

0922131701524-6

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. 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

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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)

Information about Schedule A and its separate instructions is at www.irs.gov/schedulea.
Attach to Form 1040.

2015
Attachment
Sequence No. **07**

Name(s) shown on Form 1040

Your social security number

DONALD J. & MELANIA TRUMP

| | | | |
|---|--|--|------------------|
| Medical and Dental Expenses | | Caution: Do not include expenses reimbursed or paid by others. | |
| 1 | Medical and dental expenses (see instructions) | 1 | 19,411. |
| 2 | Enter amount from Form 1040, line 38 | 2 | <31,756,435.> |
| 3 | Multiply line 2 by 10% (.10). But if either you or your spouse was born before January 2, 1951, multiply line 2 by 7.5% (.075) instead | 3 | 0. |
| 4 | Subtract line 3 from line 1. If line 3 is more than line 1, enter -0- | 4 | 19,411. |
| Taxes You Paid | | State and local (check only one box): | |
| a | <input checked="" type="checkbox"/> Income taxes, or | 5 | 5,139,693. |
| b | <input type="checkbox"/> General sales taxes | 6 | 968,463. |
| 6 | Real estate taxes (see instructions) | 7 | |
| 7 | Personal property taxes | 8 | |
| 8 | Other taxes. List type and amount | 9 | 6,108,156. |
| 9 | Add lines 5 through 8 | | |
| Interest You Paid | | 10 Home mortgage interest and points reported to you on Form 1098 | |
| 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. |
| Gifts to Charity | | 16 Gifts by cash or check. If you made any gift of \$250 or more, see instructions | |
| 17 Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500 | | 16 | 134,442. STMT 16 |
| 18 Carryover from prior year | | 17 | 21,078,900. |
| 19 Add lines 16 through 18 | | 18 | 20,760,811. |
| 19 | | 19 | 0. |
| Casualty and Theft Losses | | 20 Casualty or theft loss(es). Attach Form 4684. (See instructions.) | |
| 20 | | 20 | |
| Job Expenses and Certain Miscellaneous Deductions | | 21 Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.) | |
| 22 Tax preparation fees | | 21 | |
| 23 Other expenses - investment, safe deposit box, etc. List type and amount | | 22 | 573,581. |
| SEE STATEMENT 13 | | 23 | 293,146. |
| 24 Add lines 21 through 23 | | 24 | 866,727. |
| 25 Enter amount from Form 1040, line 38 | | 25 | <31,756,435.> |
| 26 Multiply line 25 by 2% (.02) | | 26 | 0. |
| 27 Subtract line 26 from line 24. If line 26 is more than line 24, enter -0- | | 27 | 866,727. |
| Other Miscellaneous Deductions | | 28 Other - from list in instructions. List type and amount | |
| SEE STATEMENT 14 | | 28 | 28,449. |
| Total Itemized Deductions | | 29 Is Form 1040, line 38, over \$154,950? | |
| <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% Limit | 50% Limit | 30% Limit | 50% of AGI Appreciated Property 30% Limit | 0. AGI Appreciated Property 20% Limit | Total Contributions Allowed | <31,756,435.> |
|-------------|--------------------|-----------|-----------|--|--|-----------------------------|---------------|
| 2006 | Contributions | | | | | | |
| | Less: Allowed ... | | | | | | |
| | Less: NOL Abs. CRP | | | | | | |
| | CRP C/O ... | | | | | | |
| 2007 | Contributions | | | | | | |
| | Less: Allowed ... | | | | | | |
| | Less: NOL Abs. CRP | | | | | | |
| | CRP C/O ... | | | | | | |
| 2008 | Contributions | | | | | | |
| | Less: Allowed ... | | | | | | |
| | Less: NOL Abs. CRP | | | | | | |
| | CRP C/O ... | | | | | | |
| 2009 | Contributions | | | | | | |
| | Less: Allowed ... | | | | | | |
| | Less: NOL Abs. CRP | | | | | | |
| | CRP C/O ... | | | | | | |
| 2010 | Contributions | | | | | | |
| | Less: Allowed ... | | | | | | |
| | Less: NOL Absorb. | | | | | | |
| | Less: NOL Abs. CRP | | | | | | |
| | Lost C/O ... | | | | | | |
| | CRP C/O ... | | | | | | |
| 2011 | Contributions | | | | | | |
| | Less: Allowed ... | | | | | | |
| | Less: NOL Absorb. | | | | | | |
| | Less: NOL Abs. CRP | | | | | | |
| | Carryover ... | | | | | | |
| | CRP C/O ... | | | | | | |
| 2012 | Contributions | | | | | | |
| | Less: Allowed ... | | | | | | |
| | Less: NOL Absorb. | | | | | | |
| | Less: NOL Abs. CRP | | | | | | |
| | Carryover ... | | | | | | |
| | CRP C/O ... | | | | | | |
| 2013 | Contributions | | | | | | |
| | Less: Allowed ... | | | | | | |
| | Less: NOL Absorb. | | | | | | |
| | Less: NOL Abs. CRP | | | | | | |
| | Carryover ... | | | | | | |
| | CRP C/O ... | | | | | | |

Schedule A - Charitable Contributions Worksheet Page 2

NAME

DONALD J. & MELANIA TRUMP

| | | 50% of AGI | | | | 0. | AGI | <31,756,435.> |
|-------------|--|---------------|--------------|--------------|-----------------------------------|-----------------------------------|-----------------------------------|-------------------------------------|
| Year | | 100% Limit | 50% Limit | 30% Limit | Appreciated Property 30% Limit | Appreciated Property 20% Limit | Total Contributions Allowed | Total Contributions Carryover |
| 2014 | Contributions | | | 20,760,811. | | | | |
| | Less: Allowed ... | | | | | | | |
| | Less: NOL Absorb. | | | 15,487,353. | | | | |
| | Less: NOL Abs. CRP Carryover ... CRP C/O ... | | | 5,273,458. | | | | 5,273,458. |
| 2015 | Contributions | | 21,163,842. | 49,500. | | | | |
| | Less: Allowed ... | 0. | 0. | 0. | 0. | 0. | | |
| | Less: NOL Absorb. | | 21,163,842. | 49,500. | | | | |
| | Less: NOL Abs. CRP Carryover ... CRP C/O ... | | | | | | | |
| | Charitable contributions to Schedule A, Line 19 | | | | | | | 5,273,458. |

Schedule A

Charitable Contributions Limitation

NAME DONALD J. & MELANIA TRUMP

50% Contributions

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

30% Contributions

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

30% Special Contributions

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

20% Contributions

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

50% and 100% Conservation Real Property Contributions

| | | |
|--|--|----|
| 23. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22) | | |
| 24. Conservation real property contribution subject to 50% limit | | |
| 25. Allowable 50% conservation real property contribution (lesser of Line 23 or 24) | | 0. |
| 26. Remaining 100% of AGI | | |
| 27. Conservation real property contribution subject to 100% limit | | |
| 28. Allowable 100% conservation real property contribution (lesser of Line 26 or 27) | | 0. |

| | | |
|---|--|--|
| 29. Total 2015 contributions allowed on Schedule A | | |
| 30. Total prior year carryovers allowed on Schedule A | | |
| 31. Total charitable contributions to Schedule A, Line 19 | | |

SCHEDULE B
(Form 1040A or 1040)

Interest and Ordinary Dividends

OMB No. 1545-0074

2015
Attachment
Sequence No. **08**

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to Form 1040A or 1040.
▶ Information about Schedule B and its instructions is at 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 ▶ 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 ▶ 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 | X | |
| | If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements | X | |
| b | If you are required to file FinCen Form 114, enter the name of the foreign country where the financial account is located ▶ UNITED KINGDOM, IRELAND, CHINA, ST | | |
| 8 | During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions | | X |

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**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2015
Attachment
Sequence No. 09

Name of proprietor

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 X 1,345,779. |
| 2 | Returns and allowances | 2 | |
| 3 | Subtract line 2 from line 1 | 3 | 2967766 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 X 15,027. | 21 | Repairs and maintenance | 21 | X 539,900. |
| 14 | Employee benefit programs (other than on line 19) | 14 | 200687 | 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 X 48,126. |
| 17 | Legal and professional services | 17 | | 25 | Utilities | 25 | 312317 X 311,671. |
| | | | | 26 | Wages (less employment credits) | 26 | 307087 X 75,703. |
| | | | | 27a | 27 a Other expenses (from line 45) | 27a | X 1019403 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 | 28 | | 28 | X 1,098,120. |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | | | 29 | | 29 | 247,659. |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | | | 30 | | 30 | |
| 31 | Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. | | | 31 | | 31 | 247,659. |
| 32 | If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited. | | | 32a | <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

Part III Cost of Goods Sold (see instructions)

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

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

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

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

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

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

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

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

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

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

| | |
|---|---------------|
| LICENSES & PERMITS | 300. |
| TELEPHONE | 31,064. |
| EQUIPMENT LEASES | 97,248. |
| NONDEDUCTIBLE EXPENSES | <717,691.> |
| SECTION 274 LIMITATION | <306,460.> |
| | |
| | |
| | |
| | |
| | |
| | |
| 48 Total other expenses. Enter here and on line 27a | 48 <895,539.> |

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2015
Attachment
Sequence No. 09

Name of proprietor

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 | |
| 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 | | | 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). 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 | Reserved for future use | 27b | |
| 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. | | | 28 | | 28 | 225,884. |
| 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. | | | 29 | | 29 | 214,500. |
| | | | | 30 | | 30 | |
| | | | | 31 | | 31 | 214,500. |
| | | | | 32a | <input type="checkbox"/> All investment is at risk. | 32a | |
| | | | | 32b | <input type="checkbox"/> Some investment is not at risk. | 32b | |

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.
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 | Gross profit. Subtract line 4 from line 3 | 5 | 443. |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 | Gross income. Add lines 5 and 6 | 7 | 443. |

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

| | | | | | | | |
|----|---|-----|--|------|---|-----|--|
| 8 | Advertising | 8 | | 18 | Office expense | 18 | |
| 9 | Car and truck expenses (see instructions) | 9 | | 19 | Pension and profit-sharing plans | 19 | |
| 10 | Commissions and fees | 10 | | 20 | Rent or lease (see instructions): | 20 | |
| 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 | Total expenses 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 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | b | Reserved for future use | 27b | |
| 31 | Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | 31 | 443. | | | | |
| 32 | If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | 32a | <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.
▶ 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)
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 | Gross profit. Subtract line 4 from line 3 | 5 | 100,000. |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 | Gross income. Add lines 5 and 6 | 7 | 100,000. |

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

| | | | | | | | |
|----|---|-----|--|------|--|-----|---|
| 8 | Advertising | 8 | | 18 | Office expense | 18 | |
| 9 | Car and truck expenses (see instructions) | 9 | | 19 | Pension and profit-sharing plans | 19 | |
| 10 | Commissions and fees | 10 | | 20 | Rent or lease (see instructions): | 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 | Total expenses before expenses for business use of home. Add lines 8 through 27a | 18 | | 26 | Wages (less employment credits) | 27a | |
| 19 | Tentative profit or (loss). Subtract line 28 from line 7 | 19 | | 27 a | Other expenses (from line 48) | 27b | |
| 20 | 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 | 20 | | b | Reserved for future use | 28 | 0. |
| 21 | Net profit or (loss). Subtract line 30 from line 29. | 21 | | 28 | | 29 | 100,000. |
| 22 | • 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 . | 22 | | 29 | | 30 | |
| 23 | • If a loss, you must go to line 32. | 23 | | 30 | | 31 | 100,000. |
| 24 | If you have a loss, check the box that describes your investment in this activity (see instructions). | 24 | | 31 | | 32a | <input type="checkbox"/> All investment is at risk. |
| 25 | • 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 . | 25 | | 32a | | 32b | <input type="checkbox"/> Some investment is not at risk. |
| 26 | • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | 26 | | 32b | | | |

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.
▶ 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 | Gross profit. Subtract line 4 from line 3 | | 5 | 150,000. |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | 6 | |
| 7 | Gross income. Add lines 5 and 6 | | 7 | 150,000. |

