----------|-------------|
|                                 | NOT  | X   |          |            |             |           |             |
| EMPLOYER                        | AT   | IF  | LOSS     | INCOME     | LOSS        | DEDUCTION | INCOME      |
| ID NO.                          | RISK | FRN | CODE     |            |             |           |             |
| 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.    |           |             |

DONALD J. & MELANIA TRUMP

|   |   |          |            |
|---|---|----------|------------|
| 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. |
| UNREIMBURSED EXPENSES                       |   |          | 42,783.    |
| 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.    |

DONALD J. & MELANIA TRUMP

|                                   |     |         |         |
|-----------------------------------|-----|---------|---------|
| 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.  |

DONALD J. & MELANIA TRUMP

|   |   |            |          |
|---|---|------------|----------|
| 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 APARTMENTS #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.      |         |

DONALD J. & MELANIA TRUMP

---

|   |     |            |
|---|-----|------------|
| 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.     |

DONALD J. & MELANIA TRUMP

|  |   |          |            |
|--|---|----------|------------|
| 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.   |            |

DONALD J. & MELANIA TRUMP

|   |   |          |            |
|---|---|----------|------------|
| 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.   |
| INVESTMENT INTEREST EXPENSE                 |   |          | 4.         |
| 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.     |

DONALD J. & MELANIA TRUMP

|  |   |            |
|--|---|------------|
| 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.   |

DONALD J. & MELANIA TRUMP

|   |     |            |          |
|---|-----|------------|----------|
| 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.       |          |

DONALD J. & MELANIA TRUMP

|   |     |          |
|---|-----|----------|
| 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.  |



DONALD J. & MELANIA TRUMP

|   |   |            |             |
|---|---|------------|-------------|
| 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<br>LLC          |   |            |             |
| 27-4162308  | P | 3,015,363. |             |
| DJT HOLDINGS LLC - TRUMP LAS VEGAS<br>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.         |             |

DONALD J. & MELANIA TRUMP

|  |   |            |
|--|---|------------|
| 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.   |

DONALD J. & MELANIA TRUMP

|  |     |         |          |
|--|-----|---------|----------|
| 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. |          |

DONALD J. & MELANIA TRUMP

|  |   |             |
|--|---|-------------|
| 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.    |

DONALD J. & MELANIA TRUMP

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.

DONALD J. & MELANIA TRUMP

|   |   |             |             |             |          |             |
|---|---|-------------|-------------|-------------|----------|-------------|
| DT MARKS BALI MEMBER CORP<br>47-4351450                           | S |             | 14,198.     |             |          |             |
| DT LIDO TECHNICAL SERVICES MANAGER MEMBER<br>CORP<br>47-4428697   | S | 111.        |             |             |          |             |
| DT LIDO HOTEL MANAGER MEMBER CORP<br>47-4780737                   | S | 59.         |             |             |          |             |
| DT LIDO GOLF MANAGER MEMBER CORP<br>47-4740782                    | S | 57.         |             |             |          |             |
| DT JEDDAH TECHNICAL SERVICES MANAGER<br>MEMBER CORP<br>47-5139988 | S | 2.          |             |             |          |             |
| DT BALI TECHNICAL SERVICES MANAGER MEMBER<br>CORP<br>47-4363339   | S | 91.         |             |             |          |             |
| DT BALI GOLF MANAGER MEMBER CORP<br>47-4379724                    | S | 79.         |             |             |          |             |
| DT BALI HOTEL MANAGER MEMBER CORP<br>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<br>ID NO. | PASSIVE<br>LOSS                          | PASSIVE<br>INCOME | NONPASSIVE<br>LOSS | NONPASSIVE<br>INCOME |
| DONALD J TRUMP<br>TRUST                      | 11-6261971         |  |                   | 0.                 |                      |
| DONALD J TRUMP<br>ELIZABETH TRUST            | 13-6023440         | 0.                                       |                   |                    |                      |
| DONALD J TRUMP<br>'FRED' TRUST               | 13-6023441         | 0.                                       |                   |                    |                      |
| ELIZABETH TRUMP<br>GRANDCHILDREN -<br>DONALD | 13-6814305         | 0.                                       |                   |                    |                      |
| TOTALS TO SCHEDULE E, LINE 34                |                    | 0.                                       |                   | 0.                 |                      |

\* ENTIRE DISPOSITION OF ACTIVITY

---



---

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 APARTMENTS #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   | CHARLOTTEVILLE 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.



## 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.     |

## PASSIVE INCOME

## NAME OF COUNTRY IMPOSING TAX

| NAME OF COUNTRY IMPOSING TAX | DATE     |         | AMT/FOREIGN CURRENCY | AMOUNT IN U.S. DOLLARS |              |          |        |
|------------------------------|----------|---------|----------------------|------------------------|--------------|----------|--------|
|                              | PAID     | ACCRUED |                      | 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.    |
| OTHER COUNTRIES              | 12/31/15 |         | 0.                   | 2,465.                 |              |          |        |
| OTHER COUNTRIES              |          |         | 0.                   | 1,233.                 |              |          |        |
| OTHER COUNTRIES              |          |         | 0.                   | 328.                   |              |          |        |

DONALD J. & MELANIA TRUMP

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. |

## GENERAL LIMITATION INCOME

## NAME OF COUNTRY IMPOSING TAX

| 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.   |

DONALD J. & MELANIA TRUMP

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.        |

STATEMENT(S) 56, 57

DONALD J. & MELANIA TRUMP

|   |                      |          |
|---|----------------------|----------|
| 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.   |

DONALD J. & MELANIA TRUMP

|  |              |          |
|--|--------------|----------|
| 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 |              | 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  |              | 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.      |

DONALD J. & MELANIA TRUMP

|   |           |             |
|---|-----------|-------------|
| 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.        |



| DESCRIPTION  | DATE ACQUIRED | DATE SOLD | SALES PRICE | DEPR. | COST OR BASIS | GAIN OR LOSS |
|--|---------------|-----------|-------------|-------|---------------|--------------|
| TRUMP EQUITABLE FIFTH AVENUE CO 40 WALL DEVELOPMENT ASSOC, LLC |               |           |             |       |               | <104,333.>   |
| OCEAN AIR INVESTORS LLC  |               |           |             |       |               | <85,744.>    |
| OAKDALE INVESTORS LLC  |               |           |             |       |               | 17,227.      |
| TIPPERARY REALTY CORP  |               |           |             |       |               | 8,012.       |
| PARC CONSULTING INC  |               |           |             |       |               | <104.>       |
| TRUMP PAGEANTS, INC.   |               |           |             |       |               | <86.>        |
| TRUMP TOWER MANAGING MEMBER INC                                |               |           |             |       |               | 418,193.     |
| VH PROPERTY CORP   |               |           |             |       |               | <1,055.>     |
| THE OBSIDIAN FUND LLC  |               |           |             |       |               | <1,232,459.> |
| DJT HOLDINGS MANAGING MEMBER LLC                               |               |           |             |       |               | <12.>        |
| REGENCY ENERGY PARTNERS LP                                     |               |           |             |       |               | 20.          |
| ENERGY TRANSFER PARTNERS LP                                    |               |           |             |       |               | <189.>       |
| TRUMP VINEYARD ESTATES MANAGER CORP                            |               |           |             |       |               | 0.           |
| DJT HOLDINGS LLC   |               |           |             |       |               | 20.          |
| 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.  |

DONALD J. & MELANIA TRUMP

| 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.                        |              |

| DESCRIPTION  | DATE<br>ACQUIRED | DATE<br>SOLD | SALES<br>PRICE | DEPR. | COST OR<br>BASIS | GAIN<br>OR LOSS          |
|--|------------------|--------------|----------------|-------|------------------|--------------------------|
| TRUMP EQUITABLE<br>FIFTH AVENUE CO<br>40 WALL<br>DEVELOPMENT<br>ASSOC, LLC |                  |              |                |       |                  | <104,333.>               |
| OCEAN AIR<br>INVESTORS LLC   |                  |              |                |       |                  | <85,744.>                |
| OAKDALE INVESTORS<br>LLC   |                  |              |                |       |                  | 17,227.                  |
| TIPPERARY REALTY<br>CORP   |                  |              |                |       |                  | 8,012.                   |
| PARC CONSULTING<br>INC   |                  |              |                |       |                  | <104.>                   |
| TRUMP PAGEANTS,<br>INC.  |                  |              |                |       |                  | <86.>                    |
| TRUMP TOWER<br>MANAGING MEMBER<br>INC                                      |                  |              |                |       |                  | 418,193.                 |
| VH PROPERTY CORP<br>THE OBSIDIAN FUND<br>LLC                               |                  |              |                |       |                  | <1,055.><br><1,232,459.> |
| DJT HOLDINGS<br>MANAGING MEMBER<br>LLC                                     |                  |              |                |       |                  | <12.>                    |
| REGENCY ENERGY<br>PARTNERS LP  |                  |              |                |       |                  | 20.                      |
| ENERGY TRANSFER<br>PARTNERS LP   |                  |              |                |       |                  | <189.>                   |
| TRUMP VINEYARD<br>ESTATES MANAGER<br>CORP                                  |                  |              |                |       |                  | 0.                       |
| DJT HOLDINGS LLC<br>TRUMP VINEYARD<br>ESTATE LLC                           |                  |              |                |       |                  | 20.<br>1,960.            |
| TRUMP PARK AVENUE<br>LLC ( TRUMP<br>DELMONICO LLC)                         |                  |              |                |       |                  | 10,410,903.              |
| TRUMP PARK AVENUE<br>LLC - ACQUISITION                                     |                  |              |                |       |                  | 9,604,504.               |
| MISS UNIVERSE LP,<br>LLLP  |                  |              |                |       |                  | 20,491,479.              |
| TOTAL TO 4797, PART I, LINE 2  |                  |              |                |       |                  | 39,528,336.              |

DONALD J. & MELANIA TRUMP

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 SCHEDULE E C/O | 9,774.  | .547808542      | 5,190.                | 5,190.         | 4,584.          |
|                         | 8,068.  | .452191458      | 4,284.                | 4,284.         | 3,784.          |
| TOTALS                  | 17,842. | 1.000000000     | 9,474.                | 9,474.         | 8,368.          |

DONALD J. & MELANIA TRUMP

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.                           |

DONALD J. & MELANIA TRUMP

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.            |

DONALD J. & MELANIA TRUMP

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 SCHEDULE E C/O | 29.    | 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.        |

DONALD J. & MELANIA TRUMP

FORM 6198AMT

ALTERNATIVE MINIMUM TAX  
ALLOCATION OF ALLOWABLE LOSSES

STATEMENT 76

TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP

| DESCRIPTION        | LOSS    | PERCENT<br>OF LOSS | ALLOCATION<br>OF AT-RISK | ALLOWABLE<br>LOSS | DISALLOWED<br>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.            |



| 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. DEVELOPMENT MEMBER INC. | SCH E     | 3,510.            | 4,073.       | <563.>     |
| FLIGHTS INC.                                  | SCH E     | <105.>            | <105.>       |            |
| 81 PINE NOTE HOLDER INC                       | SCH E     | <76,855.>         | <76,855.>    |            |
| TRUMP MANAGEMENT INC                          | SCH E     | <25.>             | <25.>        |            |
| TRUMP DELMONICO LLC                           | SCH E     | 15,420.           | 15,420.      |            |
| TRUMP TORONTO DEVELOPMENT INC                 | SCH E     | <18,089.>         | <18,089.>    |            |
| VH PROPERTY CORP                              | FORM 4797 | <5,857.>          | <5,857.>     |            |
| VH PROPERTY CORP                              | SCH E     | <1,232,459.>      | <1,232,459.> |            |
| TRUMP LAS VEGAS SALES & MARKETING INC         | SCH E     | 1,729,469.        | 1,710,195.   | 19,274.    |
| TRUMP PARK AVENUE LLC                         | SCH E     | <2,010.>          | <2,010.>     |            |
| TRUMP MARKS HOLDING LP                        | SCH E     | <10,080.>         | <10,080.>    |            |
| TRUMP MARKS GP CORP                           | SCH E     | 10,525.           | 10,525.      |            |
|   | SCH E     | <534.>            | <534.>       |            |

DONALD J. & MELANIA TRUMP

|  |       |              |              |           |
|--|-------|--------------|--------------|-----------|
| 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.>       |           |

DONALD J. & MELANIA TRUMP

|   |       |           |           |
|---|-------|-----------|-----------|
| TRUMP MARKS SOHO<br>LICENSE CORP          | SCH E | <74.>     | <74.>     |
| TRUMP MARKS<br>WESTCHESTER CORP           | SCH E | <72.>     | <72.>     |
| TRUMP MARKS STAMFORD<br>CORP              | SCH E | 5,025.    | 5,025.    |
| TRUMP MARKS JERSEY<br>CITY CORP           | SCH E | <571.>    | <571.>    |
| TRUMP MARKS SUNNY<br>ISLES I MEMBER CORP  | SCH E | 3,938.    | 3,938.    |
| TRUMP MARKS MORTGAGE<br>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<br>CORP             | SCH E | <537.>    | <537.>    |
| TRUMP MARKS PUERTO<br>RICO I LLC          | SCH E | <3,504.>  | <3,504.>  |
| TRUMP MARKS PUERTO<br>RICO I MEMBER CORP  | SCH E | <140.>    | <140.>    |
| TRUMP MARKS<br>PHILADELPHIA CORP          | SCH E | <271.>    | <271.>    |
| TRUMP MARKS LAS VEGAS<br>LLC              | SCH E | <2,183.>  | <2,183.>  |
| TRUMP MARKS LAS VEGAS<br>CORP             | SCH E | <302.>    | <302.>    |
| TRUMP MARKS MAGAZINE<br>CORP              | SCH E | <247.>    | <247.>    |
| TRUMP MARKS MAGAZINE<br>LLC               | SCH E | <2,153.>  | <2,153.>  |
| TRUMP MARKS NEW<br>ROCHELLE CORP          | SCH E | 6,193.    | 6,193.    |
| TRUMP MARKS PALM BEACH<br>CORP            | SCH E | <296.>    | <296.>    |
| TRUMP GOLF COCO BEACH<br>LLC              | SCH E | <25,682.> | <25,682.> |
| TRUMP GOLF COCO BEACH<br>MEMBER CORP      | SCH E | <589.>    | <589.>    |
| TRUMP MARKS WHITE<br>PLAINS CORP          | SCH E | <53.>     | <53.>     |
| TRUMP MARKS FT.<br>LAUDERDALE MEMBER CORP | SCH E | <1.>      | <1.>      |
| TRUMP MARKS PANAMA<br>CORP                | SCH E | 14,361.   | 14,361.   |
| TRUMP MARKS TORONTO<br>LLC                | SCH E | <2,129.>  | <2,129.>  |
| TRUMP MARKS TORONTO<br>CORP               | SCH E | <246.>    | <246.>    |
| TRUMP MARKS SUNNY<br>ISLES II MEMBER CORP | SCH E | <297.>    | <297.>    |
| TRUMP MARKS FT.<br>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<br>MEMBER INC           | SCH E | <145.>    | <145.>    |
| TRUMP MARKS TAMPA CORP                    | SCH E | <296.>    | <296.>    |
| TRUMP MARKS ASIA CORP                     | SCH E | <280.>    | <280.>    |

DONALD J. & MELANIA TRUMP

|   |       |              |              |           |
|---|-------|--------------|--------------|-----------|
| 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.       |           |

DONALD J. & MELANIA TRUMP

|  |       |            |            |     |
|--|-------|------------|------------|-----|
| DSN LICENSING MEMBER<br>CORP                 | SCH E | 335.       | 335.       |     |
| TRUMP MARKS FINE FOODS<br>LLC                | SCH E | 15,975.    | 15,975.    |     |
| TRUMP HOME MARKS LLC                         | SCH E | 70,292.    | 70,292.    |     |
| TRUMP DEVELOPMENT<br>SERVICES LLC            | SCH E | <5,414.>   | <5,414.>   |     |
| TRUMP LAS VEGAS CORP                         | SCH E | <107,784.> | <107,784.> |     |
| TRUMP SALES & LEASING<br>CHICAGO LLC         | SCH E | <3,682.>   | <3,682.>   |     |
| TRUMP MARKS MENSWEAR<br>LLC                  | SCH E | 342,471.   | 342,471.   |     |
| TRUMP INTERNATIONAL<br>GOLF CLUB LLC         | SCH E | <712,670.> | <712,670.> |     |
| TRUMP INTERNATIONAL<br>HOTEL HAWAII LLC      | SCH E | 2,385,145. | 2,385,145. |     |
| TRUMP AC CASINO MARKS<br>MEMBER CORP         | SCH E | <1,178.>   | <1,178.>   |     |
| TRUMP CAROUSEL MEMBER<br>CORP                | SCH E | 1,265.     | 1,265.     |     |
| TRUMP MARKS MUMBAI<br>MEMBER CORP            | SCH E | <316.>     | <316.>     |     |
| TRUMP PANAMA<br>CONDOMINIUM MEMBER<br>CORP   | SCH E | <1,520.>   | <1,520.>   |     |
| TRUMP PANAMA HOTEL<br>MANAGEMENT MEMBER CORP | SCH E | 8,278.     | 8,278.     |     |
| TRUMP SALES & LEASING<br>CHICAGO MEMBER CORP | SCH E | <317.>     | <317.>     |     |
| GOLF PRODUCTIONS<br>MEMBER CORP              | SCH E | <511.>     | <511.>     |     |
| TIHH MEMBER CORP                             | SCH E | 23,445.    | 23,445.    |     |
| TRUMP CHICAGO HOTEL<br>MEMBER CORP           | SCH E | 17,961.    | 17,961.    |     |
| TRUMP TORONTO HOTEL<br>MANAGEMENT CORP       | SCH E | 134,935.   | 134,935.   |     |
| TRUMP FERRY POINT LLC                        | SCH E | 1,593,669. | 1,593,620. | 49. |
| TRUMP PANAMA HOTEL<br>MANAGEMENT LLC         | SCH E | 847,282.   | 847,282.   |     |
| TRUMP CHICAGO HOTEL<br>MANAGER LLC           | SCH E | 1,845,575. | 1,845,575. |     |
| PANAMA OCEAN CLUB<br>MANAGEMENT LLC          | SCH E | <351.>     | <351.>     |     |
| TRUMP MARKS CHICAGO<br>LLC                   | SCH E | <2,183.>   | <2,183.>   |     |
| TRUMP CHICAGO<br>COMMERCIAL MANAGER LLC      | SCH E | 1,155,745. | 1,155,745. |     |
| TRUMP INTERNATIONAL<br>DEVELOPMENT LLC       | SCH E | <406.>     | <406.>     |     |
| TRUMP AC CASINO MARKS<br>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<br>RESIDENTIAL MANAGER<br>LLC  | SCH E | 521,330.   | 521,330.   |     |

