graf p

Form	U4U	U	S. Individual Incor	ne Tax Return	2015	OMB No. 1545-0074	IRS Use Only - Do n	ot write or	staple in this space.
For the yea	r Jan. 1-Dec	: 31, 20	15, or other tax year beginning			2015, ending ·	.20		See separate instructions.
Your first	name and	l initia		Last name				Y	our social security number
DONALD	J.			TRUMP		-			
if a joint r	eturn, spo	use's	first name and initial	Last name				S	Spouse's social security number
MELANIZ				TRUMP					
Home add	dress (nur	nber a	nd street). If you have a P.C	. box, see instruction	S.		Apt.	no.	Make sure the SSN(s) above and on line 6c are correct.
City town o	r post office	, state,	and ZIP code. If you have a forei	gn address, also complet	e spaces below.				Presidential Election Campaign
NEW YOU	RK, NY	100	22					l it	Check here if you, or your spous f filing jointly, want \$3 to go to
Foreign co	ountry nar	me		Foreign p	province/state/county		Foreign postal	code v	his fund. Checking a box below will not change your tax or refun X You X Spous
Filing 9	Status	1	Single		hereo	4 Head	of household (with		g person). If the qualifying
i iiiig (Jiaius	2	X Married filing jointly	even if only one had	income)	perso	on is a child but not	your dep	endent, enter this child's
Check onl	V	3	Married filing separat	ely. Enter spouse's S	SN above	name	here. >		
one box.	<i>J</i>		and full name here.)	<u> </u>		5 Quali	fying widow(er) with	depende	ent child
Exemp	tions		X Yourself. If someone	can claim you as a c	lependent, <mark>do not</mark> ched	k box 6a	***************************************		Boxes checked 2
LACIND	7(10113	b_	X Spouse				*************		No. of children
		C	Dependents:		(2) Dependent's socia		Dependent's ationship to	(4)√ if chi under age	on 6c who:
			(1) First name	Last name	security number		you	qualifying for tax credit	
		-				SON			or separation (see instructions)
If more th		-							
dependen instruction									Dependents on 6c not entered above
check her									Add numbers
		d	Total number of exemptio	ns claimed					on lines above
Income	е	7	Wages, salaries, tips, etc.	Attach Form(s) W-2	***************************************		STMT 8	7	14,141
		8a	Taxable interest. Attach S	1 Page 1 Carlot and Carlot Car				8a	9,393,096
Attach Fo	rm(s)	b	Tax-exempt interest. Do i		***********************		18,586		
W-2 here.		9a	Ordinary dividends. Attach	Schedule B if requir	ed			9a	1,729,897
attach For		b					718,317	· ##	STMT 7
N-2G and 1099-R if		10	Taxable refunds, credits, o				STMT 5	10	Ű.
was withh		11	Alimony received					11	
		12	Business income or (loss)	. Attach Schedule C	or C-EZ			12	<599,030.
f you did	not	13	Capital gain or (loss). Atta					13	35,835,453
get a W-2,		14	Other gains or (losses). A	ttach Form 4797				14	6,603,042
see instru	ctions.	15a		15a		b Taxable am			
		16a	Pensions and annuities	16a			ount	16b	77,809
		17	Rental real estate, royaltie					17	<7,882,011.
		18	Farm income or (loss). At					18	
		19	Unemployment compensa					19	
		20a	Social security benefits	20a		b Taxable am	ount	20b	
		21	Other income. List type ar		STATEMENT 1			21	<76,909,237.
		22	Combine the amounts in t	he far right column fo	or lines 7 through 21. T		icome	22	<31,736,841
έ		23	Educator expenses Certain business expenses of r officials. Attach Form 2106 or 2	eservists nerforming arti	sts and fee-basis governm	23	· · · · · · · · · · · · · · · · · · ·		
Adjuste	ed	24		***************************************					
Gross		25	Health savings account de		8889				
ncome	•	26	Moving expenses. Attach					18216	
		27	Deductible part of self-em				19,594		
	_ =	28	Self-employed SEP, SIMP	LE, and qualified plar	is	28			
Same of	Internal Recei	29	Self-employed health insu	rance deduction		29			
OCT 2 0 2016	कें छ	30	Penalty on early withdraw	al of savings		30			
	100 PB	31a	Alimony paid b Recipie	nt's SSN 🕨		31a			
CI.	E VO	32				32			
0	Revenue ved LB W	33	Student loan interest dedu	************		33		165	
2	ZS	34	Tuition and fees. Attach Fo						
CI	ternal Revenue Service Received LB WN 437	35	Domestic production activ						
510001	∠ 8.	36	Add lines 23 through 35					36	19,594
12-30-15		37	Subtract line 36 from line				b	37	<31 756 435

CH

Form 1040 (2015)	DO	DNALD J. & MELANIA TRUMP		Page 2
Tax and	38	Amount from line 37 (adjusted gross income)	38	<31,756,435.>
Credits	39a	Check X You were born before January 2, 1951, Blind. Total boxes	- 00	
Standard Deduction for -		if: Spouse was born before January 2, 1951, ☐ Blind. checked ▶ 39a 1		
People who	b	If your spouse itemizes on a separate return or you were a dual-status alien, check here		
on line 39a or	40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	7,997,882.
39b 0f who can be claimed as a	41		40	
dependent, see instructions.	42	Subtract line 40 from line 38 Exemptions. If line 38 is \$154,950 or less, multiply \$4,000 by the number on line 6d. Otherwise, see inst.	41	<39,754,317.>
	43	Tayable income. Subtract line 42 from line 41 If line 42 is more than line 44 order 0.	42	12,000.
	44	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- Tax. Check if any from: a Form(s) 8814 b Form 4972 c	43	0.
		The second secon	44	0.
All others:	45	Alternative minimum tax. Attach Form 6251	45	2,127,670.
Single or	46	Excess advance premium tax credit repayment. Attach Form 8962	46	
Married filing separately,	47	Add lines 44, 45, and 46	47	2,127,670.
\$6,300	48	Foreign tax credit. Attach Form 1116 if required 48		
Married filing jointly or	49	Credit for child and dependent care expenses. Attach Form 2441 49		a.a.m
Qualifying widow(er),	50	Education credits from Form 8863, line 19 50		54A 14857
\$12,600	51	Retirement savings contributions credit. Attach Form 8880 51		15917
Head of household,	52	Child tax credit. Attach Schedule 8812, if required		
\$9,250	53	Residential energy credits. Attach Form 5695 53		
	54	Other credits from Form: a X 3800 b 8801 c 54 1,485,739.		
	55	Add lines 48 through 54. These are your total credits	55	1,485,739.
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	56	641,931.
	57	Self-employment tax. Attach Schedule SE	57	39,188.
Other	58	Unreported social security and Medicare tax from Form; a 4137 b 8919	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	59	
	60a	Household employment taxes from Schedule H	60a	48,030.
	h	First-time homebuyer credit repayment. Attach Form 5405 if required		40,030.
	61	Health care: Individual responsibility (see instructions) Full-year coverage X	60b	
	62	Taxes from: a X Form 8959 b Form 8960 c Inst.; enter code(s)	61	C 022
	62	Add lines 56 through 60. This is your Add Lines	62	6,023.
Payments	03	Add lines 56 through 62. This is your total tax	63	735,172.
ayments	04	Federal income tax withheld from Forms W-2 and 1099 64 3,017.		
If you have a		2015 estimated tax payments and amount applied from 2014 return 65 10,756.		
qualifying		Earned income credit (EIC)		
child, attach Schedule EIC.		Nontaxable combat pay election 66b 66b		
		Additional child tax credit. Attach Schedule 8812 67		
		American opportunity credit from Form 8863, line 8	11541	
		Net premium tax credit. Attach Form 8962		
	70	Amount paid with request for extension to file		
	71	Excess social security and tier 1 RRTA tax withheld 71		
		Credit for federal tax on fuels. Attach Form 4136 72 14,276.		
	73	Credits from Form: a 2439 b Reserved 8885 d 73		
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments	74	28,049.
Refund		If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	75	
		Amount of line 75 you want refunded to you. If Form 8888 is attached, check here	76a	
Direct deposit?		Routing	700	-
instructions.	77	Amount of line 75 you want applied to your 2016 estimated tax		
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	78	707,123.
You Owe		Estimated tax penalty (see instructions) 79	70	45071747474848474747
Third Party				
Designee		o you want to allow another person to discuss this return with the IRS (see instructions)? X Yes. Complete beliginge's DONALD BENDER	Persona	No No Identification
Sign	l	Under renalties of erjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my known	number	
Here		correct and complete. Declaration of prepare (other than taxpayer) is based on all information of which preparer has any knowledge. Our it is a Your occupation		time phone number
Joint return?	h =		Day	ume phone number
See instructions. Keep a copy	7	Sp si Spointre () () ust sign. Date , Spouse's occupation	-	
for your				e IRS sent you an Identity ection PIN,
records.	X	10 177 // EXECUTIVE		r it here
Paid	Print	The preparer's name Preparet's signature Date Check	if P	TIN
D		July 11 self-employed	1	
	-	ALD BENDER		
Use Only	Firm'	sname ► WEISERMAZAPG T.T.P	13	1459550
E 10003		Phone no. (5	516)	488-1200
510002	Firm	saddress WOODBIRY NV 11797_2003		

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

Itemized Deductions

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

OMB No. 1545-0074

2015
Attachment
Sequence No. 07

Your social security number

DONALD J. &	MEL	ANIA TROMP			
Medical		Caution: Do not include expenses reimbursed or paid by others.			
and	1	Medical and dental expenses (see instructions)	1	19,411.	
Dental	2	Enter amount from Form 1040, line 38 2 <31,756,435.>			
Expenses	3				
		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-	0	4	19,411.
Taxes You	5	State and local (check only one box):	TT	4	17,111.
Paid		a X Income taxes, or SEE STATEMENT 15	5	5,139,693.	
		b General sales taxes		-,,	
	6	Real estate taxes (see instructions) SEE STATEMENT 19	6	968,463.	
	7	Personal property taxes	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	8	Other tayon Liet time and amount.			
	0.55		8		
	9	Add lines 5 through 8	0	9	6 108 156
Interest	10	Home mortgage interest and points reported to you on Form 1098	10	9	6,108,156.
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid to the person	10		
		from whom you bought the home, see instructions and show that person's name, identifying no., and address			
		identifying no., and address			
Note:			32.3		
Your mortgage	12	Points not reported to you on Form 1098. See instructions for special rules	11		
interest deduction may	13	- 발표 전	12		
be limited (see	14	Mortgage insurance premiums (see instructions) Investment interest. Attach Form 4952 if required. (See instructions.) STMT 17	13	075 130	
instructions).	090		14	975,139.	0.75 4.00
Gifts to	15	Add lines 10 through 14	Т. Т	134 443	975,139.
Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	134,442.	STMT 16
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see instructions.		21 070 000	
gift and got a	10	You must attach Form 8283 if over \$500 SEE STATEMENT 18 Carryover from prior year	17	21,078,900.	
benefit for it, see instructions.	18	Carryover from prior year Add lines 16 through 18	18	20,760,811.	
Casualty and	. 19	Add lines 16 through 18		19	0.
Theft Losses	20	Casualty or that Isaa(as) Attack Form 1001 (Oct. in Lati			
		Casualty or theft loss(es). Attach Form 4684. (See instructions.)	Taga I	20	
Job Expenses and Certain	21	Unreimbursed employee expenses - job travel, union dues, job education, etc.			
Miscellaneous		Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶			
Deductions					=
	00	T	21	552 504	
	22	Tax preparation fees	22	573,581.	
	23	Other expenses - investment, safe deposit box, etc. List type and amount SEE STATEMENT 13			
			1	202 146	
	24	Add lines 21 through 22	23	293,146.	
	25	Add lines 21 through 23	24	866,727.	
		Enter amount from Form 1040, line 38		8	
	26 27	Multiply line 25 by 2% (.02)	26	0.	
0.1		Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	866,727.
Other Miscellaneous	28	Other - from list in instructions. List type and amount ▶ SEE STATEMENT 14			
Deductions				Pi	
				28	28,449.
	29	Is Form 1040, line 38, over \$154,950?	1		
Tatal		X No. Your deduction is not limited. Add the amounts in the far right column			
Total Itomized		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		29	7,997,882.
Itemized Deductions		Yes. Your deduction may be limited. See the Itemized Deductions			
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 deduc-	ction,		
		check here		. •	

NAME

DONALD J. & MELANIA TRUMP

-		pag (1)			50% of AGI		O. AGI	/ <31,756,435.>
Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total /	Total Contributions Carryover
	Contributions							
	Allowed							
Less:	NOL Abs. CRP						/	
	CRP C/O			-				
2007	Contributions							
	Allerman		-					
	NOL Abs. CRP						/	
L033.	CRP C/O					/	Y	
	0111 0/0			1				
2008	Contributions							
	Allowed					/		
	NOL Abs. CRP					/		
	CRP C/O							
2009	Contributions					/		
	Allowed				,	/		
	NOL Abs. CRP				/			
	CRP C/O			-				
2010	0 17 1							
2010	Contributions Allowed				/			
	NOL Absorb.				/			
100,000,000,000	NOL Abs. CRP				/			
	Lost C/O							
	CRP C/O							
2011	Contributions							
Less:	Allowed							
Less:	NOL Absorb.							
	NOL Abs. CRP			/				
	Carryover			/				
	CRP C/O		/					
2012	Contributions							
			/					
	Allowed NOL Absorb.		/					
	NOL Abs. CRP		/					
	Carryover		/					
	CRP C/O	1						
	***	/						
2013	Contributions							
	Allowed							
	NOL Absorb.							
Less:	NOL Abs. CRP	/						
	Carryover /							
	CRP C/Q							

NAME

					50% of AGI		O. 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.			Allowed	Curryovor
	Allowed							
	NOL Absorb.			15,487,353.				1
Less:	NOL Abs. CRP							
	Carryover			5,273,458.				5,273,458
	CRP C/O							
	Contributions		21,163,842.	49,500.				8
	Allowed	0.	0.	0.	0.	0.		
	NOL Absorb.		21,163,842.	49,500.			/	1
Less:	NOL Abs. CRP							
	Carryover					/		
	CRP C/O							
Charit	table contribution:	s to Schedule A, Li	ne 19	•••••				
								5,273,458.
						/		
								P ₁
						/		
					/			
					/			

2200					
S	-		٦.	 -	А
	1:1	164	ϵn		AA

Charitable Contributions Limitation

NAI	ME DONALD J. & MELANIA TRUMP	_
50%	% Contributions	-
	50% of AGI	.9
2.	Contributions qualifying for 50% limit 21,163,842.	1
3.	Allowable 50% contributions	0.
	6 Contributions	
4.	Remaining 50% limit (Line 1 - Line 3)	
5.	Less capital gain property - special 30% limits	
6.	Balance of 50% of AGI	
7.	30% of AGI	
8.	Contributions qualifying for 30% limit	
9.	Allowable 30% contributions (lesser of Line 6, 7 or 8)	0.
30%	6 Special Contributions	
	30% of AGI	
11.	Contributions qualifying for 30% special limit	
12.	Remaining 50% limit (line 1 less lines 3 and 9)	
13.	Allowable 30% special contribution (lesser of Line 10, 11 or 12)	0,
20%	6 Contributions	
14.	20% of AGI	
15.	30% of AGI	
16.	Allowed 30% regular contributions	
17.	Line 15 less line 16	
18.	Allowed 30% special contributions	
	Line 15 less line 18	
20.	Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)	
21.	Contributions subject to the 20% limitation	
22.	Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)	0.
	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	
	Conservation real property contribution subject to 100% limit	
28.	Allowable 100% conservation real property contribution (lesser of Line 26 or 27)	0.
29.	Total 2015 contributions allowed on Schedule A	
30.	Total prior year carryovers allowed on Schedule A	
31.	Total charitable contributions to Schedule A, Line 19	

SCHEDULE B

(Form 1040A or 1040)

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

Interest and Ordinary Dividends

Attach to Form 1040A or 1040.

▶ Information about Schedule B and its instructions is at www.irs.gov/scheduleb

OMB No. 1545-0074

2015

Attachment

Your social security number

DONALD U. &	MEL	ANIA TROMP				
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the	T	F	Amount	
Interest		property as a personal residence, see instructions and list this interest first. Also, show that				
		buyer's social security number and address				
		SEE STATEMENT ZU			9,395	,718.
			1			
				-		
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		SUBTOTAL FOR LINE 1		/	9,395	718.
the total interest shown on that		NOMINEE DISTRIBUTION SEE STATEMENT 22	/		<2,	522.>
form.	2	Add the amounts on line 1	2		9,393	096.
	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.				
	4	Attach Form 8815 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a	3			
	No	te: If line 4 is over \$1,500, you must complete Part III.	4		9,393	
Part II	5	List name of payer	-	A	mount	
Ordinary		SEE STATEMENT 21			1,729	907
Dividends				<u> </u>	1,123	097.
Note: If you			5			
received a Form 1099-DIV or						
substitute statement from						
a brokerage firm,						
ist the firm's name as the						
payer and enter						
he ordinary dividends shown						
on that form.						
	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	6	1	,729,	897
	Not	e: If line 6 is over \$1,500, you must complete Part III.	0 1		1,001	
	You	must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had	a foreig	ın		
Part III	acc	ount; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.			Yes	No
Foreign	7a	At any time during 2015, did you have a financial interest in or signature authority over a financial ac	count (such		
Accounts		as a bank account, securities account, or brokerage account) located in a foreign country? See instr	uctions	}	Х	
and Frusts		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (Fig. 1).	BAR)			
iiusts		to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for	filing			
		requirements and exceptions to those requirements			Х	
	b	If you are required to file FinCen Form 114, enter the name of the foreign country where the financial	accou	nt	783 H2 11	
	8	is located UNITED KINGDOM, IRELAND, CHINA, ST				
27501 19-24-15	0	During 2015, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign	trust?	<u> </u>	HE THE	
S E F 10	-	If "Yes," you may have to file Form 3520. See instructions				X

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.

Name	of proprietor			1011, pt	atmerships generally must life Form 1005.	Social so	curity number (SSN)
DOM	AT D. T. MDING					Social Se	curity number (SSN)
	ALD J. TRUMP						
A	Principal business or profession, includi	ng pro	duct or service (see instru	ctions)		B Enter o	ode from instructions
-	ATION						532290
C DJT	Business name. If no separate business OPERATIONS CX LLC	name,	leave blank.				yer ID number (EIN), (see instr.)
E	Business address (including suite or roo	m no \				4	6-0980157
-	City, town or post office, state, and ZIP of		NEW YORK, NY	10022			
F	Accounting method: (1) Cas				er (specify)		
G	Did you "materially participate" in the ope	ration	of this business during 20)15? If "N	lo " and instructions for limit		
Н	If you started or acquired this business of				to, see ilistructions for limit on losses		Yes A No
1	Did you make any payments in 2015 that			s) 1099?	(see instructions)		X Yes No
J	If "Yes," did you or will you file required F	orms	V				
-	rt I Income			3			
1	Gross receipts or sales. See instructions	for line	e 1 and check the box if th	is incom	e was reported to you on Form W-2		296710
200	and the "Statutory employee" box on that	form \	vas checked		>	1	X1,345,779.
2	Returns and allowances			*******		2	
3	Subtract line 2 from line 1				2967766	3	1,345,779.
4	cost of goods sold (Holli lille 42)					4	
5	Gross profit. Subtract line 4 from line 3					5	1,345,779.
6	Other income, including rederal and state	gason	ne or fuel tax credit or refi	und (see	instructions)	6	259130
7 Pa	rt II Expenses. Enter expens	oo f	or business use of			7	1,345,779.
8	Advertising Expenses. Enter expenses.	8	T business use of				2000
9	Car and truck expenses	0		18	Office expense	18	7890
J	(see instructions)	9		19	Pension and profit-sharing plans	19	
10	6	10		20	Rent or lease (see instructions):		-05
11	Contract labor (see instructions)	11		a	, and adaption	20a	10125
12	Depletion	12		D 4	Other business property	20b	
13	Depreciation and section 179	12	-20206	21	Repairs and maintenance	21	X539,900.
	expense deduction (not included in		837385	22	Supplies (not included in Part III)		94,997.
	Part III) (see instructions)	13	X715,027.	23 24	Taxes and licenses	23	5,797.
14	Employee benefit programs (other	10	7,121.	a a	Travel, meals, and entertainment:		110888
	than on line 19)	14	0/08	h	Travel Deductible meals and	24a	
15	Insurance (other than health)	15	X92,304.	U		24b	48676 X 48,126.
16	Interest:	Learn,	1	25	entertainment (see instructions) Utilities 319317	25	X311,671.
a	Mortgage (paid to banks, etc.)	16a	0239	26	Wages (less employment credits) 30708	26	75,703.
b	Other	16b	1983		Other expenses (from line 48 10 19 403)	27a	×<895,539.>
17	Legal and professional services	17	110,134.		Reserved for future use	27b	/(1050,555.2
28	Total expenses before expenses for busi	ness u	se of home. Add lines 8 th	rough 27	7a 195410471	28	1,098,120.
29	Tentative profit or (loss). Subtract line 28	from I	ine 7			29	247,659.
30	Expenses for business use of your home.	Do no	t report these expenses els	sewhere.	Attach Form 8829		ACCOUNTS TO THE PARTY OF THE PA
	unless using the simplified method (see i						
	Simplified method filers only: enter the	otalso	uare footage of: (a) your l	home:			
	and (b) the part of your home used for bu	siness					
	Use the Simplified Method Worksheet in t			unt to er	nter on line 30	30	
31	Net profit or (loss). Subtract line 30 from						
	 If a profit, enter on both Form 1040, lin 	e 12 (or Form 1040NR, line 13) and on	Schedule SE, line 2.		
	(If you checked the box on line 1, see inst	ruction	is). Estates and trusts, ent	er on Fo	orm 1041, line 3.	31	247,659.
	• If a loss, you must go to line 32.				J		
32	If you have a loss, check the box that desc	cribes	our investment in this act	tivity (see	e instructions).		
	• If you checked 32a, enter the loss on bo	th Fo	m 1040, line 12, (or Form	m 1040N	R, line 13) and on Schedule SE, line 2.	32a	All investment is at risk.
	(If you checked the box on line 1, see the				enter on Form 1041, line 3.	32b	Some investment is not at risk.
	If you checked 32b, you must attach Fo	rm 61	98. Your loss may be limit	ted	1 1 K		

Schedu	lle C (Form 1040) 2015 DONALD J. TRUMP			Page 2			
	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 explanati	on)			
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	1					
36	Purchases less cost of items withdrawn for personal use	36	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						
Part	IN Information on Your Vehicle. Complete this part only if you are claiming car or truc	k exp	enses on lir	no Q and			
	are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	find	out if you m	ust file			
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?			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? If "Yes," is the evidence written?			No			
Part	Other Expenses. List below business expenses not included on lines 8-26 or line 30.		Yes	No			
LICENS	SES & PERMITS			300.			
releph	IONE			31,064.			
EQUIPM	MENT LEASES			97,248.			
NONDED	OUCTIBLE EXPENSES	, , , , , , , , , , , , , , , , , , ,	<	717,691.>			
SECTIO	ON 274 LIMITATION		<	306,460.>			
		_					
48	Total other expenses. Enter here and on line 27a	48		395 539.>			

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.