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

| | | | | | |
|----|--|-----|------|--|-----|
| 8 | Advertising | 8 | 18 | Office expense | 18 |
| 9 | Car and truck expenses (see instructions) | 9 | 19 | Pension and profit-sharing plans | 19 |
| 10 | Commissions and fees | 10 | 20 | Rent or lease (see instructions): | |
| 11 | Contract labor (see instructions) | 11 | a | Vehicles, machinery, and equipment | 20a |
| 12 | Depletion | 12 | b | Other business property | 20b |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | 21 | Repairs and maintenance | 21 |
| 14 | Employee benefit programs (other than on line 19) | 14 | 22 | Supplies (not included in Part III) | 22 |
| 15 | Insurance (other than health) | 15 | 23 | Taxes and licenses | 23 |
| 16 | Interest: | | 24 | Travel, meals, and entertainment: | |
| a | Mortgage (paid to banks, etc.) | 16a | a | Travel | 24a |
| b | Other | 16b | b | Deductible meals and entertainment (see instructions) | 24b |
| 17 | Legal and professional services | 17 | 25 | Utilities | 25 |
| 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 |
| 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 | Reserved for future use | 27b |
| 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. | | 28 | | 28 |
| 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. | | 29 | | 29 |
| | | | 30 | | 30 |
| | | | 31 | | 31 |
| | | | 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.
▶ 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 | Gross profit. Subtract line 4 from line 3 | 5 | 50,000. |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 | Gross income. Add lines 5 and 6 | 7 | 50,000. |

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

| | | | | | | | |
|-----|--|-----|---|-----|--|-----|---------|
| 8 | Advertising | 8 | | 18 | Office expense | 18 | |
| 9 | Car and truck expenses (see instructions) | 9 | | 19 | Pension and profit-sharing plans | 19 | |
| 10 | Commissions and fees | 10 | | 20 | Rent or lease (see instructions): | | |
| 11 | Contract labor (see instructions) | 11 | | 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 | Total expenses 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). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | 30 | | 30 | |
| 31 | Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | 31 | 3,838. | 31 | | 31 | 3,838. |
| 32 | If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | 32a | <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.
▶ 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 | Gross profit. Subtract line 4 from line 3 | 5 | 88,632. |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 | Gross income. Add lines 5 and 6 | 7 | 88,632. |

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

| | | | | | | | |
|----|--|-----|--------------------------|----------------------------|---|--------------------------|---------------------------------|
| 8 | Advertising | 8 | | 18 | Office expense | 18 | |
| 9 | Car and truck expenses (see instructions) | 9 | | 19 | Pension and profit-sharing plans | 19 | |
| 10 | Commissions and fees | 10 | | 20 | Rent or lease (see instructions): | 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 | Total expenses 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). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | | | | |
| 31 | Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | 31 | | | | | 27,763. |
| 32 | If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | 32a | <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.
▶ 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 | Gross profit. Subtract line 4 from line 3 | 5 | |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 25 | 6 | 33,246. |
| 7 | Gross income. Add lines 5 and 6 | 7 | 33,246. |

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

| | | | | | | | |
|----|--|-----|-----|------|--|-----|---------|
| 8 | Advertising | 8 | | 18 | Office expense | 18 | |
| 9 | Car and truck expenses (see instructions) | 9 | | 19 | Pension and profit-sharing plans | 19 | |
| 10 | Commissions and fees | 10 | | 20 | Rent or lease (see instructions): | | |
| 11 | Contract labor (see instructions) | 11 | | a | Vehicles, machinery, and equipment | 20a | |
| 12 | Depletion | 12 | | b | Other business property | 20b | |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | | 21 | Repairs and maintenance | 21 | |
| 14 | Employee benefit programs (other than on line 19) | 14 | | 22 | Supplies (not included in Part III) | 22 | |
| 15 | Insurance (other than health) | 15 | | 23 | Taxes and licenses | 23 | 300. |
| 16 | Interest: | | | 24 | Travel, meals, and entertainment: | | |
| a | Mortgage (paid to banks, etc.) | 16a | | a | Travel | 24a | 50. |
| b | Other | 16b | | b | Deductible meals and entertainment (see instructions) | 24b | |
| 17 | Legal and professional services | 17 | 55. | 25 | Utilities | 25 | |
| 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). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | b | Reserved for future use | 27b | |
| 31 | Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | 31 | | 28 | | 28 | 405. |
| 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. | | | 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.
▶ 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 AEROSPACE LLC

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

E Business address (including suite or room no.) ▶ C/O WEISERMAZARS
City, town or post office, state, and ZIP code WOODBURY, NY 11797

F Accounting method: (1) 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 | Gross profit. Subtract line 4 from line 3 | 5 | 568,412. |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 | Gross income. Add lines 5 and 6 | 7 | 568,412. |

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

| | | | | | | | |
|-----|---|-----|----------|-----|---|-----|------------|
| 8 | Advertising | 8 | | 18 | Office expense | 18 | 7,892. |
| 9 | Car and truck expenses (see instructions) | 9 | | 19 | Pension and profit-sharing plans | 19 | |
| 10 | Commissions and fees | 10 | | 20 | Rent or lease (see instructions): | | |
| 11 | Contract labor (see instructions) | 11 | | 20a | Vehicles, machinery, and equipment | 20a | |
| 12 | Depletion | 12 | | 20b | Other business property | 20b | 56,828. |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | 106,662. | 21 | Repairs and maintenance | 21 | 161,335. |
| 14 | Employee benefit programs (other 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 entertainment (see instructions) | 24b | 550. |
| 17 | Legal and professional services | 17 | 15,095. | 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 | 231,384. |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | 29 | | 27a | Other expenses (from line 48) | 27a | <150,866.> |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | 27b | Reserved for future use | 27b | |
| 31 | Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | 31 | 104,831. | 32a | <input 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). • 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. | | | 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.
▶ 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 Gross profit. Subtract line 4 from line 3 | 5 | 450,000. |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 Gross income. Add lines 5 and 6 | 7 | 450,000. |

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

| | | | | | |
|--|------------|----------|---|------------|---------|
| 8 Advertising | 8 | | 18 Office expense | 18 | |
| 9 Car and truck expenses (see instructions) | 9 | | 19 Pension and profit-sharing plans | 19 | |
| 10 Commissions and fees | 10 | | 20 Rent or lease (see instructions): | | |
| 11 Contract labor (see instructions) | 11 | | a Vehicles, machinery, and equipment | 20a | |
| 12 Depletion | 12 | | b Other business property | 20b | |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | | 21 Repairs and maintenance | 21 | |
| 14 Employee benefit programs (other than on line 19) | 14 | | 22 Supplies (not included in Part III) | 22 | |
| 15 Insurance (other than health) | 15 | | 23 Taxes and licenses | 23 | |
| 16 Interest: | | | 24 Travel, meals, and entertainment: | | |
| a Mortgage (paid to banks, etc.) | 16a | | a Travel | 24a | 59,626. |
| b Other | 16b | | b Deductible meals and entertainment (see instructions) | 24b | |
| 17 Legal and professional services | 17 | | 25 Utilities | 25 | |
| 28 Total expenses before expenses for business use of home. Add lines 8 through 27a | 28 | 59,626. | 26 Wages (less employment credits) | 26 | |
| 29 Tentative profit or (loss). Subtract line 28 from line 7 | 29 | 390,374. | 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). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | 27 b Reserved for future use | 27b | |
| 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | 31 | 390,374. | | | |
| 32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | | | 32a <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.
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) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____ | | |
| G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | |
| H If you started or acquired this business during 2015, check here <input type="checkbox"/> | | |
| I Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | |
| J If "Yes," did you or will you file required Forms 1099? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 Gross profit. Subtract line 4 from line 3 | 5 | 9,186,223. |
| 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 Gross income. Add lines 5 and 6 | 7 | 9,186,223. |

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

| | | | | | |
|---|-----|--------------|--|-----|------------|
| 8 Advertising | 8 | 5,750. | 18 Office expense | 18 | 48,238. |
| 9 Car and truck expenses (see instructions) | 9 | 17,069. | 19 Pension and profit-sharing plans | 19 | |
| 10 Commissions and fees | 10 | | 20 Rent or lease (see instructions): | | |
| 11 Contract labor (see instructions) | 11 | | a Vehicles, machinery, and equipment | 20a | 10,003. |
| 12 Depletion | 12 | | b Other business property | 20b | 3,271,460. |
| 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | 348,710. | 21 Repairs and maintenance | 21 | 287,519. |
| 14 Employee benefit programs (other than on line 19) | 14 | 46,432. | 22 Supplies (not included in Part III) | 22 | 195,558. |
| 15 Insurance (other than health) | 15 | 210,118. | 23 Taxes and licenses | 23 | 121,485. |
| 16 Interest: | | | 24 Travel, meals, and entertainment: | | |
| a Mortgage (paid to banks, etc.) | 16a | | a Travel | 24a | 1,140. |
| b Other | 16b | | b Deductible meals and entertainment (see instructions) | 24b | 4,139. |
| 17 Legal and professional services | 17 | 86,716. | 25 Utilities | 25 | 404,020. |
| 28 Total expenses 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.> | 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). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | b Reserved for future use | 27b | |
| 31 Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . ● If a loss, you must go to line 32. | 31 | <1,287,722.> | | | |
| 32 If you have a loss, check the box that describes your investment in this activity (see instructions). ● If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . ● If you checked 32b, you must attach Form 6198 . Your loss may be limited. | | | 32a <input checked="" type="checkbox"/> All investment is at risk. | 32a | |
| | | | 32b <input type="checkbox"/> Some investment is not at risk. | 32b | |

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 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 | 42 | 74,150. |

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

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

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

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

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

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

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

| | | |
|---|----|------------|
| SEE STATEMENT 24 | | 1,301,846. |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 48 Total other expenses. Enter here and on line 27a | 48 | 1,301,846. |

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2015
Attachment
Sequence No. **09**

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

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

B Enter code from instructions: 722513

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

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

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

F Accounting method: (1) Cash (2) 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 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. |
| 28 | Total expenses before expenses for business use of home. Add lines 8 through 27a | 28 | 3490175 | 26 | Wages (less employment credits) | 26 | 1,333,767. |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | 29 | | 27a | Other expenses (from line 48) | 27a | X 297,695. |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | 27b | Reserved for future use | 27b | |
| 31 | Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. | 31 | | 32a | All investment is at risk. | 32a | <input checked="" type="checkbox"/> |
| 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. | 32b | | 32b | Some investment is not at risk. | 32b | <input type="checkbox"/> |

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

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

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

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

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

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

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

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

| | |
|--|--------------------|
| UNIFORM EXPENSE | 40,836. |
| PAYROLL TAXES | 150,424. |
| BANK CHARGES | 69,609. |
| COMPUTER PAYROLL EXPENSE | 9,708. |
| TELEPHONE | 3,292. |
| COMPUTER SERVICES | 13,343. |
| DUES AND SUBSCRIPTIONS | 869. |
| EXTERMINATING | 7,829. |
| NYS FILING FEE | 25. |
| AMORTIZATION | 1,760. |
| 48 Total other expenses. Enter here and on line 27a | 48 297,695. |

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2015
Attachment
Sequence No. **09**

Name of proprietor

DONALD J. TRUMP

Social security number (SSN)

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

B Enter code from instructions
532290

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

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

E Business address (including suite or room no.)
City, town or post office, state, and ZIP code
C/O WEISERMAZARS
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 | 1,276,051. |
| 2 | Returns and allowances | | 2 | |
| 3 | Subtract line 2 from line 1 | | 3 | 1,276,051. |
| 4 | Cost of goods sold (from line 42) | | 4 | |
| 5 | Gross profit. Subtract line 4 from line 3 | | 5 | 1,276,051. |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | 6 | |
| 7 | Gross income. Add lines 5 and 6 | | 7 | 1,276,051. |

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

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

| | | | |
|----|---|----|------------|
| 28 | Total expenses before expenses for business use of home. Add lines 8 through 27a | 28 | 1,400,272. |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | 29 | <124,221.> |

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).
Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____
Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

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.