DONALD J. & MELANIA TRUMP

|   |       |              |              |            |
|---|-------|--------------|--------------|------------|
| TRUMP PANAMA<br>CONDOMINIUM MANAGEMENT<br>LLC                       | SCH E | <128,205.>   | <128,205.>   |            |
| TRUMP MARKS PRODUCTS<br>LLC   | SCH E | <2,262.>     | <2,262.>     |            |
| TRUMP MARKS PRODUCTS<br>MEMBER CORP                                 | SCH E | <303.>       | <303.>       |            |
| TRUMP INTERNATIONAL<br>DEVELOPMENT MEMBER<br>CORP                   | SCH E | <59.>        | <59.>        |            |
| PANAMA OCEAN CLUB<br>MANAGEMENT MEMBER CORP                         | SCH E | <284.>       | <284.>       |            |
| TRUMP CHICAGO<br>RESIDENTIAL MEMBER<br>CORP                         | SCH E | 4,877.       | 4,877.       |            |
| TRUMP MARKS CHICAGO<br>MEMBER CORP                                  | SCH E | <331.>       | <331.>       |            |
| TRUMP CHICAGO<br>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<br>MEMBER CORP                               | SCH E | <183.>       | <183.>       |            |
| TRUMP CLASSIC CARS<br>MEMBER CORP                                   | SCH E | <1,269.>     | <1,269.>     |            |
| DJT HOLDINGS LLC -<br>SEVEN SPRINGS LLC                             | SCH E | <54,425.>    | <54,425.>    |            |
| DJT HOLDINGS LLC -<br>TRUMP WINE MARKS LLC                          | SCH E | <15,316.>    | <15,316.>    |            |
| DJT HOLDINGS LLC -<br>TRUMP NATIONAL GOLF<br>CLUB LLC               | SCH E | <1,434,918.> | <1,434,918.> |            |
| DJT HOLDINGS LLC - LFB<br>ACQUISITION LLC                           | SCH E | 1,004,280.   | 1,007,559.   | <3,279.>   |
| DJT HOLDINGS LLC -<br>TNGC PINE HILL LLC                            | SCH E | <687,367.>   | <681,810.>   | <5,557.>   |
| DJT HOLDINGS LLC -<br>TNGC DUTCHESS COUNTY<br>LLC                   | SCH E | <588,933.>   | <581,002.>   | <7,931.>   |
| DJT HOLDINGS LLC -<br>TRUMP NATIONAL GOLF<br>CLUB WASHINGTON DC LLC | SCH E | 189,919.     | 200,988.     | <11,069.>  |
| TRUMP VIRGINIA<br>ACQUISITIONS LLC                                  | SCH E | <1,305,750.> | <1,305,750.> |            |
| TRUMP MARKS BATUMI LLC  | SCH E | <351.>       | <351.>       |            |
| TRUMP DRINKS ISRAEL<br>LLC  | SCH E | <32,600.>    | <32,600.>    |            |
| TRUMP BOOKS LLC   | SCH E | <322.>       | <322.>       |            |
| PARAMOUNT RPV HOLDINGS<br>LLC                                       | SCH E | <297.>       | <297.>       |            |
| TRUMP EU MARKS LLC  | SCH E | <2,183.>     | <2,183.>     |            |
| TRUMP WORLD<br>PRODUCTIONS LLC                                      | SCH E | <8,380.>     | <8,380.>     |            |
| TRUMP BOOKS MANAGER<br>CORP   | SCH E | <308.>       | <308.>       |            |
| TRUMP DRINKS ISRAEL<br>MEMBER CORP                                  | SCH E | <664.>       | <664.>       |            |

DONALD J. & MELANIA TRUMP

|   |       |            |            |         |
|---|-------|------------|------------|---------|
| DJT LAND HOLDINGS MEMBER CORP               | SCH E |            |            |         |
| TRUMP WINE MARKS MEMBER CORP                | SCH E | <1,225.>   | <1,225.>   |         |
| TRUMP ENDEAVOR 12 MANAGER CORP              | SCH E | <381.>     | <381.>     |         |
| TAG AIR INC                                 | SCH E | <113,600.> | <116,659.> | 3,059.  |
| PARAMOUNT RPV HOLDINGS MANAGER CORP         | SCH E | 194,984.   | 111,120.   | 83,864. |
| TRUMP EU MARKS MEMBER CORP                  | SCH E | <228.>     | <228.>     |         |
| LFB AQUISITION MEMBER CORP                  | SCH E | <297.>     | <297.>     |         |
| TRUMP WORLD PRODUCTIONS MANAGER CORP        | SCH E | 10,022.    | 10,055.    | <33.>   |
| TRUMP VIRGINIA ACQUISITIONS MANAGER CORP    | SCH E | <622.>     | <622.>     |         |
| DT APP WARRANT HOLDING MANAGING MEMBER CORP | SCH E | <13,414.>  | <13,414.>  |         |
| DT INDIA VENTURE MANAGING MEMBER CORP       | SCH E | <297.>     | <297.>     |         |
| DT MARKS BAKU MANAGING MEMBER CORP          | SCH E | <321.>     | <321.>     |         |
| DT MARKS RIO MEMBER CORP                    | SCH E | <579.>     | <579.>     |         |
| POKER VENTURE MANAGING MEMBER CORP          | SCH E | <341.>     | <341.>     |         |
| TP-CFD MANAGER CORP                         | SCH E | <228.>     | <228.>     |         |
| TRUMP MARKS BATUMI MANAGING MEMBER CORP     | SCH E | <283.>     | <283.>     |         |
| TRUMP MARKS PUNTA DEL ESTE MANAGER          | SCH E | <229.>     | <229.>     |         |
| TRUMP MIAMI RESORT MANAGEMENT MEMBER CORP   | SCH E | 1,230.     | 1,230.     |         |
| WHITE COURSE MANAGING MEMBER CORP           | SCH E | <384.>     | <384.>     |         |
| MELANIA MARKS SKINCARE MANAGING MEMBER CORP | SCH E | <325.>     | <325.>     |         |
| DT MARKS PUNE LLC                           | SCH E | <2,403.>   | <2,403.>   |         |
| DT MARKS RIO LLC                            | SCH E | <5,221.>   | <5,221.>   |         |
| DT APP WARRANT HOLDING LLC                  | SCH E | <3,550.>   | <3,550.>   |         |
| TRUMP MARKS PUNTA DEL ESTE LLC              | SCH E | <2,183.>   | <2,183.>   |         |
| DT MARKS BAKU LLC                           | SCH E | 146,496.   | 146,496.   |         |
| T INTERNATIONAL REALTY LLC                  | SCH E | <48,947.>  | <48,947.>  |         |
| TP-CFD LLC                                  | SCH E | 263,864.   | 263,864.   |         |
| POKER VENTURE LLC                           | SCH E | <297.>     | <297.>     |         |
| DT INDIA VENTURE LLC                        | SCH E | <297.>     | <297.>     |         |
| TRUMP CHICAGO RETAIL MANAGER LCC            | SCH E | <2,129.>   | <2,129.>   |         |
| MELANIA MARKS SKINCARE LLC                  | SCH E | <431.>     | <431.>     |         |
| DJT HOLDINGS TNGC CHARLOTTE LLC             | SCH E | <41,431.>  | <41,431.>  |         |
|   |       | 1,080,628. | 1,080,373. | 255.    |

DONALD J. & MELANIA TRUMP

|  |       |              |              |           |
|--|-------|--------------|--------------|-----------|
| DJT HOLDINGS - WHITE<br>COURSE LLC                           | SCH E | <9,848.>     | <9,848.>     |           |
| DJT HOLDINGS JUPITER<br>GOLF CLUB                            | SCH E | <1,650,759.> | <1,623,584.> | <27,175.> |
| DJT HOLDINGS LLC -<br>TRUMP LAS VEGAS MEMBER<br>LLC          | SCH E | <3,015,363.> | <3,015,363.> |           |
| DJT HOLDINGS LLC -<br>TRUMP LAS VEGAS<br>MANAGING MEMBER LLC | SCH E | <65,285.>    | <65,285.>    |           |
| DT MARKS DUBAI LLC   | SCH E | <3,473.>     | <3,473.>     |           |
| THC SALES & MARKETING<br>LLC                                 | SCH E | 81,283.      | 81,283.      |           |
| DT MARKS WORLI LLC   | SCH E | 1,023,983.   | 1,023,983.   |           |
| DT DUBAI GOLF MANAGER<br>LLC                                 | SCH E | 1,332,944.   | 1,332,944.   |           |
| DT MARKS VANCOUVER LP  | SCH E | <9,820.>     | <9,820.>     |           |
| THC DEVELOPMENT BRAZIL<br>LLC                                | SCH E | <351.>       | <351.>       |           |
| DT HOME MARKS<br>INTERNATIONAL LLC                           | SCH E | 429,786.     | 429,786.     |           |
| THC RIO MANAGER LLC  | SCH E | <27,730.>    | <27,770.>    | 40.       |
| DT MARKS PRODUCTS<br>INTERNATIONAL LLC                       | SCH E | <11,017.>    | <11,017.>    |           |
| THC CENTRAL<br>RESERVATIONS LLC                              | SCH E | <133,600.>   | <133,600.>   |           |
| TRUMP HOTEL MANAGEMENT<br>CORP                               | SCH E | <1,651.>     | <1,651.>     |           |
| EID VENTURE I<br>CORPORATION                                 | SCH E | <284.>       | <284.>       |           |
| DT MARKS WORLI MEMBER<br>CORP                                | SCH E | 10,118.      | 10,118.      |           |
| DT HOME MARKS<br>INTERNATIONAL MEMBER<br>CORP                | SCH E | 3,853.       | 3,853.       |           |
| THC DEVELOPMENT BRAZIL<br>MANAGING MEMBER                    | SCH E | <634.>       | <634.>       |           |
| DT DUBAI GOLF MANAGER<br>MEMBER CORP                         | SCH E | 13,239.      | 13,239.      |           |
| DT MARKS VANCOUVER<br>MEMBER CORP                            | SCH E | <324.>       | <324.>       |           |
| THC RIO MANAGING<br>MEMBER CORP                              | SCH E | <856.>       | <856.>       |           |
| DT MARKS DUBAI MEMBER<br>CORP                                | SCH E | <260.>       | <260.>       |           |
| TRUMP CHICAGO RETAIL<br>MEMBER CORP                          | SCH E | <279.>       | <279.>       |           |
| DT MARKS PRODCTS<br>INTERNATIONAL MEMBER<br>CORP             | SCH E | <445.>       | <445.>       |           |
| OPO HOTEL MANAGER<br>MEMBER CORP                             | SCH E | <174.>       | <174.>       |           |
| THC CENTRAL<br>RESERVATIONS MEMBER<br>CORP                   | SCH E | <1,848.>     | <1,848.>     |           |
| THC SALES & MARKETING<br>MEMBER CORP                         | SCH E | 596.         | 596.         |           |



DONALD J. & MELANIA TRUMP

|  |       |            |            |        |
|--|-------|------------|------------|--------|
| THC VANCOUVER<br>MANAGEMENT CORP                                 | SCH E | 4,239.     | 4,239.     |        |
| THE CARIBUSINESS RE<br>CORP                                      | SCH E | <55.>      | <55.>      |        |
| TW VENTURE I MANAGING<br>MEMBER CORP                             | SCH E | <59.>      | <59.>      |        |
| TRUMP CPS CORP   | SCH E | <2,918.>   | <2,918.>   |        |
| D B PACE ACQUISITION<br>MEMBER CORP                              | SCH E | <519.>     | <519.>     |        |
| DT CONNECT II MEMBER<br>CORP                                     | SCH E | <11,474.>  | <12,099.>  | 625.   |
| DT DUBAI II GOLF<br>MANAGER MEMBER CORP                          | SCH E | 29,293.    | 29,293.    |        |
| DT MARKS GURGAON<br>MANAGING MEMBER CORP                         | SCH E | <947.>     | <947.>     |        |
| DT MARKS PUNE II<br>MANAGING MEMBER CORP                         | SCH E | <289.>     | <289.>     |        |
| DT MARKS QATAR MEMBER<br>CORP                                    | SCH E | <1,307.>   | <1,307.>   |        |
| PINE HILL DEVELOPMENT<br>MANAGING MEMBER                         | SCH E | <822.>     | <822.>     |        |
| THC BAKU HOTEL MANAGER<br>SERVICE MEMBER                         | SCH E | <10,830.>  | <10,830.>  |        |
| THC BAKU SERVICES<br>MEMBER CORP                                 | SCH E | 2,150.     | 2,150.     |        |
| THC CHINA-TECHNICAL<br>SERVICES MANAGER CORP                     | SCH E | <634.>     | <634.>     |        |
| THC QATAR HOTEL<br>MANAGER MEMBER CORP                           | SCH E | <716.>     | <716.>     |        |
| THC SERVICES SHENZHEN<br>MEMBER CORP                             | SCH E | <485.>     | <485.>     |        |
| THC VENTURE II MANGING<br>MEMBER CORP                            | SCH E | <638.>     | <638.>     |        |
| TTTT VENTURE MEMBER<br>CORP (FKA THC VENTURE<br>III MEMBER CORP) | SCH E | 29,056.    | 29,056.    |        |
| TNGC CHARLOTTE MANAGER<br>CORP                                   | SCH E | 9,763.     | 9,760.     | 3.     |
| TNGC JUPITER MANAGINF<br>MEMBER CORP                             | SCH E | 897.       | 897.       |        |
| TRUMP NATIONAL GOLF<br>CLUB COLTS NECK MEMBER<br>CORP            | SCH E | <13,961.>  | <13,714.>  | <247.> |
| TURNBERRY SCOTLAND<br>MANAGING MEMBER CORP                       | SCH E | <133,760.> | <133,760.> |        |
| THC CHINA TECHNICAL<br>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<br>SERVICES LLC                           | SCH E | <594.>     | <594.>     |        |
| THC BAKU SERVICES LLC  | SCH E | 312,718.   | 312,718.   |        |
| THC QATAR HOTEL<br>MANAGER LLC                                   | SCH E | <3,020.>   | <3,020.>   |        |
| THC SERVICES SHENZHEN<br>LLC                                     | SCH E | <3,068.>   | <3,068.>   |        |

DONALD J. & MELANIA TRUMP

|  |       |              |              |         |
|--|-------|--------------|--------------|---------|
| THC SHENZHEN HOTEL<br>MANAGER LLC                      | SCH E | <2,421.>     | <2,421.>     |         |
| TTTT VENTURE LLC (FKA<br>THC VENTURE III LLC)          | SCH E | 2,263,767.   | 2,263,767.   |         |
| DJT HOLDINGS LLC (PINE<br>HILL DEVELOPMENT LLC)        | SCH E | <8,276.>     | <8,276.>     |         |
| DJT HOLDINGS LLC (TNGC<br>JUPITER MANAGEMENT<br>LLC)   | SCH E | 115,344.     | 115,344.     |         |
| DJT HOLDINGS LLC (TW<br>VENTURE I LLC)                 | SCH E | 31,889.      | 31,889.      |         |
| DJT HOLDINGS LLC (TW<br>VENTURE II LLC)                | SCH E | <4,438,083.> | <4,438,083.> |         |
| DJT HOLDINGS LLC (DT<br>CONNECT II LLC)                | SCH E | <1,028,110.> | <1,089,339.> | 61,229. |
| TW VENTURE II MANAGING<br>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<br>SERVICES MANAGER LLC              | SCH E | <3,587.>     | <3,587.>     |         |
| DT LIDO HOTEL MANAGER<br>LLC                           | SCH E | <399.>       | <399.>       |         |
| DT LIDO TECHNICAL<br>SERVICES MANAGER LLC              | SCH E | <3,774.>     | <3,774.>     |         |
| DT JEDDAH TECHNICAL<br>SERVICES MANAGER LLC            | SCH E | <168.>       | <168.>       |         |
| THC JEDDAH HOTEL<br>MANAGER LLC                        | SCH E | <42,584.>    | <42,584.>    |         |
| EID VENTURE I LLC                                      | SCH E | <351.>       | <351.>       |         |
| DT MARKS PUNE MANAGING<br>MEMBER CORP                  | SCH E | <383.>       | <383.>       |         |
| THC SHENZHEN HOTEL<br>MANAGER MEMBER CORP              | SCH E | <776.>       | <776.>       |         |
| THC JEDDAH HOTEL<br>MANAGER MEMBER CORP                | SCH E | <430.>       | <430.>       |         |
| JUPITER GOLF CLUB<br>MANAGING MEMBER CORP              | SCH E | <17,067.>    | <16,790.>    | <277.>  |
| DTW VENTURE MANAGING<br>MEMBER CORP                    | SCH E | <225.>       | <225.>       |         |
| DT TOWER GURGAON<br>MANAGING MEMBER CORP               | SCH E | <431.>       | <431.>       |         |
| DT MARKS LIDO MEMBER<br>CORP                           | SCH E | 14,143.      | 14,143.      |         |
| DT MARKS BALI MEMBER<br>CORP                           | SCH E | 14,198.      | 14,198.      |         |
| DT LIDO TECHNICAL<br>SERVICES MANAGER<br>MEMBER CORP   | SCH E | <111.>       | <111.>       |         |
| DT LIDO HOTEL MANAGER<br>MEMBER CORP                   | SCH E | <59.>        | <59.>        |         |
| DT LIDO GOLF MANAGER<br>MEMBER CORP                    | SCH E | <57.>        | <57.>        |         |
| DT JEDDAH TECHNICAL<br>SERVICES MANAGER<br>MEMBER CORP | SCH E | <2.>         | <2.>         |         |

DONALD J. & MELANIA TRUMP

|   |       |              |              |            |
|---|-------|--------------|--------------|------------|
| 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.>        |            |

DONALD J. & MELANIA TRUMP

WEST PALM OPERATIONS SCH E  
LLC

<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 APARTMENTS #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. |           |

DONALD J. & MELANIA TRUMP

---

---

FORM 4952                      INCOME FROM PROPERTY HELD FOR INVESTMENT                      STATEMENT 81

---

| <u>DESCRIPTION</u>                    | <u>AMOUNT</u> |
|---------------------------------------|---------------|
| 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                      STATEMENT 82  
PROPERTY HELD FOR INVESTMENT