Name	of proprietor		to the form for the form 1005.	Conint on a sub-	ty number (SSN)	
חסאז	ALD I MDING			Social Securi	ty number (SSNy	
-	ALD J. TRUMP	4.0000000000000000000000000000000000000				
A MAN	Principal business or profession, includ AGEMENT SERVICES	ling product or service (s	see instructions)	B Enter code	from instructions	
C	Business name. If no separate business	s nama lagua blank			541600	
	ALD J. TRUMP	a name, leave blank.		D Employer ID number (EIN), (see instr		
Е	Business address (including suite or ro			1	/	
-	City, town or post office, state, and ZIP	code NEW YORK	K, NY 10022			
F	Accounting method: (1) X Ca	sh (2) Accrua	al (3) Other (specify) >	/		
G	Did you "materially participate" in the op	peration of this business (during 2015? If "No," see instructions for limit on losses	/	Yes X No	
H	If you started or acquired this business			/ ▶		
1	Did you make any payments in 2015 that			/	Yes X No	
Pa	If "Yes," did you or will you file required rt I Income	Forms 1099?			Yes No	
1		s for line 1 and sheet the				
	and the "Statutory employee" box on that	N/2 N N N	box if this income was reported to you on Form W-2	_		
2			/ ▶□	1	214,500.	
3	Subtract line 2 from line 1			. 2	011	
4			·····	. 3	214,500.	
5	Gross profit. Subtract line 4 from line 3			4		
6	Other income, including federal and stat	te gasoline or fuel tay cre	dit or refund (see instructions) SEE STATEMENT 23		214,500.	
7				. 6	225,884.	
Pa		nses for business	use of your home only on line 30.	> 7	440,384.	
8	Advertising	8	18 Office expense	10		
9	Car and truck expenses		19 Pension and profit-sharing plans	18		
	(see instructions)	9	20 Rent or lease (see instructions):	19		
10	Commissions and fees	10	a Vehicles, machinery, and equipment	20a		
11	Contract labor (see instructions)	11	b Other business property	20b		
12	Depletion	12	21 Repairs and maintenance	21		
13	Depreciation and section 179		22 Supplies (not included in Part III)	22		
	expense deduction (not included in		23 Taxes and licenses	23	225,884.	
	Part III) (see instructions)	13	24 Travel, meals, and entertainment:	. 20		
14	Employee benefit programs (other		a Travel	24a		
	than on line 19)	14	b Deductible meals and			
15	Insurance (other than health)	15	entertainment (see instructions)	24b		
16	Interest:		25 Utilities	25		
a	Mortgage (paid to banks, etc.)	16a		26		
b	Other	16b	27 a Other expenses (from line 48)	. 27a		
17	Legal and professional services	17	b Reserved for future use	. 27b		
28	Total expenses before expenses for bus	iness use of home. Add I	ines 8 through 27a	≥ 28	225,884.	
29	Tentative profit or (loss). Subtract line 26			29	214,500.	
30	Expenses for business use of your home	. Do not report these exp	enses elsewhere. Attach Form 8829			
	unless using the simplified method (see	instructions).				
	and (b) the part of your home used for b	total square footage of: ((a) your home:			
31	Use the Simplified Method Worksheet in Net profit or (loss). Subtract line 30 from		the amount to enter on line 30	30		
01	• If a profit, enter on both Form 1040, li		line (1) and an O.L. L.L. OF U			
	(If you checked the box on line 1, see ins	trustions) Fototos and to	, line 13) and on Schedule SE, line 2.			
	 If a loss, you must go to line 32. 	a donono), Estates and If	usis, enter on rorm 1041, line 3.	31	214,500.	
32	If you have a loss, check the box that des	scribes your investment is	n this activity (see instructions)			
	If you checked 32a, enter the loss on be	oth Form 1040 line 12	(or Form 1040NR, line 13) and on Schedule SE, line 2.	00	All investment	
	(If you checked the box on line 1, see the	line 31 instructions) Fe	tates and trusts, enter on Form 1041, line 3.	32a	is at risk. Some investment	
	If you checked 32b, you must attach F			32b	is not at risk.	

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 1085.

Name	me or proprietor		S	ocial sec	urity number (SSN)
DON	DNALD J. TRUMP				
A ACT	Principal business or profession, including product or service (see instructions)		В	Enter co	pde from instructions 711510
C	Business name. If no separate business name, leave blank.		D	Employe	er ID number (EIN), (see instr.)
DON	NALD J. TRUMP			/	, , , , , , , , , , , , , , , , , , , ,
E	Business address (including suite or room no.)		7		
	City, town or post office, state, and ZIP code NEW YORK, NY 10022		/-		
F	(1) La sacri (2) La sacridar (3) La sacridar (5)	sify) ▶			
G	Did you "materially participate" in the operation of this business during 2015? If "No," see				
Н	If you started or acquired this business during 2015, check here				▶
1	Did you make any payments in 2015 that would require you to file Form(s) 1099? (see ins	structions)			
J	If "Yes," did you or will you file required Forms 1099?				Yes No
Pa	arti income	/			
1	The second of the second of the box is this income was re	eported to you on Form W-2			
	and the "Statutory employee" box on that form was checked	/		1	443.
2	Returns and allowances			2	
3	Subtract line 2 from line 1			3	443.
4	Cost of goods sold (from line 42)	/		4	95.435-300-
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 instruct	tions)		6	
7	Gross income. Add lines 5 and 6			7	443.
Pa	art II Expenses. Enter expenses for business use of your home	only on line 30.		, ,	110,
8		expense		18	
9	The state of the s	on and profit-sharing plans		19	
		or lease (see instructions):	***	13	
10		es, machinery, and equipment		200	
11	2/10/11/01	business property		20a 20b	
12	A STATE OF THE PARTY OF THE PAR	's and maintenance			
13		es (not included in Part III)		21	
		and licenses		22	
		and licenses , meals, and entertainment;		23	
14				Lance 1	
	there are lies 400	tible meels and		24a	
15	12 12 12 12 12 12 12 12 12 12 12 12 12 1	tible meals and			
16		ainment (see instructions)	}	24b	
a	a Mortgage (paid to banks, etc.) 16a 26 Wages	S		25	
h		(less employment credits)	***	26	
17		expenses (from line 48)		27a	
28	Total expenses before expenses for business use of horne. Add lines 8 through 27a	ved for future use		27b	
29	Tentative profit or (loss). Subtract line 28 from line 7			28	0.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach I		.	29	443.
00	unless using the simplified method (see instructions).	-orm 8829			
	Simplified method filers only: enter the total square footage of: (a) your home:				
	and (b) the part of your home used for business:				
0.1	Use the Simplified Method Worksheet in the instructions to figure the amount to enter on I	ine 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 Schedu	le SE, line 2.			
	(If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 104	1, line 3.	PL	31	443.
0.0	• 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 instruc			100	
	• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line	13) and on Schedule SE, line 2.		32a [All investment is at risk.
	(If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on	Form 1041, line 3.		32b [Some investment is not at risk.
	If you checked 32b, you must attach Form 6198. Your loss may be limited.		1		

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.

Name	of proprietor						Social sec	urity number (SSN)	
DON	ALD J. TRUMP							/	
A	Principal business or profession, includ	ding produ	ıct or service (see instru	ctions)			B Enter odde from instructions 812990		
C	Business name. If no separate business	s name, le	ave blank.				D Employer ID number (EIN), (see instr.)		
DONA	ALD J TRUMP								
E	Business address (including suite or ro					/	/		
	City, town or post office, state, and ZIP		1			/			
F	Accounting method: (1) X Ca		Accrual (3)			/			
G H	Did you "materially participate" in the op					1			
n I	If you started or acquired this business Did you make any payments in 2015 th				The standard of the same of th				
J	If "Yes," did you or will you file required					/		Yes X No	
THE REAL PROPERTY.	rt I Income	TOTTIS I	199:		/	***********		Yes No	
1	Gross receipts or sales. See instruction	s for line	1 and check the box if th	is incom	e was reported to you on Form W-2		T		
	and the "Statutory employee" box on tha					>	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 sta	te gasolin	e or fuel tax credit or ref	und (see	instructions)		6		
7	Gross income. Add lines 5 and 6				/		7	100,000.	
Pa	TII Expenses. Enter exper	ises fo	r business use of	your h	nome only/on line 30.				
8	Advertising	8		18	Office expense		18		
9	Car and truck expenses			19	Pension and profit-sharing plans		19		
	(see instructions)	9		20	Rent or Jease (see instructions):				
10	Commissions and fees			a	Vehicles, machinery, and equipment		20a		
11	Contract labor (see instructions)			b	Other business property		20b		
12	Depletion 170	12		21	Repairs and maintenance		21		
13	Depreciation and section 179			22	Supplies (not included in Part III)		22		
	expense deduction (not included in Part III) (see instructions)	10		23	Taxes and licenses		23		
14	Employee benefit programs (other	13		24/	Travel, meals, and entertainment:				
17	than on line 19)	14		a h	Travel Deductible meals and	* * * * * * * * * * * * * *	24a		
15	Insurance (other than health)	15		/ "	entertainment (see instructions)		0.46		
16	Interest:	Manager		25	Utilities		24b 25		
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)		26		
b	Other	16b			Other expenses (from line 48)		27a		
17	Legal and professional services	17		b	Reserved for future use		27b		
28	Total expenses before expenses for but	siness use	of home. Add lines 8 th			•	28	0.	
29	Tentative profit or (loss). Subtract line 2	8 from lin	ie 7				29	100,000.	
30	Expenses for business use of your home	e. Do not	report these expenses el	sewhere.	. Attach Form 8829				
	unless using the simplified method (see		, ,						
	Simplified method filers only: enter the		are footage of: (a) your	home: _					
	and (b) the part of your home used for I								
	Use the Simplified Method Worksheet in		1	ount to e	nter on line 30		30		
31	Net profit or (loss). Subtract line 30 fro					2			
• 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 in	structions	n. Estates and trusts, en	ter on F o	orm 1041, line 3.	P	31	100,000.	
20	If a loss, you must go to line 32. If you have a loss, shock the box that do			ationta d)			
32	If you have a loss, check the box that de If you checked 32a, enter the loss on						0.7	All investment	
	(If you checked the box on line 1, see th					2.	32a	is at risk. Some investment	
1724	If you checked 32b, you must attach				onto on Form 1041, line 3.		32b	is not at risk.	

Department of the Treasury Internal Revenue Service (99) Name of proprietor

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.

	or proprietor			1	Social sec	urity number (SSN)
DON.	ALD J. TRUMP				-	
A SPE	Principal business or profession, includional KING ENGAGEMENT	ng product or service (see instr	uctions)	I	B Enter co	ode from instructions 812990
C	Business name. If no separate business	name, leave blank.		1) Employ	er ID pumber (EIN), (see instr.)
DON.	ALD J TRUMP					
E	Business address (including suite or roo	m no.) 🕨			/	
	City, town or post office, state, and ZIP c	ode			_/	
F	Accounting method: (1) X Cas	h (2) Accrual (3)	Other (specify)		/	
G	Did you "materially participate" in the ope	ration of this business during 2	2015? If "No," see instructions for limit on losses	/	/ 	X Yes No
Н	If you started or acquired this business d	luring 2015, check here		/		
1	Did you make any payments in 2015 that	would require you to file Form	(s) 1099? (see instructions)	/		Yes X No
J	If "Yes," did you or will you file required F	orms 1099?		<i></i>		Yes No
_	rt I Income		/			
1			his income was reported to you on Form W-2			
	and the "Statutory employee" box on that	231131111111	·····		1	150,000.
2					2	
3	Subtract line 2 from line 1	*****************************	<i>J</i>		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 re	efund (see instructions)		6	
7 Pa	til Expenses. Enter expens			🕨	7	150,000.
8			f your home only on line 30.			
	Advertising	8	18 Office expense		18	
9	Car and truck expenses		19 Pension and profit-sharing plans		19	
10	(see instructions)	9	20 Rent or lease (see instructions):		250	
10	Commissions and fees	10	a Vehicles, machinery, and equipment		20a	
11	Contract labor (see instructions)	11	b Other business property		20b	
12 13	Depletion Depreciation and section 179	12	21 Repairs and maintenance		21	
10	expense deduction (not included in		22 Supplies (not included in Part III)		22	
	Part III) (see instructions)	10	23 Taxes and licenses		23	
14	Employee benefit programs (other	13	Travel, meals, and entertainment:		200162	
14	than on line 19)	14	a Travel	*****	24a	
15	Insurance (other than health)	14	b Deductible meals and			
16	Interest:	15 /	entertainment (see instructions)		24b	
a	Mortgage (paid to banks, etc.)	16a /	25 Utilities 26 Wages (less employment credits)		25	
b	Other	16b	26 Wages (less employment credits) 27 a Other expenses (from line 48)		26	
17		17 /	b Reserved for future use		27a	
28	Total expenses before expenses for busi				27b	0.
29	Tentative profit or (loss). Subtract line 28	/	unough 27a		28	150,000.
30	Expenses for business use of your home.		elsewhere Attach Form 8820	**********	29	150,000.
	unless using the simplified method (see i	,	oisewhore. Attach Form 6025			
	Simplified method filers only: enter the	. ,	r home:			
	and (b) the part of your home used for bu					
	Use the Simplified Method Worksheet in		30			
31	Net profit or (loss). Subtract line 30 from	1			30	
	• If a profit, enter on both Form 1040, lin)				
	(If you checked the box on line 1, see inst		31	150,000.		
	 If a loss, you must go to line 32. 	(- Torni Torri, iniv U.		01	250,000.
32	If you have a loss, check the box that des	cribes your investment in this a	activity (see instructions).	j		
			orm 1040NR, line 13) and on Schedule SE, line 2	,	32a	All investment
	(If you checked the box on line 1, see the	line 31 instructions). Estates ar	nd trusts, enter on Form 1041. line 3	}	32b	is at risk. Some investment is not at risk.
	If you checked 32b, you must attach F			J		and attion.

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.

Name	of proprietor						5	Social se	curity number (SSN)		
DON.	ALD J. TRUMP										
A SPE.	Principal business or profession, including ENGAGEMENT	20.00		uctions)			E	B Enter code from instructions 812990			
C DON	Business name. If no separate business ALD J TRUMP	name, leave b	lank.				1	D Employer ID number (EIN) (see instr.)			
E	Business address (including suite or roc City, town or post office, state, and ZIP of								/		
F	Accounting method: (1) X Cas		Accrual (3)	Oth	ner (specify)						
G	Did you "materially participate" in the ope		business during 2	015? If "I	No." see instructions for limit	on losses					
Н	If you started or acquired this business	during 2015, c							Tes No		
1	Did you make any payments in 2015 tha	t would requir	e you to file Form((s) 1099?	(see instructions)			/	Yes X No		
J	If "Yes," did you or will you file required	Forms 1099?						/	Yes No		
Pa	rti income						1				
1	Gross receipts or sales. See instructions			his incorr	ne was reported to you on Fo	rm W-2	/				
	and the "Statutory employee" box on that					>		_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							6			
Pa	rt II Expenses. Enter expen	ass for bu		c		<u> </u>		7	50,000.		
8			siness use of	1 00000							
9	Advertising Car and truck expenses	8		18	Office expense			18			
3	(see instructions)	9		19	Pension and profit-sharin	g plans	****	19			
10	Commissions and fees	10		20	Rent or lease (see instruc	tions):					
11	Contract labor (see instructions)	11		a b	, , , , , , , , , , , , , , , , , , , ,	equipment		20a			
12	Depletion	12		21	- more additional property	**************		20b			
13	Depreciation and section 179	12		22	Repairs and maintenance Supplies (not included in	Dort III\		21			
	expense deduction (not included in			23	Taxes and licenses	-art III)		22			
	Part III) (see instructions)	13		24	Travel, meals, and enterta	inment		23			
14	Employee benefit programs (other			a				24a	46,162.		
	than on line 19)	14		b	Deductible meals and			244	40,102.		
15	Insurance (other than health)	15		1 /	entertainment (see instruc	tions)		24b			
16	Interest:			25	Utilities			25			
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment	credits)		26			
b	Other	16b	/	27 a	Other expenses (from line	48)		27a			
17	Legal and professional services	17	/		Reserved for future use			27b			
28	Total expenses before expenses for bus		ome. Add lings 8 t			***************************************		28	46,162.		
29	Tentative profit or (loss). Subtract line 28				***************************************			29	3,838.		
30	Expenses for business use of your home		these expenses e	Isewhere	. Attach Form 8829						
	unless using the simplified method (see										
	Simplified method filers only: enter the		otage of: (a) your	home: _							
	and (b) the part of your home used for bi	The state of the s	/								
0.4	Use the Simplified Method Worksheet in		is to figure the am	ount to e	nter on line 30			30			
31	Net profit or (loss). Subtract line 30 from			2000 10			`				
	• 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. 	u ucuons). Est	ates and trusts, er	iter on F	orm 1041, line 3.		7	31	3,838.		
32	If you have a loss, check the box that des	orihae vour in	restment in this -	otivity /	an instructions))				
32	• If you checked 32a, enter the loss on b					In OF 15 0		0.0	All investment		
	(If you checked the box on line 1, see the	line 31 instru	ctions) Estates an	ini 10401 id trijete	enter on Form 1041 Una 0	e ot, iiie 2.	>	32a	is at risk, Some investment		
	(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 is not at risk.		

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.

					Social sei	curity number (SSN)	
	LD J. TRUMP				euroesea		
A	Principal business or profession, including	product or service (see instru	ctions)	E	B Enter code from instructions		
	ESTATE				531310		
C	Business name. If no separate business name HOLDING COMPANY LLC	me, leave blank.		1		rer ID number (EIN), (see instr.)	
_					2	0-2249347	
E	Business address (including suite or room City, town or post office, state, and ZIP cod		10022		/		
F	Accounting method: (1) X Cash				$-\!\!\!/-$		
G					/		
Н	If you started or acquired this business dur		15? If "No," see instructions for limit on losses			personal district of the second	
ī	Did you make any payments in 2015 that w		s) 10002 (can instructions)				
J			s) 1099? (see instructions)				
Par	t I Income	113 1000:	/	<i>/</i>		X Yes No	
1		line 1 and check the box if the	is income was reported to you on Form W-2		Г		
	and the "Statutory employee" box on that fo	V 000 B			1	88,632.	
2		************			2	00,002.	
3					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		asoline or fuel tax credit or ref	und (see instructions)	**********	6	, , , , , , ,	
7	Gross income. Add lines 5 and 6			>	7	88,632.	
Par	t II Expenses. Enter expense	s for business use of	your home only on line 30.			,	
8		8	18 Office expense		18		
9	Car and truck expenses		19 Pension and profit-sharing plans		19		
	(see instructions)	9	20 Rent or Jease (see instructions):		Size!		
10	Commissions and fees	10	a Vehicles, machinery, and equipment		20a		
11	Contract labor (see instructions)	11	b Other business property		20b		
12	Depletion	12	21 Repairs and maintenance		21		
13	Depreciation and section 179		22 Supplies (not included in Part III)		22		
	expense deduction (not included in		23 / Taxes and licenses		23	14,470.	
	Part III) (see instructions)	13 15,696.	24 Travel, meals, and entertainment:				
14	Employee benefit programs (other		a Travel		24a		
	than on line 19)	14	b Deductible meals and				
15	Insurance (other than health)	15	entertainment (see instructions)		24b		
16	Interest:		25 Utilities		25	646.	
a	Mortgage (paid to banks, etc.)	6a /	26 Wages (less employment credits)	***********	26		
b		6b /	27 a Other expenses (from line 48)		27a	27,002.	
17	Legal and professional services	17 3/,055.	b Reserved for future use	******	27b		
28	Total expenses before expenses for busine	ss use of home. Add lines 8 th	nrough 27a	▶	28	60,869.	
29	Tentative profit or (loss). Subtract line 28 fr				29	27,763.	
30	Expenses for business use of your home. D	,	lsewhere. Attach Form 8829				
	unless using the simplified method (see ins	' /					
	Simplified method filers only: enter the tot						
	and (b) the part of your home used for busi						
	Use the Simplified Method Worksheet in the		ount to enter on line 30		30		
31	Net profit or (loss). Subtract line 30 from li	,		~			
	• If a profit, enter on both Form 1040, line						
	(If you checked the box on line 1, see instru	¢tions). Estates and trusts, en	ter on Form 1041, line 3.	}	31	27,763.	
	 If a loss, you must go to line 32. 			J			
32	If you have a loss, check the box that descri)			
			rm 1040NR, line 13) and on Schedule SE, line 2	2.	32a	All investment is at risk.	
	(If you checked the box on line 1, see the lin			ľ	32b	Some investment is not at risk,	
	 If you checked 32b, you must attach Form 	n 6198. Your loss may be lim	ited.	J			

	e C (Form 1040) 2015 DONALD J. TRUMP	_	:	Page 2
100000	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 (a	attach explanatio	on)
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	Information on Your Vehicle. Complete this part only if you are claiming car or tructure are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	k exp	enses on lir out if you m	ne 9 and ust file
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:			
	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 b	Do you have evidence to support your deduction? If "Yes," is the evidence written?		Yes Yes	No No
Part	V Other Expenses. List below business expenses not included on lines 8-26 or line 30		1.00	110
COMMOI	N CHARGES			26,977.
NYS F	ILING FEE			25.
×	U			
		T		
48	Total other expenses. Enter here and on line 27a	40		27 002

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.