Part III Cost of Goods Sold (see instructions)

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

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

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

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

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

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

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

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

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

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

| | |
|--|---------------|
| SECTION 274 LIMITATION | <434,511.> |
| NYS FILING FEE | 25. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 48 Total other expenses. Enter here and on line 27a | 48 <434,486.> |

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2015
Attachment
Sequence No. **09**

Name of proprietor

DONALD J. TRUMP

Social security number (SSN)

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

SALES

B Enter code from instructions

423990

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

TRUMP ICE LLC

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

20-0956212

E Business address (including suite or room no.)

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

F Accounting method: (1) 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 | Gross profit. Subtract line 4 from line 3 | 5 | <45,376.> |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 | Gross income. Add lines 5 and 6 | 7 | <45,376.> |

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

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

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

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**.

• 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.
▶ 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). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | b Reserved for future use | 27b |
| 31 | Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. | 31 | | <6,699.> |
| 32 | If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited. | | 32a <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.
▶ 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 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 | Gross profit. Subtract line 4 from line 3 | 5 | |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 | Gross income. Add lines 5 and 6 | 7 | |

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

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

| | | | |
|----|--|----|-----------|
| 28 | Total expenses before expenses for business use of home. Add lines 8 through 27a | 28 | 10,813. |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | 29 | <10,813.> |

30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions).

Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____
Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30

| | | | |
|----|---|----|-----------|
| 31 | Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. | 31 | <10,813.> |
|----|---|----|-----------|

32 If you have a loss, check the box that describes your investment in this activity (see instructions).
• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.
• If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a 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)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2015
Attachment
Sequence No. **09**

Name of proprietor

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.
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 | Gross profit. Subtract line 4 from line 3 | 5 | |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | 6 | |
| 7 | Gross income. Add lines 5 and 6 | 7 | |

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

| | | | | | | | |
|----|--|-----|------|------|---|-----|--------|
| 8 | Advertising | 8 | | 18 | Office expense | 18 | |
| 9 | Car and truck expenses (see instructions) | 9 | | 19 | Pension and profit-sharing plans | 19 | |
| 10 | Commissions and fees | 10 | | 20 | Rent or lease (see instructions): | | |
| 11 | Contract labor (see instructions) | 11 | | a | Vehicles, machinery, and equipment | 20a | |
| 12 | Depletion | 12 | | b | Other business property | 20b | |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | | 21 | Repairs and maintenance | 21 | |
| 14 | Employee benefit programs (other than on line 19) | 14 | | 22 | Supplies (not included in Part III) | 22 | |
| 15 | Insurance (other than health) | 15 | | 23 | Taxes and licenses | 23 | 9. |
| 16 | Interest: | | | 24 | Travel, meals, and entertainment: | | |
| a | Mortgage (paid to banks, etc.) | 16a | | a | Travel | 24a | |
| b | Other | 16b | | b | Deductible meals and entertainment (see instructions) | 24b | |
| 17 | Legal and professional services | 17 | 110. | 25 | Utilities | 25 | |
| 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). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | b | Reserved for future use | 27b | |
| 31 | Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | 31 | | 28 | | 28 | 119. |
| 32 | If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | 32a | | 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.
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). 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 | Reserved for future use | 27b |
| 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. | | 28 | | 28 599. |
| 32 | If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited. | | 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.
▶ 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 | 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 | 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**. 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.
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 | <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 | | 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 | 650. |
| 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 | 110. | 25 | Utilities | 25 | |
| 18 | | | | 26 | Wages (less employment credits) | 26 | |
| 19 | | | | 27a | Other expenses (from line 48) | 27a | |
| 20 | | | | 27b | Reserved for future use | 27b | |
| 28 | Total expenses before expenses for business use of home. Add lines 8 through 27a | 28 | | 28 | | 28 | 760. |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | 29 | | 29 | | 29 | <760.> |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | 30 | | 30 | |
| 31 | Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32. | 31 | | 31 | | 31 | <760.> |
| 32 | If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | 32 | | 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.
▶ 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 | 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 | 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 }
• 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.
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 | 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 | 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 |
| | | 55. | 26 | Wages (less employment credits) | 26 |
| 28 | Total expenses before expenses for business use of home. Add lines 8 through 27a | | 27a | Other expenses (from line 48) | 27a |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | | 27b | b Reserved for future use | 27b |
| 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 | | 28 | | 55. |
| 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. | | 29 | | <55.> |
| 32 | If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | | 30 | | |
| | | | 31 | | <55.> |
| | | | 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.
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** <1,719.>

• 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**. 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.
▶ 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 | 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): | 20 | |
| 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 | |
| 16 | Interest: | | | 24 | Travel, meals, and entertainment: | 24 | |
| 16a | Mortgage (paid to banks, etc.) | 16a | | 24a | Travel | 24a | |
| 16b | Other | 16b | 1,084. | 24b | 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 | Reserved for future use | 27b | |
| 28 | Total expenses before expenses for business use of home. Add lines 8 through 27a | 28 | | 28 | | 28 | 1,084. |
| 29 | Tentative profit or (loss). Subtract line 28 from line 7 | 29 | | 29 | | 29 | <1,084.> |
| 30 | Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | 30 | | 30 | |
| 31 | Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. | 31 | | 31 | | 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 | <input checked="" type="checkbox"/> | 32b | <input type="checkbox"/> | 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.
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 | Gross profit. Subtract line 4 from line 3 | | 5 | |
| 6 | Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) | | 6 | |
| 7 | Gross income. Add lines 5 and 6 | | 7 | |

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

| | | | | | | | |
|----|---|-----|-------------------------------------|-----|---|-----|----------|
| 8 | Advertising | 8 | | 18 | Office expense | 18 | |
| 9 | Car and truck expenses (see instructions) | 9 | | 19 | Pension and profit-sharing plans | 19 | |
| 10 | Commissions and fees | 10 | | 20 | Rent or lease (see instructions): | | |
| 11 | Contract labor (see instructions) | 11 | | a | Vehicles, machinery and equipment | 20a | |
| 12 | Depletion | 12 | | b | Other business property | 20b | |
| 13 | Depreciation and section 179 expense deduction (not included in Part III) (see instructions) | 13 | | 21 | Repairs and maintenance | 21 | |
| 14 | Employee benefit programs (other than on line 19) | 14 | | 22 | Supplies (not included in Part III) | 22 | |
| 15 | Insurance (other than health) | 15 | | 23 | Taxes and licenses | 23 | 300. |
| 16 | Interest: | | | 24 | Travel, meals, and entertainment: | | |
| a | Mortgage (paid to banks, etc.) | 16a | | a | Travel | 24a | |
| b | Other | 16b | | b | Deductible meals and entertainment (see instructions) | 24b | |
| 17 | Legal and professional services | 17 | 2,055. | 25 | Utilities | 25 | |
| 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 | | 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). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 | 30 | | b | Reserved for future use | 27b | |
| 31 | Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32. | 31 | | 28 | | 28 | 2,380. |
| 32 | If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited. | 32a | <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.
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

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 | 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 | 23 300. |
| 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 |
| 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 | | 27a | 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). 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 | | 27b | b Reserved for future use | 27b |
| 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. | | 28 | | 28 300. |
| 32 | If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited. | | 29 | | 29 <300.> |
| | | | 30 | | 30 |
| | | | 31 | | 31 <300.> |

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)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2015
Attachment
Sequence No. **09**

Name of proprietor

DONALD J. TRUMP

Social security number (SSN)

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

REAL ESTATE DEVELOPMENT

B Enter code from instructions

531310

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

TRUMP C DEVELOPMENT LLC

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

11-3626042

E Business address (including suite or room no.)

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

F Accounting method: (1) 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 | 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 | |
| 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 | |
| | | 110. | 26 | Wages (less employment credits) | |
| 27a | | | 27a | Other expenses (from line 48) | |
| 27b | | | 27b | Reserved for future use | |

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. 30

• 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). 31 <110.>

• 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.
▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9, and 10.

OMB No. 1545-0074

2015

Attachment
Sequence No. **12**

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Your social security number

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

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 38,841,496. | 39,167,884. | 2,763. | <323,625.> |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 STMT 27 | | | 4 | 20,401. |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 29 | | | 5 | <76,723.> |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | 6 | () |
| 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 | | | 7 | <379,947.> |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

| See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars. | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 6,848,449. | 6,837,977. | | 10,472. |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | 8,415,599. | 7,759,886. | | 655,713. |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 28 SEE STATEMENT 30 | | | 11 | 30,139,013. |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | 12 | 4,644,386. |
| 13 Capital gain distributions SEE STATEMENT 31 | | | 13 | 765,816. |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | 14 | () |
| 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2 | | | 15 | 36,215,400. |

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

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 REGENCY ENERGY PARTNERS LP - Royalty
 B ENERGY TRANSFER PARTNERS LP - Royalty
 C

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

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 | 13. | 12. | |
| Expenses: | | | | |
| 5 Advertising | 5 | | | |
| 6 Auto and travel (see instructions) | 6 | | | |
| 7 Cleaning and maintenance | 7 | | | |
| 8 Commissions | 8 | | | |
| 9 Insurance | 9 | | | |
| 10 Legal and other professional fees | 10 | | | |
| 11 Management fees | 11 | | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 Other interest | 13 | | | |
| 14 Repairs | 14 | | 5477 | 48276 |
| 15 Supplies | 15 | | | |
| 16 Taxes | 16 | | | |
| 17 Utilities | 17 | | | |
| 18 Depreciation expense or depletion | 18 | 8. | | |
| 19 Other (list) ▶ | 19 | | | |
| 20 Total expenses. Add lines 5 through 19 | 20 | 8. | | |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | 5. | 12. | |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | | | |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | | 122,334. | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | 3,144,118. | |
| c Total of all amounts reported on line 12 for all properties | 23c | | 9,853. | |
| d Total of all amounts reported on line 18 for all properties | 23d | | 56,010. | |
| e Total of all amounts reported on line 20 for all properties | 23e | | 1,417,559. | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | 2,265,524. |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | | | 416,631. |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | 1,848,893. |

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.

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 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 |
|--|-------------|----------|------------|-----------|
| 3 Rents received | 3 | | 46,700. | 75,634. |
| 4 Royalties received | 4 | | | |
| Expenses: | | | | |
| 5 Advertising | 5 | | | |
| 6 Auto and travel (see instructions) | 6 | | | |
| 7 Cleaning and maintenance | 7 | | | |
| 8 Commissions | 8 | | | 7,560. |
| 9 Insurance | 9 | | 3,892. | 2,152. |
| 10 Legal and other professional fees | 10 | | | |
| 11 Management fees | 11 | | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | 6,601. | 3,252. |
| 13 Other interest | 13 | 8,756. | | |
| 14 Repairs | 14 | | 5,477. | 48,276. |
| 15 Supplies | 15 | | | |
| 16 Taxes | 16 | | 142,939. | 40,330. |
| 17 Utilities | 17 | | 23,482. | 12,891. |
| 18 Depreciation expense or depletion | 18 | | 42,639. | 13,363. |
| 19 Other (list) ▶ STMT 40 STMT 41 | 19 | | 10,872. | 4,349. |
| 20 Total expenses. Add lines 5 through 19 | 20 | 8,756. | 235,902. | 132,173. |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | <8,756.> | <189,202.> | <56,539.> |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | 8,756.) | 189,202.) | 56,539.) |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | | |
| e Total of all amounts reported on line 20 for all properties | 23e | | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | |

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

Schedule E (Form 1040) 2015

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.

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 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.

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 (from list below) | 2 | 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 | 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 |
|---|-------------|------------|--------|-------|
| 3 Rents received | 3 | | | |
| 4 Royalties received | 4 | | | |
| Expenses: | | | | |
| 5 Advertising | 5 | | | |
| 6 Auto and travel (see instructions) | 6 | | | |
| 7 Cleaning and maintenance | 7 | | | |
| 8 Commissions | 8 | | | |
| 9 Insurance | 9 | | | |
| 10 Legal and other professional fees | 10 | 125,571. | 55. | |
| 11 Management fees | 11 | | | |
| 12 Mortgage interest paid to banks, etc. (see instructions) | 12 | | | |
| 13 Other interest | 13 | | | |
| 14 Repairs | 14 | | | |
| 15 Supplies | 15 | | | |
| 16 Taxes | 16 | 144. | 144. | |
| 17 Utilities | 17 | | | |
| 18 Depreciation expense or depletion | 18 | | | |
| 19 Other (list) ▶ STMT 46 STMT 47 | 19 | 709. | | 25. |
| 20 Total expenses. Add lines 5 through 19 | 20 | 126,424. | 199. | 25. |
| 21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 | 21 | <126,424.> | <199.> | <25.> |
| 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) | 22 | 126,424.) | 199.) | 25.) |
| 23a Total of all amounts reported on line 3 for all rental properties | 23a | | | |
| b Total of all amounts reported on line 4 for all royalty properties | 23b | | | |
| c Total of all amounts reported on line 12 for all properties | 23c | | | |
| d Total of all amounts reported on line 18 for all properties | 23d | | | |
| e Total of all amounts reported on line 20 for all properties | 23e | | | |
| 24 Income. Add positive amounts shown on line 21. Do not include any losses | 24 | | | |
| 25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here | 25 | | | |
| 26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2 | 26 | | | |

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.