---

| <u>DESCRIPTION</u>                       | <u>AMOUNT</u> |
|--|---------------|
| 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.    |

| 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  
SCHEDULE A DEDUCTIONS

8.  
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         |                                      |                            |                |                                 |                                  |               |

| NAME OF ACTIVITY                       | CURRENT YEAR |            | PRIOR YEAR<br>UNALLOWED<br>LOSS | OVERALL GAIN OR LOSS |            |
|--|--------------|------------|---------------------------------|----------------------|------------|
|  | NET INCOME   | NET LOSS   |                                 | GAIN                 | LOSS       |
| RITZ CARLTON                           | 0.           | <8,756.>   |                                 |                      | <8,756.>   |
| AVENUE, PALM BEACH,<br>FL 3348         | 0.           | <189,202.> |                                 |                      | <189,202.> |
| BEACH, PALM<br>TRUMP 106 OPS LLC -     | 0.           | <56,539.>  |                                 |                      | <56,539.>  |
| NY                                     | 0.           | <839.>     |                                 |                      | <839.>     |
| APARTMENT- NEW YORK,<br>NEW YORK       | 0.           | <7,508.>   |                                 |                      | <7,508.>   |
| TRUMP LAUDERDALE<br>DEVELOPMENT #2 LLC | 0.           | <199.>     |                                 |                      | <199.>     |
| WEST PALM OPERATIONS<br>LLC            | 0.           | <26,466.>  |                                 |                      | <26,466.>  |
| TOTALS                                 | 0.           | <289,509.> |                                 |                      | <289,509.> |

| NAME OF ACTIVITY                                  | CURRENT YEAR |            | PRIOR YEAR<br>UNALLOWED<br>LOSS | OVERALL GAIN OR LOSS |            |
|---|--------------|------------|---------------------------------|----------------------|------------|
|   | NET INCOME   | NET LOSS   |                                 | GAIN                 | LOSS       |
| MAR-A-LAGO CLUB, LLC                              | 3,334,568.   | 0.         |                                 | 3,334,568.           |            |
| HUDSON WATERFRONT<br>ASSOC V, L.P.                | 221,546.     | 0.         |                                 | 221,546.             |            |
| HUDSON WATERFRONT<br>ASSOC II, LP                 | 0.           | <35,257.>  |                                 |                      | <35,257.>  |
| HUDSON WATERFRONT<br>ASSOC III, LP                | 414,402.     | 0.         |                                 | 414,402.             |            |
| TRUMP 845 UN GP LLC                               | 2,168.       | 0.         |                                 | 2,168.               |            |
| TRUMP 845 UN LIMITED<br>PARTNERSHIP               | 0.           | <57,571.>  |                                 |                      | <57,571.>  |
| OCEAN AIR INVESTORS<br>LLC                        | 17,227.      | 0.         |                                 | 17,227.              |            |
| OAKDALE INVESTORS LLC                             | 8,012.       | 0.         |                                 | 8,012.               |            |
| TRUMP MODEL<br>MANAGEMENT LLC (TMG<br>MEMBER LLC) | 0.           | <349,151.> |                                 |                      | <349,151.> |
| TRUMP KOREA LLC<br>(KOREAN PROJECTS)              | 0.           | <9.>       |                                 |                      | <9.>       |
| TRUMP PROJECT<br>MANAGEMENT CORP                  | 0.           | <9,715.>   |                                 |                      | <9,715.>   |
| TRUMP'S CASTLE<br>MANAGEMENT CORP.                | 0.           | <855.>     |                                 |                      | <855.>     |

DONALD J. & MELANIA TRUMP

|  |            |              |              |
|--|------------|--------------|--------------|
| TRAVEL ENTERPRISES<br>MANAGEMENT INC                                   | 74,625.    | 0.           | 74,625.      |
| ALL COUNTY BLDG<br>SUPPLY & MAINT CO<br>HELICOPTER AIR<br>SERVICES INC | 0.         | <5,637.>     | <5,637.>     |
| ULTIMATE AIR CORP  | 0.         | <11,851.>    | <11,851.>    |
| TRUMP CENTRAL PARK<br>WEST CORP  | 0.         | <9,474.>     | <9,474.>     |
| TRUMP EMPIRE STATE,<br>INC.  | 0.         | <1,160.>     | <1,160.>     |
| MAR-A-LAGO CLUB, INC.<br>DEVELOPMENT MEMBER<br>INC.                    | 4,073.     | <16,474.>    | <16,474.>    |
| FLIGHTS INC.   | 0.         | 0.           | 4,073.       |
| 81 PINE NOTE HOLDER<br>INC   | 0.         | <105.>       | <105.>       |
| TRUMP MANAGEMENT INC   | 0.         | <76,855.>    | <76,855.>    |
| TRUMP DELMONICO LLC  | 0.         | <25.>        | <25.>        |
| TRUMP TORONTO<br>DEVELOPMENT INC                                       | 15,420.    | 0.           | 15,420.      |
| VH PROPERTY CORP   | 0.         | <18,089.>    | <18,089.>    |
| TRUMP LAS VEGAS SALES<br>& MARKETING INC                               | 0.         | <5,857.>     | <5,857.>     |
| TRUMP PARK AVENUE LLC  | 1,710,195. | <1,232,459.> | 477,736.     |
| TRUMP MARKS HOLDING<br>LP  | 0.         | <2,010.>     | <2,010.>     |
| TRUMP MARKS GP CORP  | 10,525.    | <10,080.>    | <10,080.>    |
| TRUMP INTERNATIONAL<br>GOLF CLUB LLC                                   | 0.         | 0.           | 10,525.      |
| TRUMP PRODUCTIONS LLC  | 0.         | <534.>       | <534.>       |
| TRUMP PRODUCTIONS LLC  | 3,021,465. | 0.           | 3,021,465.   |
| TRUMP PRODUCTIONS<br>MANAGING MEMBER INC                               | 5,236,209. | 0.           | 5,236,209.   |
| TRUMP INTERNATIONAL<br>HOTELS MANAGEMENT LLC                           | 256,573.   | 0.           | 256,573.     |
| 809 NORTH CANON<br>MEMBER CORP   | 52,891.    | 0.           | 52,891.      |
| TIHM MEMBER CORP   | 0.         | <1,490,509.> | <1,490,509.> |
| TRUMP FOLLIES LLC  | 0.         | <225.>       | <225.>       |
| TRUMP FLORIDA MANAGER<br>CORP  | 0.         | <1,875.>     | <1,875.>     |
| TRUMP LAS OLAS LLC   | 0.         | <88.>        | <88.>        |
| TRUMP INTERNATIONAL<br>GOLF CLUB SCOTLAND<br>LTD                       | 0.         | <387.>       | <387.>       |
| BAYROCK- TRUMP SOHO<br>MEMBER LLC                                      | 0.         | <440.>       | <440.>       |
| THE TRUMP MARKS REAL<br>ESTATE CORP                                    | 0.         | <2,934,805.> | <2,934,805.> |
| TRUMP MARKS REAL<br>ESTATE LLC   | 0.         | <1,025.>     | <1,025.>     |
| TRUMP MARKS PANAMA<br>LLC  | 0.         | <560.>       | <560.>       |
| TRUMP MARKS<br>PHILADELPHIA LLC  | 0.         | <25,765.>    | <25,765.>    |
| TRUMP MARKS HOLLYWOOD<br>LLC   | 1,444,007. | 0.           | 1,444,007.   |
|  | 0.         | <2,129.>     | <2,129.>     |
|  | 0.         | <2,271.>     | <2,271.>     |

DONALD J. & MELANIA TRUMP

|  |          |          |          |
|--|----------|----------|----------|
| TRUMP MARKS WAIKIKI<br>LLC               | 247,731. | 0.       | 247,731. |
| TRUMP MARKS DUBAI LLC                    | 0.       | <3,777.> | <3,777.> |
| TRUMP MARKS PALM<br>BEACH LLC            | 0.       | <2,129.> | <2,129.> |
| TRUMP MARKS SOHO LLC                     | 0.       | <1,925.> | <1,925.> |
| TRUMP MARKS WHITE<br>PLAINS LLC          | 0.       | <322.>   | <322.>   |
| TRUMP MARKS<br>WESTCHESTER LLC           | 0.       | <2,153.> | <2,153.> |
| TRUMP MARKS STAMFORD<br>LLC              | 546,022. | 0.       | 546,022. |
| TRUMP MARKS NEW<br>ROCHELLE LLC          | 628,997. | 0.       | 628,997. |
| TRUMP MARKS CANOUAN<br>LLC               | 0.       | <404.>   | <404.>   |
| TRUMP MARKS JERSEY<br>CITY LLC           | 0.       | <2,129.> | <2,129.> |
| TRUMP MARKS HOLLYWOOD<br>CORP            | 0.       | <273.>   | <273.>   |
| TRUMP MARKS SUNNY<br>ISLES I LLC         | 389,819. | 0.       | 389,819. |
| TRUMP MARKS SUNNY<br>ISLES II LLC        | 0.       | <2,183.> | <2,183.> |
| TRUMP MARKS WAIKIKI<br>CORP              | 1,372.   | 0.       | 1,372.   |
| TRUMP MARKS CANOUAN<br>CORP              | 0.       | <334.>   | <334.>   |
| TRUMP MARKS DUBAI<br>CORP                | 0.       | <318.>   | <318.>   |
| TRUMP MARKS SOHO<br>LICENSE CORP         | 0.       | <74.>    | <74.>    |
| TRUMP MARKS<br>WESTCHESTER CORP          | 0.       | <72.>    | <72.>    |
| TRUMP MARKS STAMFORD<br>CORP             | 5,025.   | 0.       | 5,025.   |
| TRUMP MARKS JERSEY<br>CITY CORP          | 0.       | <571.>   | <571.>   |
| TRUMP MARKS SUNNY<br>ISLES I MEMBER CORP | 3,938.   | 0.       | 3,938.   |
| TRUMP MARKS MORTGAGE<br>CORP             | 0.       | <352.>   | <352.>   |
| TRUMP MARKS EGYPT LLC                    | 0.       | <2,237.> | <2,237.> |
| TRUMP MARKS EGYPT<br>CORP                | 0.       | <358.>   | <358.>   |
| TRUMP MARKS BEVERAGES<br>CORP            | 0.       | <537.>   | <537.>   |
| TRUMP MARKS PUERTO<br>RICO I LLC         | 0.       | <3,504.> | <3,504.> |
| TRUMP MARKS PUERTO<br>RICO I MEMBER CORP | 0.       | <140.>   | <140.>   |
| TRUMP MARKS<br>PHILADELPHIA CORP         | 0.       | <271.>   | <271.>   |
| TRUMP MARKS LAS VEGAS<br>LLC             | 0.       | <2,183.> | <2,183.> |
| TRUMP MARKS LAS VEGAS<br>CORP            | 0.       | <302.>   | <302.>   |

DONALD J. & MELANIA TRUMP

|   |            |              |              |
|---|------------|--------------|--------------|
| 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.>     |

DONALD J. & MELANIA TRUMP

|  |            |            |            |
|--|------------|------------|------------|
| 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 MELANIA MARKS ACCESSORIES LLC | 6,929.     | 0.         | 6,929.     |
| TRUMP ACQUISITION LLC MELANIA MARKS ACCESSORIES MEMBER CORP          | 4,949.     | 0.         | 4,949.     |
| TRUMP MARKS ATLANTA MEMBER CORP                                      | 0.         | <351.>     | <351.>     |
| TRUMP HOME MARKS MEMBER CORP   | 0.         | <85.>      | <85.>      |
| TRUMP DEVELOPMENT SERVICES MEMBER CORP                               | 0.         | <133.>     | <133.>     |
| TRUMP MARKS MENSWEAR MEMBER CORP                                     | 149.       | 0.         | 149.       |
| DSN LICENSING MEMBER CORP  | 0.         | <64.>      | <64.>      |
| TRUMP MARKS FINE FOODS LLC   | 2,730.     | 0.         | 2,730.     |
| TRUMP HOME MARKS LLC   | 335.       | 0.         | 335.       |
| TRUMP DEVELOPMENT SERVICES LLC                                       | 15,975.    | 0.         | 15,975.    |
| TRUMP LAS VEGAS CORP   | 70,292.    | 0.         | 70,292.    |
| TRUMP SALES & LEASING CHICAGO LLC                                    | 0.         | <5,414.>   | <5,414.>   |
| TRUMP MARKS MENSWEAR LLC   | 0.         | <107,784.> | <107,784.> |
| TRUMP INTERNATIONAL GOLF CLUB LLC                                    | 0.         | <3,682.>   | <3,682.>   |
| TRUMP INTERNATIONAL HOTEL HAWAII LLC                                 | 342,471.   | 0.         | 342,471.   |
| TRUMP AC CASINO MARKS MEMBER CORP                                    | 0.         | <712,670.> | <712,670.> |
| TRUMP CAROUSEL MEMBER CORP   | 2,385,145. | 0.         | 2,385,145. |
| TRUMP MARKS MUMBAI MEMBER CORP                                       | 0.         | <1,178.>   | <1,178.>   |
|  | 1,265.     | 0.         | 1,265.     |
|  | 0.         | <316.>     | <316.>     |

DONALD J. & MELANIA TRUMP

|   |            |            |            |            |
|---|------------|------------|------------|------------|
| TRUMP PANAMA<br>CONDOMINIUM MEMBER<br>CORP                                      | 0.         | <1,520.>   |            | <1,520.>   |
| TRUMP PANAMA HOTEL<br>MANAGEMENT MEMBER<br>CORP                                 | 8,278.     | 0.         | 8,278.     |            |
| TRUMP SALES & LEASING<br>CHICAGO MEMBER CORP<br>GOLF PRODUCTIONS<br>MEMBER CORP | 0.         | <317.>     |            | <317.>     |
| TIHH MEMBER CORP  | 23,445.    | 0.         | 23,445.    |            |
| TRUMP CHICAGO HOTEL<br>MEMBER CORP  | 17,961.    | 0.         | 17,961.    |            |
| TRUMP TORONTO HOTEL<br>MANAGEMENT CORP  | 134,935.   | 0.         | 134,935.   |            |
| TRUMP FERRY POINT LLC   | 1,593,620. | 0.         | 1,593,620. |            |
| TRUMP PANAMA HOTEL<br>MANAGEMENT LLC  | 847,282.   | 0.         | 847,282.   |            |
| TRUMP CHICAGO HOTEL<br>MANAGER LLC  | 1,845,575. | 0.         | 1,845,575. |            |
| PANAMA OCEAN CLUB<br>MANAGEMENT LLC   | 0.         | <351.>     |            | <351.>     |
| TRUMP MARKS CHICAGO<br>LLC  | 0.         | <2,183.>   |            | <2,183.>   |
| TRUMP CHICAGO<br>COMMERCIAL MANAGER<br>LLC                                      | 1,155,745. | 0.         | 1,155,745. |            |
| TRUMP INTERNATIONAL<br>DEVELOPMENT LLC  | 0.         | <406.>     |            | <406.>     |
| TRUMP AC CASINO MARKS<br>LLC  | 0.         | <83,460.>  |            | <83,460.>  |
| TRUMP CLASSIC CARS<br>LLC   | 0.         | <2,348.>   |            | <2,348.>   |
| TRUMP CAROUSEL LLC  | 236,063.   | 0.         | 236,063.   |            |
| TRUMP CHICAGO<br>RESIDENTIAL MANAGER<br>LLC                                     | 521,330.   | 0.         | 521,330.   |            |
| TRUMP PANAMA<br>CONDOMINIUM<br>MANAGEMENT LLC                                   | 0.         | <128,205.> |            | <128,205.> |
| TRUMP MARKS PRODUCTS<br>LLC   | 0.         | <2,262.>   |            | <2,262.>   |
| TRUMP MARKS PRODUCTS<br>MEMBER CORP   | 0.         | <303.>     |            | <303.>     |
| TRUMP INTERNATIONAL<br>DEVELOPMENT MEMBER<br>CORP                               | 0.         | <59.>      |            | <59.>      |
| PANAMA OCEAN CLUB<br>MANAGEMENT MEMBER<br>CORP                                  | 0.         | <284.>     |            | <284.>     |
| TRUMP CHICAGO<br>RESIDENTIAL MEMBER<br>CORP                                     | 4,877.     | 0.         | 4,877.     |            |
| TRUMP MARKS CHICAGO<br>MEMBER CORP  | 0.         | <331.>     |            | <331.>     |
| TRUMP CHICAGO<br>COMMERCIAL MEMBER<br>CORP                                      | 10,984.    | 0.         | 10,984.    |            |

DONALD J. & MELANIA TRUMP

|  |            |              |              |
|--|------------|--------------|--------------|
| TRUMP MARKS MUMBAI<br>LLC  | 0.         | <2,237.>     | <2,237.>     |
| DJT HOLDINGS LLC   | 0.         | <1,929,672.> | <1,929,672.> |
| TRUMP MARKS FINE<br>FOODS MEMBER CORP                                  | 0.         | <183.>       | <183.>       |
| TRUMP CLASSIC CARS<br>MEMBER CORP                                      | 0.         | <1,269.>     | <1,269.>     |
| DJT HOLDINGS LLC -<br>SEVEN SPRINGS LLC                                | 0.         | <54,425.>    | <54,425.>    |
| DJT HOLDINGS LLC -<br>TRUMP WINE MARKS LLC                             | 0.         | <15,316.>    | <15,316.>    |
| DJT HOLDINGS LLC -<br>TRUMP NATIONAL GOLF<br>CLUB LLC                  | 0.         | <1,434,918.> | <1,434,918.> |
| DJT HOLDINGS LLC -<br>LFB ACQUISITION LLC                              | 1,007,559. | 0.           | 1,007,559.   |
| DJT HOLDINGS LLC -<br>TNGC PINE HILL LLC                               | 0.         | <681,810.>   | <681,810.>   |
| DJT HOLDINGS LLC -<br>TNGC DUTCHESS COUNTY<br>LLC                      | 0.         | <581,002.>   | <581,002.>   |
| DJT HOLDINGS LLC -<br>TRUMP NATIONAL GOLF<br>CLUB WASHINGTON DC<br>LLC | 200,988.   | 0.           | 200,988.     |
| TRUMP VIRGINIA<br>ACQUISITIONS LLC                                     | 0.         | <1,305,750.> | <1,305,750.> |
| TRUMP MARKS BATUMI<br>LLC  | 0.         | <351.>       | <351.>       |
| TRUMP DRINKS ISRAEL<br>LLC   | 0.         | <32,600.>    | <32,600.>    |
| TRUMP BOOKS LLC  | 0.         | <322.>       | <322.>       |
| PARAMOUNT RPV<br>HOLDINGS LLC  | 0.         | <297.>       | <297.>       |
| TRUMP EU MARKS LLC   | 0.         | <2,183.>     | <2,183.>     |
| TRUMP WORLD<br>PRODUCTIONS LLC   | 0.         | <8,380.>     | <8,380.>     |
| TRUMP BOOKS MANAGER<br>CORP  | 0.         | <308.>       | <308.>       |
| TRUMP DRINKS ISRAEL<br>MEMBER CORP                                     | 0.         | <664.>       | <664.>       |
| DJT LAND HOLDINGS<br>MEMBER CORP                                       | 0.         | <1,225.>     | <1,225.>     |
| TRUMP WINE MARKS<br>MEMBER CORP  | 0.         | <381.>       | <381.>       |
| TRUMP ENDEAVOR 12<br>MANAGER CORP                                      | 0.         | <116,659.>   | <116,659.>   |
| TAG AIR INC  | 111,120.   | 0.           | 111,120.     |
| PARAMOUNT RPV<br>HOLDINGS MANAGER CORP                                 | 0.         | <228.>       | <228.>       |
| TRUMP EU MARKS MEMBER<br>CORP  | 0.         | <297.>       | <297.>       |
| LFB AQUISITION MEMBER<br>CORP  | 10,055.    | 0.           | 10,055.      |
| TRUMP WORLD<br>PRODUCTIONS MANAGER<br>CORP                             | 0.         | <622.>       | <622.>       |