Name	of proprietor						Social sec	urity number (SSN)	
DON	ALD J. TRUMP								
A GOL	Principal business or profession, includes	ing product or	service (see instru	uctions)			B Enter code from instructions 713900		
С	Business name. If no separate business	name, leave b	lank.				D Employe	er/D number (EIN), (see instr.)	
TRU	MP GOLF ACQUISITIONS LLC							-2412721	
Е	Business address (including suite or ro-	om no.) 🕨 🤇	C/O WEISERMAZ	ARS		-	1		
	City, town or post office, state, and ZIP	code v	OODBURY, NY	11797			/		
F	Accounting method: (1) X Ca	sh (2)	Accrual (3)	Oth	er (specify) >		/		
G	Did you "materially participate" in the op	eration of this	business during 2	015? If "N	lo," see instructions for lim	nit on losses	<i>/</i>	Yes X No	
Н	If you started or acquired this business	during 2015, (check here			/	1	▶ □	
L	Did you make any payments in 2015 that	at would requi	e you to file Form(s) 1099?	(see instructions)			Yes X No	
J	If "Yes," did you or will you file required	Forms 1099?						Yes No	
Pa	rt I Income					/			
1	Gross receipts or sales. See instructions			nis incom	e was reported to you on I	orm W/2			
	and the "Statutory employee" box on tha					/ ▶□] 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 stat	e gasoline or t	uel tax credit or re	fund (see	instructions) SEE STA	TEMENT 25	. 6	33,246.	
7	Gross income. Add lines 5 and 6					<u></u>	> 7	33,246.	
-	rt II Expenses. Enter exper	ises for bu	isiness use of	f your l					
8	Advertising	8		18	Office expense		. 18		
9	Car and truck expenses			19	Pension and profit-shari	ng plans	. 19		
	(see instructions)	9		20	Rent of lease (see instru			- 1000 - 1000 - 1000	
10	Commissions and fees	10		a	Vehicles, machinery, and	d equipment	20a		
11	Contract labor (see instructions)	11		b	/		20b		
12	Depletion	12		21	Repairs and maintenanc	е	21		
13	Depreciation and section 179			22	/Supplies (not included in				
	expense deduction (not included in			23/	Taxes and licenses			300.	
	Part III) (see instructions)	13		2/4	Travel, meals, and enter				
14	Employee benefit programs (other			/ a	Travel		24a	50.	
	than on line 19)	14		/ b					
15	Insurance (other than health)	15	/	1	entertainment (see instr	uctions)	24b		
16	Interest:		/	25	Utilities		25		
a	Mortgage (paid to banks, etc.)	16a	/	26	Wages (less employmer	t credits)	26		
b	Other	16b		27 a	Other expenses (from lin	ne 48)	27a		
17	Legal and professional services	17	/ 55.		Reserved for future use		. 27b		
28	Total expenses before expenses for bus	siness use of h	ome. Aød lines 8 t	hrough 2	7a		≥ 28	405.	
29	Tentative profit or (loss). Subtract line 2				**************************		29	32,841.	
30	Expenses for business use of your home	e. Do not repoi	t these expenses e	Isewhere	. Attach Form 8829				
	unless using the simplified method (see	,							
	Simplified method filers only: enter the	total square f	ootage of: (a) your	home: _					
	and (b) the part of your home used for b	ousiness: /							
	Use the Simplified Method Worksheet in	the instructio	ns to figure the am	ount to e	nter on line 30		30		
31	Net profit or (loss). Subtract line 30 fro								
	• If a profit, enter on both Form 1040, I	ine 12 (or For	m 1040NR, line 13	3) and or	Schedule SE, line 2.				
	(If you checked the box on line 1, see in	structions). Es	tates and trusts, er	nter on F	orm 1041, line 3.		31	32,841.	
	 If a loss, you must go to line 32. 								
32	If you have a loss, check the box that de								
	• If you checked 32a, enter the loss on I	ooth Form 104	40, line 12, (or Fo	rm 10401	NR, line 13) and on Sched	lule SE, line 2.	32a	All investment is at risk.	
	(If you checked the box on line 1, see th	e line 31 instru	ictions). Estates ar	d trusts,	enter on Form 1041, line	3.	32b	Some investment is not at risk.	
	If you checked 32b, you must attach I				•				

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.

-	ar properties						Social secu	rity number (SŚN)	
10	ALD J. TRUMP							***	
A AVI	Principal business or profession, includ ATION	ling product (or service (see instru	uctions)			B Enter cod	de from instructions 532290	
C	Business name. If no separate business	s name, leave	blank.				D Employer ID humber (EIN), (see instr.		
DJT	AEROSPACE LLC								
Ε	Business address (including suite or ro						/		
-	City, town or post office, state, and ZIP		WOODBURY, NY						
F	Accounting method: (1) X Ca	sh (2) [Accrual (3)	Oth	er (specify) 🕨		-/		
G	Did you "materially participate" in the op	peration of thi						Yes X No	
Н	If you started or acquired this business							-	
1	Did you make any payments in 2015 th					/		X Yes No	
Pa	If "Yes," did you or will you file required rt I Income	Forms 1099	<u>(</u>					X Yes No	
1	Gross receipts or sales. See instruction	s for line 1 ar	ad chark the boy if the	hin incom	a waa sanaytad ta waxaa - Faraa M	10			
	and the "Statutory employee" box on that				72	/		E 6 0 4 1 2	
2						/ ▶∟	1	568,412.	
3	200 0000000000000000000000000000000000				,	/	3	568,412.	
4	Cost of goods sold (from line 42)				·····/		4	300,412.	
5	Gross profit. Subtract line 4 from line 3				·····		5	568,412.	
6	Other income, including federal and sta		fuel tax credit or re	fund (see	instructions)		6	300,412.	
7	Gross income. Add lines 5 and 6			,			7	568,412.	
Pa	rt II Expenses. Enter exper	nses for b	usiness use of	f your h	nome only on line 30.			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
8	Advertising	8		18	0111		18	7,892.	
9	Car and truck expenses			19	Pension and profit-sharing plan				
	(see instructions)	9		20	Rent or lease (see instructions)				
10	Commissions and fees	10		a			20a		
11	Contract labor (see instructions)	11		b	/			56,828.	
12	Depletion	12		21	Repairs and maintenance		21	161,335.	
13	Depreciation and section 179			22	Supplies (not included in Part I	(II)	22		
	expense deduction (not included in			23	Taxes and licenses		23	300.	
	Part III) (see instructions)	13	106,662.	24	Travel, meals, and entertainmen	nt:			
14	Employee benefit programs (other			3	Travel		24a	5,050.	
	than on line 19)	14	968.	/b	Deductible meals and				
15	Insurance (other than health)	15	28,383.	1 /	entertainment (see instructions			550.	
16	Interest:			25	Utilities		25		
a	Mortgage (paid to banks, etc.)			26	Wages (less employment credit	s)	26	231,384.	
b	Other	16b	15,095.	27 a	Other expenses (from line 48)		27a	<150,866.>	
	Legal and professional services	The state of the s			Reserved for future use		27b		
28 29	Total expenses before expenses for but Tentative profit or (loss). Subtract line 2		/	nrougn 2	/a		28	463,581.	
30	Expenses for business use of your hom			Josephoro	Attach Form 0000		29	104,831.	
00	unless using the simplified method (see		/	126 M 1161 6	. Allach Fulli 0029				
	Simplified method filers only: enter the	ANNOUNCE STORES THE STORES		home:	88		1 1		
	and (b) the part of your home used for i		Journal of the state of the sta	1101110.					
	Use the Simplified Method Worksheet in		ons to figure the am	ount to e	nter on line 30		30		
31	Net profit or (loss). Subtract line 30 fro		/				30		
	If a profit, enter on both Form 1040, I		/ orm 1040NR, line 13	3) and on	Schedule SF line 2)			
	(If you checked the box on line 1, see in	structions). E	states and trusts, er	nter on F	orm 1041. line 3.	>	31	104,831.	
	 If a loss, you must go to line 32. 		,			J	<u> </u>	,	
32	If you have a loss, check the box that de	scribes your	investment in this a	ctivity (se	e instructions).	j			
	• If you checked 32a, enter the loss on					, line 2.	32a [All investment is at risk,	
	(If you checked the box on line 1, see th					}	32b	Some investment is not at risk.	
	If you checked 32b, you must attach				ACTION TO STATE OF THE PROPERTY OF THE PROPERT		10.7 -10. 1	The state of the s	

	le C (Form 1040) 2015 DONALD J. TRUMP			/ Page 2
LANDOUS AVAILABLE OF	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 explanatio	n)
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	Information on Your Vehicle. Complete this part only if you are/claiming car or truc	k exp	enses on lin	e 9 and
	are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	find o	out if you mu	ust file
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:			
а	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
D	Do you have evidence to support your deduction? If "Yes," is the evidence written?		Yes Yes	No No
Part	V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
SEE	STATEMENT 26		<1	50,866.>
48	Total other expenses. Enter here and on line 27a	40	_1	50 866 -

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.

Name	of proprietor	Name of proprietor							
DONA	ALD J. TRUMP								
A SPEA	Principal business or profession, includ	ing produ	ct or service (see instructions)	B Enter co	B Enter code from instructions 812990				
C	Business name. If no separate business	name, le	ave blank,	D Employ	er ID nymber (EIN), (see instr.)				
DONA	ALD J TRUMP		000000000000000000000000000000000000000						
Е	Business address (including suite or roo	m no.)]	>		/				
	City, town or post office, state, and ZIP	code		/	<i>/</i>				
F	Accounting method: (1) X Cas		Accrual (3) Other (specify)						
G	Did you "materially participate" in the op	eration o	this business during 2015? If "No," see instructions for limit on losses	/	X Yes No				
Н	If you started or acquired this business			/					
1			equire you to file Form(s) 1099? (see instructions)		W W				
Do	If "Yes," did you or will you file required	Forms 10	99?		Yes No				
	rt I Income	, ii							
1			and check the box if this income was reported to you on Form W-2	1					
0	and the "Statutory employee" box on tha Returns and allowances			1	450,000.				
2	**************************************		·····	2	450 000				
			·····	3	450,000.				
4 5	Grana profit Subtract line 4 from line 2		······	4	450.000				
6	Other income including federal and stat	a goodin	e or fuel tax credit or refund (see instructions)	5	450,000.				
7	Grace income, Add lines 5 and 6	e yasonn	s of fuel tax credit of returns (see instructions)	6	450.000				
	t II Expenses. Enter expen	ses fo	business use of your home only on line 30.	7	450,000.				
8	Advertising	8	18 Office expense	140					
9	Car and truck expenses		19 Pension and profit-sharing plans	18					
	(see instructions)	9	20 Rent or lease (see instructions):	19					
10	Commissions and fees	10	a Vehicles, machinery, and equipment	20a					
11	Contract labor (see instructions)	11	b Other business property						
12	Depletion	12	21 Repairs and maintenance	21					
13	Depreciation and section 179	1	22 Supplies (not included in Part III)	22					
	expense deduction (not included in		23 Taxes and licenses						
	Part III) (see instructions)	13	24 Travel, meals, and entertainment:	20					
14	Employee benefit programs (other		a Travel	24a	59,626.				
	than on line 19)	14	b Deductible meals and		, , ,				
15	Insurance (other than health)	15	entertainment (see instructions)	24b					
16	Interest:		25 Utilities						
a	Mortgage (paid to banks, etc.)	16a		26					
b	Other	16b	27 a Other expenses (from line 48)	27a					
17	Legal and professional services	17	b Reserved for future use	27b					
28	Total expenses before expenses for bus	iness us	of home. Add lines/8 through 27a	28	59,626.				
29	Tentative profit or (loss). Subtract line 2	8 from lii	e 7	29	390,374.				
30	Expenses for business use of your home	. Do not	report these expenses elsewhere. Attach Form 8829						
	unless using the simplified method (see	instructi	ons).						
	Simplified method filers only: enter the	total sq	are footage of: (a) your home:						
	and (b) the part of your home used for b								
	Use the Simplified Method Worksheet in	the instr	uctions to figure the amount to enter on line 30	30					
31	Net profit or (loss). Subtract line 30 from								
			r Form 1040NR, line 13) and on Schedule SE, line 2.	1					
		struction). Estates and trusts, enter on Form 1041, line 3.	31	390,374.				
	• If a loss, you must go to line 32.)						
32			our investment in this activity (see instructions).		96-E103 MALESSA = 1900 MA				
			n 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.	32a	All investment is at risk.				
			nstructions). Estates and trusts, enter on Form 1041, line 3.	32b	Some investment is not at risk.				
	 If you checked 32b, you must attach I 	orm 619	8. Your loss may be limited.						

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.

	tment of the Treasury al Revenue Service (99)	nation al tach to l	bout Schedule C and its Form 1040, 1040NR, or	separate 1041; pa	e instructions is at www.irs.gov/sche	dulec. 65.		Attachment Sequence No. 09	
Name	of proprietor						Social sec	curity number (SSN)	
DONA	ALD J. TRUMP								
A	Principal business or profession, includi	na prodi	uct or service (see instru	etione)			p Enter c	oae trom instructions	
	SKATING RINK	ng prout	dot of service (see matruc	Juliaj			713900		
C	Business name. If no separate business	name, le	eave blank.				D Employ	ver ID number (EIN), (see instr.)	
WOLI	LMAN RINK OPERATIONS LLC	, , ,					- Table 1	3-4191030	
Е	Business address (including suite or roo	m no.)	>						
	City, town or post office, state, and ZIP of		NEW YORK, NY 1						
F	Accounting method: (1) Cas	h (2	2) X Accrual (3)	Oth	er (specify) >				
G	Did you "materially participate" in the ope	eration o	f this business during 20	15? If "N	lo," see instructions for limit on losses			Yes X No	
Н	If you started or acquired this business of				***************************************			▶	
1	Did you make any payments in 2015 that	t would r	require you to file Form(s) 1099?	(see instructions)			X Yes No	
J	If "Yes," did you or will you file required I	orms 10	099?					X Yes No	
-	rt I Income								
1	Gross receipts or sales. See instructions						-		
	and the "Statutory employee" box on that	form wa	as checked				1_	9,260,373.	
2	Returns and allowances						2		
3	Subtract line 2 from line 1						3	9,260,373.	
4	Cost of goods sold (from line 42)						4	74,150.	
5	Gross profit. Subtract line 4 from line 3						5	9,186,223.	
6	Other income, including federal and state						100000000000000000000000000000000000000		
7 Pai	rt II Expenses. Enter expen	soo fo	v business use of	L			7	9,186,223.	
8		8	5,750.					40.020	
9	Advertising Car and truck expenses	8	5,750.	18	Office expense			48,238.	
9	(see instructions)	9	17,069.	19	Pension and profit-sharing plans		19		
10	0		17,005.	20	Rent or lease (see instructions):			10 003	
11	Contract labor (see instructions)	10			Vehicles, machinery, and equipment			10,003.	
		11			Other business property			3,271,460.	
12	Depletion	12		21	Repairs and maintenance			287,519.	
13	Depreciation and section 179			22	Supplies (not included in Part III)		22	195,558.	
	expense deduction (not included in	10	348,710.	23	Taxes and licenses		23	121,485.	
14	Part III) (see instructions) Employee benefit programs (other	13	340,710.	24	Travel, meals, and entertainment:		144.87	1 110	
14		14	46,432.		Travel		24a	1,140.	
15	than on line 19)	15	210,118.	b	Boddottbio illodio dila			4 120	
16		10	210,110.	0.5	entertainment (see instructions)			4,139.	
	Interest: Mortgage (paid to banks, etc.)	160		25	Utilities			404,020.	
a b	Other	16a		26	Wages (less employment credits)			4,113,742.	
17	Legal and professional services	17	86,716.		Other expenses (from line 48)			1,301,846.	
28	Total expenses before expenses for bus	-			Reserved for future use		27b	10,473,945.	
29	Tentative profit or (loss). Subtract line 28				***************************************		28	<1,287,722.>	
30	Expenses for business use of your home				Attach Form 8820		29	(1,207,722.)	
00	unless using the simplified method (see			30 111111111111111111111111111111111111	. Attach i offil 6629				
	Simplified method filers only: enter the			home.					
	and (b) the part of your home used for b								
	Use the Simplified Method Worksheet in				nter on line 30		30		
31	Net profit or (loss). Subtract line 30 from		CONTROL OF THE PROPERTY OF THE	June to 6	nter on line 30		30		
D.S.	• If a profit, enter on both Form 1040, li) and on	Schedule SE line 2)			
	(If you checked the box on line 1, see ins					AL	31	<1,287,722.>	
	 If a loss, you must go to line 32. 		-,. =0.0.00 0.00 0.000, 0.00	cor on I	Viiii 1941, IIII 0 0.		01	32,001,122.2	
32	If you have a loss, check the box that des	scribes v	our investment in this ac	tivity (se	ee instructions)	7			
65 0 55 5	 If you checked 32a, enter the loss on b 					,	32a	X All investment	
	(If you checked the box on line 1, see the						32b	Some investment	
	If you checked 32b, you must attach F				5 5 10111 1011, IIII0 0.		020	is not at risk.	

	e C (Form 1040) 2015 DONALD J. TRUMP			Page 2
	III Cost of Goods Sold (see instructions)			300000000000000000000000000000000000000
33	Method(s) used to value closing inventory: a Cost b X Lower of cost or market c	Other (attach explanatio	on)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	X No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation			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.
	Information on Your Vehicle. Complete this part only if you are claiming car or truck are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	k exp	enses on lir out if you m	ne 9 and
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 b	Do you have evidence to support your deduction? If "Yes," is the evidence written?		Yes Yes	No No
Part	Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
SEE	STATEMENT 24		1	,301,846.
SURGE VENTOS				
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 Social security number (SSN) DONALD J. TRUMP Principal business or profession, including product or service (see instructions) R Enter code from instructions RESTAURANT 722513 C Business name. If no separate business name, leave blank. n Employer ID number (EIN), (see instr.) TRUMP RESTAURANTS LLC 20-0343943 E Business address (including suite or room no.) NEW YORK, NY 10022 City, town or post office, state, and ZIP code F Accounting method: (1) Cash (2) X Accrual (3) Other (specify) Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses G If you started or acquired this business during 2015, check here Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) Yes If "Yes," did you or will you file required Forms 1099? X Yes No Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 13370 and the "Statutory employee" box on that form was checked 3;304,403. 91369 2 Returns and allowances 2 X191,369. Subtract line 2 from line 1 4682001 3 3,113,034. Cost of goods sold (from line 42) 17 4 1,437,091. Gross profit. Subtract line 4 from line 3 5 1,675,943. 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 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. 10642 Advertising 1,074. Office expense 8 18 X10 592. 18 Car and truck expenses Pension and profit-sharing plans 19 (see instructions) 6.548. 9 20 Rent or lease (see instructions): Commissions and fees 10 10 a Vehicles, machinery, and equipment 4,068. 20a 11 Contract labor (see instructions) 11 b Other business property 97,701. 20b 12 Depletion 12 Repairs and maintenance 21 104,286. 21 13 Depreciation and section 179 1867853 Supplies (not included in Part III) 22 22 expense deduction (not included in Taxes and licenses 23 23 14.045. Part III) (see instructions) X39,101. 13 24 Travel, meals, and entertainment: 14 Employee benefit programs (other a Travel 2,197. 24a than on line 19) 26.010. 14 b Deductible meals and Insurance (other than health) 8,148. 15 15 entertainment (see instructions) 2,736. 24b 16 Utilities 25 76,520. 25 Mortgage (paid to banks, etc.) 16a Wages (less employment credits) 1,333,767. 26 16b 27 a Other expenses (from line 48) 12 297,695. 27a Legal and professional services 17 17 19,512. b Reserved for future use 27b Total expenses before expenses for business use of home. Add lines 8 through 27a 28 X2,044,000. 28 29 Tentative profit or (loss). Subtract line 28 from line 7 29 <368.057.> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 30 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 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 31 <368,057.> • If a loss, you must go to line 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. All investment is at risk. 32a (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. Some investment is not at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

Schedule C (Form 1040) 2015 DONALD J. TRUMP			Page :
Part III Cost of Goods Sold (see instructions) 33 Method(s) used to			
	Other (attach explanatio	n)
Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	X No
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	[4]	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 are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	exp	enses on lin	e 9 and
When did you place your vehicle in service for business purposes? (month, day, year)			5/11 - 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
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
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.		1	
JNIFORM EXPENSE			40,836.
PAYROLL TAXES			150,424.
BANK CHARGES			69,609.
COMPUTER PAYROLL EXPENSE			9,708.
PELEPHONE			3,292.
COMPUTER SERVICES			13,343.
DUES AND SUBSCRIPTIONS			869.
EXTERMINATING			7,829.
YS 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.

20,15 Attachment Sequence No. 09

Name of proprietor Social security number (SSN) DONALD J. TRUMP Principal business or profession, including product or service (see instructions) B Enter code from instructions AVIATION 532290 C Business name. If no separate business name, leave blank. loyer ID number (EIN), (see instr. DJT OPERATIONS I LLC 27-3212458 E Business address (including suite or room no.) ▶ C/O WEISERMAZARS City, town or post office, state, and ZIP code WOODBURY, NY 11797 Accounting method: (1) X Cash (2) Accrual (3) Other (specify) G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses Yes X No If you started or acquired this business during 2015, check here Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) X Yes If "Yes," did you or will you file required Forms 1099? X Yes No Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 1,276,051. 2 Returns and allowances 2 3 Subtract line 2 from line 1 1,276,051. 3 Cost of goods sold (from line 42) 4 5 Gross profit. Subtract line 4 from line 3 5 1,276,051. Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 6 1,276,051. 7 Part II | Expenses. Enter expenses for business use of your home only on line 30. Advertising Øffice expense 8 18 50 9 Car and truck expenses 19 Pension and profit-sharing plans 19 (see instructions) 9 20 Rent or lease (see instructions): 10 Commissions and fees 10 Vehicles, machinery, and equipment 20a 11 Contract labor (see instructions) 11 b Other business property 20b 12 Depletion 12 Repairs and maintenance 21 13 Depreciation and section 179 Supplies (not included in Part III) 22 22 expense deduction (not included in Taxes and licenses 23 23 3.022. Part III) (see instructions) 752 1 828 13 24 Travel, meals, and entertainment: 14 Employee benefit programs (other a Travel 24a than on line 19) 14 b Deductible meals and 15 Insurance (other than health) 15 entertainment (see instructions) 24b 16 25 25 a Mortgage (paid to banks, etc.) 16a Wages (less employment credits) 26 26 Other 16b 27 a Other expenses (from line 48) <434,486.> 27a 2,934. 17 Legal and professional services 17 b Reserved for future use 27b Total expenses before expenses for business, use of home. Add lines 8 through 27a 28 28 1,400,272. 29 Tentative profit or (loss). Subtract line 28 from line 7 29 <124,221.> Expenses for business use of your home, no not report these expenses elsewhere. Attach Form 8829 30 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 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 31 <124,221.> • If a loss, you must go to line 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. Some investment is not at risk. 32b • If you checked 32b, you must attach Form 6198. Your loss may be limited.

	le C (Form 1040) 2015 DONALD J. TRUMP			Page :
	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 explanatio	on)
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	Information on Your Vehicle. Complete this part only if you are claiming car or truck are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	exp	enses on lin out if you m	e 9 and ust file
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?			No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	No
47 a b	Do you have evidence to support your deduction? If "Yes," is the evidence written?		Yes Yes	No No
Part	V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			110
SECTIO	ON 274 LIMITATION		</td <td>134,511.></td>	134,511.>
NYS FI	LING FEE			25.
48	Total other expenses. Enter here and on line 27a	48	<4	134,486.>

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.