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 | Fair Rental Days | Personal Use Days | QJV |
|----|------------------------------------|--|------------------|-------------------|--------------------------|
| A | 6 | 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 | | <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 | 62. | | 16,199. |
| 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 | | 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 | | | |

521491
12-22-15

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. Row 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.

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 (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) | | | | |
| Deductions and losses (Caution: See instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | | | 825. | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction | 7,022,743. | 7,022,743. | 7,022,743. | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | 7,022,743. | 7,022,743. | 7,022,743. | |
| d Gross foreign source income | 1,023,983. | | 230,123. | |
| e Gross income from all sources | 316,509,660. | 316,509,660. | 316,509,660. | |
| f Divide line 3d by line 3e | .00324 | .00000 | .00073 | |
| g Multiply line 3c by line 3f | 22,692. | | 5,096. | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | 22,692. | | 5,921. | 6 |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 |

Part II Foreign Taxes Paid or Accrued

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

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 (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"/> | | | |
| Deductions and losses (Caution: See instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | | | 820. | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction | 7,022,743. | 7,022,743. | 7,022,743. | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | 7,022,743. | 7,022,743. | 7,022,743. | |
| d Gross foreign source income | 855,560. | | | |
| e Gross income from all sources | 316,509,660. | 316,509,660. | 316,509,660. | |
| f Divide line 3d by line 3e | .00270 | .00000 | .00000 | |
| g Multiply line 3c by line 3f | 18,961. | | | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | 18,961. | | 820. | 6 |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 |

Part II Foreign Taxes Paid or Accrued

| Country | Foreign taxes paid or accrued | | | | | | | | | |
|---------|--|--------------------------|---------------|-------------------------|---|---------------|-------------------------|--------------|---|---|
| | In foreign currency | | | | In U.S. dollars | | | | | |
| | Taxes withheld at source on: | | | | Taxes withheld at source on: | | | | | |
| | (h) <input checked="" type="checkbox"/> Paid | | | | (n) Other foreign taxes paid or accrued | | | | (r) Other foreign taxes paid or accrued | (s) Total foreign taxes paid or accrued (add cols. (o) through (r)) |
| | (i) <input type="checkbox"/> 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

LHA For Paperwork Reduction Act Notice, see instructions.

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.

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)

| | Foreign Country or U.S. Possession | | | Total (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"/> |
| Deductions and losses (Caution: See instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | | | | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction | 7,022,743. | 7,022,743. | 7,022,743. | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | 7,022,743. | 7,022,743. | 7,022,743. | |
| d Gross foreign source income | | | | |
| e Gross income from all sources | 316,509,660. | 316,509,660. | 316,509,660. | |
| f Divide line 3d by line 3e | .00000 | .00000 | .00000 | |
| g Multiply line 3c by line 3f | | | | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | | | | 6 |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 |

Part II Foreign Taxes Paid or Accrued

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

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.

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 (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"/> |
| Deductions and losses (Caution: See instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | | 825. | | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction | 7,022,743. | 7,022,743. | 7,022,743. | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | 7,022,743. | 7,022,743. | 7,022,743. | |
| d Gross foreign source income | | 230,123. | | |
| e Gross income from all sources | 316,509,660. | 316,509,660. | 316,509,660. | |
| f Divide line 3d by line 3e | .00000 | .00073 | .00000 | |
| g Multiply line 3c by line 3f | | 5,092. | | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | | 5,917. | | 6 |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 |

Part II Foreign Taxes Paid or Accrued

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2015)

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.

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 (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"/> |
| Deductions and losses (Caution: See instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | | | | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction | 7,022,743. | 7,022,743. | 7,022,743. | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | 7,022,743. | 7,022,743. | 7,022,743. | |
| d Gross foreign source income | | | | |
| e Gross income from all sources | 316,509,660. | 316,509,660. | 316,509,660. | |
| f Divide line 3d by line 3e | .00000 | .00000 | .00000 | |
| g Multiply line 3c by line 3f | | | | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | | | | 6 |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 |

Part II Foreign Taxes Paid or Accrued

| Country | Credit is claimed for taxes (you must check one) | | 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

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.

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 (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"/> |
| Deductions and losses (Caution: See instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | | | | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction | 7,022,743. | 7,022,743. | 7,022,743. | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | 7,022,743. | 7,022,743. | 7,022,743. | |
| d Gross foreign source income | | | | |
| e Gross income from all sources | 316,509,660. | 316,509,660. | 316,509,660. | |
| f Divide line 3d by line 3e | .00000 | .00000 | .00000 | |
| g Multiply line 3c by line 3f | | | | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | | | | 6 |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 |

Part II Foreign Taxes Paid or Accrued

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

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.

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 (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) | | | | |
| Deductions and losses (Caution: See instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | | | | |
| 3 Pro rata share of other deductions not definitely related : | | | | |
| a Certain itemized deductions or standard deduction | 7,022,743. | 7,022,743. | 7,022,743. | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | 7,022,743. | 7,022,743. | 7,022,743. | |
| d Gross foreign source income | | | | |
| e Gross income from all sources | 316,509,660. | 316,509,660. | 316,509,660. | |
| f Divide line 3d by line 3e | .00000 | .00000 | .00000 | |
| g Multiply line 3c by line 3f | | | | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | | | | 6 |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 |

Part II Foreign Taxes Paid or Accrued

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

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 (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"/> |
| Deductions and losses (Caution: See instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) <small>SEE STATEMENT 55</small> | 152,520. | | 85,403. | |
| 3 Pro rata share of other deductions not definitely related : | | | | |
| a Certain itemized deductions or standard deduction | 7,022,743. | 7,022,743. | 7,022,743. | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | 7,022,743. | 7,022,743. | 7,022,743. | |
| d Gross foreign source income | | | | |
| e Gross income from all sources | 316,509,660. | 316,509,660. | 316,509,660. | |
| f Divide line 3d by line 3e | .00000 | .00000 | .00000 | |
| g Multiply line 3c by line 3f | | | | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | 152,520. | | 85,403. | 6 292,234. |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 2,047,555. |

Part II Foreign Taxes Paid or Accrued

SEE STATEMENT 54

| Country | Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (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 8,596.**

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

Part IV Summary of Credits From Separate Parts III

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

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.

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

Part II Foreign Taxes Paid or Accrued

| Country | Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued | Foreign taxes paid or 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 | | | | | | | | | | 211,431. | 211,431. |
| B | | | | | | | | | | | |
| C | | | | | | | | | | | |

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

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit
(Individual, Estate, or Trust)

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

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

OMB No. 1545-0021

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 (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"/> | | | | |
| Deductions and losses (Caution: See instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | 1,498,456. | 51,530. | 569,467. | |
| 3 Pro rata share of other deductions not definitely related : | | | | |
| a Certain itemized deductions or standard deduction | 7,022,743. | 7,022,743. | 7,022,743. | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | 7,022,743. | 7,022,743. | 7,022,743. | |
| d Gross foreign source income | | | 1,769,455. | |
| e Gross income from all sources | 316,509,660. | 316,509,660. | 316,509,660. | |
| f Divide line 3d by line 3e | .00000 | .00000 | .00559 | |
| g Multiply line 3c by line 3f | | | 39,255. | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | 1,498,456. | 51,530. | 608,722. | 6 |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 |

Part II Foreign Taxes Paid or Accrued

| Country | Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (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 | | | | | | | | | 55,202. | 55,202. |
| 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. 1545-0021

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 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 (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"/> |
| Deductions and losses (Caution: See instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | 185,122. | 6,882. | 345,098. | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction | 7,022,743. | 7,022,743. | 7,022,743. | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | 7,022,743. | 7,022,743. | 7,022,743. | |
| d Gross foreign source income | 1,507,971. | | 486,218. | |
| e Gross income from all sources | 316,509,660. | 316,509,660. | 316,509,660. | |
| f Divide line 3d by line 3e | .00476 | .00000 | .00154 | |
| g Multiply line 3c by line 3f | 33,429. | | 10,792. | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | 218,551. | 6,882. | 355,890. | 6 |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 |

Part II Foreign Taxes Paid or Accrued

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

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 (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"/> |
| Deductions and losses (Caution: See instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | 1,438. | 82. | 558,758. | |
| 3 Pro rata share of other deductions not definitely related : | | | | |
| a Certain itemized deductions or standard deduction | 7,022,743. | 7,022,743. | 7,022,743. | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | 7,022,743. | 7,022,743. | 7,022,743. | |
| d Gross foreign source income | 11,088. | 20,662. | 2,907,785. | |
| e Gross income from all sources | 316,509,660. | 316,509,660. | 316,509,660. | |
| f Divide line 3d by line 3e | .00004 | .00007 | .00919 | |
| g Multiply line 3c by line 3f | 249. | 436. | 64,511. | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | 1,687. | 518. | 623,269. | 6 |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 |

Part II Foreign Taxes Paid or Accrued

| Country | Foreign taxes paid or accrued | | | | | | | | | |
|--------------------------------------|--|---------------|-------------------------|--------------|---|------------------------------|-------------------------|--------------|---|---|
| | In foreign currency | | | | | In U.S. dollars | | | | |
| | Taxes withheld at source on: | | | | | Taxes withheld at source on: | | | (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 | | | | | (o) Dividends | (p) Rents and royalties | (q) Interest | | |
| (i) <input type="checkbox"/> Accrued | (j) Date paid or accrued | (k) Dividends | (l) Rents and royalties | (m) Interest | (n) Other foreign taxes paid or accrued | | | | | |
| 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.

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 (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"/> | | | | |
| Deductions and losses (Caution: See instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | 405. | 65,893. | 96,935. | |
| 3 Pro rata share of other deductions not definitely related : | | | | |
| a Certain itemized deductions or standard deduction | 7,022,743. | 7,022,743. | 7,022,743. | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | 7,022,743. | 7,022,743. | 7,022,743. | |
| d Gross foreign source income | | | | |
| e Gross income from all sources | 316,509,660. | 316,509,660. | 316,509,660. | |
| f Divide line 3d by line 3e | .00000 | .00000 | .00000 | |
| g Multiply line 3c by line 3f | | | | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | 405. | 65,893. | 96,935. | 6 |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 |

Part II Foreign Taxes Paid or Accrued

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

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.

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 (Add cols. A, B, and C.) |
|--|------------------------------------|--------------|--------------|-----------------------------------|
| | A | B | C | |
| g Enter the name of the foreign country or U.S. possession | BRAZIL | SAINT MARTIN | MEXICO | |
| 1a Gross income from sources within country shown above and of the type checked above: | | 782,551. | | 1a |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) <input type="checkbox"/> | | | | |
| Deductions and losses (Caution: See instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | 39,489. | 782,551. | 22,290. | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction | 7,022,743. | 7,022,743. | 7,022,743. | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | 7,022,743. | 7,022,743. | 7,022,743. | |
| d Gross foreign source income | | 782,551. | | |
| e Gross income from all sources | 316,509,660. | 316,509,660. | 316,509,660. | |
| f Divide line 3d by line 3e | .00000 | .00247 | .00000 | |
| g Multiply line 3c by line 3f | | 17,378. | | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | 39,489. | 799,929. | 22,290. | 6 |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 |

Part II Foreign Taxes Paid or Accrued

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

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.