DONALD J. & MELANIA TRUMP

|  |            |              |              |
|--|------------|--------------|--------------|
| TRUMP VIRGINIA<br>ACQUISITIONS MANAGER<br>CORP               | 0.         | <13,414.>    | <13,414.>    |
| DT APP WARRANT<br>HOLDING MANAGING<br>MEMBER CORP            | 0.         | <297.>       | <297.>       |
| DT INDIA VENTURE<br>MANAGING MEMBER CORP                     | 0.         | <321.>       | <321.>       |
| DT MARKS BAKU<br>MANAGING MEMBER CORP                        | 0.         | <579.>       | <579.>       |
| DT MARKS RIO MEMBER<br>CORP                                  | 0.         | <341.>       | <341.>       |
| POKER VENTURE<br>MANAGING MEMBER CORP                        | 0.         | <228.>       | <228.>       |
| TP-CFD MANAGER CORP  | 0.         | <283.>       | <283.>       |
| TRUMP MARKS BATUMI<br>MANAGING MEMBER CORP                   | 0.         | <229.>       | <229.>       |
| TRUMP MARKS PUNTA DEL<br>ESTE MANAGER                        | 1,230.     | 0.           | 1,230.       |
| TRUMP MIAMI RESORT<br>MANAGEMENT MEMBER<br>CORP              | 0.         | <384.>       | <384.>       |
| WHITE COURSE MANAGING<br>MEMBER CORP                         | 0.         | <325.>       | <325.>       |
| MELANIA MARKS<br>SKINCARE MANAGING<br>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<br>HOLDING LLC                                | 0.         | <2,183.>     | <2,183.>     |
| TRUMP MARKS PUNTA DEL<br>ESTE LLC                            | 146,496.   | 0.           | 146,496.     |
| DT MARKS BAKU LLC  | 0.         | <48,947.>    | <48,947.>    |
| T INTERNATIONAL<br>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<br>MANAGER LCC                          | 0.         | <431.>       | <431.>       |
| MELANIA MARKS<br>SKINCARE LLC                                | 0.         | <41,431.>    | <41,431.>    |
| DJT HOLDINGS TNGC<br>CHARLOTTE LLC                           | 1,080,373. | 0.           | 1,080,373.   |
| DJT HOLDINGS - WHITE<br>COURSE LLC                           | 0.         | <9,848.>     | <9,848.>     |
| DJT HOLDINGS JUPITER<br>GOLF CLUB                            | 0.         | <1,623,584.> | <1,623,584.> |
| DJT HOLDINGS LLC -<br>TRUMP LAS VEGAS<br>MEMBER LLC          | 0.         | <3,015,363.> | <3,015,363.> |
| DJT HOLDINGS LLC -<br>TRUMP LAS VEGAS<br>MANAGING MEMBER LLC | 0.         | <65,285.>    | <65,285.>    |
| DT MARKS DUBAI LLC   | 0.         | <3,473.>     | <3,473.>     |
| THC SALES & MARKETING<br>LLC                                 | 81,283.    | 0.           | 81,283.      |

DONALD J. & MELANIA TRUMP

|  |            |            |            |
|--|------------|------------|------------|
| DT MARKS WORLI LLC                                     | 1,023,983. | 0.         | 1,023,983. |
| DT DUBAI GOLF MANAGER<br>LLC                           | 1,332,944. | 0.         | 1,332,944. |
| DT MARKS VANCOUVER LP<br>THC DEVELOPMENT<br>BRAZIL LLC | 0.         | <9,820.>   | <9,820.>   |
| DT HOME MARKS<br>INTERNATIONAL LLC                     | 429,786.   | 0.         | 429,786.   |
| THC RIO MANAGER LLC                                    | 0.         | <27,770.>  | <27,770.>  |
| DT MARKS PRODUCTS<br>INTERNATIONAL LLC                 | 0.         | <11,017.>  | <11,017.>  |
| THC CENTRAL<br>RESERVATIONS LLC                        | 0.         | <133,600.> | <133,600.> |
| TRUMP HOTEL<br>MANAGEMENT CORP                         | 0.         | <1,651.>   | <1,651.>   |
| EID VENTURE I<br>CORPORATION                           | 0.         | <284.>     | <284.>     |
| DT MARKS WORLI MEMBER<br>CORP                          | 10,118.    | 0.         | 10,118.    |
| DT HOME MARKS<br>INTERNATIONAL MEMBER<br>CORP          | 3,853.     | 0.         | 3,853.     |
| THC DEVELOPMENT<br>BRAZIL MANAGING<br>MEMBER           | 0.         | <634.>     | <634.>     |
| DT DUBAI GOLF MANAGER<br>MEMBER CORP                   | 13,239.    | 0.         | 13,239.    |
| DT MARKS VANCOUVER<br>MEMBER CORP                      | 0.         | <324.>     | <324.>     |
| THC RIO MANAGING<br>MEMBER CORP                        | 0.         | <856.>     | <856.>     |
| DT MARKS DUBAI MEMBER<br>CORP                          | 0.         | <260.>     | <260.>     |
| TRUMP CHICAGO RETAIL<br>MEMBER CORP                    | 0.         | <279.>     | <279.>     |
| DT MARKS PRODCTS<br>INTERNATIONAL MEMBER<br>CORP       | 0.         | <445.>     | <445.>     |
| OPO HOTEL MANAGER<br>MEMBER CORP                       | 0.         | <174.>     | <174.>     |
| THC CENTRAL<br>RESERVATIONS MEMBER<br>CORP             | 0.         | <1,848.>   | <1,848.>   |
| THC SALES & MARKETING<br>MEMBER CORP                   | 596.       | 0.         | 596.       |
| THC VANCOUVER<br>MANAGEMENT CORP                       | 4,239.     | 0.         | 4,239.     |
| THE CARIBUSINESS RE<br>CORP                            | 0.         | <55.>      | <55.>      |
| TW VENTURE I MANAGING<br>MEMBER CORP                   | 0.         | <59.>      | <59.>      |
| TRUMP CPS CORP   | 0.         | <2,918.>   | <2,918.>   |
| D B PACE ACQUISITION<br>MEMBER CORP                    | 0.         | <519.>     | <519.>     |
| DT CONNECT II MEMBER<br>CORP                           | 0.         | <12,099.>  | <12,099.>  |
| DT DUBAI II GOLF<br>MANAGER MEMBER CORP                | 29,293.    | 0.         | 29,293.    |

DONALD J. & MELANIA TRUMP

|  |            |            |            |
|--|------------|------------|------------|
| DT MARKS GURGAON<br>MANAGING MEMBER CORP                         | 0.         | <947.>     | <947.>     |
| DT MARKS PUNE II<br>MANAGING MEMBER CORP                         | 0.         | <289.>     | <289.>     |
| DT MARKS QATAR MEMBER<br>CORP                                    | 0.         | <1,307.>   | <1,307.>   |
| PINE HILL DEVELOPMENT<br>MANAGING MEMBER                         | 0.         | <822.>     | <822.>     |
| THC BAKU HOTEL<br>MANAGER SERVICE<br>MEMBER                      | 0.         | <10,830.>  | <10,830.>  |
| THC BAKU SERVICES<br>MEMBER CORP                                 | 2,150.     | 0.         | 2,150.     |
| THC CHINA-TECHNICAL<br>SERVICES MANAGER CORP                     | 0.         | <634.>     | <634.>     |
| THC QATAR HOTEL<br>MANAGER MEMBER CORP                           | 0.         | <716.>     | <716.>     |
| THC SERVICES SHENZHEN<br>MEMBER CORP                             | 0.         | <485.>     | <485.>     |
| THC VENTURE II<br>MANAGING MEMBER CORP                           | 0.         | <638.>     | <638.>     |
| TTTT VENTURE MEMBER<br>CORP (FKA THC VENTURE<br>III MEMBER CORP) | 29,056.    | 0.         | 29,056.    |
| TNGC CHARLOTTE<br>MANAGER CORP                                   | 9,760.     | 0.         | 9,760.     |
| TNGC JUPITER MANAGING<br>MEMBER CORP                             | 897.       | 0.         | 897.       |
| TRUMP NATIONAL GOLF<br>CLUB COLTS NECK<br>MEMBER CORP            | 0.         | <13,714.>  | <13,714.>  |
| TURNBERRY SCOTLAND<br>MANAGING MEMBER CORP                       | 0.         | <133,760.> | <133,760.> |
| THC CHINA TECHNICAL<br>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<br>MANAGER SERVICES LLC                           | 0.         | <594.>     | <594.>     |
| THC BAKU SERVICES LLC  | 312,718.   | 0.         | 312,718.   |
| THC QATAR HOTEL<br>MANAGER LLC                                   | 0.         | <3,020.>   | <3,020.>   |
| THC SERVICES SHENZHEN<br>LLC                                     | 0.         | <3,068.>   | <3,068.>   |
| THC SHENZHEN HOTEL<br>MANAGER LLC                                | 0.         | <2,421.>   | <2,421.>   |
| TTTT VENTURE LLC (FKA<br>THC VENTURE III LLC)                    | 2,263,767. | 0.         | 2,263,767. |
| DJT HOLDINGS LLC<br>(PINE HILL<br>DEVELOPMENT LLC)               | 0.         | <8,276.>   | <8,276.>   |
| DJT HOLDINGS LLC<br>(TNGC JUPITER<br>MANAGEMENT LLC)             | 115,344.   | 0.         | 115,344.   |
| DJT HOLDINGS LLC (TW<br>VENTURE I LLC)                           | 31,889.    | 0.         | 31,889.    |

DONALD J. & MELANIA TRUMP

|   |            |              |            |              |
|---|------------|--------------|------------|--------------|
| DJT HOLDINGS LLC (TW VENTURE II LLC)                                    | 0.         | <4,438,083.> |            | <4,438,083.> |
| DJT HOLDINGS LLC (DT CONNECT II LLC) TW VENTURE II MANAGING MEMBER CORP | 0.         | <1,089,339.> |            | <1,089,339.> |
| DT TOWER GURGAON LLC  | 0.         | <43,981.>    |            | <43,981.>    |
| DT MARKS BALI LLC   | 1,405,633. | 0.           | 1,405,633. | <9,933.>     |
| 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 TRUMP ORGANIZATION LLC                                  | 214,500.   | 0.           | 214,500.   |              |
| TRUMP REALTY SERVICES LLC   | 0.         | <119.>       |            | <119.>       |
|   | 0.         | <599.>       |            | <599.>       |

DONALD J. & MELANIA TRUMP

|   |                    |                            |  |
|---|--------------------|----------------------------|--|
| 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 ACQUISITION 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.>                                  |
| <b>TOTALS</b>                                     | <b>45,279,007.</b> | <b>&lt;27,805,050.&gt;</b> | <b>44,046,548. &lt;26,572,591.&gt;</b> |

FORM 8582

SUMMARY OF PASSIVE ACTIVITIES

STATEMENT 90

| RE<br>A NAME                       | FORM<br>OR<br>SCHEDULE | GAIN/LOSS  | PRIOR<br>YEAR C/O | NET<br>GAIN/LOSS | UNALLOWED<br>LOSS | ALLOWED<br>LOSS |
|------------------------------------|------------------------|------------|-------------------|------------------|-------------------|-----------------|
| MAR-A-LAGO CLUB, LLC               | SCH E                  | 3,334,568. |                   | 3,334,568.       |                   |                 |
| HUDSON WATERFRONTSCH ASSOC V, L.P. | SCH E                  | 221,546.   |                   | 221,546.         |                   |                 |
| HUDSON WATERFRONTSCH ASSOC II, LP  | SCH E                  | <35,257.>  |                   | <35,257.>        |                   | 35,257.         |
| HUDSON WATERFRONTSCH ASSOC III, LP | SCH E                  | 414,402.   |                   | 414,402.         |                   |                 |
| TRUMP 845 UN GP LLC                | SCH E                  | 2,168.     |                   | 2,168.           |                   |                 |

DONALD J. & MELANIA TRUMP

|   |           |              |              |            |
|---|-----------|--------------|--------------|------------|
| TRUMP 845 UN LIMITED PARTNERSHIP            | SCH E     |              |              |            |
| OCEAN AIR INVESTORS LLC                     | FORM 4797 | <57,571.>    | <57,571.>    | 57,571.    |
| OCEAN AIR INVESTORS LLC                     | SCH E     | 17,227.      | 17,227.      |            |
| OAKDALE INVESTORS LLC                       | FORM 4797 | 0.           | 0.           |            |
| OAKDALE INVESTORS LLC                       | SCH E     | 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.       |

DONALD J. & MELANIA TRUMP

|                   |       |              |              |            |
|-------------------|-------|--------------|--------------|------------|
| TRUMP             | SCH E |              |              |            |
| INTERNATIONAL     |       |              |              |            |
| GOLF CLUB LLC     |       | 3,021,465.   | 3,021,465.   |            |
| TRUMP PRODUCTIONS | SCH E |              |              |            |
| LLC               |       | 5,236,209.   | 5,236,209.   |            |
| TRUMP PRODUCTIONS | SCH E |              |              |            |
| LLC               |       | 256,573.     | 256,573.     |            |
| TRUMP PRODUCTIONS | SCH E |              |              |            |
| MANAGING MEMBER   |       |              |              |            |
| INC               |       | 52,891.      | 52,891.      |            |
| TRUMP             | SCH E |              |              |            |
| INTERNATIONAL     |       |              |              |            |
| HOTELS MANAGEMENT |       |              |              |            |
| LLC               |       | <1,490,509.> | <1,490,509.> | 1,490,509. |
| 809 NORTH CANON   | SCH E |              |              |            |
| MEMBER CORP       |       | <225.>       | <225.>       | 225.       |
| TIHM MEMBER CORP  | SCH E | <1,875.>     | <1,875.>     | 1,875.     |
| TRUMP FOLLIES LLC | SCH E | <88.>        | <88.>        | 88.        |
| TRUMP FLORIDA     | SCH E |              |              |            |
| MANAGER CORP      |       | <387.>       | <387.>       | 387.       |
| TRUMP LAS OLAS    | SCH E |              |              |            |
| LLC               |       | <440.>       | <440.>       | 440.       |
| TRUMP             | SCH E |              |              |            |
| INTERNATIONAL     |       |              |              |            |
| GOLF CLUB         |       |              |              |            |
| SCOTLAND LTD      |       | <2,934,805.> | <2,934,805.> | 2,934,805. |
| BAYROCK- TRUMP    | SCH E |              |              |            |
| SOHO MEMBER LLC   |       | <1,025.>     | <1,025.>     | 1,025.     |
| THE TRUMP MARKS   | SCH E |              |              |            |
| REAL ESTATE CORP  |       | <560.>       | <560.>       | 560.       |
| TRUMP MARKS REAL  | SCH E |              |              |            |
| ESTATE LLC        |       | <25,765.>    | <25,765.>    | 25,765.    |
| TRUMP MARKS       | SCH E |              |              |            |
| PANAMA LLC        |       | 1,444,007.   | 1,444,007.   |            |
| TRUMP MARKS       | SCH E |              |              |            |
| PHILADELPHIA LLC  |       | <2,129.>     | <2,129.>     | 2,129.     |
| TRUMP MARKS       | SCH E |              |              |            |
| HOLLYWOOD LLC     |       | <2,271.>     | <2,271.>     | 2,271.     |
| TRUMP MARKS       | SCH E |              |              |            |
| WAIKIKI LLC       |       | 247,731.     | 247,731.     |            |
| TRUMP MARKS DUBAI | SCH E |              |              |            |
| LLC               |       | <3,777.>     | <3,777.>     | 3,777.     |
| TRUMP MARKS PALM  | SCH E |              |              |            |
| BEACH LLC         |       | <2,129.>     | <2,129.>     | 2,129.     |
| TRUMP MARKS SOHO  | SCH E |              |              |            |
| LLC               |       | <1,925.>     | <1,925.>     | 1,925.     |
| TRUMP MARKS WHITE | SCH E |              |              |            |
| PLAINS LLC        |       | <322.>       | <322.>       | 322.       |
| TRUMP MARKS       | SCH E |              |              |            |
| WESTCHESTER LLC   |       | <2,153.>     | <2,153.>     | 2,153.     |
| TRUMP MARKS       | SCH E |              |              |            |
| STAMFORD LLC      |       | 546,022.     | 546,022.     |            |
| TRUMP MARKS NEW   | SCH E |              |              |            |
| ROCHELLE LLC      |       | 628,997.     | 628,997.     |            |
| TRUMP MARKS       | SCH E |              |              |            |
| CANOUAN LLC       |       | <404.>       | <404.>       | 404.       |
| TRUMP MARKS       | SCH E |              |              |            |
| JERSEY CITY LLC   |       | <2,129.>     | <2,129.>     | 2,129.     |

DONALD J. & MELANIA TRUMP

|                      |       |           |           |         |
|----------------------|-------|-----------|-----------|---------|
| 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.     |