2015 Attachment Sequence No. 09

Name of proprietor Social security number (SSN) DONALD J. TRUMP Principal business or profession, including product or service (see instructions) R Enter code from instructions SALES Business name. If no separate business name, leave blank. D Employer ID number (EIN), (see instr. TRUMP ICE LLC 20-0956212 E Business address (including suite or room no.) City, town or post office, state, and ZIP code NEW YORK, NY 10022 F Accounting method: (1) X Cash (2) Accrual (3) Other (specify) ▶ Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses G Yes X No If you started or acquired this business during 2015, check here Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) X Yes No If "Yes," did you or will you file required Forms 1099? X Yes No Part I Income 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 292,916. 2 Returns and allowances 2 Subtract line 2 from line 1 3 292,916. 4 Cost of goods sold (from line 42) 338,292. 4 Gross profit. Subtract line 4 from line 3 5 <45,376.> 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 6 <45,376.> 7 Part II | Expenses. Enter expenses for business use of your home only on line 30. Advertising 9,150. 8 18 Office expense Car and truck expenses 19 Pension and profit-sharing plans 19 (see instructions) 9 20 Rent or Jease (see instructions): 10 Commissions and fees 10 a Vehicles, machinery, and equipment 20a Contract labor (see instructions) 11 b Other business property 11 20b 12 Depletion Repairs and maintenance 12 21 21 13 Depreciation and section 179 22 Supplies (not included in Part III) 22 expense deduction (not included in Taxes and licenses 23 1,909. 23 Part III) (see instructions) 13 Travel, meals, and entertainment: 14 Employee benefit programs (other Travel 24a than on line 19) 14 b Deductible meals and 15 Insurance (other than health) 15 entertainment (see instructions) 24b 16 Interest: Utilities 25 25 a Mortgage (paid to banks, etc.) 16a Wages (less employment credits) 26 26 Other 16b 27 a Other expenses (from line 48) 27a 4,132. Legal and professional services 5,000. 17 17 b Reserved for future use 27b Total expenses before expenses for business use of home Add lines 8 through 27a 28 20,191. 28 29 Tentative profit or (loss). Subtract line 28 from line 7 <65,567.> 29 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 30 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, lipe 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. PAT. 31 <65,567.> If a loss, you must go to line 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. X All investment is at risk. 32a (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. Some investment is not at risk. 32b If you checked 32b, you must attach Form 6198. Your loss may be limited.

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 Attachment Sequence No. 09

Name	of proprietor					s	ocial secu	rity number (SSN)		
DONA	ALD J. TRUMP									
A		an produc	et or carvica /con instru	otions)		-	Enter and	to from Instruction		
	A Principal business or profession, including product or service (see instructions) ANAGEMENT SERVICES B Enter code from instructions 541600									
C	Business name. If no separate business i	name, lea	ve blank.			Г) Employer	ID number (EIN), (see instr.)		
610										
E										
	City, town or post office, state, and ZIP code NEW YORK, NY 10022									
F	Accounting method: (1) X Cash	h (2)	Accrual (3)	Oth	er (specify) 🕨			-==		
G	Did you "materially participate" in the ope	ration of								
Н	If you started or acquired this business d									
l J	Did you make any payments in 2015 that					/		Yes X No		
	If "Yes," did you or will you file required F	OTTIS TO	J9!			<i></i>		Yes No		
1	Gross receipts or sales. See instructions	for line 1	and check the box if th	is incom	e was reported to you on Form W-2					
	and the "Statutory employee" box on that				was reperiod to you on rorm w	ightharpoons	1			
2	Returns and allowances						2			
3							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 ref	und (see	instructions)	*********	6			
7	Gross income. Add lines 5 and 6				/		7			
	t II Expenses. Enter expens		business use of	your h						
8	Advertising	8		18	Office expense		18			
9	Car and truck expenses			19	Pension and profit-sharing plans		19			
40	(see instructions)	9		20	Rent of lease (see instructions):					
10	Commissions and fees	10		a	Vehicles, machinery, and equipment		20a	~~~		
11	Contract labor (see instructions)	11		b	Other business property		20b			
12 13	Depletion Depreciation and section 179	12		21	Repairs and maintenance		21			
10	expense deduction (not included in			22/	Supplies (not included in Part III)		22			
	Part III) (see instructions)	13		23'	Taxes and licenses Travel, meals, and entertainment;		23			
14	Employee benefit programs (other	10		/24 a			24a			
	than on line 19)	14	/	b	Deductible meals and		244			
15	Insurance (other than health)	15	/	1	entertainment (see instructions)		24b			
16	Interest:			25	Utilities		25			
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)		26			
b	Other	16b	ø,699.	27 a	Other expenses (from line 48)		27a			
17	Legal and professional services	17	/	b	Reserved for future use		27b			
28	Total expenses before expenses for busi		/	rough 27	7a	▶	28	6,699.		
29	Tentative profit or (loss). Subtract line 28						29	<6,699.>		
30	Expenses for business use of your home.			lsewhere.	. Attach Form 8829					
	unless using the simplified method (see i									
	Simplified method filers only: enter the		are footage of: (a) your	home: _						
	and (b) the part of your home used for bu	/					1000			
21	Use the Simplified Method Worksheet in Net profit or (loss). Subtract line 30 from	/	ictions to figure the am	ount to e	nter on line 30		30			
31	• If a profit, enter on both Form 1040, lin	1	Form 1040ND line 12) and an	Cahadula CF 15- 0)				
	(If you checked the box on line 1, see ins							-6 600		
	• If a loss, you must go to line 32.	u uctions,	,. Lotates and trusts, en	tel oli F(JIIII 1041, IIIIE 3.	ſ	31	<6,699.>		
32	If you have a loss, check the box that des	cribes vo	ur investment in this ar	tivity (co	e instructions)	7				
-	• If you checked 32a, enter the loss on b						32a	X All investment		
	(If you checked the box on line 1, see the						32b	Some investment		
	If you checked 32h you must attach F						020	is not at risk.		

Department of the Treasury Internal Revenue Service (99) Name of proprietor

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 Attachment Sequence No. 09

	and a proposed		Social se	ecurity number (SSN)	
DON.	NALD J. TRUMP				
A REA	Principal business or profession, including product or service (see instructions) AL ESTATE MANAGEMENT	B Enter code from instructions 531310			
C	Business name. If no separate business name, leave blank.		D Emplo	yer ID number (EIN), (see instr.)	
TRUI	UMP 767 MANAGEMENT LLC	13/4016770			
Е	Business address (including suite or room no.)		/_		
_	City, town or post office, state, and ZIP code NEW YORK, NY 10022		/		
F	Accounting method: (1) X Cash (2) Accrual (3) Other (specify)		L		
G H	Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit	on losses	, 	X Yes No	
1	If you started or acquired this business during 2015, check here		******		
J	Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) If "Yes," did you or will you file required Forms 1099?			Yes X No	
	art I Income	/		Yes No	
1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Fo	rm W 6	T		
	and the "Statutory employee" box on that form was checked		٦ .		
2	Returns and allowances		2		
3	Subtract line 2 from line 1	<i>/</i>	3		
4	Cost of goods sold (from line 42)		4		
5	Gross profit. Subtract line 4 from line 3		E		
6	Other income, including lederal and state gasoline or fuel tax credit or refund (see instructions)		6		
7	Gross income. Add lines 5 and 6		7		
Pai	only on line 3	30.			
8	Advertising 8 18 Office expense		18		
9	Car and truck expenses 19 Pension and profit-sharing	plans	19		
	(see instructions) 9 20 Rent or lease (see instruct				
10	Commissions and feesaVehicles, machinery, and e	equipment	20a		
11	Contract labor (see instructions) 11 b Other business property		20b		
12	Depletion 12 21 / Repairs and maintenance		21 -		
13	Depreciation and section 179 22 Supplies (not included in F	Part III)	22		
	expense deduction (not included in 23 Taxes and licenses		23		
4.4	Part III) (see instructions) 13 24 Travel, meals, and entertain				
14	Employee benefit programs (other	**********	24a		
15	than on line 19) 14				
16					
a	/ EU Othices		25		
b		realts)			
		48)	27a		
28	Total avnances before avnances for husiness use of home Add lines 8 th and 97		27b	10 013	
29	Tentative profit or (loss) Subtract line 28 from line 7		28	10,813.	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829	************************	29	<10,013.×	
	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.	>	31	<10,813.>	
	• If a loss, you must go to line 32.	J			
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 Schedul 	e SE, line 2.	32a	X All investment is at risk.	
	(If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.	· ·	32b	Some investment is not at risk.	
	 If you checked 32b, you must attach Form 6198. Your loss may be limited. 	J			

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.

140111	s of proprietor						Social secu	rity number (SSN)
DON	ALD J. TRUMP							
A MAN	Principal business or profession, includ AGEMENT SERVICES	ding product or se	rvice (see instr	uctions)			B Enter coc	fe from instructions
C	Business name. If no separate business	s name, leave blan	k.				D Employer	ID number (EIN), (see instr.)
TRU	MP ORGANIZATION LLC			4076569				
E	Business address (including suite or ro						/	
	City, town or post office, state, and ZIP		YORK, NY				/	
F	Accounting method: (1) X Ca		Accrual (3)	Oth	ner (specify) 🕨		_/	
G	Did you "materially participate" in the op	peration of this bu	siness during 2	015? If "I	No," see instructions for limit on losses		/	Yes X No
Н	If you started or acquired this business	during 2015, ched	ck here			/	h	
1	Did you make any payments in 2015 th	at would require y	ou to file Form(s) 1099?	(see instructions)			Yes X No
Da	If "Yes," did you or will you file required int I Income	Forms 1099?				/		Yes No
-				118		/		
1	Gross receipts or sales. See instruction	s for line 1 and ch						
2	and the "Statutory employee" box on that						1	
3	Returns and allowances Subtract line 2 from line 1				·····		2	
4							3	
5	Cost of goods sold (from line 42)				····		4	
6	Gross profit. Subtract line 4 from line 3	to gasoline or fuel	tay aradit ar re		·····		5	
7	Other income, including federal and state Gross income. Add lines 5 and 6	te gasonne or ruer	tax credit or re	iuna (see	instructions)		6	
	rt II Expenses. Enter exper	ses for husir	1888 1188 0	f vour l	nome only on line 20		7	
8	Advertising		1033 430 0	18			Tar	
9	Car and truck expenses	-		19	Office expense Pension and profit-sharing plans		18	
	(see instructions)	9		20	Rent or lease (see instructions):		19	
10	Commissions and fees	10		-	Vehicles, machinery, and equipment		200	
11	Contract labor (see instructions)			h h	Other business property		20a	
12	Depletion	12		21	Repairs and maintenance		20b	
13	Depreciation and section 179			22	Supplies (not included in Part III)		21	
	expense deduction (not included in			23	Taxes and licenses		23	9.
	Part III) (see instructions)	13		24/	Travel, meals, and entertainment:	***********	23	
14	Employee benefit programs (other			/a	Travel		24a	
	than on line 19)	14		/ b	Deductible meals and		244	
15	Insurance (other than health)	15		/	entertainment (see instructions)		24b	
16	Interest:		/	25	Utilities		25	
a	Mortgage (paid to banks, etc.)	16a	/	26	Wages (less employment credits)	**********	26	-
b	Other	16b		27 a	Other expenses (from line 48)		27a	
17	Legal and professional services	17	/110.		Reserved for future use		27b	
28	Total expenses before expenses for bus		e. Add lines 8 t	hrough 2	7a		28	119.
29	Tentative profit or (loss). Subtract line 2	FILE THE PROPERTY OF THE PROPE				**********	29	<119.>
30	Expenses for business use of your home		ese expenses e	Isewhere	. Attach Form 8829			
	unless using the simplified method (see							
	Simplified method filers only: enter the	/	ige of: (a) your	home: _				
	and (b) the part of your home used for b							
	Use the Simplified Method Worksheet in		o figure the am	ount to e	nter on line 30		30	
31	Net profit or (loss). Subtract line 30 from					~		
	• If a profit, enter on both Form 1040, I	ine 12 (or Form 1	040NR, line 13	B) and on	Schedule SE, line 2.			
	(If you checked the box on line 1, see ins	structions). Estate	s and trusts, en	iter on F	orm 1041, line 3.	7T	31	<119.>
20	If a loss, you must go to line 32. If you have a loss should the boy that do.		py pos	7. 7		J		
32	If you have a loss, check the box that de	scribes your inves	tment in this ac	ctivity (se	e instructions).)	<u> </u>	All in
	If you checked 32a, enter the loss on to (If you checked the box on line 1, see the	Journ Form 1040, I	ine 12, (or Foi	m 1040ľ	IR, line 13) and on Schedule SE, line :	2.		All investment is at risk.
	(If you checked the box on line 1, see the				enter on Form 1041, line 3.		32b	Some investment is not at risk.

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

Profit or Loss From Business

(Sole Proprietorship)

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

2015 Attachment Sequence No. 09

Name of proprietor Social security number DONALD J. TRUMP Principal business or profession, including product or service (see instructions) B Enter code from instructions MORTGAGE BROKER 541940 Business name. If no separate business name, leave blank. TRUMP REALTY SERVICES LLC 13-4116884 Business address (including suite or room no.) City, town or post office, state, and ZIP code NEW YORK, NY 10022 (1) X Cash (2) Accrual (3) Other (specify) Accounting method: Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses Yes X No H If you started or acquired this business during 2015, check here Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) Yes X If "Yes," did you or will you file required Forms 1099? Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 1 Returns and allowances 2 Subtract line 2 from line 1 3 Cost of goods sold (from line 42) 4 4 Gross profit. Subtract line 4 from line 3 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 6 Part II | Expenses. Enter expenses for business use of your home only on line 30. Advertising Office expense 18 9 Car and truck expenses 19 Pension and profit-sharing plans 19 (see instructions) 9 Rent or lease (see instructions): 20 Commissions and fees 10 Vehicles, machinery, and equipment 10 20a Contract labor (see instructions) 11 11 Other business property 20b Depletion 12 12 Repairs and maintenance 21 13 Depreciation and section 179 Supplies (not included in Part III) 22 expense deduction (not included in Taxes and licenses 23 574. 23 Part III) (see instructions) 13 24 Travel, meals, and entertainment: Employee benefit programs (other a Travel 24a than on line 19) 14 Deductible meals and 15 Insurance (other than health) 15 entertainment (see instructions) 24b 16 Interest: Utilities 25 a Mortgage (paid to banks, etc.) 16a 26 Wages (less employment credits) 26 27 a Other expenses (from line 48) 16b 25. 27a 17 Legal and professional services 17 b Reserved for future use 27b Total expenses before expenses for business use of home. Add lines 8 through 27a 28 599. 28 29 Tentative profit or (loss). Subtract line 28 from line 7, <599.> 29 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 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 <599.> 31 • 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. 32a (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.

	e C (Form 1040) 2015 DONALD J. TRUMP			Page 2
	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 (a	attach explanation	1)
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 truc	кехр	enses on lin	e 9 and
	are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	find o	out if you mu	ust file
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 No
47 a	Do you have evidence to support your deduction? If "Yes," is the evidence written?		Yes Yes	No No
Part	Other Expenses. List below business expenses not included on lines 8-26 or line 30.	********	1 103	140
NYS F	LING FEE			25.
-				
				- 1088/11(
		Т		
48	Total other expenses. Enter here and on line 27a	48		25.

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.

Name	of proprietor						Socia	I security number (SSN)	1
DONA	ALD J. TRUMP								/
A REAI	Principal business or profession, includ ESTATE DEVELOPMENT	B Ent	B Enter code from instructions 531319						
С	Business name. If no separate business	D Employer ID number (EIN), (see instr.)							
TRUM	MP CHICAGO DEVELOPMENT LLC		30-0050040						
Ε	Business address (including suite or room no.) ▶								
	City, town or post office, state, and ZIP		CHICAGO, IL						
E	Accounting method: (1) X Cas	sh (2)	Accrual (3)	Oth	er (specify) 🕨 💶 — — — —			/	_
G	Did you "materially participate" in the op	eration of t	his business during 20	015? If "N	o," see instructions for limit on	losses		Yes X N	0
Н	If you started or acquired this business							/▶□	
1	Did you make any payments in 2015 that	t would re	quire you to file Form(s) 1099?	(see instructions)		/	Yes X N	0
Pa	If "Yes," did you or will you file required rt I Income	Forms 109	9?				/	Yes N	lo
1		for line 1	and about the boy if th	1. 1					
91	Gross receipts or sales. See instructions and the "Statutory employee" box on tha					/			
2							$ \frac{1}{2}$ $\frac{1}{2}$ $\frac{1}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$		
3	Returns and allowances Subtract line 2 from line 1							2	
4	Subtract line 2 from line 1 Cost of goods sold (from line 42)		**************************************				- 3	3	
5	Gross profit. Subtract line 4 from line 3							4	_
6	Other income, including federal and stat	e gasoline	or fuel tay credit or ref	und (caa	instructions)	/	. 5		
7					mstructions)		6		_
	rt II Expenses. Enter expen	ses for	business use of	vour h	nome only on line 30		- 1		_
8	Advertising	8		18	Office expense		1	Q	_
9	Car and truck expenses			19	Pension and profit-sharing pla	ins	1		
	(see instructions)	9		20	Rent or lease (see instruction			3	
10	Commissions and fees	10		a	Vehicles, machinery, and equi		20	12	
11	Contract labor (see instructions)	11		b	Other business property	P111011t	20		
12	Depletion	12		21	Repairs and maintenance	*****************	2		
13	Depreciation and section 179			22	Supplies (not included in Part	III)	2:		
	expense deduction (not included in			23	Taxes and licenses		2		9.
	Part III) (see instructions)	13		24	Travel, meals, and entertainm	ent:		1112	
14	Employee benefit programs (other			a	Travel		24	la l	
	than on line 19)	14		b,	Deductible meals and				-
15	Insurance (other than health)	15			entertainment (see instruction	s)	24	łb d	
16	Interest:			25	Utilities			5	
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment cred	its)	20	6	
b	Other	16b	/	27 a	Other expenses (from line 48)		. 27	'a	
17	Legal and professional services	17	119.				. 27	'b	
28	Total expenses before expenses for bus			rough 27	7a		≥ 28	8 719).
29	Tentative profit or (loss). Subtract line 2						29	9 <719.	. >
30	Expenses for business use of your home			sewhere.	Attach Form 8829				
	unless using the simplified method (see								
	Simplified method filers only: enter the		re footage of: (a) your	home: _		-			
	and (b) the part of your home used for b		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			•			
21	Use the Simplified Method Worksheet in		ctions to figure the ami	ount to e	nter on line 30		. 30	0	_
31	Net profit or (loss). Subtract line 30 from		Form 10.40ND 1' 40	V	01.11.05.11.0				
	• If a profit, enter on both Form 1040, li					D 2 *		.	
	(If you checked the box on line 1, see ins • If a loss, you must go to line 32.	u ucuons).	estates and trusts, en	ter on Fo	orm 1041, line 3.	PAL	3.	1 <719.	>
32	If you have a loss, check the box that de	ecribes you	r investment in this as	tivity (a-	o instructions)	2			
JL	• If you checked 32a, enter the loss on b					F 12 C		All investment	
	(If you checked the hox on line 1 see the	line 31 inc	structions) Fetates an	d truete	enter on Form 1041 Pro 0	E, line 2.	D	is at risk. Some investment	
	(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.							2b some investment is not at risk.	

Name of proprietor

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.

2015 Attachment Sequence No. 09

Social security number (SSN) DONALD J. TRUMP Principal business or profession, including product or service (see instructions) B Enter code from instructions REAL ESTATE DEVELOPMENT 531310 Business name. If no separate business name, leave blank. D Employer ID number (EN), (see instr. TRUMP LAS VEGAS DEVELOPMENT LLC 11-36686,92 Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code LAS VEGAS, NV 89101 Accounting method: (1) X Cash (2) Accrual (3) Other (specify) ▶ Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses G Yes X No If you started or acquired this business during 2015, check here Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) Yes X No If "Yes," did you or will you file required Forms 1099? Yes No Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 1 Returns and allowances 2 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) 4 Gross profit. Subtract line 4 from line 3 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 6 ... 7 Part II | Expenses. Enter expenses for business use of your home only on line 30. Advertising _____ 8 8 18 Office expense ... 18 Pension and profit-sharing plans Car and truck expenses 19 19 (see instructions) 9 20 Rent or lease (see instructions): Commissions and fees 10 10 Vehicles, machinery, and equipment 20a 11 Contract labor (see instructions) 11 Other business property 20b 12 Depletion Repairs and maintenance 12 21 21 Depreciation and section 179 13 Supplies (not included in Part III) 22 22 expense deduction (not included in Taxes and licenses 23 23 650. Part III) (see instructions) 13 Travel, meals, and entertainment 14 Employee benefit programs (other Travel 24a than on line 19) 14 Deductible meals and 15 Insurance (other than health) 15 entertainment (see instructions) 24b 16 Interest: 25 Utilities 25 a Mortgage (paid to banks, etc.) 16a Wages (less employment credits) 26 26 Other 16b 27 a Other expenses (from line 48) 27a 17 Legal and professional services 110 17 b Reserved for future use 27b Total expenses before expenses for business use of home. Add/lines 8 through 27a 28 28 760 29 Tentative profit or (loss). Subtract line 28 from line 7 29 <760.> 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 30 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 31 <760.> If a loss, you must go to line 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. 32h If you checked 32b, you must attach Form 6198. Your loss may be limited.