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 (Add cols. A, B, and C.) |
|---|------------------------------------|--------------|--------------|-----------------------------------|
| | A | B | C | |
| g Enter the name of the foreign country or U.S. possession | QATAR | INDONESIA | IRELAND | |
| 1a Gross income from sources within country shown above and of the type checked above: | | 3,763,769. | 8,277,541. | 1a |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) <input type="checkbox"/> | | | | |
| Deductions and losses (Caution: See instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) | 1,737. | 96,331. | 12,402,242. | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction | 7,022,743. | 7,022,743. | 7,022,743. | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | 7,022,743. | 7,022,743. | 7,022,743. | |
| d Gross foreign source income | | 3,763,769. | 8,277,541. | |
| e Gross income from all sources | 316,509,660. | 316,509,660. | 316,509,660. | |
| f Divide line 3d by line 3e | .00000 | .01189 | .02615 | |
| g Multiply line 3c by line 3f | | 83,511. | 183,664. | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | 1,737. | 179,842. | 12,585,906. | 6 |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 |

Part II Foreign Taxes Paid or Accrued

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

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)

| g Enter the name of the foreign country or U.S. possession | Foreign Country or U.S. Possession | | | Total (Add cols. A, B, and C.) |
|---|------------------------------------|---|---|-----------------------------------|
| | A | B | C | |
| 1a Gross income from sources within country shown above and of the type checked above: | TURKEY | | | |
| | 1,044,632. | | | 1a 50,309,680. |
| b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/> | | | | |
| Deductions and losses (Caution: See instructions): | | | | |
| 2 Expenses definitely related to the income on line 1a (attach statement) SEE STATEMENT 57 | 244,486. | | | |
| 3 Pro rata share of other deductions not definitely related: | | | | |
| a Certain itemized deductions or standard deduction | 7,022,743. | | | |
| b Other deductions (attach statement) | | | | |
| c Add lines 3a and 3b | 7,022,743. | | | |
| d Gross foreign source income | 1,044,632. | | | |
| e Gross income from all sources | 316,509,660. | | | |
| f Divide line 3d by line 3e | .00330 | | | |
| g Multiply line 3c by line 3f | 23,159. | | | |
| 4 Pro rata share of interest expense: | | | | |
| a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) | | | | |
| b Other interest expense | | | | |
| 5 Losses from foreign sources | | | | |
| 6 Add lines 2, 3g, 4a, 4b, and 5 | 267,645. | | | 6 55,917,385. |
| 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 | | | | 7 <5,607,705.> |

Part II Foreign Taxes Paid or Accrued

SEE STATEMENT 56

| Country | Credit is claimed for taxes for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (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 | <8,560,150.> | |
| 18 | Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption <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 | Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 <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 smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV | 22 | | 0. |

Part IV Summary of Credits From Separate Parts III

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

Name of person with self-employment income (as shown on Form 1040 or Form 1040NR)

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>A If you are a minister, member of a religious order, or Christian Science practitioner and you filed Form 4361, but you had \$400 or more of other net earnings from self-employment, check here and continue with Part I <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. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions) | 1a | |
| b | If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z | 1b | |
| 2 | Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions) SEE STATEMENT 53 | 2 | 980,058. |
| 3 | Combine lines 1a, 1b, and 2 | 3 | 980,058. |
| 4a | If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from line 3 Note. 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. Exception. If less than \$400 and you had church employee income, enter -0- and continue | 4c | 905,084. |
| 5a | Enter your church employee income from Form W-2. See instructions for definition of church employee income | 5a | |
| b | Multiply line 5a by 92.35% (.9235). If less than \$100, enter -0- | 5b | |
| 6 | Add lines 4c and 5b | 6 | 905,084. |
| 7 | Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2015 | 7 | 118,500.00 |
| 8a | Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$118,500 or more, skip lines 8b through 10, and go to line 11 | 8a | 14,141. |
| b | Unreported tips subject to social security tax (from Form 4137, line 10) | 8b | |
| c | Wages subject to social security tax (from Form 8919, line 10) | 8c | |
| d | Add lines 8a, 8b, and 8c | 8d | 14,141. |
| 9 | Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11 | 9 | 104,359. |
| 10 | Multiply the smaller of line 6 or line 9 by 12.4% (.124) | 10 | 12,941. |
| 11 | Multiply line 6 by 2.9% (.029) | 11 | 26,247. |
| 12 | Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55 | 12 | 39,188. |
| 13 | Deduction for one-half of self-employment tax. Multiply line 12 by 50% (.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27 | 13 | 19,594. |

Part II Optional Methods To Figure Net Earnings (see instructions)

| | | | |
|---|--|----|----------|
| <p>Farm Optional Method. You may use this method only if (a) your gross farm income¹ was not more than \$7,320, or (b) your net farm profits² 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 ¹ (not less than zero) or \$4,880. Also include this amount on line 4b above | 15 | |
| <p>Nonfarm Optional Method. You may use this method only if (a) your net nonfarm profits³ were less than \$5,284 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five times.</p> | | | |
| 16 | Subtract line 15 from line 14 | 16 | |
| 17 | Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above | 17 | |

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

² From Sch. F, line 34, and Sch. K-1 (Form 1065), box 14, code A - minus the amount you would have entered on line 1b had you not used the optional method.

³ From Sch. C, line 31; Sch. C-EZ, line 3; Sch. K-1 (Form 1065), box 14, code A; and Sch. K-1 (Form 1065-B), box 9, code J1.

⁴ From Sch. C, line 7; Sch. C-EZ, line 1; Sch. K-1 (Form 1065), box 14, code C; and Sch. K-1 (Form 1065-B), box 9, code J2.

General Business Credit

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

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"> Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return | 7 | 0. |
| 8 | Alternative minimum tax: | | |
| | <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 35 Corporations. Enter the amount from Form 4626, line 14 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 | 8 | 2,127,670. |
| 9 | Add lines 7 and 8 | 9 | 2,127,670. |
| 10a | Foreign tax credit | 10a | |
| b | Certain allowable credits (see instructions) | 10b | 750. |
| c | Add lines 10a and 10b | 10c | 750. |
| 11 | Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 | 11 | 2,126,920. |
| 12 | Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0- | 12 | 0. |
| 13 | Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions) | 13 | |
| 14 | Tentative minimum tax: | | |
| | <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 33 Corporations. Enter the amount from Form 4626, line 12 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 | 14 | 2,127,670. |
| 15 | Enter the greater of line 13 or line 14 | 15 | 2,127,670. |
| 16 | Subtract line 15 from line 11. If zero or less, enter -0- | 16 | 0. |
| 17 | Enter the smaller of line 6 or line 16 | 17 | 0. |
| | C corporations: 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 | Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return: <ul style="list-style-type: none"> • Individuals. Form 1040, line 54, or Form 1040NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b | 38 | 1,485,739. |

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Identifying number

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

- A General Business Credit From a Non-Passive Activity
- B General Business Credit From a Passive Activity
- C 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) If claiming the credit from a pass-through entity, enter the EIN | (c) Enter the appropriate amount |
|--|---|-------------------------------------|
| 1a Investment (Form 3468, Part II only) (attach Form 3468) | 1a | |
| b Reserved | 1b | |
| c Increasing research activities (Form 6765) | 1c | |
| d Low-income housing (Form 8586, Part I only) | 1d | |
| e Disabled access (Form 8826) (see instructions for limitation) | 1e | |
| f Renewable electricity, refined coal, and Indian coal production (Form 8835) | 1f | |
| g Indian employment (Form 8845) | 1g | |
| h Orphan drug (Form 8820) | 1h | |
| i New markets (Form 8874) | 1i | |
| j Small employer pension plan startup costs (Form 8881) (see instructions for limitation) | 1j | |
| k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) | 1k | |
| l Biodiesel and renewable diesel fuels (attach Form 8864) | 1l | |
| m Low sulfur diesel fuel production (Form 8896) | 1m | |
| n Distilled spirits (Form 8906) | 1n | |
| o Nonconventional source fuel | 1o | |
| p Energy efficient home (Form 8908) | 1p | |
| q Energy efficient appliance | 1q | |
| r Alternative motor vehicle (Form 8910) | 1r | |
| s Alternative fuel vehicle refueling property (Form 8911) | 1s | |
| t Reserved | 1t | |
| u Mine rescue team training (Form 8923) | 1u | |
| v Agricultural chemicals security (carryforward only) | 1v | |
| w Employer differential wage payments (Form 8932) | 1w | |
| x Carbon dioxide sequestration (Form 8933) | 1x | |
| y Qualified plug-in electric drive motor vehicle (Form 8936) | 1y | |
| z Qualified plug-in electric vehicle (carryforward only) | 1z | |
| aa New hire retention (carryforward only) | 1aa | |
| bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) | 1bb | |
| zz Other | 1zz | 15,068,133. |
| 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I | 2 | 15,068,133. |
| 3 Enter the amount from Form 8844 here and on the applicable line of Part II | 3 | |
| 4a Investment (Form 3468, Part III) (attach Form 3468) | 4a | |
| b Work opportunity (Form 5884) | 4b | |
| c Biofuel producer (Form 6478) | 4c | |
| d Low-income housing (Form 8586, Part II) | 4d | |
| e Renewable electricity, refined coal, and Indian coal production (Form 8835) | 4e | |
| f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) | 4f | 1,182,447. |
| g Qualified railroad track maintenance (Form 8900) | 4g | |
| h Small employer health insurance premiums (Form 8941) | 4h | |
| i Reserved | 4i | |
| j Reserved | 4j | |
| z Other | 4z | |
| 5 Add lines 4a through 4z and enter here and on the applicable line of Part II | 5 | 1,182,447. |
| 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II | 6 | 16,250,580. |

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Identifying number

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

- A General Business Credit From a Non-Passive Activity
B General Business Credit From a Passive Activity
C General Business Credit Carryforwards
D General Business Credit Carrybacks
E Reserved
F Reserved
G Eligible Small Business Credit Carryforwards
H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

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 [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

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 1a through 1zz, 2, 3, 4a through 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

| (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) | 27-4162256 | 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, and (c) Enter the appropriate amount. Rows include categories 1a through 1zz, 2, 3, 4a through 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

| (a) Description of credit | (b) If claiming the credit from a pass-through entity, enter the EIT | (c) Enter the appropriate amount |
|--|---|-------------------------------------|
| 1a Investment (Form 3468, Part II only) (attach Form 3468) | 1a | |
| b Reserved | 1b | |
| c Increasing research activities (Form 6765) | 1c | |
| d Low-income housing (Form 8586, Part I only) | 1d | |
| e Disabled access (Form 8826) (see instructions for limitation) | 1e | |
| f Renewable electricity, refined coal, and Indian coal production (Form 8835) | 1f | |
| g Indian employment (Form 8845) | 1g | |
| h Orphan drug (Form 8820) | 1h | |
| i New markets (Form 8874) | 1i | |
| j Small employer pension plan startup costs (Form 8881) (see instructions for limitation) | 1j | |
| k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) | 1k | |
| l Biodiesel and renewable diesel fuels (attach Form 8864) | 1l | |
| m Low sulfur diesel fuel production (Form 8896) | 1m | |
| n Distilled spirits (Form 8906) | 1n | |
| o Nonconventional source fuel | 1o | |
| p Energy efficient home (Form 8908) | 1p | |
| q Energy efficient appliance | 1q | |
| r Alternative motor vehicle (Form 8910) | 1r | |
| s Alternative fuel vehicle refueling property (Form 8911) | 1s | |
| t Reserved | 1t | |
| u Mine rescue team training (Form 8923) | 1u | |
| v Agricultural chemicals security (carryforward only) | 1v | |
| w Employer differential wage payments (Form 8932) | 1w | |
| x Carbon dioxide sequestration (Form 8933) | 1x | |
| y Qualified plug-in electric drive motor vehicle (Form 8936) | 1y | |
| z Qualified plug-in electric vehicle (carryforward only) | 1z | |
| aa New hire retention (carryforward only) | 1aa | |
| bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) | 1bb | |
| zz Other | 1zz | |
| 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I | 2 | |
| 3 Enter the amount from Form 8844 here and on the applicable line of Part II | 3 | |
| 4a Investment (Form 3468, Part III) (attach Form 3468) | 4a | |
| b Work opportunity (Form 5884) | 4b | |
| c Biofuel producer (Form 6478) | 4c | |
| d Low-income housing (Form 8586, Part II) | 4d | |
| e Renewable electricity, refined coal, and Indian coal production (Form 8835) | 4e | |
| f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) | 4f | 14,169. |
| g Qualified railroad track maintenance (Form 8900) | 4g | |
| h Small employer health insurance premiums (Form 8941) | 4h | |
| i Reserved | 4i | |
| j Reserved | 4j | |
| z Other | 4z | |
| 5 Add lines 4a through 4z and enter here and on the applicable line of Part II | 5 | 14,169. |
| 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II | 6 | 14,169. |