DONALD J. & MELANIA TRUMP

|   |       |              |              |            |
|---|-------|--------------|--------------|------------|
| 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 SUNNYS ISLES II MEMBER CORP | SCH E | <297.>       | <297.>       | 297.       |
| TRUMP MARKS FT. LAUDERDALE LLC          | SCH E | <1,904.>     | <1,904.>     | 1,904.     |
| TRUMP MARKS TAMPASCH LLC                | SCH E | <2,129.>     | <2,129.>     | 2,129.     |
| TRUMP MARKS MTG LLC                     | SCH E | <2,162.>     | <2,162.>     | 2,162.     |
| THE TRUMP FOLLIESS MEMBER INC           | SCH E | <145.>       | <145.>       | 145.       |
| TRUMP MARKS TAMPASCH 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.     |

## DONALD J. &amp; MELANIA TRUMP

|   |       |            |            |          |
|---|-------|------------|------------|----------|
| TRUMP CANOUAN<br>ESTATE MEMBER<br>CORP                | SCH E | <360.>     | <360.>     | 360.     |
| TRUMP MARKS<br>TORONTO LP                             | SCH E | <2,129.>   | <2,129.>   | 2,129.   |
| TRUMP FLORIDA<br>MANAGEMENT LLC                       | SCH E | <297.>     | <297.>     | 297.     |
| TNGC DUTCHESS<br>COUNTY MEMBER<br>CORP                | SCH E | <6,142.>   | <6,142.>   | 6,142.   |
| DSN LICENSING LLC<br>(FKA TRUMP MARKS<br>NETWORK LLC) | SCH E | <2,262.>   | <2,262.>   | 2,262.   |
| GOLF PRODUCTIONS<br>LLC                               | SCH E | <26,680.>  | <26,680.>  | 26,680.  |
| TRUMP TORONTO<br>MEMBER CORP                          | SCH E | <246.>     | <246.>     | 246.     |
| TRUMP NATIONAL<br>GOLF CLUB<br>WASHINGTON DC          | SCH E | 6,929.     | 6,929.     |          |
| MELANIA MARKS<br>ACCESSORIES LLC                      | SCH E | 4,949.     | 4,949.     |          |
| TRUMP ACQUISITIONS<br>LLC                             | SCH E | <351.>     | <351.>     | 351.     |
| MELANIA MARKS<br>ACCESSORIES<br>MEMBER CORP           | SCH E | <85.>      | <85.>      | 85.      |
| TRUMP MARKS<br>ATLANTA MEMBER<br>CORP                 | SCH E | <133.>     | <133.>     | 133.     |
| TRUMP HOME MARKS<br>MEMBER CORP                       | SCH E | 149.       | 149.       |          |
| TRUMP DEVELOPMENTS<br>SERVICES MEMBER<br>CORP         | SCH E | <64.>      | <64.>      | 64.      |
| TRUMP MARKS<br>MENSWEAR MEMBER<br>CORP                | SCH E | 2,730.     | 2,730.     |          |
| DSN LICENSING<br>MEMBER CORP                          | SCH E | 335.       | 335.       |          |
| TRUMP MARKS FINE<br>FOODS LLC                         | SCH E | 15,975.    | 15,975.    |          |
| TRUMP HOME MARKS<br>LLC                               | SCH E | 70,292.    | 70,292.    |          |
| TRUMP DEVELOPMENTS<br>SERVICES LLC                    | SCH E | <5,414.>   | <5,414.>   | 5,414.   |
| TRUMP LAS VEGAS<br>CORP                               | SCH E | <107,784.> | <107,784.> | 107,784. |
| TRUMP SALES &<br>LEASING CHICAGO<br>LLC               | SCH E | <3,682.>   | <3,682.>   | 3,682.   |
| TRUMP MARKS<br>MENSWEAR LLC                           | SCH E | 342,471.   | 342,471.   |          |
| TRUMP<br>INTERNATIONAL<br>GOLF CLUB LLC               | SCH E | <712,670.> | <712,670.> | 712,670. |

DONALD J. & MELANIA TRUMP

|   |       |            |            |          |
|---|-------|------------|------------|----------|
| 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 POINTSCH 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 CLUBS 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.   |

DONALD J. & MELANIA TRUMP

|                    |       |              |              |            |
|--------------------|-------|--------------|--------------|------------|
| TRUMP MARKS        | SCH E |              |              |            |
| PRODUCTS MEMBER    |       |              |              |            |
| CORP               |       | <303.>       | <303.>       | 303.       |
| TRUMP              | SCH E |              |              |            |
| INTERNATIONAL      |       |              |              |            |
| DEVELOPMENT        |       |              |              |            |
| MEMBER CORP        |       | <59.>        | <59.>        | 59.        |
| PANAMA OCEAN CLUBS | SCH E |              |              |            |
| MANAGEMENT MEMBER  |       |              |              |            |
| CORP               |       | <284.>       | <284.>       | 284.       |
| TRUMP CHICAGO      | SCH E |              |              |            |
| RESIDENTIAL        |       |              |              |            |
| MEMBER CORP        |       | 4,877.       | 4,877.       |            |
| TRUMP MARKS        | SCH E |              |              |            |
| CHICAGO MEMBER     |       |              |              |            |
| CORP               |       | <331.>       | <331.>       | 331.       |
| TRUMP CHICAGO      | SCH E |              |              |            |
| COMMERCIAL MEMBER  |       |              |              |            |
| CORP               |       | 10,984.      | 10,984.      |            |
| TRUMP MARKS        | SCH E |              |              |            |
| MUMBAI LLC         |       | <2,237.>     | <2,237.>     | 2,237.     |
| DJT HOLDINGS LLC   | SCH E | <1,929,672.> | <1,929,672.> | 1,929,672. |
| TRUMP MARKS FINE   | SCH E |              |              |            |
| FOODS MEMBER CORP  |       | <183.>       | <183.>       | 183.       |
| TRUMP CLASSIC      | SCH E |              |              |            |
| CARS MEMBER CORP   |       | <1,269.>     | <1,269.>     | 1,269.     |
| DJT HOLDINGS LLC   | SCH E |              |              |            |
| - SEVEN SPRINGS    |       |              |              |            |
| LLC                |       | <54,425.>    | <54,425.>    | 54,425.    |
| DJT HOLDINGS LLC   | SCH E |              |              |            |
| - TRUMP WINE       |       |              |              |            |
| MARKS LLC          |       | <15,316.>    | <15,316.>    | 15,316.    |
| DJT HOLDINGS LLC   | SCH E |              |              |            |
| - TRUMP NATIONAL   |       |              |              |            |
| GOLF CLUB LLC      |       | <1,434,918.> | <1,434,918.> | 1,434,918. |
| DJT HOLDINGS LLC   | SCH E |              |              |            |
| - LFB ACQUISITION  |       |              |              |            |
| LLC                |       | 1,007,559.   | 1,007,559.   |            |
| DJT HOLDINGS LLC   | SCH E |              |              |            |
| - TNGC PINE HILL   |       |              |              |            |
| LLC                |       | <681,810.>   | <681,810.>   | 681,810.   |
| DJT HOLDINGS LLC   | SCH E |              |              |            |
| - TNGC DUTCHESS    |       |              |              |            |
| COUNTY LLC         |       | <581,002.>   | <581,002.>   | 581,002.   |
| DJT HOLDINGS LLC   | SCH E |              |              |            |
| - TRUMP NATIONAL   |       |              |              |            |
| GOLF CLUB          |       |              |              |            |
| WASHINGTON DC LLC  |       | 200,988.     | 200,988.     |            |
| TRUMP VIRGINIA     | SCH E |              |              |            |
| ACQUISITIONS LLC   |       | <1,305,750.> | <1,305,750.> | 1,305,750. |
| TRUMP MARKS        | SCH E |              |              |            |
| BATUMI LLC         |       | <351.>       | <351.>       | 351.       |
| TRUMP DRINKS       | SCH E |              |              |            |
| ISRAEL LLC         |       | <32,600.>    | <32,600.>    | 32,600.    |
| TRUMP BOOKS LLC    | SCH E | <322.>       | <322.>       | 322.       |
| PARAMOUNT RPV      | SCH E |              |              |            |
| HOLDINGS LLC       |       | <297.>       | <297.>       | 297.       |

DONALD J. & MELANIA TRUMP

|   |       |            |            |          |
|---|-------|------------|------------|----------|
| TRUMP EU MARKS<br>LLC                             | SCH E | <2,183.>   | <2,183.>   | 2,183.   |
| TRUMP WORLD<br>PRODUCTIONS LLC                    | SCH E | <8,380.>   | <8,380.>   | 8,380.   |
| TRUMP BOOKS<br>MANAGER CORP                       | SCH E | <308.>     | <308.>     | 308.     |
| TRUMP DRINKS<br>ISRAEL MEMBER<br>CORP             | SCH E | <664.>     | <664.>     | 664.     |
| DJT LAND HOLDINGSSCH E<br>MEMBER CORP             | SCH E | <1,225.>   | <1,225.>   | 1,225.   |
| TRUMP WINE MARKS SCH E<br>MEMBER CORP             | SCH E | <381.>     | <381.>     | 381.     |
| TRUMP ENDEAVOR 12SCH E<br>MANAGER CORP            | SCH E | <116,659.> | <116,659.> | 116,659. |
| TAG AIR INC                                       | SCH E | 111,120.   | 111,120.   |          |
| PARAMOUNT RPV<br>HOLDINGS MANAGER<br>CORP         | SCH E | <228.>     | <228.>     | 228.     |
| TRUMP EU MARKS<br>MEMBER CORP                     | SCH E | <297.>     | <297.>     | 297.     |
| LFB AQUISITION<br>MEMBER CORP                     | SCH E | 10,055.    | 10,055.    |          |
| TRUMP WORLD<br>PRODUCTIONS<br>MANAGER CORP        | SCH E | <622.>     | <622.>     | 622.     |
| TRUMP VIRGINIA<br>ACQUISITIONS<br>MANAGER CORP    | SCH E | <13,414.>  | <13,414.>  | 13,414.  |
| DT APP WARRANT<br>HOLDING MANAGING<br>MEMBER CORP | SCH E | <297.>     | <297.>     | 297.     |
| DT INDIA VENTURE SCH E<br>MANAGING MEMBER<br>CORP | SCH E | <321.>     | <321.>     | 321.     |
| DT MARKS BAKU<br>MANAGING MEMBER<br>CORP          | SCH E | <579.>     | <579.>     | 579.     |
| DT MARKS RIO<br>MEMBER CORP                       | SCH E | <341.>     | <341.>     | 341.     |
| POKER VENTURE<br>MANAGING MEMBER<br>CORP          | SCH E | <228.>     | <228.>     | 228.     |
| TP-CFD MANAGER<br>CORP                            | SCH E | <283.>     | <283.>     | 283.     |
| TRUMP MARKS<br>BATUMI MANAGING<br>MEMBER CORP     | SCH E | <229.>     | <229.>     | 229.     |
| TRUMP MARKS PUNTASCH E<br>DEL ESTE MANAGER        | SCH E | 1,230.     | 1,230.     |          |
| TRUMP MIAMI<br>RESORT MANAGEMENT<br>MEMBER CORP   | SCH E | <384.>     | <384.>     | 384.     |
| WHITE COURSE<br>MANAGING MEMBER<br>CORP           | SCH E | <325.>     | <325.>     | 325.     |

DONALD J. & MELANIA TRUMP

|   |              |              |            |
|---|--------------|--------------|------------|
| MELANIA MARKS SCH E<br>SKINCARE MANAGING<br>MEMBER CORP               | <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 SCH E<br>HOLDING LLC                                   | <2,183.>     | <2,183.>     | 2,183.     |
| TRUMP MARKS PUNTASCH E<br>DEL ESTE LLC                                | 146,496.     | 146,496.     |            |
| DT MARKS BAKU LLC SCH E   | <48,947.>    | <48,947.>    | 48,947.    |
| T INTERNATIONAL SCH E<br>REALTY LLC                                   | 263,864.     | 263,864.     |            |
| TP-CFD LLC SCH E  | <297.>       | <297.>       | 297.       |
| POKER VENTURE LLC SCH E   | <297.>       | <297.>       | 297.       |
| DT INDIA VENTURE SCH E<br>LLC   | <2,129.>     | <2,129.>     | 2,129.     |
| TRUMP CHICAGO SCH E<br>RETAIL MANAGER<br>LCC                          | <431.>       | <431.>       | 431.       |
| MELANIA MARKS SCH E<br>SKINCARE LLC                                   | <41,431.>    | <41,431.>    | 41,431.    |
| DJT HOLDINGS TNGC SCH E<br>CHARLOTTE LLC                              | 1,080,373.   | 1,080,373.   |            |
| DJT HOLDINGS - SCH E<br>WHITE COURSE LLC                              | <9,848.>     | <9,848.>     | 9,848.     |
| DJT HOLDINGS SCH E<br>JUPITER GOLF CLUB                               | <1,623,584.> | <1,623,584.> | 1,623,584. |
| DJT HOLDINGS LLC SCH E<br>- TRUMP LAS VEGAS<br>MEMBER LLC             | <3,015,363.> | <3,015,363.> | 3,015,363. |
| DJT HOLDINGS LLC SCH E<br>- TRUMP LAS VEGAS<br>MANAGING MEMBER<br>LLC | <65,285.>    | <65,285.>    | 65,285.    |
| DT MARKS DUBAI SCH E<br>LLC   | <3,473.>     | <3,473.>     | 3,473.     |
| THC SALES & SCH E<br>MARKETING LLC                                    | 81,283.      | 81,283.      |            |
| DT MARKS WORLI SCH E<br>LLC   | 1,023,983.   | 1,023,983.   |            |
| DT DUBAI GOLF SCH E<br>MANAGER LLC                                    | 1,332,944.   | 1,332,944.   |            |
| DT MARKS SCH E<br>VANCOUVER LP  | <9,820.>     | <9,820.>     | 9,820.     |
| THC DEVELOPMENT SCH E<br>BRAZIL LLC                                   | <351.>       | <351.>       | 351.       |
| DT HOME MARKS SCH E<br>INTERNATIONAL LLC                              | 429,786.     | 429,786.     |            |
| THC RIO MANAGER SCH E<br>LLC  | <27,770.>    | <27,770.>    | 27,770.    |
| DT MARKS PRODUCTSSCH E<br>INTERNATIONAL LLC                           | <11,017.>    | <11,017.>    | 11,017.    |
| THC CENTRAL SCH E<br>RESERVATIONS LLC                                 | <133,600.>   | <133,600.>   | 133,600.   |
| TRUMP HOTEL SCH E<br>MANAGEMENT CORP                                  | <1,651.>     | <1,651.>     | 1,651.     |
| EID VENTURE I SCH E<br>CORPORATION                                    | <284.>       | <284.>       | 284.       |

DONALD J. & MELANIA TRUMP

|  |       |           |           |         |
|--|-------|-----------|-----------|---------|
| DT MARKS WORLI<br>MEMBER CORP                    | SCH E | 10,118.   | 10,118.   |         |
| DT HOME MARKS<br>INTERNATIONAL<br>MEMBER CORP    | SCH E | 3,853.    | 3,853.    |         |
| THC DEVELOPMENT<br>BRAZIL MANAGING<br>MEMBER     | SCH E | <634.>    | <634.>    | 634.    |
| DT DUBAI GOLF<br>MANAGER MEMBER<br>CORP          | SCH E | 13,239.   | 13,239.   |         |
| DT MARKS<br>VANCOUVER MEMBER<br>CORP             | SCH E | <324.>    | <324.>    | 324.    |
| THC RIO MANAGING<br>MEMBER CORP                  | SCH E | <856.>    | <856.>    | 856.    |
| DT MARKS DUBAI<br>MEMBER CORP                    | SCH E | <260.>    | <260.>    | 260.    |
| TRUMP CHICAGO<br>RETAIL MEMBER<br>CORP           | SCH E | <279.>    | <279.>    | 279.    |
| DT MARKS PRODCTS<br>INTERNATIONAL<br>MEMBER CORP | SCH E | <445.>    | <445.>    | 445.    |
| OPO HOTEL MANAGERS<br>MEMBER CORP                | SCH E | <174.>    | <174.>    | 174.    |
| THC CENTRAL<br>RESERVATIONS<br>MEMBER CORP       | SCH E | <1,848.>  | <1,848.>  | 1,848.  |
| THC SALES &<br>MARKETING MEMBER<br>CORP          | SCH E | 596.      | 596.      |         |
| THC VANCOUVER<br>MANAGEMENT CORP                 | SCH E | 4,239.    | 4,239.    |         |
| THE CARIBUSINESS<br>RE CORP                      | SCH E | <55.>     | <55.>     | 55.     |
| TW VENTURE I<br>MANAGING MEMBER<br>CORP          | SCH E | <59.>     | <59.>     | 59.     |
| TRUMP CPS CORP                                   | SCH E | <2,918.>  | <2,918.>  | 2,918.  |
| D B PACE<br>ACQUISITION<br>MEMBER CORP           | SCH E | <519.>    | <519.>    | 519.    |
| DT CONNECT II<br>MEMBER CORP                     | SCH E | <12,099.> | <12,099.> | 12,099. |
| DT DUBAI II GOLF<br>MANAGER MEMBER<br>CORP       | SCH E | 29,293.   | 29,293.   |         |
| DT MARKS GURGAON<br>MANAGING MEMBER<br>CORP      | SCH E | <947.>    | <947.>    | 947.    |
| DT MARKS PUNE II<br>MANAGING MEMBER<br>CORP      | SCH E | <289.>    | <289.>    | 289.    |
| DT MARKS QATAR<br>MEMBER CORP                    | SCH E | <1,307.>  | <1,307.>  | 1,307.  |