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

Name	of proprietor						Social sec	eurity number (SSN)		
DONA	LD J. TRUMP									
A	Enter code non instructions									
	ESTATE DEVELOPMENT							531/390		
C	Business name. If no separate business	name, le	ave blank.				1	er ID number (EIN), (see instr.)		
	P PHOENIX DEVELOPMENT LLC		_	_			20	0-0238198		
Е	Business address (including suite or room no.) City, town or post office, state, and ZIP code NEW YORK, NY 10022									
F			2) Accrual (3)					/		
G	Did you "materially participate" in the ope	oration o	f this business during 00	Utni	er (specify)		/-			
Н	Did you "materially participate" in the ope If you started or acquired this business of	durina 20								
Ĺ	Did you make any payments in 2015 tha			3) 10992						
J	If "Yes," did you or will you file required	Forms 10			(300 11130 00010113)	/	/			
Par	t I Income					/		Yes No		
1	Gross receipts or sales. See instructions	for line	1 and check the hox if th	is income	was reported to you o	nn Form W-2				
	and the "Statutory employee" box on that	form wa	is checked	1001111	was reported to you o	/ >				
2	Returns and allowances									
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	gasolin	e or fuel tax credit or ref	und (see	instructions)	/	6			
7	Gross income. Add lines 5 and 6					/	7			
Par	t II Expenses. Enter expen	ses fo	r business use of	your h	nome only on fir	ne 30.				
8	Advertising	8		18			18			
9	Car and truck expenses			19	Pension and profit-sh	aring plans	19			
	(see instructions)	9		20	Rent or lease (see ins					
10	Commissions and fees	10		a		and equipment	20a			
11	Contract labor (see instructions)	11		b		rty				
12	Depletion	12		21		ince				
13	Depreciation and section 179			22	Supplies (not included	d in Part III)	22			
	expense deduction (not included in			23	Taxes and licenses		23	300.		
	Part III) (see instructions)	13		24 /	Travel, meals, and ent	tertainment*	20	300.		
	Employee benefit programs (other			/a			24a			
	than on line 19)	14		/ b	Deductible meals and		Liu			
15	Insurance (other than health)	15				structions)	24b			
16	Interest:		/	25						
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employm	nent credits)	26			
	Other	16b		A-0000	Other expenses (from	line 48)	27a			
17	Legal and professional services	17	/ 55.	b	Reserved for future u	se	27b			
28	Total expenses before expenses for bus	iness use	of home. Add lines 8 th	rough 27	'a		28	355.		
	Tentative profit or (loss). Subtract line 28		/	3		***************************************	29	<355.>		
30	Expenses for business use of your home.	. Do not	report these expenses el	sewhere.	Attach Form 8829		20			
	unless using the simplified method (see i									
	Simplified method filers only: enter the	total squ	are footage of: (a) your	home:						
	and (b) the part of your home used for be			_						
	Use the Simplified Method Worksheet in	the instr	uctions to figure the amo	ount to er	nter on line 30	,	30			
	Net profit or (loss). Subtract line 30 from				**************************************		- 00			
	• If a profit, enter on both Form 1040, li	ne 12 (o	Form 1040NR, line 13) and on	Schedule SE, line 2)				
	(If you checked the box on line 1, see ins	tructions). Estates and trusts, ent	, ter on Fo	rm 1041 line 3	PAL	31	<355.>		
	• If a loss, you must go to line 32.				AND STATE OF THE SECOND	J	[01]	11.17		
32	If you have a loss, check the box that des	cribes yo	our investment in this ac	tivity (see	e instructions).	,				
	• If you checked 32a, enter the loss on b					redule SF line 2	32a	X All investment		
	(If you checked the box on line 1, see the	line 31 i	nstructions). Estates and	d trusts.	enter on Form 1041 lin	ne 3.	32b	Some investment		
	If you checked 32b, you must attach F	orm 619	8. Your loss may be limi	ited.	entry in		OLD	is not at risk.		

Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

2015 Attachment Sequence No. 09

Name of proprietor Social security number (SSN) DONALD J. TRUMP Principal business or profession, including product or service (see instructions) B Enter code from instructions GOLF MANAGEMENT 713900 Business name. If no separate business name, leave blank. D Employer ID number (PIN), (see instr. TRUMP GOLF MANAGEMENT LLC 20-2306412 Business address (including suite or room no.) ▶ BRIAR CLIFF MANOR, NY 10510 City, town or post office, state, and ZIP code (1) X Cash (2) Accrual (3) Other (specify) ▶ Accounting method: Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses G Yes X No If you started or acquired this business during 2015, check here Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) Yes X No If "Yes," did you or will you file required Forms 1099? Yes Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 1 Returns and allowances 2 2 Subtract line 2 from line 1 3 Cost of goods sold (from line 42) 4 4 Gross profit. Subtract line 4 from line 3 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 6 7 Part II | Expenses. Enter expenses for business use of your home only on line 30. Advertising Office expense 18 Car and truck expenses 19 Pension and profit-sharing plans 19 (see instructions) 9 20 Rent or lease (see instructions): Commissions and fees a Vehicles, machinery, and equipment 10 10 20a Contract labor (see instructions) 11 Other by siness property 11 20b Depletion Repairs and maintenance 12 12 21 21 Depreciation and section 179 13 Supplies (not included in Part III) 22 22 expense deduction (not included in Taxes and licenses 23 23 Part III) (see instructions) 13 Travel, meals, and entertainment: Employee benefit programs (other Travel 24a than on line 19) 14 Deductible meals and 15 Insurance (other than health) 15 entertainment (see instructions) 24b 16 Interest: Utilities 25 a Mortgage (paid to banks, etc.) 16a Wages (less employment credits) 26 27 a Other expenses (from line 48) 16b 27a Legal and professional services 55. 17 b Reserved for future use 27b Total expenses before expenses for business use of home. Add lines 8 through 27a 28 28 55. 29 Tentative profit or (loss). Subtract line 28 from line 7 29 <55.> 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 30 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 <55.> 31 • If a loss, you must go to line 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. X All investment is at risk. 32a (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.

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

Name of proprietor Social security number (SSN) DONALD J. TRUMP Principal business or profession, including product or service (see instructions) B Enter code from instructions REAL ESTATE 531390 Business name. If no separate business name, leave blank. C CHICAGO UNIT ACQUISTION LLC Business address (including suite or room no.) City, town or post office, state, and ZIP code (2) X Accrual (3) Other (specify) ▶ Accounting method: (1) | Cash Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses G Yes X No If you started or acquired this business during 2015, check here Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) X Yes No If "Yes," did you or will you file required Forms 1099? X Yes No Part I Income 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 Returns and allowances 2 Subtract line 2 from line 1 3 3 Cost of goods sold (from line 42) 4 Gross profit. Subtract line 4 from line 3 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 6 Part II | Expenses. Enter expenses for business use of your home only on line 30. Advertising 8 18 Office expense 18 Car and truck expenses 19 Pension and profit-sharing plans 19 (see instructions) 9 Rent or lease (see instructions): Commissions and fees 10 a Vehigles, machinery, and equipment 10 20a Contract labor (see instructions) 11 11 b Other business property 20b Depletion 12 12 21 Repairs and maintenance 21 13 Depreciation and section 179 22 Supplies (not included in Part III) 22 expense deduction (not included in Taxes and licenses 23 609 23 Part III) (see instructions) 13 24 Travel, meals, and entertainment: 14 Employee benefit programs (other Travel 24a than on line 19) Deductible meals and 14 Insurance (other than health) 15 15 entertainment (see instructions) 24b Utilities 16 Interest: 25 25 a Mortgage (paid to banks, etc.) 16a 26 Wages (less employment credits) 26 b Other 27 a Other expenses (from line 48) 16b 27a 1/110. 17 Legal and professional services 17 b Reserved for future use 27b 28 Total expenses before expenses for business use of home. Add/lines 8 through 27a 1.719. 28 29 Tentative profit or (loss). Subtract line 28 from line 7 <1,719.> 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 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 <1,719.> 31 If a loss, you must go to line 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. X All investment is at risk, 322 (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. Some investment is not at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

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

Name	of proprietor			Social s	ecurity number (SSN)						
DONA	ALD J. TRUMP										
A GAMI	Principal business or profession, including SHOW	ng product or service (see instru	uctions)	B Enter	code from instructions 71/510						
С	Business name. If no separate business	name, leave blank.		D Emplo	oyer ID number (EIN), (see instr.)						
DONA	ALD J TRUMP				/						
Е	Business address (including suite or roo	m no.) ▶									
	City, town or post office, state, and ZIP of				/						
F	Accounting method: (1) X Cash (2) Accrual (3) Other (specify)										
G	Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses Yes X No										
Н	If you started or acquired this business of	during 2015, check here		/	▶ □						
1	Did you make any payments in 2015 tha	t would require you to file Form(s) 1099? (see instructions)	/	Yes X No						
J	If "Yes," did you or will you file required I	Forms 1099?	/	/	Yes No						
Pa	rt I Income		/								
1			his income was reported to you on Form W-2								
	and the "Statutory employee" box on that			_ 1							
2	Returns and allowances	**************************************		2	121						
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	e gasoline or fuel tax credit or ref	fund (see instructions)	. 6							
7	Gross income. Add lines 5 and 6	***************************************		> 7							
Pa	rt II Expenses. Enter expen	ses for business use of	f your home only on/line 30.								
8	Advertising	8	18 Office expense	18							
9	Car and truck expenses		19 Pension and profit-sharing plans	. 19							
	(see instructions)	9	20 Rent or lease (see instructions):		10.00 10.00						
10	Commissions and fees	10	a Vehicles, machinery, and equipment	20a							
11	Contract labor (see instructions)	11	b Other business property								
12	Depletion	12	21 Repairs and maintenance	21							
13	Depreciation and section 179		22 Supplies (not included in Part III)	22							
	expense deduction (not included in		23 Taxes and licenses	23							
	Part III) (see instructions)	13	24 / Travel, meals, and entertainment:								
14	Employee benefit programs (other		a Travel								
	than on line 19)	14	b Deductible meals and								
15	Insurance (other than health)	15	entertainment (see instructions)	24b							
16	Interest:		25 Utilities								
a	Mortgage (paid to banks, etc.)	16a /	26 Wages (less employment credits)	26							
b	Other	16b 1,9/84.	27 a Other expenses (from line 48)								
17	Legal and professional services	17 /	b Reserved for future use	. 27b							
28	Total expenses before expenses for bus	iness use of home. Add lines 8 th	hrough 27a	≥ 28	1,084.						
29	Tentative profit or (loss). Subtract line 28	3 from line 7		29	<1,084.>						
30	Expenses for business use of your home	. Do not report these expenses e	Isewhere. 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 be	,									
	Use the Simplified Method Worksheet in	the instructions to figure the am-	ount to enter on line 30	30							
31	Net profit or (loss). Subtract line 30 from	n line 29.									
	• If a profit, enter on both Form 1040, li	ne 12 (or Form 1040NR, line 13	3) and on Schedule SE, line 2.								
	(If you checked the box on line 1, see ins			31	<1,084.>						
	 If a loss, you must go to line 32. 	T Protection)	1 ,						
32	If you have a loss, check the box that des	scribes your investment in this ac	ctivity (see instructions).)							
			rm 1040NR, line 13) and on Schedule SE, line 2.	32a	X All investment						
	(If you checked the box on line 1, see the			32b	Some investment						
	If you checked 32b, you must attach F			020	is not at risk,						

Name of proprietor

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

ivame	e of proprietor						Social se	curity number (SSN)			
DON	ALD J. TRUMP										
Α	Principal business or profession, include	ling produc	t or service (see instru	uctions)			B Enter c	ode from instructions			
AVI	ATION							532290			
C	Business name. If no separate business	name, leav	re blank.				D Employer ID number (EIN), (see inst				
DJT	OPERATIONS II LLC						27-3212492				
E	Business address (including suite or ro										
	City, town or post office, state, and ZIP	code	WOODBURY, NY	11797		2000					
G	Accounting method: (1) X Ca	oration of the	Accrual (3)	Ot	ther (specify)						
Н	Did you "materially participate" in the op If you started or acquired this business	during 201						Yes X No			
1	Did you make any payments in 2015 th	at would red	uire you to file Form	s) 1099	? (see instructions)			X Yes No			
J	If "Yes," did you or will you file required	Forms 109	9?	0, 1000	. (666 1184 4040118)		/				
Pa	it i income							X Yes No			
1	Gross receipts or sales. See instruction	s for line 1 a	and check the box if th	nis incor	me was reported to you on Form W-2		/				
	and the "Statutory employee" box on that	t form was	checked			▶ /	1 1				
2	Returns and allowances					/	2				
3	Subtract line 2 irolli line 1					/	3				
4	Cost of goods sold (Hoth line 42)					/	4				
5	Gross profit. Subtract file 4 from file 3					/	5				
6	other income, including lederal and stat	e gasonne d	or fuel tax credit or ref	und (see	e instructions)		6				
7 Pa	Gross income. Add lines 5 and 6						7				
8	cxpenses. Enter exper	ises for i	ousiness use of	your	home only on line 30/						
9	Advertising Car and truck expenses	8		18	Office expense		18				
9	(see instructions)	9		19	Pension and profit-sharing plans		19				
10	Commissionisms and force	10		20	Rent or lease (see instructions):						
11	Contract labor (see instructions)	11		1	Vehicles, machinery, and equipment	**********					
12	Depletion	12		0.4	p.jopo.rj		20b				
13	Depreciation and section 179	12		21	Repairs and maintenance		21				
	expense deduction (not included in			22 23	Supplies (not included in Part III)	********	22				
	Part III) (see instructions)	13		24	Taxes and licenses Travel, meals, and entertainment:		23	300.			
14	Employee benefit programs (other						04-				
	than on line 19)	14		b	/		24a				
15	Insurance (other than health)	15			entertainment (see instructions)		24b				
16	Interest:			25	Utilities						
a	Mortgage (paid to banks, etc.)	16a		26	/Wages (less employment credits)		26				
b	Other	16b		27/a	Other expenses (from line 48)	*****	27a	25.			
17	Legal and professional services	17	2,055.	/ b	Reserved for future use		27b	0.00000			
28	Total expenses before expenses for bus			røugh 2	?7a	>	28	2,380.			
29	Tentative profit or (loss). Subtract line 28			, 	***************************************		29	<2,380.>			
30	Expenses for business use of your home			sewhere	e. Attach Form 8829						
	unless using the simplified method (see										
	Simplified method filers only: enter the		e footage of: (á) your l	nome: _							
	and (b) the part of your home used for b		iono to fferenti								
31	Use the Simplified Method Worksheet in Net profit or (loss). Subtract line 30 from	the instruct	ions to rigure the amo	unt to e	enter on line 30		30				
01	• If a profit, enter on both Form 1040, li		orm 1040ND 15= 10	\ a = d = u	0.1.1.1.05.11.0)					
	(If you checked the box on line 1, see ins	tructions) [Estatos and trusta ant) and or	Schedule SE, line 2.						
	• If a loss, you must go to line 32.		Lotates and trusts, ent	ei oii F	orm 1041, line 3.	AL }	31	<2,380.>			
32	If you have a loss, check the box that des	cribes vour	investment in this act	tivity (ce	ee instructions))					
	• If you checked 32a, enter the loss on b	oth Form 1	040. line 12 (or Form	n 10401	NR line 13) and on Cabadula Cr. !!	2	20-	X All investment			
	(If you checked the box on line 1, see the	line 31 inst	tructions), Estates and	trusts	enter on Form 1041 line 2	2.	32a 32b	is at risk. Some investment			
	• If you checked 32b, you must attach F	orm 6198.	Your loss may be limi	ted.	an ivini ival, fille o.	J	SZU	is not at risk.			

	le C (Form 1040) 2015 DONALD J. TRUMP			Page 2
	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 explanati	on)
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	Information on Your Vehicle. Complete this part only if you are claiming car or truck are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	exp find	enses on lin out if you m	ne 9 and nust file
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:			
а	Business b Commuting c Other _			
45	Was your vehicle available for personal use during off-duty hours?			No
46	Do you (or your spouse) have another vehicle available for personal use?			No No
47 a	Do you have evidence to support your deduction?		Yes	No
D	IT Yes, is the evidence written?		Yes	No
Part	V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
NYS F	ILING FEE			25.
-				
-				
	i	71		
_48	Total other expenses. Enter here and on line 27a	48		25.

Name of proprietor

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.
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OMB No. 1545-0074

DON	ALD J. TRUMP						Cociai 30	curty number (55N)		
Α	Principal business or profession, includ	ing product or :	service (see instru	ctions)		-	R Enter o	ode from instructions		
REAL	ESTATE		10	,				531390		
C	Business name. If no separate business	name, leave bla	ank.				D Employ	ver ID number (EIN), (see instr.)		
THC	HOTEL DEVELOPMENT LLC						46-1174418			
E	Business address (including suite or roo						1			
	City, town or post office, state, and ZIP	code					-/-			
F	Accounting method: (1) X Cas	sh (2)	Accrual (3)	Oth	er (specify) 🕨		/			
G	Did you "materially participate" in the op	eration of this b	ousiness during 20	115? If "N	lo," see instructions for limit on losses	/		X Yes No		
Н	If you started or acquired this business	during 2015, ch	neck here					X		
1	Did you make any payments in 2015 tha	t would require	you to file Form(s	s) 1099?	(see instructions)	/		Yes X No		
J	If "Yes," did you or will you file required	Forms 1099?			***************************************			Yes No		
	rt I Income				/					
1	Gross receipts or sales. See instructions	for line 1 and o	check the box if th	is incom	e was reported to you on Form W-2					
	and the "Statutory employee" box on that				/		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	e gasoline or fu	el tax credit or ref	und (see	instructions)		6			
7	Gross income. Add lines 5 and 6				/		7			
Pai	t II Expenses. Enter expen	ses for bus	siness use of	your h	nome only on line 30.					
8	Advertising	8		18	Office expense		18			
9	Car and truck expenses			19	Pension and profit-sharing plans		19			
	(see instructions)	9		20	Rent of lease (see instructions):	***********				
10	Commissions and fees	10		a	/		20a			
11	Contract labor (see instructions)	11		b	Other business property	*********	20b			
12	Depletion	12		21	Repairs and maintenance	* * * * * * * * * * * * * *	21	The second secon		
13	Depreciation and section 179			22 /	Supplies (not included in Part III)		22			
	expense deduction (not included in			23	Taxes and licenses	**********	23	300.		
	Part III) (see instructions)	13		20	Travel, meals, and entertainment:		23	300.		
14	Employee benefit programs (other	10	14	/24			0.4			
	than on line 19)	14		/ a b	Travel Deductible meals and		24a			
15	Insurance (other than health)	15	/	ь						
16	Interest:		/	0.5	entertainment (see instructions)					
a	Mortgage (paid to banks, etc.)	16a	/	25 26	Utilities		25			
b	Other	16b		100000	Wages (less employment credits)		26			
17	Legal and professional services	17			Other expenses (from line 48)		27a			
28	Total expenses before expenses for bus		ma Add lines 9 th		Reserved for future use		27b			
29	Tentative profit or (loss). Subtract line 28		me Add lines o th	rough Zi	'd		28	300.		
30	Expenses for business use of your home.		/		AH 1 5 0000		29	<300.>		
30	unless using the simplified method (see		mese expenses er	sewnere.	Attach Form 8829					
	Simplified method filers only: enter the		otage of: (a) your	nome: _						
	and (b) the part of your home used for be									
0.4	Use the Simplified Method Worksheet in		s to figure the amo	ount to e	nter on line 30	******	30			
31	Net profit or (loss). Subtract line 30 from		de de la companya de	Q3 (45)		5				
	• If a profit, enter on both Form 1040, If	ne 12 (or Form	1040NR, line 13) and on	Schedule SE, line 2.	1				
	(If you checked the box on line 1, see ins	tructions). Esta	tes and trusts, ent	er on Fo	orm 1041, line 3.	P	31	<300.>		
	• If a loss, you must go to line 32.					J				
32	If you have a loss, check the box that des	cribes your inv	estment in this ac	tivity (se	e instructions).)				
	• If you checked 32a, enter the loss on b	oth Form 1040	, line 12, (or For	m 1040N	R, line 13) and on Schedule SE, line	2.	32a	X All investment is at risk.		
	(If you checked the box on line 1, see the	line 31 instruc	tions). Estates and	d trusts,	enter on Form 1041, line 3.	Ŷ	32b	Some investment is not at risk.		
	 If you checked 32b, you must attach F 	orm 6198. You	r loss may be limi	ted.						

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.

200 (SW)							Social se	ecurity number (SSN)
100	ALD J. TRUMP						-	
A REA	Principal business or profession, includ LESTATE DEVELOPMENT	ing prod	duct or service (see instru	ctions)			B Enter o	531310
С	Business name. If no separate business	name, l	eave blank.				D Emplo	yer ID humber (EIN), (see instr.)
TRU	MP C DEVELOPMENT LLC							1-3626042
Е	Business address (including suite or roo				***************************************			7 7020042
	City, town or post office, state, and ZIP						/-	
F	Accounting method: (1) X Cas	sh ((2) Accrual (3)	01	ther (specify)		/	
G	Did you "materially participate" in the op	eration	of this business during 20	15? If	"No," see instructions for limit on losse	s	<i>f</i>	X Yes No
Н	If you started or acquired this business	during 2	2015, check here					
1	Did you make any payments in 2015 that		require you to file Form(:	s) 1099	? (see instructions)			
J	If "Yes," did you or will you file required	Forms 1	1099?					
Pa	rt I Income					/		
1	Gross receipts or sales. See instructions			is inco	me was reported to you on Form W-2			
	and the "Statutory employee" box on tha	t form v	vas checked			▶] 1	
2	Returns and allowances						2	
3	Subtract line 2 from line 1						3	
4	Cost of goods sold (from line 42)				/		4	
5	Gross profit. Subtract line 4 from line 3				/		5	
6	Other income, including federal and stat	e gasoli	ne or fuel tax credit or ref	und (se	ee instructions)		6	
7	Gross income. Add lines 5 and 6				/		7	
	rt II Expenses. Enter expen	ses fo	or business use of	your		20110200 0000		
8	Advertising	8		18	Office expense		18	
9	Car and truck expenses			19	Pension and profit-sharing plans		19	
	(see instructions)	9		20	Rent or lease (see instructions):			
10	Commissions and fees	10			a Vehicles, machinery, and equipmer	t	20a	
11	Contract labor (see instructions)	11			b Other business property		20b	
12	Depletion	12		21	Repairs and maintenance		21	
13	Depreciation and section 179			22/	Supplies (not included in Part III)	2772277482753675	22	
	expense deduction (not included in			2/3	Taxes and licenses		23	
	Part III) (see instructions)	13		/24	Travel, meals, and entertainment:			
14	Employee benefit programs (other			Y	a Travel		24a	
	than on line 19)	14	/		b Deductible meals and			
15	Insurance (other than health)	15	/		entertainment (see instructions)		24b	
16	Interest:			25	Utilities			
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)		26	-
b	Other	16b		27	a Other expenses (from line 48)	9.656.053.001.034.7.00.03.7.1.1.	27a	
17	Legal and professional services		/ 110.		b Reserved for future use		27b	
28	Total expenses before expenses for bus			rough :	27a		28	110.
29	Tentative profit or (loss). Subtract line 28		/			*********	29	<110.>
30	Expenses for business use of your home		/	sewher	e. Attach Form 8829			
	unless using the simplified method (see							
	Simplified method filers only: enter the			home: _				
	and (b) the part of your home used for b	/						
	Use the Simplified Method Worksheet in			ount to	enter on line 30		30	
31	Net profit or (loss). Subtract line 30 from							
	• If a profit, enter on both Form 1040, li	ne 12 (or Form 1040NR, line 13) and o	n Schedule SE, line 2.)		
	(If you checked the box on line 1, see ins	truction	s). Estates and trusts, en	ter on I	Form 1041, line 3.	\	31	<110.>
	 If a loss, you must go to line 32. 					J		
32	If you have a loss, check the box that des					7		
	• If you checked 32a, enter the loss on b	oth For	m 1040, line 12, (or For	m 1040	NR, line 13) and on Schedule SE, lin	e 2.	32a	X All investment is at risk.
	(If you checked the box on line 1, see the	line 31	instructions). Estates and	d trusts	, enter on Form 1041, line 3.	}	32b	Some investment is not at risk.
	If you checked 32b, you must attach F				•			

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.