Name(s) shown on return

DONALD J. & MELANIA TRUMP

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) If claiming the credit from a pass-through entity, enter the EIN | (c) Enter the appropriate amount |
|---|---|-------------------------------------|
| Note. On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity. | | |
| 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) | 65-0750446 | 2,748. |
| 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 | | 2,748. |
| 6 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) 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) | 26-3467517 | 124. |
| 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 | | 124. |
| 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II | | 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) | | |
| 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) | 26-4187508 | 39. |
| 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 | | 39. |
| 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II | | 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) 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) | 27-2802479 | 12,954. |
| 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 | | 12,954. |
| 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II | | 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 [X] General Business Credit From a Passive Activity
C General Business Credit Carryforwards
D General Business Credit Carrybacks
E Reserved
F Reserved
G Eligible Small Business Credit Carryforwards
H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

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 1a through 1zz, 2, 3, 4a through 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) If claiming the credit from a pass-through entity, enter the EIN | (c) Enter the appropriate amount |
|---------------------------|--|----------------------------------|
|---------------------------|--|----------------------------------|

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

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Identifying number

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

- 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) 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 | 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

| (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) | 45-3554818 | 2,805. |
| 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 | | 2,805. |
| 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II | | 2,805. |

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Identifying number

Part III General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below. (see instructions)

- A General Business Credit From a Non-Passive Activity
B [X] General Business Credit From a Passive Activity
C General Business Credit Carryforwards
D General Business Credit Carrybacks
E Reserved
F Reserved
G Eligible Small Business Credit Carryforwards
H Reserved

I If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

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

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 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) If claiming the credit from a pass-through entity, enter the EIN | (c) Enter the appropriate amount |
|--|--|----------------------------------|
| 1a Investment (Form 3468, Part II only) (attach Form 3468) | 1a | |
| b Reserved | 1b | |
| c Increasing research activities (Form 6765) | 1c | |
| d Low-income housing (Form 8586, Part I only) | 1d | |
| e Disabled access (Form 8826) (see instructions for limitation) | 1e | |
| f Renewable electricity, refined coal, and Indian coal production (Form 8835) | 1f | |
| g Indian employment (Form 8845) | 1g | |
| h Orphan drug (Form 8820) | 1h | |
| i New markets (Form 8874) | 1i | |
| j Small employer pension plan startup costs (Form 8881) (see instructions for limitation) | 1j | |
| k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) | 1k | |
| l Biodiesel and renewable diesel fuels (attach Form 8864) | 1l | |
| m Low sulfur diesel fuel production (Form 8896) | 1m | |
| n Distilled spirits (Form 8906) | 1n | |
| o Nonconventional source fuel | 1o | |
| p Energy efficient home (Form 8908) | 1p | |
| q Energy efficient appliance | 1q | |
| r Alternative motor vehicle (Form 8910) | 1r | |
| s Alternative fuel vehicle refueling property (Form 8911) | 1s | |
| t Reserved | 1t | |
| u Mine rescue team training (Form 8923) | 1u | |
| v Agricultural chemicals security (carryforward only) | 1v | |
| w Employer differential wage payments (Form 8932) | 1w | |
| x Carbon dioxide sequestration (Form 8933) | 1x | |
| y Qualified plug-in electric drive motor vehicle (Form 8936) | 1y | |
| z Qualified plug-in electric vehicle (carryforward only) | 1z | |
| aa New hire retention (carryforward only) | 1aa | |
| bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) | 1bb | |
| zz Other | 1zz | |
| 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I | 2 | |
| 3 Enter the amount from Form 8844 here and on the applicable line of Part II | 3 | |
| 4a Investment (Form 3468, Part III) (attach Form 3468) | 4a | |
| b Work opportunity (Form 5884) | 4b | |
| c Biofuel producer (Form 6478) | 4c | |
| d Low-income housing (Form 8586, Part II) | 4d | |
| e Renewable electricity, refined coal, and Indian coal production (Form 8835) | 4e | |
| f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) | 4f | 27-4162308 11,447. |
| g Qualified railroad track maintenance (Form 8900) | 4g | |
| h Small employer health insurance premiums (Form 8941) | 4h | |
| i Reserved | 4i | |
| j Reserved | 4j | |
| z Other | 4z | |
| 5 Add lines 4a through 4z and enter here and on the applicable line of Part II | 5 | 11,447. |
| 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II | 6 | 11,447. |

Name(s) shown on return

DONALD J. & MELANIA TRUMP

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 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

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 | 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) If claiming the credit from a pass-through entity, enter the EIN | (c) Enter the appropriate amount | |
|--|---|-------------------------------------|------|
| 1a Investment (Form 3468, Part II only) (attach Form 3468) | 1a | | |
| b Reserved | 1b | | |
| c Increasing research activities (Form 6765) | 1c | | |
| d Low-income housing (Form 8586, Part I only) | 1d | | |
| e Disabled access (Form 8826) (see instructions for limitation) | 1e | | |
| f Renewable electricity, refined coal, and Indian coal production (Form 8835) | 1f | | |
| g Indian employment (Form 8845) | 1g | | |
| h Orphan drug (Form 8820) | 1h | | |
| i New markets (Form 8874) | 1i | | |
| j Small employer pension plan startup costs (Form 8881) (see instructions for limitation) | 1j | | |
| k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation) | 1k | | |
| l Biodiesel and renewable diesel fuels (attach Form 8864) | 1l | | |
| m Low sulfur diesel fuel production (Form 8896) | 1m | | |
| n Distilled spirits (Form 8906) | 1n | | |
| o Nonconventional source fuel | 1o | | |
| p Energy efficient home (Form 8908) | 1p | | |
| q Energy efficient appliance | 1q | | |
| r Alternative motor vehicle (Form 8910) | 1r | | |
| s Alternative fuel vehicle refueling property (Form 8911) | 1s | | |
| t Reserved | 1t | | |
| u Mine rescue team training (Form 8923) | 1u | | |
| v Agricultural chemicals security (carryforward only) | 1v | | |
| w Employer differential wage payments (Form 8932) | 1w | | |
| x Carbon dioxide sequestration (Form 8933) | 1x | | |
| y Qualified plug-in electric drive motor vehicle (Form 8936) | 1y | | |
| z Qualified plug-in electric vehicle (carryforward only) | 1z | | |
| aa New hire retention (carryforward only) | 1aa | | |
| bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) | 1bb | | |
| zz Other | 1zz | | |
| 2 Add lines 1a through 1zz and enter here and on the applicable line of Part I | 2 | | |
| 3 Enter the amount from Form 8844 here and on the applicable line of Part II | 3 | | |
| 4a Investment (Form 3468, Part III) (attach Form 3468) | 4a | | |
| b Work opportunity (Form 5884) | 4b | | |
| c Biofuel producer (Form 6478) | 4c | | |
| d Low-income housing (Form 8586, Part II) | 4d | | |
| e Renewable electricity, refined coal, and Indian coal production (Form 8835) | 4e | | |
| f Employer social security and Medicare taxes paid on certain employee tips (Form 8846) | 4f | 27-4162308 | 578. |
| g Qualified railroad track maintenance (Form 8900) | 4g | | |
| h Small employer health insurance premiums (Form 8941) | 4h | | |
| i Reserved | 4i | | |
| j Reserved | 4j | | |
| z Other | 4z | | |
| 5 Add lines 4a through 4z and enter here and on the applicable line of Part II | 5 | 578. | |
| 6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II | 6 | 578. | |

Name(s) shown on return

DONALD J. & MELANIA TRUMP

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.

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, Reserved, Increasing research activities, etc.

Credit for Federal Tax Paid on Fuels

OMB No. 1545-0162

2015

▶ Information about Form 4136 and its separate instructions is at www.irs.gov/form4136.

Attachment Sequence No. **23**

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 Caution 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 Caution above line 1) | | .193 | | | 324 |
| c Exported | | .194 | | | 412 |
| d LUST tax on aviation fuels used in foreign trade | | .001 | | | 433 |

3 Nontaxable Use of Undyed Diesel Fuel

Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception. If any of the diesel fuel included in this claim **did** contain visible evidence of dye, attach an explanation and check here

| | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of credit | (e) CRN |
|--|-----------------|----------|-------------|----------------------|---------|
| a Nontaxable use | 2 | \$.243 | | \$ | 360 |
| b Use on a farm for farming purposes | | .243 | | | |
| c Use in trains | | .243 | | | |
| d Use in certain intercity and local buses (see Caution above line 1) | | .17 | | | 350 |
| e Exported | | .244 | | | 413 |

4 Nontaxable Use of Undyed Kerosene (Other Than Kerosene Used in Aviation)

Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim **did** contain visible evidence of dye, attach an explanation and check here

| | (a) Type of use | (b) Rate | (c) Gallons | (d) Amount of credit | (e) CRN |
|--|-----------------|----------|-------------|----------------------|---------|
| a Nontaxable use taxed at \$.244 | | \$.243 | | \$ | 346 |
| b Use on a farm for farming purposes | | .243 | | | |
| c Use in certain intercity and local buses (see Caution 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.

Form **4136** (2015)

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.

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 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: Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. | 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 (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|---|--|--------------------------------------|----------------------------------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| These columns relate to the properties on lines 19A through 19D. | | | |
| | ▶ | Property A | Property B |
| | | Property C | Property D |
| 20 | Gross sales price (Note: See line 1 before completing.) | 20 | |
| 21 | Cost or other basis plus expense of sale | 21 | |
| 22 | Depreciation (or depletion) allowed or allowable | 22 | |
| 23 | Adjusted basis. Subtract line 22 from line 21 | 23 | |
| 24 | Total gain. Subtract line 23 from line 20 | 24 | |
| 25 | If section 1245 property: | | |
| a | Depreciation allowed or allowable from line 22 | 25a | |
| b | Enter the smaller of line 24 or 25a | 25b | |
| 26 | If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | |
| a | Additional depreciation after 1975 (see instructions) | 26a | |
| b | Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions) | 26b | |
| c | Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e | 26c | |
| d | Additional depreciation after 1969 and before 1976 | 26d | |
| e | Enter the smaller of line 26c or 26d | 26e | |
| f | Section 291 amount (corporations only) | 26f | |
| g | Add lines 26b, 26e, and 26f | 26g | |
| 27 | If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership). | | |
| a | Soil, water, and land clearing expenses | 27a | |
| b | Line 27a multiplied by applicable percentage | 27b | |
| c | Enter the smaller of line 24 or 27b | 27c | |
| 28 | If section 1254 property: | | |
| a | Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions) | 28a | |
| b | Enter the smaller of line 24 or 28a | 28b | |
| 29 | If section 1255 property: | | |
| a | Applicable percentage of payments excluded from income under section 126 (see instructions) | 29a | |
| b | Enter the smaller of line 24 or 29a (see instructions) | 29b | |

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

| | | | |
|----|---|----|--|
| 30 | Total gains for all properties. Add property columns A through D, line 24 | 30 | |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 | |

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

| | (a) Section 179 | (b) Section 280F(b)(2) |
|----|---|------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years | 33 |
| 34 | Recomputed depreciation (see instructions) | 34 |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 |

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return.