DONALD J. & MELANIA TRUMP

|   |       |            |            |          |
|---|-------|------------|------------|----------|
| PINE HILL DEVELOPMENT<br>MANAGING MEMBER                            | SCH E | <822.>     | <822.>     | 822.     |
| THC BAKU HOTEL<br>MANAGER SERVICE<br>MEMBER                         | SCH E | <10,830.>  | <10,830.>  | 10,830.  |
| THC BAKU SERVICE<br>MEMBER CORP                                     | SCH E | 2,150.     | 2,150.     |          |
| THC<br>CHINA-TECHNICAL<br>SERVICES MANAGER<br>CORP                  | SCH E | <634.>     | <634.>     | 634.     |
| THC QATAR HOTEL<br>MANAGER MEMBER<br>CORP                           | SCH E | <716.>     | <716.>     | 716.     |
| THC SERVICES<br>SHENZHEN MEMBER<br>CORP                             | SCH E | <485.>     | <485.>     | 485.     |
| THC VENTURE II<br>MANGING MEMBER<br>CORP                            | SCH E | <638.>     | <638.>     | 638.     |
| TTTT VENTURE<br>MEMBER CORP (FKA<br>THC VENTURE III<br>MEMBER CORP) | SCH E | 29,056.    | 29,056.    |          |
| TNGC CHARLOTTE<br>MANAGER CORP                                      | SCH E | 9,760.     | 9,760.     |          |
| TNGC JUPITER<br>MANAGINF MEMBER<br>CORP                             | SCH E | 897.       | 897.       |          |
| TRUMP NATIONAL<br>GOLF CLUB COLTS<br>NECK MEMBER CORP               | SCH E | <13,714.>  | <13,714.>  | 13,714.  |
| TURNBERRY<br>SCOTLAND MANAGING<br>MEMBER CORP                       | SCH E | <133,760.> | <133,760.> | 133,760. |
| THC CHINA<br>TECHNICAL<br>SERVICES LLC                              | SCH E | <376.>     | <376.>     | 376.     |
| DT MARKS PUNE II<br>LLC   | SCH E | <2,267.>   | <2,267.>   | 2,267.   |
| THC VENTURE II<br>LLC   | SCH E | <772.>     | <772.>     | 772.     |
| DT MARKS GURGAON<br>LLC   | SCH E | <25,911.>  | <25,911.>  | 25,911.  |
| DT MARKS QATAR<br>LLC   | SCH E | <42,850.>  | <42,850.>  | 42,850.  |
| THC BAKU HOTEL<br>MANAGER SERVICES<br>LLC                           | SCH E | <594.>     | <594.>     | 594.     |
| THC BAKU SERVICE<br>LLC   | SCH E | 312,718.   | 312,718.   |          |
| THC QATAR HOTEL<br>MANAGER LLC                                      | SCH E | <3,020.>   | <3,020.>   | 3,020.   |
| THC SERVICES<br>SHENZHEN LLC  | SCH E | <3,068.>   | <3,068.>   | 3,068.   |
| THC SHENZHEN<br>HOTEL MANAGER LLC                                   | SCH E | <2,421.>   | <2,421.>   | 2,421.   |



DONALD J. & MELANIA TRUMP

|  |              |              |            |
|--|--------------|--------------|------------|
| TTTT VENTURE LLC SCH E<br>(FKA THC VENTURE<br>III LLC)     | 2,263,767.   | 2,263,767.   |            |
| DJT HOLDINGS LLC SCH E<br>(PINE HILL<br>DEVELOPMENT LLC)   | <8,276.>     | <8,276.>     | 8,276.     |
| DJT HOLDINGS LLC SCH E<br>(TNGC JUPITER<br>MANAGEMENT LLC) | 115,344.     | 115,344.     |            |
| DJT HOLDINGS LLC SCH E<br>(TW VENTURE I<br>LLC)            | 31,889.      | 31,889.      |            |
| DJT HOLDINGS LLC SCH E<br>(TW VENTURE II<br>LLC)           | <4,438,083.> | <4,438,083.> | 4,438,083. |
| DJT HOLDINGS LLC SCH E<br>(DT CONNECT II<br>LLC)           | <1,089,339.> | <1,089,339.> | 1,089,339. |
| TW VENTURE II SCH E<br>MANAGING MEMBER<br>CORP             | <43,981.>    | <43,981.>    | 43,981.    |
| DT TOWER GURGAON SCH E<br>LLC                              | <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 TECHNICALS SCH E<br>SERVICES MANAGER<br>LLC        | <3,587.>     | <3,587.>     | 3,587.     |
| DT LIDO HOTEL SCH E<br>MANAGER LLC                         | <399.>       | <399.>       | 399.       |
| DT LIDO TECHNICALS SCH E<br>SERVICES MANAGER<br>LLC        | <3,774.>     | <3,774.>     | 3,774.     |
| DT JEDDAH SCH E<br>TECHNICAL<br>SERVICES MANAGER<br>LLC    | <168.>       | <168.>       | 168.       |
| THC JEDDAH HOTEL SCH E<br>MANAGER LLC                      | <42,584.>    | <42,584.>    | 42,584.    |
| EID VENTURE I LLC SCH E                                    | <351.>       | <351.>       | 351.       |
| DT MARKS PUNE SCH E<br>MANAGING MEMBER<br>CORP             | <383.>       | <383.>       | 383.       |
| THC SHENZHEN SCH E<br>HOTEL MANAGER<br>MEMBER CORP         | <776.>       | <776.>       | 776.       |
| THC JEDDAH HOTEL SCH E<br>MANAGER MEMBER<br>CORP           | <430.>       | <430.>       | 430.       |
| JUPITER GOLF CLUBS SCH E<br>MANAGING MEMBER<br>CORP        | <16,790.>    | <16,790.>    | 16,790.    |
| DTW VENTURE SCH E<br>MANAGING MEMBER<br>CORP               | <225.>       | <225.>       | 225.       |
| DT TOWER GURGAON SCH E<br>MANAGING MEMBER<br>CORP          | <431.>       | <431.>       | 431.       |

DONALD J. & MELANIA TRUMP

|                    |         |              |              |            |
|--------------------|---------|--------------|--------------|------------|
| DT MARKS LIDO      | SCH E   |              |              |            |
| MEMBER CORP        |         | 14,143.      | 14,143.      |            |
| DT MARKS BALI      | SCH E   |              |              |            |
| MEMBER CORP        |         | 14,198.      | 14,198.      |            |
| DT LIDO TECHNICALS | SCH E   |              |              |            |
| SERVICES MANAGER   |         |              |              |            |
| MEMBER CORP        |         | <111.>       | <111.>       | 111.       |
| DT LIDO HOTEL      | SCH E   |              |              |            |
| MANAGER MEMBER     |         |              |              |            |
| CORP               |         | <59.>        | <59.>        | 59.        |
| DT LIDO GOLF       | SCH E   |              |              |            |
| MANAGER MEMBER     |         |              |              |            |
| CORP               |         | <57.>        | <57.>        | 57.        |
| DT JEDDAH          | SCH E   |              |              |            |
| TECHNICAL          |         |              |              |            |
| SERVICES MANAGER   |         |              |              |            |
| MEMBER CORP        |         | <2.>         | <2.>         | 2.         |
| DT BALI TECHNICALS | SCH E   |              |              |            |
| SERVICES MANAGER   |         |              |              |            |
| MEMBER CORP        |         | <91.>        | <91.>        | 91.        |
| DT BALI GOLF       | SCH E   |              |              |            |
| MANAGER MEMBER     |         |              |              |            |
| CORP               |         | <79.>        | <79.>        | 79.        |
| DT BALI HOTEL      | SCH E   |              |              |            |
| MANAGER MEMBER     |         |              |              |            |
| CORP               |         | <78.>        | <78.>        | 78.        |
| DONALD J. TRUMP    | SCH C   | 214,500.     | 214,500.     |            |
| TRUMP              | SCH C   |              |              |            |
| ORGANIZATION LLC   |         | <119.>       | <119.>       | 119.       |
| TRUMP REALTY       | SCH C   |              |              |            |
| SERVICES LLC       |         | <599.>       | <599.>       | 599.       |
| WOLLMAN RINK       | SCH C   |              |              |            |
| OPERATIONS LLC     |         | <1,287,722.> | <1,287,722.> | 1,287,722. |
| TRUMP CHICAGO      | SCH C   |              |              |            |
| DEVELOPMENT LLC    |         | <719.>       | <719.>       | 719.       |
| TRUMP LAS VEGAS    | SCH C   |              |              |            |
| DEVELOPMENT LLC    |         | <760.>       | <760.>       | 760.       |
| TRUMP RESTAURANT   | SCH C   |              |              |            |
| LLC                |         | <368,057.>   | <368,057.>   | 368,057.   |
| TRUMP PHOENIX      | SCH C   |              |              |            |
| DEVELOPMENT LLC    |         | <355.>       | <355.>       | 355.       |
| TRUMP GOLF         | SCH C   |              |              |            |
| MANAGEMENT LLC     |         | <55.>        | <55.>        | 55.        |
| TIHT HOLDING       | SCH C   |              |              |            |
| COMPANY LLC        |         | 27,763.      | 27,763.      |            |
| CHICAGO UNIT       | SCH C   |              |              |            |
| ACQUISTION LLC     |         | <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     | IISCH C |              |              |            |
| LLC                |         | <2,380.>     | <2,380.>     | 2,380.     |
| TRUMP GOLF         | SCH C   |              |              |            |
| ACQUISITIONS LLC   |         | 32,841.      | 32,841.      |            |
| DJT AEROSPACE LLC  | SCH C   | 104,831.     | 104,831.     |            |
| DJT OPERATIONS I   | SCH C   |              |              |            |
| LLC                |         | <124,221.>   | <124,221.>   | 124,221.   |
| DJT OPERATIONS CX  | SCH C   |              |              |            |
| LLC                |         | 247,659.     | 247,659.     |            |

DONALD J. & MELANIA TRUMP

|   |         |             |             |             |
|---|---------|-------------|-------------|-------------|
| 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 OPS LLC   | SCH E   |             |             |             |
| PARK SOU, NY  |         | <839.>      | <839.>      | 839.        |
| X APARTMENT- NEW  | SCH E   |             |             |             |
| YORK, NEW YORK  |         | <7,508.>    | <7,508.>    | 7,508.      |
| BOOK  | SCH E   | 2,198,621.  | 2,198,621.  |             |
| TRUMP CARIBBEAN   | SCH E   |             |             |             |
| LLC - ROYALTY   |         |             |             |             |
| INCOME  |         | <263.>      | <263.>      | 263.        |
| TRUMP BRAZIL LLC  | SCH E   |             |             |             |
| - ROYALTY INCOME  |         | <410.>      | <410.>      | 410.        |
| TRUMP LAUDERDALE  | SCH E   |             |             |             |
| DEVELOPMENT LLC -   |         |             |             |             |
| ROYALTY INCOME  |         | <126,424.>  | <126,424.>  | 126,424.    |
| X TRUMP LAUDERDALE  | SCH E   |             |             |             |
| DEVELOPMENT #2  |         |             |             |             |
| LLC   |         | <199.>      | <199.>      | 199.        |
| TRUMP WORLD   | SCH E   |             |             |             |
| PUBLICATIONS  |         | <25.>       | <25.>       | 25.         |
| X WEST PALM   | SCH E   |             |             |             |
| OPERATIONS LLC  |         | <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. |

| NAME OF ACTIVITY  | FROM<br>FORM          | CURRENT<br>YEAR CREDITS | PRIOR YEAR<br>UNALLOWED<br>CREDITS | TOTAL<br>CREDITS |
|---|-----------------------|-------------------------|------------------------------------|------------------|
| TRUMP RESTAURANTS LLC   | 8846/3800,<br>LINE 32 | 14,169.                 |                                    | 14,169.          |
| MAR-A-LAGO CLUB, LLC  | 8846/3800,<br>LINE 32 | 7,962.                  |                                    | 7,962.           |
| MAR-A-LAGO CLUB, INC.   | 8846/3800,<br>LINE 32 | 8.                      |                                    | 8.               |
| TRUMP INTERNATIONAL GOLF CLUB LLC                             | 8846/3800,<br>LINE 32 | 2,748.                  |                                    | 2,748.           |
| TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP)      | 8846/3800,<br>LINE 32 | 124.                    |                                    | 124.             |
| TRUMP NATIONAL GOLF CLUB WASHINGTON DC                        | 8846/3800,<br>LINE 32 | 39.                     |                                    | 39.              |
| TRUMP LAS VEGAS CORP  | 8846/3800,<br>LINE 32 | 1,861.                  |                                    | 1,861.           |
| TRUMP FERRY POINT LLC   | 8846/3800,<br>LINE 32 | 12,954.                 |                                    | 12,954.          |
| DJT HOLDINGS LLC  | 8846/3800,<br>LINE 32 | 204,465.                |                                    | 204,465.         |
| DJT HOLDINGS LLC - LFB ACQUISITION LLC                        | 8846/3800,<br>LINE 32 | 6,543.                  |                                    | 6,543.           |
| DJT HOLDINGS LLC - TNGC PINE HILL LLC                         | 8846/3800,<br>LINE 32 | 12,200.                 |                                    | 12,200.          |
| DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC LLC | 8846/3800,<br>LINE 32 | 3,789.                  |                                    | 3,789.           |
| TRUMP ENDEAVOR 12 MANAGER CORP                                | 8846/3800,<br>LINE 32 | 2,805.                  |                                    | 2,805.           |
| LFB AQUISITION MEMBER CORP                                    | 8846/3800,<br>LINE 32 | 67.                     |                                    | 67.              |
| DJT HOLDINGS TNGC CHARLOTTE LLC                               | 8846/3800,<br>LINE 32 | 11,447.                 |                                    | 11,447.          |
| DJT HOLDINGS JUPITER GOLF CLUB                                | 8846/3800,<br>LINE 32 | 9,964.                  |                                    | 9,964.           |
| DJT HOLDINGS LLC - TRUMP LAS VEGAS MEMBER LLC                 | 8846/3800,<br>LINE 32 | 28,298.                 |                                    | 28,298.          |
| DJT HOLDINGS LLC - TRUMP LAS VEGAS MANAGING MEMBER LLC        | 8846/3800,<br>LINE 32 | 578.                    |                                    | 578.             |
| TNGC CHARLOTTE MANAGER CORP                                   | 8846/3800,<br>LINE 32 | 117.                    |                                    | 117.             |
| JUPITER GOLF CLUB MANAGING MEMBER CORP                        | 8846/3800,<br>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.              |

DONALD J. & MELANIA TRUMP

|   |  |          |          |
|---|--|----------|----------|
| DJT HOLDINGS LLC - TNGC CARRYOVER<br>PINE HILL LLC  |  | 11,603.  | 11,603.  |
| DJT HOLDINGS LLC - TRUMP CARRYOVER<br>NATIONAL GOLF CLUB<br>WASHINGTON DC LLC   |  | 2,804.   | 2,804.   |
| TRUMP ENDEAVOR 12 MANAGERCARRYOVER<br>CORP  |  | 1,686.   | 1,686.   |
| DJT HOLDINGS TNGC CARRYOVER<br>CHARLOTTE LLC  |  | 10,123.  | 10,123.  |
| DJT HOLDINGS JUPITER GOLFCARRYOVER<br>CLUB  |  | 9,746.   | 9,746.   |
| TNGC CHARLOTTE MANAGER CARRYOVER<br>CORP  |  | 103.     | 103.     |
| TRUMP RESTAURANTS LLC CARRYOVER<br>TNGC PINE HILL MEMBER CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP  |  | 16,310.  | 16,310.  |
| TRUMP NATIONAL GOLF CLUB CARRYOVER<br>WASHINGTON DC   |  | 115.     | 115.     |
| DJT HOLDINGS LLC - TNGC CARRYOVER<br>PINE HILL LLC  |  | 11.      | 11.      |
| DJT HOLDINGS LLC - TRUMP CARRYOVER<br>NATIONAL GOLF CLUB<br>WASHINGTON DC LLC   |  | 11,301.  | 11,301.  |
| TRUMP ENDEAVOR 12 MANAGERCARRYOVER<br>CORP  |  | 1,035.   | 1,035.   |
| DJT HOLDINGS TNGC CARRYOVER<br>CHARLOTTE LLC  |  | 2,052.   | 2,052.   |
| TRUMP RESTAURANTS LLC CARRYOVER<br>VH PROPERTY CORP CARRYOVER<br>TNGC PINE HILL MEMBER CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP                                  |  | 8,039.   | 8,039.   |
| TRUMP LAS VEGAS CORP CARRYOVER<br>TRUMP ENDEAVOR 12 MANAGERCARRYOVER<br>CORP  |  | 21,965.  | 21,965.  |
| TRUMP RESTAURANTS LLC CARRYOVER<br>VH PROPERTY CORP CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP   |  | 20,056.  | 20,056.  |
| TRUMP LAS VEGAS CORP CARRYOVER<br>TRUMP ENDEAVOR 12 MANAGERCARRYOVER<br>CORP  |  | 82.      | 82.      |
| TRUMP RESTAURANTS LLC CARRYOVER<br>VH PROPERTY CORP CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP   |  | 1,327.   | 1,327.   |
| TRUMP RESTAURANTS LLC CARRYOVER<br>VH PROPERTY CORP CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP   |  | 1,581.   | 1,581.   |
| TRUMP RESTAURANTS LLC CARRYOVER<br>VH PROPERTY CORP CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP   |  | 22,704.  | 22,704.  |
| TRUMP RESTAURANTS LLC CARRYOVER<br>VH PROPERTY CORP CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP   |  | 17,728.  | 17,728.  |
| TRUMP RESTAURANTS LLC CARRYOVER<br>VH PROPERTY CORP CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP   |  | 18,902.  | 18,902.  |
| TRUMP RESTAURANTS LLC CARRYOVER<br>VH PROPERTY CORP CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP   |  | 6,455.   | 6,455.   |
| TNGC PINE HILL MEMBER<br>CORP (FKA CREST COURT<br>MEMBER CORP   |  | 71.      | 71.      |
| TRUMP LAS VEGAS CORP CARRYOVER<br>TRUMP RESTAURANTS LLC CARRYOVER<br>MAR-A-LAGO CLUB, LLC CARRYOVER<br>VH PROPERTY CORP CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP |  | 1,232.   | 1,232.   |
| TRUMP RESTAURANTS LLC CARRYOVER<br>VH PROPERTY CORP CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP   |  | 21,589.  | 21,589.  |
| TRUMP RESTAURANTS LLC CARRYOVER<br>VH PROPERTY CORP CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP   |  | 2,368.   | 2,368.   |
| TRUMP RESTAURANTS LLC CARRYOVER<br>VH PROPERTY CORP CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP   |  | 10,388.  | 10,388.  |
| TRUMP RESTAURANTS LLC CARRYOVER<br>VH PROPERTY CORP CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP   |  | 21,039.  | 21,039.  |
| TRUMP RESTAURANTS LLC CARRYOVER<br>VH PROPERTY CORP CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP   |  | 7,563.   | 7,563.   |
| TNGC PINE HILL MEMBER<br>CORP (FKA CREST COURT<br>MEMBER CORP   |  | 76.      | 76.      |
| TRUMP RESTAURANTS LLC CARRYOVER<br>VH PROPERTY CORP CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP   |  | 20,540.  | 20,540.  |
| TRUMP RESTAURANTS LLC CARRYOVER<br>VH PROPERTY CORP CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP   |  | 11,702.  | 11,702.  |
| TRUMP RESTAURANTS LLC CARRYOVER<br>VH PROPERTY CORP CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP   |  | 12,692.  | 12,692.  |
| TRUMP RESTAURANTS LLC CARRYOVER<br>VH PROPERTY CORP CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP   |  | 19,305.  | 19,305.  |
| TRUMP RESTAURANTS LLC CARRYOVER<br>VH PROPERTY CORP CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP   |  | 237,999. | 237,999. |
| TRUMP RESTAURANTS LLC CARRYOVER<br>VH PROPERTY CORP CARRYOVER<br>CORP (FKA CREST COURT<br>MEMBER CORP   |  | 3,337.   | 3,337.   |