2015
Attachment
Sequence No. 12

Name(s) shown on return

Your social security number

DONALD J. & MELANIA TRUMP

	instructions for how to figure the amounts to er on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off ts to whole dollars.	(sales price)	(or other basis)	to gain or loss f Form(s) 8949, P line 2, column	art I,	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					37
1b	Totals for all transactions reported on Form(s)					
2	8949 with Box A checked Totals for all transactions reported on Form(s) 8949 with Box B checked	2,	763.	<323,625.>		
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 Net short-term gain or (loss) from partnerships, S of			STMT 27	4	20,401.
	from Schedule(s) K-1				5	<76,723.>
6	Short-term capital loss carryover. Enter the amoun Carryover Worksheet in the instructions	t, if any, from line 8 of yo	our Capital Loss		6	(
7	Net short-term capital gain or (loss). Combine li capital gains or losses, go to Part II below. Otherw				7	<379,947.>
Pa	rt II Long-Term Capital Gains and Los	ses - Assets Held I	More Than One Ye	ear		
ente	instructions for how to figure the amounts to r on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss f		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off s to whole dollars.	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column	art II,	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					

instructions for how to figure the amounts to ron the lines below.	(d) (e) Adjus				(h) Gain or (loss) Subtract column (e)	
	(sales price)	(or other basis)	Form(s) 8949, Par	t II,	from column (d) and combine the result with column (g)	
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	nich basis was reported to the IRS and for which you have justments (see instructions). However, if you choose to all these transactions on Form 8949, leave this line blank					
Totals for all transactions reported on Form(s)						
8949 with Box D checked	6,848,449.	6,837,977.			10,472.	
Totals for all transactions reported on Form(s)						
8949 with Box E checked 8,415,599. 7,759,886.					655,713.	
Totals for all transactions reported on Form(s)						
8949 with Box F checked						
Gain from Form 4797, Part I; long-term gain from	ss)					
				11	30,139,013.	
		ALL AND HOLDER AND				
Net long-term gain or (loss) from partnerships, S	corporations, estates, ar	nd trusts from Schedule(s	s) K-1	12	4,644,386.	
Capital gain distributions	SEE STA	TEMENT 31		13	765,816.	
Long-term capital loss carryover. Enter the amount	nt, if any, from line 13 of	your Capital Loss Carr	yover			
		14	(
Net long-term capital gain or (loss). Combine l	ines 8a through 14 in co	lumn (h). Then go to				
				15	36,215,400.	
1	form may be easier to complete if you round off s to whole dollars. 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 Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Gain from Form 4797, Part I; long-term gain from from Forms 4684, 6781, and 8824 Net long-term gain or (loss) from partnerships, S of Capital gain distributions Long-term capital loss carryover. Enter the amount Worksheet in the instructions Net long-term capital gain or (loss). Combine In	form may be easier to complete if you round off s to whole dollars. 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 Totals for all transactions reported on Form(s) 8949 with Box D checked 6,848,449. Totals for all transactions reported on Form(s) 8949 with Box E checked 8,415,599. Totals for all transactions reported on Form(s) 8949 with Box F checked 8,415,599. Totals for all transactions reported on Form(s) 8949 with Box F checked 8,5415,599. Totals for all transactions reported on Form(s) 8949 with Box F checked 8,5415,599. Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; from Forms 4684, 6781, and 8824 SEE STATI SEE STATI Net long-term gain or (loss) from partnerships, S corporations, estates, ar Capital gain distributions SEE STA Long-term capital loss carryover. Enter the amount, if any, from line 13 of Worksheet in the instructions Net long-term capital gain or (loss). Combine lines 8a through 14 in co	form may be easier to complete if you round off st owhole dollars. 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 Totals for all transactions reported on Form(s) 8949 with Box D checked	form may be easier to complete if you round off st o whole dollars. 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. Totals for all transactions reported on Form(s) 8949 with Box D checked	ron the lines below. form may be easier to complete if you round off s to whole dollars. 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 9349, leave this line blank and go to line 8b. Totals for all transactions reported on Form(s) 8949 with Box D checked Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 8949 with Box F checked Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 Capital gain distributions SEE STATEMENT 31 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions 14 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to	

Pa	rt III Summary		
16	Combine lines 7 and 15 and enter the result	16	35,835,453.
	 If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. 		
	 If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. 		
	• If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22.		
17	Are lines 15 and 16 both gains?		
	X Yes, Go to line 18. No. Skip lines 18 through 21, and go to line 22.		
18	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	18	
19	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions SEE STATEMENT 32	19	
20	Are lines 18 and 19 both zero or blank? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.		
	No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
21	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	 The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) 	21 ()
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
	No. Complete the rest of Form 1040 or Form 1040NR.		

(Form 1040)

Department of the Treasury Internal Revenue Service

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

Name(s) shown on return Your social security number DONALD J. & MELANIA TRUMP 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) No B If "Yes," did you or will you file required Forms 1099? X Yes No 1a Physical address of each property (street, city, state, ZIP code) REGENCY ENERGY PARTNERS LP - Royalty A ENERGY TRANSFER PARTNERS LP - Royalty В C 1b Type of Property 2 For each rental real estate property listed Fair Rental Personal above, report the number of fair rental and (from list below) Days Use Days personal use days. Check the QJV box 6 Α only if you meet the requirements to file as A a qualified joint venture. See instructions. В В C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: В C Rents received 3 Royalties received 13. 12 Expenses: Advertising Auto and travel (see instructions) 6 Cleaning and maintenance 7 8 Commissions 8 9 Insurance Legal and other professional fees 10 10 Management fees 11 11 Mortgage interest paid to banks, etc. (see instructions) 12 12 13 Other interest 13 14 14 15 Supplies 15 16 16 17 17 Depreciation expense or depletion 18 8 18 Other (list) 19 19 20 Total expenses. Add lines 5 through 19 20 8. 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 12 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 23a Total of all amounts reported on line 3 for all rental properties 122,334. 23a 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 9,853. 23c d Total of all amounts reported on line 18 for all properties 56,010. 23d e Total of all amounts reported on line 20 for all properties 1,417,559. Income, Add positive amounts shown on line 21. Do not include any losses 24 2,265,524. 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 25 416,631.) 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

1,848,893.

(Form 1040)

Supplemental Income and Loss

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

Name(s) shown on return

Department of the Treasury Internal Revenue Service

► Attach to Form 1040, 1040NR, or Form 1041. Information about Schedule E and its separate instructions is at www.irs.gov/schedulee.

OMB No. 1545,0074

property	nald J. & MELANIA TRUMP art Income or Loss From Rental Real Estate and F	5				/	W4-1-1-1-1-1
Pe		royaities	Note: If you are in t	he business of	renting per	sonal propert	ty, use
	Schedule C or C-EZ (see instructions). If you are an individua	al, report far	m rental income or los	ss from Form	1835 gh pa	ge 2, line 40.	£
A	Did you make any payments in 2015 that would require you to file For	m(s) 1099?	(see instructions)		/	Yes	No
	If "Yes," did you or will you file required Forms 1099?					Yes	No
	Physical address of each property (street, city, state, ZIP code)				/		
<u>A</u>	DALM DEAGUE DE 22400						
<u>В</u> С	, PALM BEACH, FL 33480						
1b	ALM BEACH, FL 33480 Type of Property 2 For each rental real estate property list			/_			
aı	above, report the number of fair rental	and			Fair Renta		QJV
_	personal use days. Check the Q.IV ho	Y		/ _	Days	Use Days	
A B	1 only if you meet the requirements to fil a qualified joint venture. See instructio	e as ns		/ A	365		
С	1	В		365			
	pe of Property:			C	365		
			/				
			7 Self-Rental				
_	Multi-Family Residence 4 Commercial 6 Ro ome: Propert		8 Other (describe)				
3	Tropert	C1505 (2005)	7	В	700	C	
4		4		4.0	5,700.	75,	634.
	penses:	4				0.017.	
5	Advertising	5					
6	Auto and travel (see instructions)	6	/				
7	Cleaning and maintenance	7/					
8	Commissions						F.C.0
9	Insurance				8,892.		560.
10	Legal and other professional fees				,032.	Δ,	152.
11	Management fees						
12	Mortgage interest paid to banks, etc. (see instructions)	12		6	,601.	2	252
13	Other interest		8,756.		,001.	3,	252.
14	Repairs		0,730.		,477.	4.0	276
15	Supplies				,477.	40,	276.
16	Taxes	16		143	,939.	4.0	330.
17	Utilities	17			,482.		891.
18	Depreciation expense or depletion	18			,639.		
19	Other (list) STMT 40 STMT 41	19			,872.		363.
20	Total expenses. Add lines 5 through 19		8,756.		,902.	132,	
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	200	, , , , ,	132,	1/3.
	(loss), see instructions to find out if you must file Form 6198	21	<8,756.>	<189	202.>	<56,5	30 .
22	Deductible rental real estate loss after limitation, if any, on					230,3	
	Form 8582 (see instructions)	22 (8,756.)	(189	,202.)	5.6	539.)
23a	Total of all amounts reported on line 3 for all rental properties		23a		,,	ALLOS ALLOS ALLOS	333.
b			23b				
С	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				
е	Total of all amounts reported on line 20 for all proportion						
24	Income. Add positive amounts shown on line 21. Do not include any	y losses	200		24	The state of the	
25	Losses. Add royalty losses/from line 21 and rental real estate losses	ere	25 (
26	Total rental real estate and royalty income or (loss). Combine line	s 24 and 25	. Enter the result here	. If Parts II III	25		
	IV, and line 40 on page 2 do not apply to you, also enter this amount	on Form 10	40, line 17. or Form 1	040NR line			
	18. Otherwise, include this amount in the total on line 41 on page 2	**********	of same 30 tening 521111.	,	26		
					1		

(Form 1040)

Department of the Treasury Internal Revenue Service (99

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

Attachment Sequence No. 13

Name(s) shown on return Your social security number DONALD J. & MELANIA TRUMP 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) No B If "Yes," did you or will you file required Forms 1099? No 1a Physical address of each property (street, city, state, ZIP code) A В ROYATLY INCOME C 1b Type of Property 2 For each rental real estate property listed Fair Rental Personal above, report the number of fair rental and (from list below) Days Use Days personal use days. Check the QJV box Α only if you meet the requirements to file as 365 a qualified joint venture. See instructions. В 365 В 6 C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: C 3 Rents received 3 Royalties received 4 421,930. Expenses: 5 Advertising 5 Auto and travel (see instructions) 6 Cleaning and maintenance 7 Commissions 8 8 Insurance 9 Legal and other professional fees 10 10, 11 Management fees Mortgage interest paid to banks, etc. (see instructions) 12 12 13 Other interest 830. 7,508. 13 14 Repairs 14 15 Supplies 15 16 16 17 17 Depreciation expense or depletion 18 18 Other (list) 19 19 371,305. Total expenses. Add lines 5 through 19 20 20 839 7.508 371,305. 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 <839.> <7,508.> 21 50,625. Deductible rental real estate loss after limitation, if any, on 22 Form 8582 (see instructions) 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 Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties Income. Add positive amounts shown on line 21. Do not include any losses 24 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 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

(Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

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

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

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

2015
Attachment
Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return

Your social security number

DON	ALD J. & MELANIA TRUMP							1	,	
Parameter Street	Income or Loss From Rental Real Estate and Roy	raltion	2 11	. 17				,		
	Schedule C or C-EZ (see instructions). If you are an individual, re	eport fa	No nrm rei	o te: It you ar ntal income	re in the	business from For	of renting	pers	onal prope	rty, use
Α	Did you make any payments in 2015 that would require you to file Form(s	10000	2 (000	in at	01 1033 1	TOTT POIT	11 4035 01	pay	7 -	
В	If "Yes," did you or will you file required Forms 1099?	1033	: (See	instructions	5)				Yes L	No
	Physical address of each property (street, city, state, ZIP code)		-				/		Yes	No
Α	y state, 211 code)	-				/	/	_		
715	ROYALTY INCOME									
	ROYALTY INCOME					/_				
1b	Type of Property 2 For each rental real estate property listed					_/_				
	above, report the number of fair rental and	d				/	Fair Re		Personal	
Α	personal use days. Check the QJV box only if you meet the requirements to file as	23			/	′ –	Day	5	Use Days	-
В	1 a qualified joint venture. See instructions.	5			/	I		_		
C	1					E	-	55		
	e of Property:				/		36	55		
	Late Facility Control of the control		-	0 11 5	/					
				Self-Rental						
	DIME: 4 Commercial 6 Royalti Properties:		8 T	Other (desc	ribe)					
3	Rents received		-	A/		В			С	
4	Description of the second of t	3	-	2/705	000					
	Penses:	4	-	2/,705,	902.					
5	Advertising	_								
6	Auto and travel (see instructions)	5	-	/						
7	Cleaning and maintenance	6	1							
8	Commissions	7	/	207.						
9	Commissions Insurance	8	/	397,5	500.					
10	***************************************	9	/_				A TEMPOVILOR			
11	Legal and other professional fees	10/					110.			110.
12	Management fees Mortgage interest paid to banks, etc. (see instructions)	11								
13	Other interest	12								
14	Other interest Repairs	/13								
15		14								
16	Supplies	15								
17	Taxes	16					153.			300.
18	Utilities	17								
19	Depreciation expense or depletion Other (list) STMT 44	18		100 8					781—	
20		19		109,7						
21	Total expenses. Add lines 5 through 19 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a	20		507,2	281.		263.			410.
41	(loss), see instructions to find out if you must file Form 6198			0 400 4						
22	Deductible rental real estate loss after limitation, if any, on	21		2,198,6	21.		<263.>		<	110.>
~~	Form 8582 (see instructions)									
23a		22	()(263.)			410.)
	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 24	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 los	sses					. 24			
25	Losses. Add royalty losses from line 21 and rental real estate losses from	n line 2	2. Ent	er total loss	es here	*********	. 25)
26	Total rental real estate and royalty income of (loss). Combine lines 24	and 2	5. Ent	er the result	here. If	Parts II, II	I,			
	IV, and line 40 on page 2 do not apply to you, also enter this amount on I	Form 1	040, li	ne 17, or Fo	orm 1040	NR, line				
	18. Otherwise, include this amount in the total on line 41 on page 2						. 26			

Department of the Treasury Internal Revenue Service

Name(s) shown on return

(Form 1040)

Supplemental Income and Loss

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

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

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

Your social security number

Constitution of the last	ALD J. & MELANIA TR	UMP	m Dental Deal Estate an	ad Davi	-14:							
1 0	Schodulo C or C	53 1 10 57 /000	m Rental Real Estate ar	ia Roy	aities	Note: If you	are in th	ie busine	ss of	renting p	ersonal proper	ty, use
	Distance L	EZ (See	instructions). If you are an indiv	vidual, re	port fa	ırm rental incom	e or los	s from F	orm 4	1835 on p	age 2, line 40	
A	Did you make any paymer	nts in 20	15 that would require you to file	Form(s)	10997	? (see instruction	ns)		,	/	Yes	No
	If "Yes," did you or will you						_/		Yes	No		
	Physical address of each	propert	y (street, city, state, ZIP code)						/			
	ROTALIT INCOME								/			
B												
C												
1b	Type of Property	2 Fo	r each rental real estate property ove, report the number of fair re	y listed				/		Fair Rent	tal Personal	QJV
	(from list below)	pe	sonal use days. Check the O.N.	V hox				/		Days	Use Days	
<u>A</u>	only if you meet the requirements to file as											
В	1 a qualified joint venture. See instructions.											
C	1								С	365		
	e of Property:						/		- Innerent			
	ingle Family Residence	3 Va	cation/Short-Term Rental 5	Land		7 Self-Renta	il					
	Iulti-Family Residence	4 Co	mmercial 6	Royaltie	es	8 Other (des	scribe)					
Inc	ome:		Proj	perties:		Á			В		С	
3	Rents received				3	/						
4	Royalties received				4	/						
Exp	enses:											
5	Advertising				5							
6	Auto and travel (see instr	uctions)	***************************************		6			James See See				
7	Cleaning and maintenand	ce			7	/						
8	Commissions			.,,,,,,,,,	8 /					_		
9			***************************************		9							
10	Legal and other profession	nal fees			10	125	,571.			55.		
11	Management fees				11		-					
12	Mortgage interest paid to	banks,	etc. (see instructions)	/	12				-			
13					13							
14					14							
15	Supplies				15							
16	Taxes			/	16		144.			144.		
17	Utilities		/	/	17					144.		
18	Depreciation expense or	depletio	n		18							
19	Other (list) STMT 46	•	STMT/47	7	19		709.					
20	Total expenses. Add lines	5 throu	gh 19		20	126	424.			199.		25.
21	Subtract line 20 from line	3 (rents	and/or 4 (royalties). If result is	а	20	120,	121.			199.		25.
			if you must file Form 6198	4	21	<126,4	124			199.>		0.5
22	Deductible rental real esta			•••••	21	120,	23.7		<.			25.>
	Form 8582 (see instruction	1000	artor mintation, it arry for		20	/ 126	424.)(100		22/22/
23a			ne 3 for all rental properties	l	22		1			199.)		25.)
			ne 4 for all royalty properties				23a					
С	Total of all amounts repor	ted on li	ne 12 for all proportion				23b					
	Total of all amounts repor		no 18 for all proportion				23c					
	Total of all amounts repor					***************	23d					
24			nown on line 21. Do not include			*******	23e					
25	Losses Add royalty losses	se from 1	ing 21 and rental week and include	any loss	ses					24		
26	Total rental real estate	nd raw-	ine 21 and rental real estate los	ses from	line 2	2. Enter total los	ses her	е		25 ()
	IV and line 40 on page 2	do not a	Ity income or (loss). Combine	lines 24	and 2	5. Enter the resu	ılt here.	If Parts II	I, III,			
	18. Otherwise include the	s amour	pply to you, also enter this amo at in the total on line 41 on page	ount on F	orm 10	J40, line 17, or l	orm 10	40NR, lin	ne			
НА			Notice see the senerate instru							26		

(Form 1040)

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

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074 Attachment Sequence No

Your social security number

_	ALD J. & MELANIA TR	UMP						1		
Pa	art I Income or Lo	ss Fro	om Rental Real Estate and Roy	/alties	Note: If you are in	the business of	renting pe	ersonal proper	ty, use	
_	Schedule C or C-	EZ (See	instructions). If you are an individual, re	eport fa	rm rental income or lo	ss from Form	4835 on p	age 2, line 40.		
Α	Did you make any paymer	nts in 20	15 that would require you to file Form(s) 1099?	(see instructions)			/ Yes	No	
<u>B</u>	If "Yes," did you or will you	ı file red	quired Forms 1099?				Ī	Yes	I No	
	Physical address of each	proper	y (street, city, state, ZIP code)				1		1110	
<u>A</u>							/			
B			-				/			
C							/			
1b	Type of Property	2 Fo	r each rental real estate property listed	95		/	Fair Rent	tal Personal	QJV	
	(from list below)	ab	ove, report the number of fair rental and resonal use days. Check the QJV box	d		/	Days	Use Days	QJV	
<u>A</u>	6	on	ly if you meet the requirements to file as qualified joint venture. See instructions.	3		/A				
В	1	/ B	365							
С	6	/ c								
Typ	e of Property:				MATERIAL PROPERTY OF THE PROPE	/				
1 8	ingle Family Residence	3 Va	cation/Short-Term Rental 5 Land		7 Self-Rental					
2 N	Iulti-Family Residence	4 Co	mmercial 6 Royalti	ies	8 Other (describe)					
Inc	ome:		Properties:		A /	В	T	С		
_3	Rents received			3	/					
4	Royalties received			4	/62.			16	199.	
Exp	enses:				/			10,	133.	
5	Advertising			5						
6	Auto and travel (see instr	uctions)	6	/					
7	Cleaning and maintenand	ce		7	/			-		
8	Commissions			8	/					
9	Insurance			9	/	1				
10	Legal and other profession	nal fee	S	10	/		55.			
11	Management fees			11			33.			
12		banks	etc. (see instructions)	12	/					
13	Other interest		· · · · · · · · · · · · · · · · · · ·	13 /	/					
14				14						
15				/15						
16	Taxes			16			144			
17	Utilities		/				144.			
18	Depreciation expense or	denletic	n	17						
19	Other (list)		STMT 48	18		2.5	0.65			
20			ugh 19	19			,267.			
21	Subtract line 20 from line	3 (rents	s) and/or 4 (royalties). If result is/a	20		20	,466.			
	(loss), see instructions to	find out	if you must file Form 6198	04	62.	2.6	155	1000		
22	Deductible rental real esta	ate loss	after limitation, if any on	21	02.	<20,	466.>	16,1	199.	
	Form 8582 (see instruction		arter innitiation, if any, on	00			155			
23a			ine 3 for all rental properties	22		26	,466.)()	
b			ing 4 for all revelty properties		23a					
С	Total of all amounts repor	ted on I	ing 12 for all proportion		23b					
d	Total of all amounts repor		ing 19 for all proportion		23c 23d					
е										
24	Total of all amounts reported on line 20 for all properties Income, Add positive amounts shown on line 21. Do not include any losses									
25	Losses Add royalty lease	24								
26	Losses. Add royalty losses	ere	25 ()					
20	IV and line 40 on page 2	do not	alty income or (loss). Combine lines 24	and 25	b. Enter the result here	e. If Parts II, III,				
	18. Otherwise include this	e amou	apply to you, also enter this amount on I nt in the total on line 41 on page 2	Form 10	140, line 17, or Form 1	040NR, line				
НА	For Paperwork Reduction						26			

Schedule E (Form 1040) 2015 Attachment Sequence No. 13 Page 2 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. 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. 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? No If you answered "Yes," see instructions before completing this section. (b) Enter P for (c) Check (d) Employer (e) Check if 28 (a) Name identification number ny amount not at risk SEE STATEMENT 50 A B C D Passive Income and Loss Nonpassive Income and Loss (f) Passive loss allowed (g) Passive income (h) Nonpassive loss (i) Section 179 expense (j) Nonpassive income (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 deduction from Form 4562 from Schedule K-1 A В C D 43,810,000. 29a Totals 25,711,876. 53,153,212. b 25,974,559. 125,009 30 Add columns (g) and (j) of line 29a 69,521,876 31 Add columns (f), (h), and (i) of line 29b 31 79,252,780 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below <9,730,904.> Part III Income or Loss From Estates and Trusts 33 (b) Employer (a) Name identification number SEE STATEMENT 51 A В Passive Income and Loss Nonpassive Income and Loss (c) Passive deduction or loss allowed (d) Passive income (e) Deduction or loss (f) Other income from (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 Schedule K-1 Α В 34a Totals 35 Add columns (d) and (f) of line 34a 35 36 Add columns (c) and (e) of line 34b 36 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below 37 Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder (c) Excess inclusion from (d) Taxable income (net (b) Employer (e) Income from 38 (a) Name Schedules Q, line 2c loss) from Schedules Q, line 1b identification number Schedules Q, line 3b (see instructions) Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 Part V | Summary * ENTIRE DISPOSITION OF ACTIVITY Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 40 40 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 <7,882,011.> Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions) 42 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), 43 enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate STATEMENT 52 activities in which you materially participated under the passive activity loss rules 43 26,572,380.