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

OMB No. 1545-0184

2015

Attachment
Sequence No. **27**

Name(s) shown on return

**TRUMP INTERNATIONAL GOLF CLUB SCOTLAND
LIMITED**

Identifying number

98-0485744

1 Enter the gross proceeds from sales or exchanges reported to you for 2015 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) **1**

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year

| (a) Description of property | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|-----------------------------|-----------------------------------|-------------------------------|-----------------------|---|--|---|
| 2 | | | | | | |
| | | | | | | |
| | | | | | | |

| | |
|--|----------|
| 3 Gain, if any, from Form 4684, line 39 | 3 |
| 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 | 4 |
| 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 | 5 |
| 6 Gain, if any, from line 32, from other than casualty or theft | 6 |
| 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: | 7 |
| Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. | |
| Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. | |
| 8 Nonrecaptured net section 1231 losses from prior years (see instructions) | 8 |
| 9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) | 9 |

Part II Ordinary Gains and Losses

| | | | | | | |
|--|------------|----------------|--|--|--|--|
| 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 11 Loss, if any, from line 7 | 11 | () | | | | |
| 12 Gain, if any, from line 7 or amount from line 8, if applicable | 12 | | | | | |
| 13 Gain, if any, from line 31 | 13 | 12,468. | | | | |
| 14 Net gain or (loss) from Form 4684, lines 31 and 38a | 14 | | | | | |
| 15 Ordinary gain from installment sales from Form 6252, line 25 or 36 | 15 | | | | | |
| 16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 | 16 | | | | | |
| 17 Combine lines 10 through 16 | 17 | 12,468. | | | | |
| 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: | | | | | | |
| a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions | | | | | | |
| | 18a | | | | | |
| b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 | | | | | | |
| | 18b | | | | | |

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 (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|---|--------------------------------------|----------------------------------|
| A FURNITURE & FIXTURES | 063012 | 010115 |
| B | | |
| C | | |
| D | | |

| These columns relate to the properties on lines 19A through 19D. | | Property A | Property B | Property C | Property D |
|--|---|------------|------------|------------|------------|
| 20 | Gross sales price (Note: See line 1 before completing.) | 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.

2015

Attachment
Sequence No. 71

Name(s) shown on return
DONALD J. & MELANIA TRUMP

Your social security number

Part I Additional Medicare Tax on Medicare Wages

| | | | | |
|---|---|----------|--|----|
| 1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5 | 1 | 14,141. | | |
| 2 Unreported tips from Form 4137, line 6 | 2 | | | |
| 3 Wages from Form 8919, line 6 | 3 | | | |
| 4 Add lines 1 through 3 | 4 | 14,141. | | |
| 5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 | 5 | 250,000. | | |
| 6 Subtract line 5 from line 4. If zero or less, enter -0- | 6 | | | 0. |
| 7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). Enter here and go to Part II | 7 | | | |

Part II Additional Medicare Tax on Self-Employment Income

| | | | | |
|---|----|----------|--|----------|
| 8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.) | 8 | 905,084. | | |
| 9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 | 9 | 250,000. | | |
| 10 Enter the amount from line 4 | 10 | 14,141. | | |
| 11 Subtract line 10 from line 9. If zero or less, enter -0- | 11 | 235,859. | | |
| 12 Subtract line 11 from line 8. If zero or less, enter -0- | 12 | | | 669,225. |
| 13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (.009). Enter here and go to Part III | 13 | | | 6,023. |

Part III Additional Medicare Tax on Railroad Retirement Tax Act (RRTA) Compensation

| | | | | |
|--|----|--|--|--|
| 14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions) | 14 | | | |
| 15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000 | 15 | | | |
| 16 Subtract line 15 from line 14. If zero or less, enter -0- | 16 | | | |
| 17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (.009). Enter here and go to Part IV | 17 | | | |

Part IV Total Additional Medicare Tax

| | | | | |
|---|----|--|--|--------|
| 18 Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V | 18 | | | 6,023. |
|---|----|--|--|--------|

Part V Withholding Reconciliation

| | | | | |
|--|----|---------|--|----|
| 19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6 | 19 | 205. | | |
| 20 Enter the amount from line 1 | 20 | 14,141. | | |
| 21 Multiply line 20 by 1.45% (.0145). This is your regular Medicare tax withholding on Medicare wages | 21 | 205. | | |
| 22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages | 22 | | | 0. |
| 23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions) | 23 | | | |
| 24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) | 24 | | | |

Form **4562**

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.

Name(s) shown on return
TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LIMITED

Business or activity to which this form relates

Identifying number

98-0485744

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation | 3 | |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2014 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5 | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 | 13 | |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

| | | | |
|----|--|----|-------------------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 1,698,719. |

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

Section A

| | | | |
|----|---|----|--------------------------|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2015 | 17 | |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | <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) 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 |
|----------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 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 | |

516251 12-20-15 LIA For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2015)

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) Type of property (list vehicles first) | (b) Date placed in service | (c) Business/investment use percentage | (d) Cost or other basis | (e) Basis for depreciation (business/investment use only) | (f) Recovery period | (g) Method/Convention | (h) Depreciation deduction | (i) Elected section 179 cost |
| 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use | | | | | | | 25 | |
| 26 Property used more than 50% in a qualified business use: | | | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| | | % | | | | | | |
| 27 Property used 50% or less in a qualified business use: | | | | | | | | |
| | | % | | | S/L - | | | |
| | | % | | | S/L - | | | |
| | | % | | | S/L - | | | |
| 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 | | | | | | | 28 | |
| 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 | | | | | | | | 29 |

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

| | (a) Vehicle | | (b) Vehicle | | (c) Vehicle | | (d) Vehicle | | (e) Vehicle | | (f) Vehicle | |
|--|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
| | 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.

| | | |
|---|-----|----|
| 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 | Yes | No |
| 39 Do you treat all use of vehicles by employees as personal use? | Yes | No |
| 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? | Yes | No |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? | Yes | No |

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI **Amortization**

| (a) Description of costs | (b) Date amortization begins | (c) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
|---|---------------------------------|---------------------------|---------------------|--|-----------------------------------|
| 42 Amortization of costs that begins during your 2015 tax year: | | | | | |
| | | | | | |
| 43 Amortization of costs that began before your 2015 tax year | | | | | 43 |
| 44 Total. Add amounts in column (f). See the instructions for where to report | | | | | 44 |

Form **6781**

Department of the Treasury
Internal Revenue Service

Gains and Losses From Section 1256 Contracts and Straddles

Information about Form 6781 and its instructions is at www.irs.gov/form6781.
Attach to your tax return.

OMB No. 1545-0644

2015
Attachment
Sequence No. **82**

Name(s) shown on tax return

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. |
| Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see instructions. | | | |
| 6 | If you have a net section 1256 contracts loss and checked box D above, enter the amount of loss to be carried back. Enter the loss as a positive number. If you did not check box D, enter -0- | | 6 |
| 7 | Combine lines 5 and 6 | | 7 51,003. |
| 8 | Short-term capital gain or (loss). Multiply line 7 by 40% (.40). Enter here and include on line 4 of Schedule D or on Form 8949 (see instructions) | | 8 20,401. |
| 9 | Long-term capital gain or (loss). Multiply line 7 by 60% (.60). Enter here and include on line 11 of Schedule D or on Form 8949 (see instructions) | | 9 30,602. |

Part II Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components.

Section A - Losses From Straddles

| (a) Description of property | (b) Date entered into or acquired | | | (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 | | | | | | | | |
| 11a | Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule D or on Form 8949 (see instructions) | | | | | | | 11a () |
| 11b | 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 | | | | | | |
| 13a | Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D or on Form 8949 (see instructions) | | | | | 13a |
| 13b | 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.

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.

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 | | | |
| 1b Activities with net loss (enter the amount from Worksheet 1, column (b)) | 1b | (289,509.) | | |
| 1c Prior years unallowed losses (enter the amount from Worksheet 1, column (c)) | 1c | () | | |
| d Combine lines 1a, 1b, and 1c | 1d | | <289,509.> | |

Commercial Revitalization Deductions From Rental Real Estate Activities

| | | | | |
|---|-----------|-----|--|--|
| 2a Commercial revitalization deductions from Worksheet 2, column (a) | 2a | | | |
| 2b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) | 2b | () | | |
| c Add lines 2a and 2b | 2c | () | | |

All Other Passive Activities

| | | | | |
|---|-----------|----------------|-------------|--|
| 3a Activities with net income (enter the amount from Worksheet 3, column (a)) | 3a | 45,279,007. | | |
| 3b Activities with net loss (enter the amount from Worksheet 3, column (b)) | 3b | (27,805,050.) | | |
| 3c Prior years unallowed losses (enter the amount from Worksheet 3, column (c)) | 3c | () | | |
| d Combine lines 3a, 3b, and 3c | 3d | | 17,473,957. | |

| | | | | |
|---|---|--|-------------|--|
| 4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used | 4 | | 17,184,448. | |
|---|---|--|-------------|--|

- If line 4 is a loss and:
- Line 1d is a loss, go to Part II.
 - Line 2c is a loss (and line 1d is zero or more), skip Part II and go to Part III.
 - Line 3d is a loss (and lines 1d and 2c are zero or more), skip Parts II and III and go to line 15.

Caution: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II or Part III. Instead, go to line 15.

Part II Special Allowance for Rental Real Estate Activities With Active Participation

Note: Enter all numbers in Part II as positive amounts. See instructions for an example.

| | | | | |
|---|----|--|--|--|
| 5 Enter the smaller of the loss on line 1d or the loss on line 4 | 5 | | | |
| 6 Enter \$150,000. If married filing separately, see instructions | 6 | | | |
| 7 Enter modified adjusted gross income, but not less than zero (see instructions) | 7 | | | |
| Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8. | | | | |
| 8 Subtract line 7 from line 6 | 8 | | | |
| 9 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions | 9 | | | |
| 10 Enter the smaller of line 5 or line 9 | 10 | | | |

If line 2c is a loss, go to Part III. Otherwise, go to line 15.

Part III Special Allowance for Commercial Revitalization Deductions From Rental Real Estate Activities

Note: Enter all numbers in Part III as positive amounts. See the example for Part II in the instructions.

| | | | | |
|---|----|--|--|--|
| 11 Enter \$25,000 reduced by the amount, if any, on line 10. If married filing separately, see instructions | 11 | | | |
| 12 Enter the loss from line 4 | 12 | | | |
| 13 Reduce line 12 by the amount on line 10 | 13 | | | |
| 14 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 | 14 | | | |

Part IV Total Losses Allowed

| | | | | |
|--|----|--|--|--|
| 15 Add the income, if any, on lines 1a and 3a and enter the total | 15 | | | |
| 16 Total losses allowed from all passive activities for 2015. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return | 16 | | | |

Caution: The worksheets must be filed with your tax return. Keep a copy for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions.)

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|---|--|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 1a) | (b) Net loss (line 1b) | (c) Unallowed loss (line 1c) | (d) Gain | (e) Loss |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | SEE ATTACHED STATEMENT FOR WORKSHEET 1 | | | | |
| Total. Enter on Form 8582, lines 1a, 1b, and 1c | | <289,509.> | | | |

Worksheet 2 - For Form 8582, Lines 2a and 2b (See instructions.)

| Name of activity | (a) Current year deductions (line 2a) | (b) Prior year unallowed deductions (line 2b) | (c) Overall loss |
|--|---------------------------------------|---|------------------|
| | | | |
| | | | |
| | | | |
| Total. Enter on Form 8582, lines 2a and 2b | | | |

Worksheet 3 - For Form 8582, Lines 3a, 3b, and 3c (See instructions.)

| Name of activity | Current year | | Prior years | Overall gain or loss | |
|---|--|------------------------|------------------------------|----------------------|----------|
| | (a) Net income (line 3a) | (b) Net loss (line 3b) | (c) Unallowed loss (line 3c) | (d) Gain | (e) Loss |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | SEE ATTACHED STATEMENT FOR WORKSHEET 3 | | | | |
| Total. Enter on Form 8582, lines 3a, 3b, and 3c | 45,279,007. | <27,805,050.> | | | |

Worksheet 4 - Use this worksheet if an amount is shown on Form 8582, line 10 or 14 (See instructions.)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Special allowance | (d) Subtract column (c) from column (a) |
|------------------|---|----------|-----------|-----------------------|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

Worksheet 5 - Allocation of Unallowed Losses (See instructions.)

| Name of activity | Form or schedule and line number to be reported on (see instructions) | (a) Loss | (b) Ratio | (c) Unallowed loss |
|------------------|---|----------|-----------|--------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total | | | | |

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 1,031,320. |
| 5 | Add lines 1c, 2c, 3c, and 4c | 5 | 1,031,320. |
| 6 | Enter the tax attributable to net passive income (see instructions) | 6 | 0. |
| 7 | Subtract line 6 from line 5. If line 6 is more than or equal to line 5, enter -0- and see instructions | 7 | 1,031,320. |

Note: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II, III, or IV. Instead, go to line 37.