DONALD J. & MELANIA TRUMP

|        |           |          |            |
|--------|-----------|----------|------------|
|        | CARRYOVER | 123,353. | 123,353.   |
|        | CARRYOVER | 18,185.  | 18,185.    |
| TOTALS |           | 320,240. | 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.              |

DONALD J. & MELANIA TRUMP

|  |                       |         |            |         |
|--|-----------------------|---------|------------|---------|
| TRUMP NATIONAL GOLF CLUB<br>WASHINGTON DC                        | FORM 3800,<br>LINE 33 | 29.     | .000028119 | 29.     |
| DJT HOLDINGS LLC - TNGC PINE HILL<br>LLC                         | FORM 3800,<br>LINE 33 | 11,603. | .011250630 | 11,603. |
| DJT HOLDINGS LLC - TRUMP NATIONAL<br>GOLF CLUB WASHINGTON DC LLC | FORM 3800,<br>LINE 33 | 2,804.  | .002718846 | 2,804.  |
| TRUMP ENDEAVOR 12 MANAGER CORP                                   | FORM 3800,<br>LINE 33 | 1,686.  | .001634798 | 1,686.  |
| DJT HOLDINGS TNGC CHARLOTTE LLC                                  | FORM 3800,<br>LINE 33 | 10,123. | .009815576 | 10,123. |
| DJT HOLDINGS JUPITER GOLF CLUB                                   | FORM 3800,<br>LINE 33 | 9,746.  | .009450025 | 9,746.  |
| TNGC CHARLOTTE MANAGER CORP                                      | FORM 3800,<br>LINE 33 | 103.    | .000099872 | 103.    |
| TRUMP RESTAURANTS LLC  | FORM 3800,<br>LINE 33 | 16,310. | .015814684 | 16,310. |
| TNGC PINE HILL MEMBER CORP (FKA<br>CREST COURT MEMBER CORP       | FORM 3800,<br>LINE 33 | 115.    | .000111508 | 115.    |
| TRUMP NATIONAL GOLF CLUB<br>WASHINGTON DC                        | FORM 3800,<br>LINE 33 | 11.     | .000010666 | 11.     |
| DJT HOLDINGS LLC - TNGC PINE HILL<br>LLC                         | FORM 3800,<br>LINE 33 | 11,301. | .010957802 | 11,301. |
| DJT HOLDINGS LLC - TRUMP NATIONAL<br>GOLF CLUB WASHINGTON DC LLC | FORM 3800,<br>LINE 33 | 1,035.  | .001003568 | 1,035.  |
| TRUMP ENDEAVOR 12 MANAGER CORP                                   | FORM 3800,<br>LINE 33 | 2,052.  | .001989683 | 2,052.  |
| DJT HOLDINGS TNGC CHARLOTTE LLC                                  | FORM 3800,<br>LINE 33 | 8,039.  | .007794865 | 8,039.  |
| TRUMP RESTAURANTS LLC  | FORM 3800,<br>LINE 33 | 21,965. | .021297948 | 21,965. |
| VH PROPERTY CORP   | FORM 3800,<br>LINE 33 | 20,056. | .019446922 | 20,056. |
| TNGC PINE HILL MEMBER CORP (FKA<br>CREST COURT MEMBER CORP       | FORM 3800,<br>LINE 33 | 82.     | .000079510 | 82.     |
| TRUMP LAS VEGAS CORP   | FORM 3800,<br>LINE 33 | 1,327.  | .001286701 | 1,327.  |
| TRUMP ENDEAVOR 12 MANAGER CORP                                   | FORM 3800,<br>LINE 33 | 1,581.  | .001532987 | 1,581.  |
| TRUMP RESTAURANTS LLC  | FORM 3800,<br>LINE 33 | 22,704. | .022014506 | 22,704. |
| VH PROPERTY CORP   | FORM 3800,<br>LINE 33 | 17,728. | .017189621 | 17,728. |
|  | FORM 3800,<br>LINE 33 | 18,902. | .018327968 | 18,902. |
|  | FORM 3800,<br>LINE 33 | 6,455.  | .006258969 | 6,455.  |
| TNGC PINE HILL MEMBER CORP (FKA<br>CREST COURT MEMBER CORP       | FORM 3800,<br>LINE 33 | 71.     | .000068844 | 71.     |
| TRUMP LAS VEGAS CORP   | FORM 3800,<br>LINE 33 | 1,232.  | .001194586 | 1,232.  |
| TRUMP RESTAURANTS LLC  | FORM 3800,<br>LINE 3  | 21,589. | .020933367 | 21,589. |
| MAR-A-LAGO CLUB, LLC   | FORM 3800,<br>LINE 3  | 2,368.  | .002296087 | 2,368.  |
| VH PROPERTY CORP   | FORM 3800,<br>LINE 3  | 10,388. | .010072528 | 10,388. |
|  | FORM 3800,<br>LINE 3  | 21,039. | .020400070 | 21,039. |

DONALD J. & MELANIA TRUMP

|   |                       |                   |                    |                   |
|---|-----------------------|-------------------|--------------------|-------------------|
| TNGC PINE HILL MEMBER CORP (FKA<br>CREST COURT MEMBER CORP<br>TRUMP RESTAURANTS LLC | FORM 3800,<br>LINE 3  | 7,563.            | .007333320         | 7,563.            |
| VH PROPERTY CORP  | FORM 3800,<br>LINE 33 | 20,540.           | .019916224         | 20,540.           |
| TRUMP RESTAURANTS LLC   | FORM 3800,<br>LINE 33 | 11,702.           | .011346624         | 11,702.           |
|   | FORM 3800,<br>LINE 33 | 12,692.           | .012306559         | 12,692.           |
|   | FORM 3800,<br>LINE 33 | 19,305.           | .018718729         | 19,305.           |
|   | FORM 3800,<br>LINE 33 | 237,999.          | .230771245         | 237,999.          |
|   | FORM 3800,<br>LINE 33 | 3,337.            | .003235659         | 3,337.            |
|   | FORM 3800,<br>LINE 3  | 123,353.          | .119606912         | 123,353.          |
|   | FORM 3800,<br>LINE 3  | 18,185.           | .017632742         | 18,185.           |
| <b>TOTALS</b>   |                       | <b>1,031,320.</b> | <b>1.000000000</b> | <b>1,031,320.</b> |

FORM 8582-CR

ALLOWED CREDITS - WORKSHEET 9

STATEMENT 93

| NAME OF ACTIVITY  | FORM<br>REPORTED<br>ON | CREDITS  | UNALLOWED<br>CREDITS | ALLOWED<br>CREDITS |
|---|------------------------|----------|----------------------|--------------------|
| TRUMP RESTAURANTS LLC   | FORM 3800,<br>LINE 33  | 14,169.  | 14,169.              | 0.                 |
| MAR-A-LAGO CLUB, LLC  | FORM 3800,<br>LINE 33  | 7,962.   | 7,962.               | 0.                 |
| MAR-A-LAGO CLUB, INC.   | FORM 3800,<br>LINE 33  | 8.       | 8.                   | 0.                 |
| TRUMP INTERNATIONAL GOLF CLUB LLC   | FORM 3800,<br>LINE 33  | 2,748.   | 2,748.               | 0.                 |
| TNGC PINE HILL MEMBER CORP (FKA<br>CREST COURT MEMBER CORP<br>TRUMP NATIONAL GOLF CLUB<br>WASHINGTON DC<br>TRUMP LAS VEGAS CORP | FORM 3800,<br>LINE 33  | 124.     | 124.                 | 0.                 |
|   | FORM 3800,<br>LINE 33  | 39.      | 39.                  | 0.                 |
| TRUMP FERRY POINT LLC   | FORM 3800,<br>LINE 33  | 1,861.   | 1,861.               | 0.                 |
| DJT HOLDINGS LLC  | FORM 3800,<br>LINE 33  | 12,954.  | 12,954.              | 0.                 |
| DJT HOLDINGS LLC - LFB ACQUISITION<br>LLC   | FORM 3800,<br>LINE 33  | 204,465. | 204,465.             | 0.                 |
| DJT HOLDINGS LLC - TNGC PINE HILL<br>LLC  | FORM 3800,<br>LINE 33  | 6,543.   | 6,543.               | 0.                 |
| DJT HOLDINGS LLC - TRUMP NATIONAL<br>GOLF CLUB WASHINGTON DC LLC  | FORM 3800,<br>LINE 33  | 12,200.  | 12,200.              | 0.                 |
| TRUMP ENDEAVOR 12 MANAGER CORP  | FORM 3800,<br>LINE 33  | 3,789.   | 3,789.               | 0.                 |
|   | FORM 3800,<br>LINE 33  | 2,805.   | 2,805.               | 0.                 |

STATEMENT(S) 92, 93



DONALD J. & MELANIA TRUMP

|  |                       |         |         |    |
|--|-----------------------|---------|---------|----|
| LFB AQUISITION MEMBER CORP                                       | FORM 3800,<br>LINE 33 | 67.     | 67.     | 0. |
| DJT HOLDINGS TNGC CHARLOTTE LLC                                  | FORM 3800,<br>LINE 33 | 11,447. | 11,447. | 0. |
| DJT HOLDINGS JUPITER GOLF CLUB                                   | FORM 3800,<br>LINE 33 | 9,964.  | 9,964.  | 0. |
| DJT HOLDINGS LLC - TRUMP LAS VEGAS<br>MEMBER LLC                 | FORM 3800,<br>LINE 33 | 28,298. | 28,298. | 0. |
| DJT HOLDINGS LLC - TRUMP LAS VEGAS<br>MANAGING MEMBER LLC        | FORM 3800,<br>LINE 33 | 578.    | 578.    | 0. |
| TNGC CHARLOTTE MANAGER CORP                                      | FORM 3800,<br>LINE 33 | 117.    | 117.    | 0. |
| JUPITER GOLF CLUB MANAGING MEMBER<br>CORP                        | FORM 3800,<br>LINE 33 | 102.    | 102.    | 0. |
| TRUMP RESTAURANTS LLC  | FORM 3800,<br>LINE 33 | 13,766. | 13,766. | 0. |
| TNGC PINE HILL MEMBER CORP (FKA<br>CREST COURT MEMBER CORP       | FORM 3800,<br>LINE 33 | 118.    | 118.    | 0. |
| TRUMP NATIONAL GOLF CLUB<br>WASHINGTON DC                        | FORM 3800,<br>LINE 33 | 29.     | 29.     | 0. |
| DJT HOLDINGS LLC - TNGC PINE HILL<br>LLC                         | FORM 3800,<br>LINE 33 | 11,603. | 11,603. | 0. |
| DJT HOLDINGS LLC - TRUMP NATIONAL<br>GOLF CLUB WASHINGTON DC LLC | FORM 3800,<br>LINE 33 | 2,804.  | 2,804.  | 0. |
| TRUMP ENDEAVOR 12 MANAGER CORP                                   | FORM 3800,<br>LINE 33 | 1,686.  | 1,686.  | 0. |
| DJT HOLDINGS TNGC CHARLOTTE LLC                                  | FORM 3800,<br>LINE 33 | 10,123. | 10,123. | 0. |
| DJT HOLDINGS JUPITER GOLF CLUB                                   | FORM 3800,<br>LINE 33 | 9,746.  | 9,746.  | 0. |
| TNGC CHARLOTTE MANAGER CORP                                      | FORM 3800,<br>LINE 33 | 103.    | 103.    | 0. |
| TRUMP RESTAURANTS LLC  | FORM 3800,<br>LINE 33 | 16,310. | 16,310. | 0. |
| TNGC PINE HILL MEMBER CORP (FKA<br>CREST COURT MEMBER CORP       | FORM 3800,<br>LINE 33 | 115.    | 115.    | 0. |
| TRUMP NATIONAL GOLF CLUB<br>WASHINGTON DC                        | FORM 3800,<br>LINE 33 | 11.     | 11.     | 0. |
| DJT HOLDINGS LLC - TNGC PINE HILL<br>LLC                         | FORM 3800,<br>LINE 33 | 11,301. | 11,301. | 0. |
| DJT HOLDINGS LLC - TRUMP NATIONAL<br>GOLF CLUB WASHINGTON DC LLC | FORM 3800,<br>LINE 33 | 1,035.  | 1,035.  | 0. |
| TRUMP ENDEAVOR 12 MANAGER CORP                                   | FORM 3800,<br>LINE 33 | 2,052.  | 2,052.  | 0. |
| DJT HOLDINGS TNGC CHARLOTTE LLC                                  | FORM 3800,<br>LINE 33 | 8,039.  | 8,039.  | 0. |
| TRUMP RESTAURANTS LLC  | FORM 3800,<br>LINE 33 | 21,965. | 21,965. | 0. |
| VH PROPERTY CORP   | FORM 3800,<br>LINE 33 | 20,056. | 20,056. | 0. |
| TNGC PINE HILL MEMBER CORP (FKA<br>CREST COURT MEMBER CORP       | FORM 3800,<br>LINE 33 | 82.     | 82.     | 0. |
| TRUMP LAS VEGAS CORP   | FORM 3800,<br>LINE 33 | 1,327.  | 1,327.  | 0. |
| TRUMP ENDEAVOR 12 MANAGER CORP                                   | FORM 3800,<br>LINE 33 | 1,581.  | 1,581.  | 0. |
| TRUMP RESTAURANTS LLC  | FORM 3800,<br>LINE 33 | 22,704. | 22,704. | 0. |

DONALD J. & MELANIA TRUMP

|   |                       |            |            |    |
|---|-----------------------|------------|------------|----|
| VH PROPERTY CORP  | FORM 3800,<br>LINE 33 | 17,728.    | 17,728.    | 0. |
|   | FORM 3800,<br>LINE 33 | 18,902.    | 18,902.    | 0. |
|   | FORM 3800,<br>LINE 33 | 6,455.     | 6,455.     | 0. |
| TNGC PINE HILL MEMBER CORP (FKA<br>CREST COURT MEMBER CORP<br>TRUMP LAS VEGAS CORP  | FORM 3800,<br>LINE 33 | 71.        | 71.        | 0. |
|   | FORM 3800,<br>LINE 33 | 1,232.     | 1,232.     | 0. |
| TRUMP RESTAURANTS LLC   | FORM 3800,<br>LINE 3  | 21,589.    | 21,589.    | 0. |
| MAR-A-LAGO CLUB, LLC  | FORM 3800,<br>LINE 3  | 2,368.     | 2,368.     | 0. |
| VH PROPERTY CORP  | FORM 3800,<br>LINE 3  | 10,388.    | 10,388.    | 0. |
|   | FORM 3800,<br>LINE 3  | 21,039.    | 21,039.    | 0. |
|   | FORM 3800,<br>LINE 3  | 7,563.     | 7,563.     | 0. |
| TNGC PINE HILL MEMBER CORP (FKA<br>CREST COURT MEMBER CORP<br>TRUMP RESTAURANTS LLC | FORM 3800,<br>LINE 3  | 76.        | 76.        | 0. |
|   | FORM 3800,<br>LINE 33 | 20,540.    | 20,540.    | 0. |
| VH PROPERTY CORP  | FORM 3800,<br>LINE 33 | 11,702.    | 11,702.    | 0. |
|   | FORM 3800,<br>LINE 33 | 12,692.    | 12,692.    | 0. |
| TRUMP RESTAURANTS LLC   | FORM 3800,<br>LINE 33 | 19,305.    | 19,305.    | 0. |
|   | FORM 3800,<br>LINE 33 | 237,999.   | 237,999.   | 0. |
|   | FORM 3800,<br>LINE 33 | 3,337.     | 3,337.     | 0. |
|   | FORM 3800,<br>LINE 3  | 123,353.   | 123,353.   | 0. |
|   | FORM 3800,<br>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.      |

DONALD J. & MELANIA TRUMP

FORM 8865 OTHER CURRENT ASSETS STATEMENT 104

| <u>DESCRIPTION</u>                     | <u>BEGINNING OF TAX YEAR</u> | <u>END OF TAX YEAR</u> |
|--|------------------------------|------------------------|
| MISCELLANEOUS RECEIVABLES              | 210,629.                     | 76,957.                |
| TOTAL TO FORM 8865, SCHEDULE L, LINE 6 | 210,629.                     | 76,957.                |

FORM 8865 OTHER LIABILITIES STATEMENT 105

| <u>DESCRIPTION</u>                      | <u>BEGINNING OF TAX YEAR</u> | <u>END OF TAX YEAR</u> |
|---|------------------------------|------------------------|
| 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

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| 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

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| UBE                                    | 480,976.      |
| TOTAL TO FORM 2106/SBE, PART I, LINE 4 | 480,976.      |



DONALD J. & MELANIA TRUMP

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.

DONALD J. & MELANIA TRUMP

FORM 2106/SBE OTHER BUSINESS EXPENSES STATEMENT 116

DONVAN ENTERPRISES INC

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| UBE                                    | 3,735.        |
| TOTAL TO FORM 2106/SBE, PART I, LINE 4 | 3,735.        |

FORM 2106/SBE OTHER BUSINESS EXPENSES STATEMENT 117

FLIGHTS INC.

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| 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.

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| 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

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| UBE                                    | 11,326.       |
| TOTAL TO FORM 2106/SBE, PART I, LINE 4 | 11,326.       |



DONALD J. & MELANIA TRUMP

FORM 2106/SBE OTHER BUSINESS EXPENSES STATEMENT 120

TRUMP PALM BEACHES CORP.

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| 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

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| 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.

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| 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

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| UBE                                    | 9,665.        |
| TOTAL TO FORM 2106/SBE, PART I, LINE 4 | 9,665.        |

DONALD J. & MELANIA TRUMP

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. |

DONALD J. & MELANIA TRUMP

FORM 2106/SBE OTHER BUSINESS EXPENSES STATEMENT 128

T MANAGEMENT LLC (TMG MEMBER LLC)

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| 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)

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| 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)

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| 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

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| UBE                                    | 2,487.        |
| TOTAL TO FORM 2106/SBE, PART I, LINE 4 | 2,487.        |

DONALD J. & MELANIA TRUMP

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. |

DONALD J. & MELANIA TRUMP

FORM 2106/SBE OTHER BUSINESS EXPENSES STATEMENT 136

TIHT COMMERCIAL LLC

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| 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

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| 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

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| 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

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| UBE                                    | 734,021.      |
| TOTAL TO FORM 2106/SBE, PART I, LINE 4 | 734,021.      |

DONALD J. & MELANIA TRUMP

FORM 2106/SBE OTHER BUSINESS EXPENSES STATEMENT 140

TRUMP RESORTS HOLDINGS LP

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| 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

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| 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

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| 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

| <u>DESCRIPTION</u>                     | <u>AMOUNT</u> |
|--|---------------|
| UBE                                    | 58,539.       |
| TOTAL TO FORM 2106/SBE, PART I, LINE 4 | 58,539.       |

DONALD J. & MELANIA TRUMP

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.     |

DONALD J. & MELANIA TRUMP

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.   |



DONALD J. & MELANIA TRUMP

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.