Name

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

Form 1116 (2015)

Nar	ne		Identifying number as shown on page 1 of your tax return										
וחם	NALD J. & MELANIA TRUMP												
					-								
amo	a separate Form 1116 for each category of income listed belo ounts in U.S. dollars except where specified in Part II below.	w. See Categories	of Income in	i the instructions. (Check only one box on	each Form	1116. Report all						
a	X Passive category income c Section 901	(i) income			a access disability with a								
b	Tabbita datagory moonito	me re-sourced by	troatu	e Lum	o-sum distributions								
	donoral datagony moonto	me re-sourced by	lieaty										
f R	esident of (name of country) UNITED STATES												
70	e: If you paid taxes to only one foreign country or U.S. p	ossession use	column A in	Dort Landling A	in Don't II If								
for	eign country or U.S. possession, use a separate column	and line for each	n country or	possession.	п Рап II. Іт уой раїа	axes to i	more than one						
P	art I Taxable Income or Loss From Sources Outs	ide the United	States (for 0	Category Check	ed Above)								
				untry or U.S. Po			Total						
		А		В	С	(Adr	cols. A, B, and C.)						
g	Enter the name of the foreign country or U.S.					The state of the s	1 0013. A, B, and 0.)						
	possession	CANADA	GREE	CE	OTHER COUNTRIES								
1a	Gross income from sources within country shown above												
	and of the type checked above:												
		1,023,	983.	2	230,12	. 1a							
b	Check if line 1a is compensation for personal services as												
	an employee, your total compensation from all sources is					2 125							
	\$250,000 or more, and you used an alternative basis to												
	determine its source (see instructions)												
Dec	ductions and losses (Caution: See instructions):		A 197										
2	Expenses definitely related to the income on line 1a		enamen (state)										
	(attach statement)				82	·							
3	Pro rata share of other deductions not definitely related:												
a		7,022,	743.	7,022,743.	7,022,74	•							
b		5 000											
C	***************************************	7,022,			7,022,743	40.00							
d		1,023,			230,123	10000							
e f	***************************************	316,509,	0324	316,509,660.	316,509,660	1000000							
10.	Divide line 3d by line 3e Multiply line 3c by line 3f		692.	.00000	.000	100000							
g 4	Pro rata share of interest expense:	22,	032.	10212-0012GE-2014VIII	5,096								
	Home mortgage interest (use the Worksheet for												
a	Home Mortgage Interest (use the Worksheet for												
b	Other interest expense												
5	Losses from foreign sources												
6	Add lines 2, 3g, 4a, 4b, and 5	22,	692.		5,923	. 6							
7	Subtract line 6 from line 1a. Enter the result here and on line 1					> 7							
Pa	art II Foreign Taxes Paid or Accrued					11							
C	redit is claimed for taxes	Foreig	n taxes pai	d or accrued									
	(you must In foreign currency				In U.S. dollars								
>	check one)	(n) Other			Ir	Other	(s) Total foreign						
Country	h) X Paid Taxes withheld at source on:	foreign	Tax	es withheld at sou		oreign	taxes paid or						
97	i) Accrued	taxes paid or				s paid or	accrued (add cols.						
	(j) Date paid or accrued (k) Dividends (I) Rents and royalties (m) Interest	accrued	(0) Dividends	(p) Rents and royalties	(q) Interest	ccrued	(o) through (r))						
A						15							
В			3c 2555										
	4,026. 4,570. 8,596.												
8	Add lines A through C, column (s). Enter the total here and o	n line 9, page 2				8	1 1						

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.

2015
Attachment

Ma	me	Identifying number as shown on page 1 of your tax return										
DONALD J. & MELANIA TRUMP												
			- Kroj				/					
am	e a separate Form 1116 for each category of income listed belo ounts in U.S. dollars except where specified in Part II below.	w. See Categorie	es of Income in	the instructions.	Check only one bo	ox on each	Form 1116. Report all					
		172										
b	Deciloi1301			e Lum	np-sum distribution	ns						
U	General category income d Certain inco	ome re-sourced by	/ treaty									
f F	Resident of (name of country) UNITED STATES						/					
110-110-7												
for	te: If you paid taxes to only one foreign country or U.S. peign country or U.S. possession, use a separate column	ossession, use	column A in I	Part I and line A	in Part II. If you	paid taxes	to more than one					
P	art I Taxable Income or Loss From Sources Outs	and line for eac	cn country or	possession.		/						
	and the series of 2000 from courses outs	T The the Officed										
			Foreign Cou	untry or U.S. Po	/		Total					
g	Enter the name of the foreign country or U.S.	A		В	/ C		(Add cols. A, B, and C.)					
9		PANAMA	L		DOMINICAN							
1-	possession Gross income from sources within country shown above	PANAMA	BRAZ	LL	REPÚBLIC	· ·						
Ia	and of the type checked above:				/							
	and of the type checked above.			/								
		0.55		/			565 900 900 000 000 000 000 000 000					
h	Check if line to is component to the	855	,560.	/_		1	а					
n	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						Sale Merco Andre Andre Transport					
	determine its source (see instructions)			/								
De	ductions and losses (Caution: See instructions):		- /	/		WAY L	100 mm					
14,400	(Gaution: See Instructions).		1/									
2	Expenses definitely related to the income on line 1a		/									
2	(attach statement)		-A			820.	100 mm m					
3	Pro rata share of other deductions not definitely related:											
12	Certain itemized deductions or standard deduction	7,022	,7/43.	7,022,743.	7,022	,743.	To the state of th					
b	(/										
С	**********************************	7,0,22		7,022,743.	7,022	,743.	### ##################################					
a	Gross foreign source income		,560.			10E						
e	Gross income from all sources	31/6,509		316,509,660.	316,509	,660.						
f		-	00270	.00000	. (00000	The state of the s					
g	Multiply line 3c by line 3f	18	,961.									
4	Pro rata share of interest expense:				National States							
а	Home mortgage interest (use the Worksheet for						50					
	Home Mortgage Interest in the instructions)											
	Other interest expense											
5	Losses from foreign sources					100						
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 1.	5, page 2		**************		> 7						
_	ert II Foreign Taxes Paid or Accrued											
0	for taxes	Foreig	ın taxes paid	or accrued								
	(you must In foreign currency				In U.S. dollars	3						
tr	check one)	(n) Other				(r) Othe	r (a) Total familia					
= ,	h) X Paid Taxes withheld at source on:	foreign	Taxe	s withheld at soul	rce on:	foreign	(-/					
		taxes paid or				taxes paid	or accrued (add cols.					
	(j) Date paid or accrued (k) Dividends (l) Rents and royalties (m) Interest	accrued	(0) Dividends	(p) Rents and royalties	(q) Interest	accruec	(o) through (r))					
A B												
_												
С	/											
8	Add lines A through C, column (s). Enter the total here and or	iline 9, page 2				N	0					

Form 1116

Department of the Treasury

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.

2015

Form 1116 (2015)

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. X Passive category income Section 901(j) income Lump-sum distributions General category income 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. Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total Α (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. possession PHILIPPINES TURKEY MEXACO 1a Gross income from sources within country shown above and of the type checked above: 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): Expenses definitely related to the income on line 1a (attach statement) 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 316,509,660. Gross income from all sources 316,509,660. 316,509,660. Divide line 3d by line 3e .00000 .00000 .00000 Multiply line 3c by line 3f 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 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In foreign currency In U.S. dollars (vou must check one) (n) Other (r) Other (s) Total foreign (h) X Paid Taxes withheld at source on: Taxes withheld at source on: foreign foreign taxes paid or taxes paid or taxes paid or accrued (add cols. accrued (j) Date paid or accrued accrued (k) Dividends (o) through (r)) (0) Dividends (p) Rents and royalties (q) Interest В 8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8

LHA For Paperwork Reduction Act Notice, see instructions.

Foreign Tax Credit (Individual, Estate, or Trust)

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

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

Form 1116 (2015)

IVGI	100				Identifying num	ber as sho	wn on pag	e 1 of your tax return
DOI	NALD J. & MELANIA TRUMP							
Use	a separate Form 1116 for each category of income listed bel ounts in U.S. dollars except where specified in Part II below.	ow. See Categorie	s of Income in t	he instructions.	Check only one t	оох оп еас	h Form	1116. Report all
a		1(j) income		e Lum	p-sum distributi	0.00		/
b		ome re-sourced by	treaty	e Lum	p-sum distributi	ons		
		omoro courous by	trodty					
f R	esident of (name of country) UNITED STATES						/	
Not	e: If you paid taxes to only one foreign country or U.S.	possession, use	column A in Pa	art I and line A	in Part II. If you	naid tax	es to n	nore than one
TOTE	eign country or U.S. possession, use a separate colum	n and line for eac	h country or po	ossession.				nore triair one
P	art I Taxable Income or Loss From Sources Out	tside the United	States (for Ca	tegory Check	red Above)			
			Foreign Cour	ntry or U.S. Po	ssession			Total
		A		В	G/		(Add	cols. A, B, and C.)
g	Enter the name of the foreign country or U.S.	UNITED ARAB						
	possession	EMIRATES	OTHER	COUNTRIES	EGYPT			
Та	Gross income from sources within country shown above				/			
	and of the type checked above:				/			
		A. C. H. C.	Marki Japana	220 122	/			
h	Check if line 1a is compensation for personal services as		Harris Street	230,123.	X		1a	
D	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)			/				
Dec	ductions and losses (Caution: See instructions):	News and a		1		19-36-99-6		
2	Evnances definitely related to the income on line to	A Same Property						
2	Expenses definitely related to the income on line 1a (attach statement)			825.				
3	Pro rata share of other deductions not definitely related:	A STATE OF THE		1				
а	Certain itemized deductions or standard deduction	7,022	743.	7,022,743.	7,02	2,743.		
b	Other deductions (attach statement)							
	Add lines 3a and 3b	7,022	743. /	7,022,743.	7,02	2,743.		
d	Gross foreign source income		/_	230,123.				
е	Gross income from all sources	316,509	-	6,509,660.	316,50	9,660.		
f	Divide line 3d by line 3e	. (00000	.00073		.00000		
g	1 5		/ _	5,092.				
4	Pro rata share of interest expense:		/					
а	Home mortgage interest (use the Worksheet for	/						
L	Home Mortgage Interest in the instructions) Other interest expanse	/						
ս 5	Other interest expense Losses from foreign sources	/						
6	Add lines 2, 3g, 4a, 4b, and 5	/		5,917.				
	Subtract line 6 from line 1a. Enter the result here and on line	15 nané 2		<u> </u>		_	7	
	art II Foreign Taxes Paid or Accrued	15, page 2			***************		1	
C	redit is claimed	Foreig	ın taxes paid	or accrued				
	for taxes (you must In foreign currency	1			In U.S. dolla	ars		
2	check one)	(n) Other					1+hor	
Country	h) X Paid Taxes withheld at source on:	(n) Other foreign	Taxes	withheld at sou	rce on:	(r) C		(s) Total foreign taxes paid or
31		taxes paid or				taxes p	aid or	accrued (add cols.
_	(j) Date paid or accrued (k) Dividends (I) Rents and royalties (m) Interest	accrued	(0) Dividends	(p) Rents and royalties	(q) Interest	acci	ued	(o) through (r))
A								
В			4,026.			4	,570.	8,596.
С								
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

Foreign Tax Credit

(Individual, Estate, or Trust)

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

2015
Attachment 19

Information about Form 1116 and its separate instructions is at www.irs.gov/form1116. Name Identifying number as shown on page 1 of 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. Passive category income Section 901(j) income Lump-sum distributions General category income Certain income re-sourced by treaty UNITED STATES f Resident of (name of country) 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. Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession, Total Α В (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. possession PUERTO RICO SOUTH AFRICA THATLAND 1a Gross income from sources within country shown above and of the type checked above: 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): Expenses definitely related to the income on line 1a (attach statement) 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. Other deductions (attach statement) c Add lines 3a and 3b 7,022,743 7,022,743. 7,022,743. d Gross foreign source income Gross income from all sources 316,509,660. 316,509,660. 316,509,660. .00000 .00000 Divide line 3d by line 3e .00000 g Multiply line 3c by line 3f Pro rata share of interest expense: 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 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In foreign currency In U.S. dollars (you must check one) (n) Other (r) Other (s) Total foreign

(h) X Paid Taxes withheld at source on: Taxes withheld at source on: foreign foreign taxes paid or taxes paid or Accrue taxes paid or accrued (add cols. (j) Date paid or accrued accrued accrued (k) Dividends (o) through (r)) (m) Interest (0) Dividends (p) Rents and (a) Interest В 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)

Foreign Tax Credit (Individual, Estate, or Trust)

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

Name

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

Identifying number as shown on

וסמ	NALD J. & MELANIA TRUMP			[dentifying numb	61 as snown s	n page For youngax return
	a separate Form 1116 for each category of income listed belo	w See Categories	o of Income in t	the instructions (Chapter and the same to		11/2 2 1 11
amo	punts in U.S. dollars except where specified in Part II below.	w. oce Categorie:	s or income m	me mstructions. C	леск опіу опе во	ox on each Fo	orm 1716. Report all
a [X Passive category income c Section 901	(i) income		e Lumr	o-sum distribution	ne	
b [me re-sourced by	treaty	- Lamp	o dani distribution	10	
						/	
f R	esident of (name of country) UNITED STATES					1	
Not	e: If you paid taxes to only one foreign country or U.S. p	oossession, use o	column A in P	art I and line A i	n Part II. If you	paid/taxes	to more than one
TOTE	eign country or U.S. possession, use a separate column	and line for each	h country or p	ossession.		_/	
P	art I Taxable Income or Loss From Sources Outs					/	
			Foreign Cou	ntry or U.S. Po	1		Total
	Fator the name of the familiary	A		В	9'	((Add cols. A, B, and C.)
g	Enter the name of the foreign country or U.S.	INDIA	anona	T.N.	L /		
10	possession Gross income from sources within country shown above	INDIA	GEORG	IA	ISRAEL/		
14	and of the type checked above:				/		
					/		
					/	1a	
b	Check if line 1a is compensation for personal services as			,		Id	
	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)						
Dec	ductions and losses (Caution: See instructions):			/			
2	Expenses definitely related to the income on line 1a				Land Charles Control		
_	(attach statement)		SANOWSKI CALLED	_/			
3	Pro rata share of other deductions not definitely related:	7 022	742	/			
a b		7,022,	, 743.	1,022,743.	7,022	,743.	
c		7,022,	7/3	7,022,743.	7 022	742	
h	Add lines 3a and 3b Gross foreign source income	7,022,	/43.	1,022,143.	7,022	, /43.	
e	Gross income from all sources	316,509,	660. / 3	16,509,660.	316,509	660	
f	Divide line 3d by line 3e		00000	.00000		00000	
g	Multiply line 3c by line 3f		1	3 (2)			
4	Pro rata share of interest expense:		7				
а	Home mortgage interest (use the Worksheet for			The Part of the State of the St			
	Home Mortgage Interest in the instructions)					676	
b	Other interest expense	/					
	Losses from foreign sources					77	
6	Add lines 2, 3g, 4a, 4b, and 5	/_				6	
	Subtract line 6 from line 1a. Enter the result here and on line 1 art II Foreign Taxes Paid or Accrued	5, page 2/				> 7	
	redit is claimed	Foreign	ın taxes paid	or occurred			
	for taxes	/ Foreig	ii taxes paiu	or accrued	In II C dollar		
>	(you must in foreign currency check one)				In U.S. dollar		
Country	h) X Paid Taxes withheld at source on:	(n) Other foreign	Taxe	s withheld at sour	rce on:	(r) Other foreign	
00 (i) Accrued	taxes paid or		- minora ar ooa	00 011.	taxes paid	
	(j) Date paid (k) Dividends (I) Rents and royalties (m) Interest	accrued	(0) Dividends	(p) Rents and royalties	(q) Interest	accrued	
А				72			
B							
	Add lines A through C, column (s). Enter the total here and c		***************************************				8
LHA	For Paperwork Reduction Act Notice, see instruc	tions.					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

Attachment Sequence No. 19

Form **1116** (2015)

IVal	чате							Identifying number as shown on page 1 of your tax return				
חח	NALD J. & N	AELANIA TE	CIMITS									
-				nama linta di bala	· · ·						/	
am	ounts in U.S. do	llars except wi	here specified in	Part II below	w. See Categorie	s of Income in	the instructions. (Check only one bo	ox on eac	h Form	i 1116. Béport all	
		category incom			/:\ :=							
a b	NO PORTONIO DE LA CALIFORNIA DE LA CALIF	category incom		Section 901		have be	e Lum	p-sum distributio	ns			
D	deficial c	sategory incom	ie u_	Gertain inco	me re-sourced by	treaty					/	
f F	Resident of (nam	a of country)	▶ UNITED	STATES						-/		
								26 WZW CWYWZ WW		-		
for	eian country o	r U.S. posse:	ssion, use a se	puritry or 0.5. p eparate column	oossession, use and line for eac	column A in F h country or i	Part I and line A	in Part II. If you	paid tax	es to	more than one	
P	art I Taxa	ble Income	or Loss From	Sources Outs	side the United	States (for C	Category Check	ed Above)	-/			
				Total Control of the			intry or U.S. Po		+		-	
					A	Toreign Cot	B	C	/-	/ A d	Total	
g	Enter the na	ame of the fo	oreign countr	v or U.S.			В	/		(Aut	d cols. A, B, and C.)	
J				F:	GRENADA	URUGI	JAY	UNITED KANG	DOM			
1a			within country s				DIVERSE SERVICE	/	DOI!			
		e checked abo	1000					/				
								/				
								/		1a		
b	Check if line 1	a is compensa	ation for persona	al services as				/		Ia		
	an employee,	your total com	npensation from	all sources is				1				
	\$250,000 or n	nore, and you	used an alternat	ive basis to			/					
		source (see in:		>			/					
De	ductions and	losses (Cau	tion: See instr	uctions):			/					
2	Eynenses defi	initaly related	to the income o	on line to			/					
~	(attach statem	nent)	to the income o	minic id			/					
3			ictions not defin				1					
а			or standard ded		7,022	,743.	7,022,743.	7,022	,743.			
b	Other deduction	ons (attach sta	atement)	***************								
C	Add lines 3a a				7,022	,743. /	7,022,743.	7,022	,743.			
d	Gross foreign	source income	е									
е			ces	******	316,509	,660.	316,509,660.	316,509				
f					. (00000	.00000		00000			
g						_/						
4	Pro rata share											
а			e the Worksheet									
			the instructions)			/						
5	Losses from fo				/-							
	Add lines 2, 3		Enter the result h	ore and on line	15 0					6		
	art II Fore	ign Taxes	s Paid or A	ccrued	15, page 2 /	***************************************		***************		7		
-	redit is claimed			001404	Foreig	ın taxes paic	l or goorwad					
	for taxes		In forei	ign currency	/ Toreig	Jii taxes paic	101 accrued	In II C dollar				
	(you must check one)		111 10101	.g duridity	/		W	In U.S. dollar				
=	(h) X Paid	Taxes	withheld at sour	ce on:	/(n) Other	Tay	es withheld at sou	rce on:	(r) C		(s) Total foreign	
7	(i) Accrued			000 B (17.55 B)	foreign taxes paid or	Ida	55 WILLIHOU AL SUU	TOO UII.	fore taxes p		taxes paid or accrued (add cols.	
7	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) Dividends	(p) Rents and royalties	(q) Interest	accr		(o) through (r))	
A	or desired		Toyanies	1		(0)	" royalties	(4) "			The second section with	
В							1				+	
С											+	
8	Add lines A thre	ough C, colum	in (s). Enter the	total here and o	on line 9 page 2					h a		

LHA For Paperwork Reduction Act Notice, see instructions.