Part II **Special Allowance for Rental Real Estate Activities With Active Participation**

Note: Complete this part only if you have an amount on line 1c. Otherwise, go to Part III.

| | | | |
|-----|---|-----|--|
| 8 | Enter the smaller of line 1c or line 7 | 8 | |
| 9 | Enter \$150,000. If married filing separately, see instructions | 9 | |
| 10 | Enter modified adjusted gross income, but not less than zero (see instructions). If line 10 is equal to or more than line 9, skip lines 11 through 15 and enter -0- on line 16 | 10 | |
| 11 | Subtract line 10 from line 9 | 11 | |
| 12 | Multiply line 11 by 50% (.50). Do not enter more than \$25,000. If married filing separately, see instructions | 12 | |
| 13a | Enter the amount, if any, from line 10 of Form 8582 | 13a | |
| b | Enter the amount, if any, from line 14 of Form 8582 | 13b | |
| c | Add lines 13a and 13b | 13c | |
| 14 | Subtract line 13c from line 12 | 14 | |
| 15 | Enter the tax attributable to the amount on line 14 (see instructions) | 15 | |
| 16 | Enter the smaller of line 8 or line 15 | 16 | |

Part III Special Allowance for Rehabilitation Credits From Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990)

Note: Complete this part only if you have an amount on line 2c. Otherwise, go to Part IV.

| | | | |
|-----|--|-----|----|
| 17 | Enter the amount from line 7 | | 17 |
| 18 | Enter the amount from line 16 | | 18 |
| 19 | Subtract line 18 from line 17. If zero, enter -0- here and on lines 30 and 36, and then go to Part V | | 19 |
| 20 | Enter the smaller of line 2c or line 19 | | 20 |
| 21 | Enter \$250,000. If married filing separately, see instructions to find out if you can skip lines 21 through 26 | 21 | |
| 22 | Enter modified adjusted gross income, but not less than zero. (See instructions for line 10.) If line 22 is equal to or more than line 21, skip lines 23 through 29 and enter -0- on line 30 | 22 | |
| 23 | Subtract line 22 from line 21 | 23 | |
| 24 | Multiply line 23 by 50% (.50). Do not enter more than \$25,000. If married filing separately, see instructions | 24 | |
| 25a | Enter the amount, if any, from line 10 of Form 8582 | 25a | |
| b | Enter the amount, if any, from line 14 of Form 8582 | 25b | |
| c | Add lines 25a and 25b | 25c | |
| 26 | Subtract line 25c from line 24 | 26 | |
| 27 | Enter the tax attributable to the amount on line 26 (see instructions) | 27 | |
| 28 | Enter the amount, if any, from line 18 | 28 | |
| 29 | Subtract line 28 from line 27 | | 29 |
| 30 | Enter the smaller of line 20 or line 29 | | 30 |

Part IV Special Allowance for Low-Income Housing Credits for Property Placed in Service After 1989

Note: Complete this part only if you have an amount on line 3c. Otherwise, go to Part V.

| | | |
|----|---|----|
| 31 | If you completed Part III, enter the amount from line 19. Otherwise, subtract line 16 from line 7 | 31 |
| 32 | Enter the amount from line 30 | 32 |
| 33 | Subtract line 32 from line 31. If zero, enter -0- here and on line 36 | 33 |
| 34 | Enter the smaller of line 3c or line 33 | 34 |
| 35 | Tax attributable to the remaining special allowance (see instructions) | 35 |
| 36 | Enter the smaller of line 34 or line 35 | 36 |

Part V Passive Activity Credit Allowed

| | | | |
|----|--|----|----|
| 37 | Passive Activity Credit Allowed. Add lines 6, 16, 30, and 36. See instructions to find out how to report the allowed credit on your tax return and how to allocate allowed and unallowed credits if you have more than one credit or credits from more than one activity. If you have any credits from a publicly traded partnership, see Publicly Traded Partnerships (PTPs) in the instructions. | 37 | 0. |
|----|--|----|----|

Part VI Election To Increase Basis of Credit Property

38 If you disposed of your entire interest in a passive activity or former passive activity in a fully taxable transaction, and you elect to increase your basis in credit property used in that activity by the unallowed credit that reduced your basis in the property, check this box. See instructions

39 Name of passive activity disposed of ▶ _____

40 Description of the credit property for which the election is being made ▶ _____

41 Amount of unallowed credit that reduced your basis in the property ▶ \$ _____

ALTERNATIVE MINIMUM TAX

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

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

OMB No. 1545-0074

2015
Attachment
Sequence No. **12**

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Your social security number

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|---|
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | | | | |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked | 38,841,496. | 39,167,884. | 2,763. | <323,625.> |
| 2 Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | |
| 3 Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | |
| 4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824 | | | STMT 35 | 4 20,401. |
| 5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | SEE STATEMENT 37 | 5 <76,723.> |
| 6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions | | | | 6 () |
| 7 Net short-term capital gain or (loss) . Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2 | | | | 7 <379,947.> |

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

| | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|---|
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | |
| 8b Totals for all transactions reported on Form(s) 8949 with Box D checked | 6,848,449. | 6,837,977. | | 10,472. |
| 9 Totals for all transactions reported on Form(s) 8949 with Box E checked | 8,415,599. | 7,759,886. | | 655,713. |
| 10 Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | |
| 11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 | | | SEE STATEMENT 36 SEE STATEMENT 33 | 11 30,139,015. |
| 12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 | | | | 12 4,644,386. |
| 13 Capital gain distributions | | | SEE STATEMENT 34 | 13 765,816. |
| 14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions | | | | 14 () |
| 15 Net long-term capital gain or (loss) . Combine lines 8a through 14 in column (h). Then go to Part III on page 2 | | | | 15 36,215,402. |

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> | <p>16</p> | <p>35,835,455.</p> |
| <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. | | |
| <p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> | | |
| <p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions</p> | <p>18</p> | |
| <p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions <small>SEE STATEMENT 38</small></p> | <p>19</p> | |
| <p>20 Are lines 18 and 19 both zero or blank? <input checked="" type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below. <input type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Do not 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 smaller of: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) } </p> | <p>21</p> | <p>()</p> |
| <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> | | |
| <p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p> | | |

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) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see Column (e) in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) |
|---|--|---|--|----------------------------------|---|--|-----------------------------|---|
| | | | | | | (f) Code(s) | (g) 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 | Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶ | | | 8,415,599. | 7,759,886. | | | 655,713. |
|---|--|--|--|------------|------------|--|--|----------|

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

Sales and Other Dispositions of Capital Assets

Form 8949

Department of the Treasury Internal Revenue Service

Information about Form 8949 and its separate instructions is at www.irs.gov/form8949. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2015 Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no.

DONALD J. & MELANIA TRUMP

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
(C) Short-term transactions not reported to you on Form 1099-B

Table with 7 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Adjustment code, (g) Amount of adjustment, (h) Gain or (loss). Rows include OPPENHEIMER, BARCLAYS CAPITAL INC, THE BARON FUNDS, DEUTSCHE BANK.

2 Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked).

Note: If you checked Box A 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) Description of property (Example: 100 sh. XYZ Co.) | (b) Date acquired (Mo., day, yr.) | (c) Date sold or disposed of (Mo., day, yr.) | (d) Proceeds (sales price) | (e) Cost or other basis. See the Note below and see Column (e) in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. | | (h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g) |
|---|--|---|---|----------------------------------|---|---|--------------------------------|---|
| | | | | | | (f) Code(s) | (g) 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 MASSACHUSETTS ST WTR POLL ABATEMENT | 12/10/13 | 01/20/15 | 600,000. | 619,878. | | | <19,878.> |
| | NEW JERSEY ST HLTH CARE FACS FING AUTH | 05/09/13 | 02/19/15 | 600,000. | 600,000. | | | 0. |
| | NEW JERSEY ST HLTH CARE FACS FING AUTH | 05/02/13 | 02/19/15 | 200,000. | 200,000. | | | 0. |
| | NEW JERSEY ST HLTH CARE FACS FING AUTH | 05/09/13 | 02/19/15 | 30,000. | 30,000. | | | 0. |
| | NEW JERSEY ST HLTH CARE FACS FING AUTH | 05/21/13 | 04/22/15 | 125,000. | 125,000. | | | 0. |
| | NEW JERSEY ST HLTH CARE FACS FING AUTH | 05/23/13 | 04/22/15 | 35,000. | 35,000. | | | 0. |
| | NEW JERSEY ST HLTH CARE FACS FING AUTH | 04/22/13 | 04/22/15 | 140,000. | 140,000. | | | 0. |
| | ROYAL BANK OF CANADA | 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.> |
| 2 | Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶ | | | 8,415,599. | 7,759,886. | | | 655,713. |

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

ALTERNATIVE MINIMUM TAX

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 rows 3-7: 3 Gain, if any, from Form 4684, line 39; 4 Section 1231 gain from installment sales; 5 Section 1231 gain or (loss) from like-kind exchanges; 6 Gain, if any, from line 32; 7 Combine lines 2 through 6. Total: 39,528,336.

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

Summary rows 8-9: 8 Nonrecaptured net section 1231 losses from prior years (see instructions) STATEMENT 64, 9,419,923; 9 Subtract line 8 from line 7. Total: 30,108,413.

Part II Ordinary Gains and Losses (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 10: SEE STATEMENT 63, <2,816,883>

Summary rows 11-17: 11 Loss, if any, from line 7; 12 Gain, if any, from line 7 or amount from line 8, if applicable, 9,419,923; 13 Gain, if any, from line 31; 14 Net gain or (loss) from Form 4684, lines 31 and 38a; 15 Ordinary gain from installment sales; 16 Ordinary gain or (loss) from like-kind exchanges; 17 Combine lines 10 through 16, 6,603,040.

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:

a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions

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

Summary rows 18a-18b: 18a; 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 (mo., day, yr.) | (c) Date sold (mo., day, yr.) |
|--|--|--------------------------------------|----------------------------------|
| A | | | |
| B | | | |
| C | | | |
| D | | | |
| These columns relate to the properties on lines 19A through 19D. | | | |
| | ▶ | Property A | Property B |
| | | Property C | Property D |
| 20 | Gross sales price (Note: See line 1 before completing.) | 20 | |
| 21 | Cost or other basis plus expense of sale | 21 | |
| 22 | Depreciation (or depletion) allowed or allowable | 22 | |
| 23 | Adjusted basis. Subtract line 22 from line 21 | 23 | |
| 24 | Total gain. Subtract line 23 from line 20 | 24 | |
| 25 | If section 1245 property: | | |
| a | Depreciation allowed or allowable from line 22 | 25a | |
| b | Enter the smaller of line 24 or 25a | 25b | |
| 26 | If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. | | |
| a | Additional depreciation after 1975 (see instructions) | 26a | |
| b | Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions) | 26b | |
| c | Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e | 26c | |
| d | Additional depreciation after 1969 and before 1976 | 26d | |
| e | Enter the smaller of line 26c or 26d | 26e | |
| f | Section 291 amount (corporations only) | 26f | |
| g | Add lines 26b, 26e, and 26f | 26g | |
| 27 | If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership). | | |
| a | Soil, water, and land clearing expenses | 27a | |
| b | Line 27a multiplied by applicable percentage | 27b | |
| c | Enter the smaller of line 24 or 27b | 27c | |
| 28 | If section 1254 property: | | |
| a | Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions) | 28a | |
| b | Enter the smaller of line 24 or 28a | 28b | |
| 29 | If section 1255 property: | | |
| a | Applicable percentage of payments excluded from income under section 126 (see instructions) | 29a | |
| b | Enter the smaller of line 24 or 29a (see instructions) | 29b | |

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

| | | | |
|----|---|----|--|
| 30 | Total gains for all properties. Add property columns A through D, line 24 | 30 | |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 | 31 | |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 | |

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

| | (a) Section 179 | (b) Section 280F(b)(2) |
|----|---|------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years | 33 |
| 34 | Recomputed depreciation (see instructions) | 34 |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35 |