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)

DONALD J. & MELANIA TRUMP

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  
FOREIGN DIVIDEND INCOME

STATEMENT 156

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. |

| 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.  |

DONALD J. & MELANIA TRUMP

|  |                        |
|--|------------------------|
| 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.                    |
| <br>TOTAL FOREIGN PARTNERSHIP/S-CORPORATION INCOME | <br><u>52,500,351.</u> |

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.>     |

DONALD J. & MELANIA TRUMP

|   |            |            |
|---|------------|------------|
| 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 APARTMENTS #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.   |            |

DONALD J. & MELANIA TRUMP

|  |            |           |
|--|------------|-----------|
| 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.>  |

DONALD J. & MELANIA TRUMP

|   |            |              |
|---|------------|--------------|
| 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. |              |



DONALD J. & MELANIA TRUMP

|  |            |              |
|--|------------|--------------|
| 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.>       |

DONALD J. & MELANIA TRUMP

|  |            |               |
|--|------------|---------------|
| 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.>        |

DONALD J. & MELANIA TRUMP

|   |             |              |
|---|-------------|--------------|
| 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<br>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<br>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. |              |

DONALD J. & MELANIA TRUMP

|  |                  |                   |
|--|------------------|-------------------|
| 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.>             |
| <br>TOTAL PARTNERSHIP/S-CORPORATION INCOME/LOSS  | <br>213,855,375. | <br><52,431,495.> |

DONALD J. & MELANIA TRUMP

FORM 1116 -

FOREIGN BUSINESS AND PROFESSION INCOME

STATEMENT 159

| <u>DESCRIPTION</u>                           | <u>AMOUNT</u>     |
|--|-------------------|
| 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.           |
| <br>   |                   |
| TOTAL FOREIGN BUSINESS AND PROFESSION INCOME | <u>7,351,696.</u> |

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**

|  |    |             |
|--|----|-------------|
| <b>4</b> Estimate of total tax liability for 2015 .....    | \$ | 27,000,000. |
| <b>5</b> Total 2015 payments .....                         |    | 10,756.     |
| <b>6</b> Balance due. Subtract line 5<br>from line 4 ..... |    | 26,989,244. |
| <b>7</b> 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

**Return of U.S. Persons With Respect to Certain Foreign Partnerships**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to your tax return.**  
▶ **Information about Form 8865 and its separate instructions is at [www.irs.gov/form8865](http://www.irs.gov/form8865).**  
Information furnished for the foreign partnership's tax year beginning **JAN 1**, 2015, and ending **DEC 31**, 2015

**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  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**

|   |  |  |   |  |   |
|---|--|--|---|--|---|
| <b>4</b> Date of organization<br>10/21/2005 | <b>5</b> Principal place of business<br>UNITED KINGDOM | <b>6</b> Principal business activity code number<br>713900 | <b>7</b> Principal business activity<br>AMUSEMENT & REC | <b>8a</b> Functional currency<br>UK POUNDS | <b>8b</b> Exchange rate (see instr.)<br>.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  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  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  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 **DONALD BENDER** Preparer's signature \_\_\_\_\_ Date \_\_\_\_\_

Check  if self-employment-4 PTIN \_\_\_\_\_

Firm's name **WEISERMAZARS LLP** Firm's EIN **13-1459550**

Firm's address **WOODBURY, NY 11791-2003** 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**  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  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.

|   |  |            |                        |                       |
|---|--|------------|------------------------|-----------------------|
| <b>Income</b>   | <b>1 a</b> Gross receipts or sales   | <b>1a</b>  |                        |                       |
|   | <b>b</b> Less returns and allowances   | <b>1b</b>  |                        | <b>1c</b>             |
|   | <b>2</b> Cost of goods sold  |            |                        | <b>2</b>              |
|   | <b>3</b> Gross profit. Subtract line 2 from line 1c  |            |                        | <b>3</b>              |
|   | <b>4</b> Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)  |            |                        | <b>4</b>              |
|   | <b>5</b> Net farm profit (loss) (attach Schedule F (Form 1040))                                  |            |                        | <b>5</b>              |
|   | <b>6</b> Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)                     |            |                        | <b>6</b> 12,468.      |
|   | <b>7</b> Other income (loss) (attach statement) STATEMENT 100                                    |            |                        | <b>7</b> 4,603,798.   |
| <b>8 Total income (loss).</b> Combine lines 3 through 7   |  |            | <b>8</b> 4,616,266.    |                       |
| <b>Deductions</b> (see instructions for limitations)  | <b>9</b> Salaries and wages (other than to partners) (less employment credits)                   |            |                        | <b>9</b>              |
|   | <b>10</b> Guaranteed payments to partners  |            |                        | <b>10</b>             |
|   | <b>11</b> Repairs and maintenance  |            |                        | <b>11</b>             |
|   | <b>12</b> Bad debts  |            |                        | <b>12</b>             |
|   | <b>13</b> Rent   |            |                        | <b>13</b>             |
|   | <b>14</b> Taxes and licenses   |            |                        | <b>14</b>             |
|   | <b>15</b> Interest   |            |                        | <b>15</b> 111.        |
|   | <b>16 a</b> Depreciation (if required, attach Form 4562)   | <b>16a</b> | 1,698,719.             |                       |
|   | <b>b</b> Less depreciation reported elsewhere on return  | <b>16b</b> |                        | <b>16c</b> 1,698,719. |
|   | <b>17</b> Depletion (Do not deduct oil and gas depletion.)                                       |            |                        | <b>17</b>             |
|   | <b>18</b> Retirement plans, etc.   |            |                        | <b>18</b>             |
|   | <b>19</b> Employee benefit programs  |            |                        | <b>19</b>             |
|   | <b>20</b> Other deductions (attach statement) STATEMENT 101                                      |            |                        | <b>20</b> 5,881,885.  |
|   | <b>21 Total deductions.</b> Add the amounts shown in the far right column for lines 9 through 20 |            |                        | <b>21</b> 7,580,715.  |
| <b>22 Ordinary business income (loss) from trade or business activities.</b> Subtract line 21 from line 8 |  |            | <b>22</b> <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)  | 3 a                               |              |  |
|                      | b   | Expenses from other rental activities (attach statement)  | 3 b                               |              |  |
|                      | c   | Other net rental income (loss). Subtract line 3b from line 3a                                   | 3 c                               |              |  |
|                      | 4   | Guaranteed payments   | 4                                 |              |  |
|                      | 5   | Interest income   | 5                                 |              |  |
|                      | 6   | Dividends: a Ordinary dividends   | 6 a                               |              |  |
|                      | b   | Qualified dividends   | 6 b                               |              |  |
|                      | 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)) | 9 a   |                                   |              |  |
|                      | b Collectibles (28%) gain (loss)                                  | 9 b   |                                   |              |  |
|                      | c Unrecaptured section 1250 gain (attach statement)               | 9 c   |                                   |              |  |
| 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   | 13 a                              |              |  |
|                      | b   | Investment interest expense   | 13 b                              |              |  |
|                      | c   | Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶  | 13 c(2)                           |              |  |
| d                    | Other deductions (see instructions) Type ▶                        | 13 d  |                                   |              |  |
| Self-Employment      | 14 a  | Net earnings (loss) from self-employment  | 14 a                              |              |  |
|                      | b   | Gross farming or fishing income   | 14 b                              |              |  |
|                      | c   | Gross nonfarm income  | 14 c                              |              |  |
| Credits              | 15 a  | Low-income housing credit (section 42(j)(5))  | 15 a                              |              |  |
|                      | b   | Low-income housing credit (other)   | 15 b                              |              |  |
|                      | c   | Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)                   | 15 c                              |              |  |
|                      | d   | Other rental real estate credits (see instructions) Type ▶                                      | 15 d                              |              |  |
|                      | e   | Other rental credits (see instructions) Type ▶  | 15 e                              |              |  |
|                      | f   | Other credits (see instructions) Type ▶   | 15 f                              |              |  |
| Foreign Transactions | 16 a  | Name of country or U.S. possession ▶ UNITED KINGDOM   |                                   |              |  |
|                      | b   | Gross income from all sources   | 16 b                              | 4,616,266.   |  |
|                      | c   | Gross income sourced at partner level   | 16 c                              |              |  |
|                      | d   | Passive category ▶ e General category ▶ 4,609,756. f Other (att. stmt.) ▶                       | 16 d                              |              |  |
|                      | g   | Interest expense ▶ h Other ▶  | 16 g                              |              |  |
|                      | i   | Passive category ▶ j General category ▶ 7,490,031. k Other (att. stmt.) ▶                       | 16 i                              |              |  |
|                      | l   | Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued | 16 l                              |              |  |
|                      | m   | Reduction in taxes available for credit (attach statement)                                      | 16 m                              |              |  |
|                      | n   | Other foreign tax information (attach statement)  |                                   |              |  |
|                      | Alternative Minimum Tax (AMT) Items                               | 17 a  | Post-1986 depreciation adjustment | 17 a         |  |
| b                    |   | Adjusted gain or loss   | 17 b                              |              |  |
| c                    |   | Depletion (other than oil and gas)  | 17 c                              |              |  |
| d                    |   | Oil, gas, and geothermal properties - gross income  | 17 d                              |              |  |
| e                    |   | Oil, gas, and geothermal properties - deductions  | 17 e                              |              |  |
| f                    |   | Other AMT items (attach statement)  | 17 f                              |              |  |
| Other Information    | 18 a  | Tax-exempt interest income  | 18 a                              |              |  |
|                      | b   | Other tax-exempt income   | 18 b                              |              |  |
|                      | c   | Nondeductible expenses  | 18 c                              | 11,894.      |  |
|                      | 19 a  | Distributions of cash and marketable securities   | 19 a                              | 289,013.     |  |
|                      | b   | Distributions of other property   | 19 b                              |              |  |
|                      | 20 a  | Investment income   | 20 a                              |              |  |
| b                    | Investment expenses   | 20 b  |                                   |              |  |
| c                    | Other items and amounts (attach statement)                        |   |                                   |              |  |

| Schedule L                     |  | Balance Sheets per Books. (Not required if Item H9, page 1, is answered "Yes.") |             |                 |             |
|--------------------------------|--|---|-------------|-----------------|-------------|
|                                |  | Beginning of tax year   |             | End of tax year |             |
| Assets                         |  | (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                             | <b>Total assets</b> .....                                  |   | 46,049,616. |                 | 46,328,920. |
| <b>Liabilities and Capital</b> |  |   |             |                 |             |
| 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                             | <b>Total liabilities and capital</b> .....                 |   | 46,049,616. |                 | 46,328,920. |

| Schedule M Balance Sheets for Interest Allocation |                                | (a)<br>Beginning of<br>tax year | (b)<br>End of<br>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 \$ .....   |              | 8 | Add lines 6 and 7 .....  |
| b   | Travel and entertainment \$ 11,894.   | 11,894.      | 9 | Income (loss). Subtract line 8 from line 5 .....   |
| 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 .....                     |              | 8 | Add lines 6 and 7 .....                                   | 289,013.    |
| 3  | Net income (loss) per books .....  | <2,976,343.> | 9 | Balance at end of year. Subtract line 8 from line 5 ..... | 45,328,433. |
| 4  | Other increases (itemize): .....   |              |   |   |             |
| 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.  |

## Form 1116

Alternative Minimum Tax Foreign Tax Credit  
Pro Rata Share of Allocated Losses

NAME

DONALD J. &amp; 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<br>TAX YEAR | END OF TAX<br>YEAR |
| LOANS/OBLIGATIONS   |                   | 133,690.                 | 127,156.           |
| TOTAL TO SCHEDULE L |                   | 133,690.                 | 127,156.           |

| SCHEDULE M-3                              | OTHER INCOME (LOSS) AND EXPENSE / DEDUCTION<br>ITEMS WITH NO DIFFERENCES | STATEMENT 9             |                   |
|---|--|-------------------------|-------------------|
| DESCRIPTION                               |  | PER INCOME<br>STATEMENT | PER TAX<br>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<br>(LOSS)<br>PER INCOME<br>STATEMENT | INCOME<br>(LOSS)<br>PER TAX<br>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<br>PER INCOME<br>STATEMENT | TEMPORARY<br>DIFFERENCE | PERMANENT<br>DIFFERENCE | DEDUCTION<br>PER TAX<br>RETURN |
|---|------------------------------------|-------------------------|-------------------------|--------------------------------|
| MEALS AND ENTERTAINMENT FROM<br>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/<br>DEDUCTION<br>PER INCOME<br>STATEMENT | EXPENSE/<br>DEDUCTION<br>PER TAX<br>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<br>STATEMENT | TEMPORARY<br>DIFFERENCE | PERMANENT<br>DIFFERENCE | PER TAX<br>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     |                             | <u>11,775.</u> |

---



---

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    |             | <u>-2,934,805.</u>        |
| NONDEDUCTIBLE EXPENSES                | -11,775.    |                           |
| OTHER INCREASES OR DECREASES SUBTOTAL |             | -11,775.                  |
| TOTAL TO SCHEDULE K-1, ITEM L         |             | <u><u>-2,946,580.</u></u> |

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.

|  | Code   | Report on                      |
|--|--|--------------------------------|
| 1. Ordinary business income (loss). Determine whether the income (loss) is passive or nonpassive and enter on your return as follows.    | L Empowerment zone employment credit<br>M Credit for increasing research activities<br>N Credit for employer social security and Medicare taxes<br>O Backup withholding<br>P Other credits | See the Partner's Instructions |
| 2. Net rental real estate income (loss)  |  |                                |
| 3. Other net rental income (loss)  |  |                                |
| 4. Guaranteed payments   |  |                                |
| 5. Interest income   |  |                                |
| 6a. Ordinary dividends   |  |                                |
| 6b. Qualified dividends  |  |                                |
| 7. Royalties   |  |                                |
| 8. Net short-term capital gain (loss)  |  |                                |
| 9a. Net long-term capital gain (loss)  |  |                                |
| 9b. Collectibles (28%) gain (loss)   |  |                                |
| 9c. Unrecaptured section 1250 gain   |  |                                |
| 10. Net section 1231 gain (loss)   |  |                                |
| 11. Other income (loss)  |  |                                |
| Code   |  |                                |
| A Other portfolio income (loss)  |  |                                |
| B Involuntary conversions  |  |                                |
| C Sec. 1256 contracts & straddles  |  |                                |
| D Mining exploration costs recapture   |  |                                |
| E Cancellation of debt   |  |                                |
| F Other income (loss)  |  |                                |
| 12. Section 179 deduction  |  |                                |
| 13. Other deductions   |  |                                |
| A Cash contributions (50%)   |  |                                |
| 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  |  |                                |
| I Deductions - royalty income  |  |                                |
| J Section 59(e)(2) expenditures  |  |                                |
| K Deductions - portfolio (2% floor)  |  |                                |
| L Deductions - portfolio (other)   |  |                                |
| M Amounts paid for medical insurance   |  |                                |
| N Educational assistance benefits  |  |                                |
| O Dependent care benefits  |  |                                |
| P Preproductive period expenses  |  |                                |
| Q Commercial revitalization deduction from rental real estate activities   |  |                                |
| R Pensions and IRAs  |  |                                |
| S Reforestation expense deduction  |  |                                |
| T Domestic production activities information   |  |                                |
| U Qualified production activities income   |  |                                |
| V Employer's Form W-2 wages  |  |                                |
| W Other deductions   |  |                                |
| 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   |  |                                |
| B Gross farming or fishing income  |  |                                |
| C Gross non-farm income  |  |                                |
| 15. Credits  |  |                                |
| A Low-income housing credit (section 42(j)(5)) from pre-2008 buildings   |  |                                |
| 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   |  |                                |
| I Biofuel producer credit  |  |                                |
| J Work opportunity credit  |  |                                |
| K Disabled access credit   |  |                                |
| 16. Foreign transactions   |  |                                |
| A Name of country or U.S. possession   |  |                                |
| B Gross income from all sources  |  |                                |
| C Gross income sourced at partner level  |  |                                |
| Foreign gross income sourced at partnership level  |  |                                |
| D Passive category   |  |                                |
| E General category   |  |                                |
| F Other  |  |                                |
| Deductions allocated and apportioned at partner level  |  |                                |
| G Interest expense   |  |                                |
| H Other  |  |                                |
| Deductions allocated and apportioned at partnership level to foreign source income   |  |                                |
| I Passive category   |  |                                |
| J General category   |  |                                |
| K Other  |  |                                |
| Other information  |  |                                |
| L Total foreign taxes paid   |  |                                |
| M Total foreign taxes accrued  |  |                                |
| N Reduction in taxes available for credit  |  |                                |
| O Foreign trading gross receipts   |  |                                |
| P Extraterritorial income exclusion  |  |                                |
| Q Other foreign transactions   |  |                                |
| 17. Alternative minimum tax (AMT) items  |  |                                |
| A Post-1986 depreciation adjustment  |  |                                |
| 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   |  |                                |
| B Other tax-exempt income  |  |                                |
| C Nondeductible expenses   |  |                                |
| 19. Distributions  |  |                                |
| A Cash and marketable securities   |  |                                |
| B Distribution subject to section 737  |  |                                |
| C Other property   |  |                                |
| 20. Other information  |  |                                |
| A Investment income  |  |                                |
| B Investment expenses  |  |                                |
| C Fuel tax credit information  |  |                                |
| D Qualified rehabilitation expenditures (other than rental real estate)  |  |                                |
| E Basis of energy property   |  |                                |
| F Recapture of low-income housing credit (section 42(j)(5))  |  |                                |
| G Recapture of low-income housing credit (other)   |  |                                |
| H Recapture of investment credit   |  |                                |
| I Recapture of other credits   |  |                                |
| J Look-back interest - completed long-term contracts   |  |                                |
| K Look-back interest - income forecast method  |  |                                |
| L Dispositions of property with section 179 deductions   |  |                                |
| 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(j) information   |  |                                |
| Y Net investment income  |  |                                |
| Z Other information  |  |                                |