Department of the Treasury Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

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

Nar	ne	P	mormation	about Form	i i io and its sep	Darate Instr	uctions is at WM				Sequence No. 19
.,							1	identitying numb	er as sho	wn on pa	ge 1 of your tax return
DOI	NALD J. & M	ELANIA TE	RUMP								
Use	a separate Forn	n 1116 for eac	ch category of in	come listed held	W See Categorie	s of Income	in the instructions.	- Chaole anhe ana h		ь г	1110
amo	ounts in U.S. dol	llars except w	here specified in	Part II below.	w. ood Oategorie	3 01 111601116	in the instructions.	Grieck offig one b	ox on eac	:n Form	1116. Report all
59		ategory incon		Section 90	(i) income		a Lum	p-sum distributio	ne.	,	/
ь		ategory incon			me re-sourced by	troatu	e Luiii	p-sum distributio	IIS		
370 O			u		and to sourced by	ireaty					
f R	esident of (name	e of country)	■ UNITED	STATES					9	/	
					annalan usa	A :	D-11 11 1		/		
fore	eian country or	r U.S. posse	ssion, use a se	parate column	and line for eac	column A in	Part I and line A	in Part II. If you	paid/tax	res to i	more than one
P	art I Taxal	ble Income	or Loss From	Sources Out	side the United	States Ifor	Category Check	rad Abayra)	-		
					The the office				 	Г	
					A	Foreign Co	ountry or U.S. Po	ssession			Total
g	Enter the na	me of the f	oreign country	. or II C	A		В	8		(Add	d cols. A, B, and C.)
9				Charles Charles In	AZERBAIJAN	CAT	MIN WADDEN				
10			within country s		AZEKBATUAN	SALI	NT MARTIN	QATAR /			
Ia	and of the type			SHOWII ADOVE				/			
	and of the type	s checken and						/			
	-				ACOMPANY AND A			/			
	Charle if line 4	- 1						/		1a	2,339,789.
b			ation for persona				/				
			pensation from				/				
			used an alternati	ve basis to							
Doc	determine its s				3.1.2 (1.4.2.2.)		/				
Dec	auctions and i	iosses (Cau	tion: See instru	ictions):			/				
2	Expenses defin	nitely related	to the income o	n_line 1a			/		5 10 10 10 10 10 10 10 10 10 10 10 10 10		
	(attach statem)	ent)SEE	to the income o	5	152	,520.	/	8.5	5,403.		
3			ctions not defin		Section 65		/		49, 14.	1100	
a			or standard dedi		7,022	,743.	/7,022,743.	7,022	2,743.		
b			tement)								
C		*****			7,022	,743.	7,022,743.	7,022	2,743.		
d	Gross foreign s	source incom	e								
е	Gross income	from all sourc	es		316,509	,660.	316,509,660.	316,509	,660.		
f	Divide line 3d b	by line 3e				00009	.00000		00000		
g	Multiply line 3d	by line 3f									
4	Pro rata share	of interest exp	pense:		District Ma	/		ELEKARANTAK			
а			e the Worksheet								
	Home Mortgag	je Interest in t	he instructions)		/						
b	Other interest e	expense		************	/						
5	Losses from fo	reign sources	;		/						
6	Add lines 2, 3g					520.		85	,403.	6	292,234.
7	Subtract line 6 f	rom line 1a. E	nter the result he	ere and on line 1	5, page/2				D	7	2,047,555.
		ign Taxes	Paid or Ad	crued	/			SEE	STATEME	ENT 54	
C	redit is claimed				/ Foreig	gn taxes pa	id or accrued				
	for taxes (you must		In forei	gn currency	/			In U.S. dolla	rs		
2	check one)			,	(n) Other				(r) C	thor	/ NT. (1/
ut (h) X Paid	Taxes	withheld at sourc	ce on:	foreign	Ta	xes withheld at sou	rce on:	(r) O fore		(s) Total foreign taxes paid or
	i) Accrued			/	taxes paid or				taxes p		accrued (add cols.
	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) Dividend	ds (p) Rents and royalties	(q) Interest	accr	ued	(o) through (r))
Α							Toyantes	Y-1/			1
В											
B C											
_	Add lines A thro	ough C, colum	in (s). Enter the	total here and c	n line 9, page 2	District Control				▶ 8	8,596.
			tion Act Notice					***************		1 0	Form 1116 (2015)
	— vir seem vit star•sppvd7, 100€										101111 1110 (2015)

_	m 1116 (2015) DONALD J. & MELANIA TRUMP				Page 2
P	art III Figuring the Credit	_			/ /
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued		135		
	for the category of income checked above Part I	96.			
10	Carryback or carryover (attach detailed computation)			/	
11	Add lines 9 and 10	96.			
12	Reduction in foreign taxes				
13	Taxes reclassified under high tax kickout		1		
		,	/		
	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	55.			
	Adjustments to line 15	5.>			
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				
62000	one Form 1116, you must complete line 20.)				
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				
	exemption18 /				
2720	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.				
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"		19		
20	Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from				
	Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total				
	of Form 990-T, lines 36 and 37		20		
	Caution; If you are completing line 20 for separate category e (lump-sum distributions) /see instructions				
21	Multiply line 20 by line 19 (maximum amount of credit)	.	21		
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 28 through 27 and enter this				
P	amount on line 28. Otherwise, complete the appropriate line in Part IV Summary of Credits From Separate Parts III	>	22		0,
-					
	Credit for taxes on passive category income 23 Credit for taxes on general category income 24	_			
		4			
20	Credit for taxes on certain income re-sourced by treaty Credit for taxes on lymp and distributions 25	_			
20	Credit for taxes on lump-sum distributions Add lines 23 through 26	-	震		
			27		0.
	Paduction of gradit for international howest appretions		28		0.
		. 2	29		
	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 48;				
	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T,/line 40a	▶ (30		0.
	/			Form :	1116 (2015)

Foreign Tax Credit (Individual, Estate, or Trust)

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

Form **1116** (2015)

Man		0 (00)	Information	about Form 1	116 and its sep	arate	instruct					Seguence No. 19
Nan	16								ldentifying numb	er as show	vn on page	1 of your tax return
DOM	WALD J. & M	ELANIA TR	UMP									
Use	a separate Form	1116 for eac	h category of in	come listed belo	w. See Categories	s of Inc	ome in th	ne instructions. (Check only one b	ох оп еас	b Form 1	116 Report all
amo	unts in U.S. doll	lars except wh	ere specified in	Part II below.	•				erroom only only o		y 1 01111 1	110. Hoport all
a [Passive ca	ategory incom	е с	Section 901	(i) income			e Lumi	p-sum distributio	ins /		
b [The same of the sa	ategory incom			me re-sourced by	treaty		Carri	p dam albandano	113/		
			- OF-		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	our						
f R	esident of (name	e of country)	UNITED	STATES					/	/		
77000					ossession, use o	oolumn	A in Do	et land line A	:- D-+ 11 15 /			THE WAY
fore	eign country or	U.S. posses	ssion, use a se	parate column	and line for each	bolulili. h coun	trv or no	n i and line A l Issession	ın Part II. If you	paia tax	es to m	iore than one
Pa	art I Taxal	ole Income o	or Loss From	Sources Outs	ide the United	States	(for Ca	tegory Check	ed Above)			
						wild the my		try or U.S. Po	7			7
					A	roreig	Coun	В	C		/ ^	Total
g	Enter the na	me of the fo	reign country	vorIIS					/		(Add	cols. A, B, and C.)
9			oreign country	•	OTHER COUNTR	RIES	KORFA	SOUTH	UNITED KING	MOGE		
1a	Gross income	from sources	within country s	chown above	The same and the same		KOKBII,	DOUTH /	DNITED KING	3DOM		
Iu	and of the type		AND CASHOOD CONTRACTOR	SHOWII ADOVE				/				
	and or the type	oriconda abov					100	/				
	-	-			7,351	696	1091912	/	22.20	6 310		
h	Check if line 1a	ie companea	tion for persona	I corvinge as	7,331	,030.	101.15005-11	_/	22,300	6,312.	1a	
D			pensation from		7 12 July 1							
			used an alternati					/				
	determine its s			IVE DASIS (U				/				
Dec	ductions and l							/				
Doc	addiono and r	OSSOS (Caul	ion. See msm	uctions).			1	/				
2	Expenses defin	nitely related	to the income o	n line 1a	4 600		/					
_					1,689,	378.	_/_	9.	36,142	2,607.		
3			ctions not defin				/				1330	
а			or standard ded		7,022,743.			7,022,743.	7,022	2,743.		
b			tement)		/							
	Add lines 3a ar				7,022,			7,022,743.	7,022	2,743.		
d	Gross foreign s	source income)		7,351,				22,386,312			
е			es		316,509,	-	31	6,509,660.	316,509,660.			
f	Divide line 3d b					2323		.00000	.07			
g	Multiply line 3d	by line 3f			163/,	119.			496,696			
4	Pro rata share	of interest exp	ense:		/							
а	Home mortgag	e interest (use	e the Worksheet	for	/							
	Home Mortgag	e Interest in th	ne instructions)	**********	/							
b	Other interest e	expense			/				nic.			
5	Losses from fo	reign sources	************									
6	Add lines 2, 3g	, 4a, 4b, and 5	i		/ 1,852,	497.		9.	36,639	303.	6	
				ere and on line 1	5, page 2					D	7	
			Paid or A	ccrued	/							
C	redit is claimed			/	Foreig	ın taxe	s paid o	or accrued				
	for taxes (you must		In forei	ign currency /					In U.S. dolla	ırs		
>	check one)				1-1 041						41.	
Country	h) X Paid	Taxes v	withheld at sour	ce on:	(n) Other foreign		Taxes	withheld at sou	rce on:	(r) O fore		(s) Total foreign taxes paid or
3	i) Accrued				taxes paid or					taxes p		accrued (add cols.
	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) D	ividends	(p) Rents and royalties	(q) Interest	accr		(o) through (r))
А								Toyalles	117	211	,431.	211,431.
В											,	211,101.
B C												
	Add lines A thro	ough C, colum	n (s). Enter the	total here and o	n line 9, page 2	12000000					▶ 8	
				e, see instruc					******************			Form 1116 (2015)

Foreign Tax Credit

(Individual, Estate, or Trust)

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

Department of the Treasury Internal Revenue Service (99) ▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116. Name Identifying number as shown on page 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. Passive category income Section 901(j) income Lump-sum distributions X 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. Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total A В C (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. DOMINICAN CHINA REPUBLIC PANAMA 1a Gross income from sources within country shown above and of the type checked above: 1,769,455. 1a b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See instructions): Expenses definitely related to the income on line 1a 1,498,456. (attach statement) 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) Add lines 3a and 3b 7,022,743 7,022,743. 7,022,743. Gross foreign source income 1,769,455. Gross income from all sources 316,509,660 316,509,660 316,509,660. Divide line 3d by line 3e 60000 00000 .00559 Multiply line 3c by line 3f 39,255. 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 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In foreign currency (you must In U.S. dollars check one) (n) Other (r) Other (s) Total foreign Taxes withheld at source on: (h) X Paid Taxes withheld at source on: foreign foreign taxes paid or Accrue taxes paid or taxes paid or accrued (add cols. (j) Date paid or accrued accrued (I) Rents and royalties (k) Dividends accrued (o) through (r)) (m) Interest (0) Dividends (p) Rents and (q) Interest A 55,202. 55,202. В 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)

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

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

Form 1116 (2015)

IVal	ic .		Identifying number as shown on page of your tax return					
DOI	WALD J. & MELANIA TRUMP							
Use	a separate Form 1116 for each category of income listed belo ounts in U.S. dollars except where specified in Part II below.	ow. See Categorie	s of Income in	the instructions.	_ Check only one b	ox on eac	hForm	1116. Report all
a [Passive category income c Section 90	1/i) income		e Lum	p-sum distributio	/	77	
b [ome re-sourced by	treaty	e Luin	p-sum distribution	ons		
			ti outy					
f R	esident of (name of country) DUNITED STATES		N. W. C.		/	,		
Not	e: If you paid taxes to only one foreign country or U.S.	possession, use	column A in P	art I and line A	in Part II If Vou	naid tav	res to r	more than one
TOTE	eigh country or U.S. possession, use a separate column	and line for eac.	h country or p	ossession.	/	paid tax	es 10 T	nore triair one
Pa	art I Taxable Income or Loss From Sources Out	side the United	States (for C	ategory Check	(ed Above)			
			Foreign Cou	ntry or U.S. Po	ssession			Total
		Α		В	/ c		(Add	cols. A, B, and C.)
g	Enter the name of the foreign country or U.S.	UNITED ARAB			/			
	possession	EMIRATES	PUERT	O RICO	CANADA			
1a	Gross income from sources within country shown above			/				
	and of the type checked above:			/				
		HAINER OF		/				
	Ob. 1.70 A.	1,507	,971.	/_	48	6,218.	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)			/				
Dec	ductions and losses (Caution: See instructions):			/				
200	(Caution: See Instructions).						101	
2	Expenses definitely related to the income on line 1a	105	122	5,000				
3	(attach statement) Pro rata share of other deductions not definitely related:	185	122.	6,882.	34.	5,098.		
а	Certain itemized deductions or standard deduction	7,022,	7/3	7 022 742	7.00			
b	Other deductions (attach statement)	1,022,	743.	7,022,743.	7,02	2,743.		
Ċ		7,022,	7/3	7 022 742	7 00	2 742		
d	***************************************	1,507,		7,022,743.		2,743.		
Д	Gross income from all sources	316,509	7	16,509,660.	316,509	5,218.		
f	Divide line 3d by line 3e		0476	.00000		.00154		
	Multiply line 3c by line 3f		429.			0,792.		
4	Pro rata share of interest expense:	- /			Signor	3,132.		
	Home mortgage interest (use the Worksheet for				ATTENDED THE LEGIS			
	Home Mortgage Interest in the instructions)					1		
b	Other interest expense	/						
5	Losses from foreign sources							
6	Add lines 2, 3g, 4a, 4b, and 5	/ 218,	551.	6,882.	355	5,890.	6	
7	Subtract line 6 from line 1a. Enter the result here and on line	15/page 2				,	7	
	rt II Foreign Taxes Paid or Accrued	/					-	
Cı	edit is claimed for taxes	Foreig	n taxes paid	or accrued				
	(you must In foreign currency/				In U.S. dolla	Irs		
2	check one)	(n) Other				(r) O	ither	(a) Total foreign
Country	n) X Paid Taxes withheld at source on:	foreign	Taxe	s withheld at sou	rce on:	fore		(s) Total foreign taxes paid or
31		taxes paid or				taxes paid or		accrued (add cols.
\neg	j) Date paid or accrued (k) Dividends (I) Rents and royalties (II) Interest	accrued	(0) Dividends	(p) Rents and royalties	(q) Interest	accr	ued	(o) through (r))
A								
В								
С						4	,286.	4,286.
	Add lines A through C, column (s). Enter the total here and o		**********	*****************			▶ 8	
LHA	For Paperwork Reduction Act Notice, see instruc	tions.						Form 1116 (2015)

Foreign Tax Credit

(Individual, Estate, or Trust)

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

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

Name Identifying number as shown on page 1 of your ta 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. Passive category income Section 901(i) income Lump-sum distributions General category income 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. 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.) Enter the name of the foreign country or U.S. PHILIPPINES GRENADA INDIA 1a Gross income from sources within country shown above and of the type checked above: 2,907,785. 1a 11,088 20,662 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): Expenses definitely related to the income on line 1a 1,438. (attach statement) 82 558,758. 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) 7,022,743. Add lines 3a and 3b 7,022,743. 7,022,743. d Gross foreign source income 11,088 20,662 2,907,785 316,509,660, 316,509,660. e Gross income from all sources 316,509,660 .00004 Divide line 3d by line 3e .00007 .00919 g Multiply line 3c by line 3f 249 436 64,511 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 Add lines 2, 3g, 4a, 4b, and 5 1,687. 518 623,269. 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 Part II | Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In foreign currency In U.S. dollars (you must check one) Country (r) Other (n) Other (s) Total foreign (h) X Paid Taxes withheld at source on: Taxes withheld at source on: foreign foreign taxes paid or taxes paid or taxes paid or accrued (add cols. accrued (j) Date paid or accrued (o) through (r)) (k) Dividends (I) Rents and (m) Interest (p) Rents and accrued (0) Dividends (q) Interest 1,109. 1,109. В С 193,403. 193,403.

LHA For Paperwork Reduction Act Notice, see instructions.

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

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

Form **1116** (2015)

Na	me							Identifying num		wn on pa	age 1 of your tax return
52002										100	a ,
-	NALD J. & N							<u>L</u>	200		/
Us	e a separate Forr ounts in U.S. do	m 1116 for ead Illars except wi	ch category of in- here specified in	come listed belo Part II below.	ow. See Categorie	s of Income	in the instructions	. Check only one	box on ea	ch Form	1116. Report all
a	Passive of	category incon	ne c	Section 90	I(j) income		e Lu	mp-sum distributi	inns		
b	X General of	category incon	ne d		ome re-sourced by	treaty	0 20	mp dam didanbat	10113		
_											
f F	Resident of (nam	ne of country)	▶ UNITED	STATES							/
No	te: If you paid	taxes to only	one foreign co	untry or U.S. ,	oossession, use	column A i	n Part I and line	A in Part II. If you	u paid ta	res to	more than one
101	eigh country o	r U.S. posse.	ssion, use a se	parate columr	and line for eac	ch country of	or possession.		a para ta	100 10	more triair one
P	art I Taxa	ble Income	or Loss From	Sources Out	side the United	States (fo	r Category Che	cked Above)			/
						Foreign C	Country or U.S. F	Possession		/	Total
					A		В	С		Ad	d cols. A, B, and C.)
g			oreign country							/	
100					GEORGIA	ISI	RAEL	AZERBAIJAN			
1a			within country s	shown above					/		
	and of the typ	e checked abo	ve:						/	224	
						168		7 (1978 S 78)	/		
	01-1-11-1		2						/	1a	
b			ation for persona					/			
			npensation from : used an alternati					/			
	determine its			ve basis to				/			
De			tion: See instru								
	auotiono ana	looses (Caul	.iori. See iristri	ictions).				1/			
2	Expenses defi	initely related	to the income o	n line 1a		405		1			
2	(attach statem	ent)dadu	ctions not defini		Captain and King Con-	405.	65,893	. / 9	6,935.		
3					7 022	742					
a	Other deduction	eu ueuuciions	or standard dedu tement)	uction	7,022	, /43.	7,022,743	7,02	2,743.		
b					7 000	742	7 000 7/10				
C					7,022	, /43.	7,022,743	. 7,02	2,743.		
0	Gross income	from all cours	es	******	216 500	550	215 506 550				
f		1 1: 0			316,509	00000	316,509,660				
g					• '	00000	/ .0000	0	.00000		
4	Pro rata share	of interact ave	nanca.	****************			_/		55125150		
			e the Worksheet	for							
			he instructions)	101							
h	Other interest		10 111011 110110115)	*****************		1	/	+			
5	Losses from fo			****************							
6	Add lines 2, 30		*************			405/	65,893	1 0	6,935.		
7			nter the result he	ere and on line	5 page 2	/	03,033	.1 ,	0,333.	6	
Pa	art II Fore	ign Taxes	Paid or Ac	crued	, pago 2	/	*******************	***********************		7	
C	redit is claimed				Foreig	n taxes p	aid or accrued				
	for taxes (you must		In forei	gn currency	/			In U.S. doll	arc		
>	check one)				1.1011			111 0.0. 0011			T
TIP ((h) X Paid	Taxes	withheld at sourc	ce on:	(n) Other foreign	Т	axes withheld at so	urce on:	(r) ()ther	(s) Total foreign
	(i) Accrued				taxes paid or				taxes		taxes paid or accrued (add cols.
	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) Divider	nds (p) Rents and royalties	(q) Interest		ued	(o) through (r))
Α					(Toyanes			-	
В											
С				and the second second second							
8	Add lines A thro	ough C colum	n (s) Enter the	total here and o	n line 0 nage 2	•					

LHA For Paperwork Reduction Act Notice, see instructions.

Foreign Tax Credit (Individual, Estate, or Trust)

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

OMB No. 1545-0121

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

IVal	iie		Identifying number as shown on page 1 of your tax return				
DOI	NALD J. & MELANIA TRUMP						
Use	a separate Form 1116 for each category of income listed belo punts in U.S. dollars except where specified in Part II below.	w. See Categorie	s of Incon	ne in the instructions.	Check only one box o	n each Form	/ 1116. Report all
a [Passive category income c Section 901	I/i) income					
b [AND DESCRIPTION OF THE PROPERTY OF THE PROPERT	ome re-sourced by	treaty	e Lun	np-sum distributions		
f R	esident of (name of country) UNITED STATES						
1	e: If you paid taxes to only one foreign country or U.S. p	nossession use	column 4	A in Part I and line A	in Part II If you bai	-1 4 4	
1016	eight country of 0.5. possession, use a separate column	and line for eac	h countr	y or possession.		Ttaxes to T	more than one
Pa	art Taxable Income or Loss From Sources Out	side the United	States (for Category Chec	ked Above)		
			Foreign	Country or U.S. P	ossession		Total
		Α		В	/ c	(Add	d cols. A, B, and C.)
g	Enter the name of the foreign country or U.S.					22	
	possession	BRAZIL	s.	AINT MARTIN	MEXICO		
1a	Gross income from sources within country shown above				/		
	and of the type checked above:				1		
			2.450	/			
	0. 177	SI INA TITLE SALIS AND E		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)			/			
Dec	ductions and losses (Caution: See instructions):			-/-			
500	detions and losses (Caution, See instructions).						
2	Expenses definitely related to the income on line 1a (attach statement)	39	489.	782,551	. 22,2	20	
3	Pro rata share of other deductions not definitely related:	Charles Carlo		/ /02,331	22,2.		
а	Certain itemized deductions or standard deduction	7,022,743. / 7,022,743			7,022,7	13	
b	Other deductions (attach statement)	1,022,123			1,022,1	13.	
С	Add lines 3a and 3b	7,022	743/	7,022,743	7,022,74	13	
d	Gross foreign source income		/	782,551			
е	Gross income from all sources	316,509	\$60.	316,509,660		10	
f	Divide line 3d by line 3e		0000	.00247		3525	
g	VV III V III	/		17,378,	• 4000	530	
4	Pro rata share of interest expense:						
а	Home mortgage interest (use the Worksheet for				Contained to the feet of the second		
	Home Mortgage Interest in the instructions)	/					
b	Other interest expense	/					
5	Losses from foreign sources						
6	Add lines 2, 3g, 4a, 4b, and 5		489.	799,929.	22,29	0. 6	
7 Pa	Subtract line 6 from line 1a. Enter the result here and on line 1 Int II Foreign Taxes Paid or Accrued	5/page 2			***************************************	▶ 7	
	redit is claimed	/					
.	for taxes	Foreig	in taxes	paid or accrued			
	(you must In foreign currency / check one)				In U.S. dollars		
Country	h) X Paid Taxes withheld at source on:	(n) Other		T		(r) Other	(s) Total foreign
Jon (foreign taxes paid or		Taxes withheld at sou		foreign	taxes paid or
011	j) Date paid (k) Dividends (I) Rents and royalties (m)/Interest	accrued	(a) Divis	(n) Rents and	1	xes paid or accrued	accrued (add cols. (o) through (r))
	royalties (III) Interest	11	(0) Divid	dends (p) Rents and royalties	(q) Interest		1.7
A B					-	316.	316.
B C							
	Add lines A through C, column (s). Enter the total here and o	n line Q page 2					
	For Paperwork Reduction Act Notice, see instruct					8	F 111C
							Form 1116 (2015)

Foreign Tax Credit (Individual, Estate, or Trust)

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

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

Nar	ne		Identifying number as shown on page 1 of your tax return					
DO	NALD J. & MELANIA TRUMP							
-	a separate Form 1116 for each category of income listed belo	w. See Categorie	s of Incom	e in the instructions	— Chack anly and h	ov on and		1/10 5
am	ounts in U.S. dollars except where specified in Part II below.	outogono	o or moon	e in the man denoms.	Oneck only one L	ox on eac	in Form	7116. Report all
a	Passive category income c Section 90			e Lum	p-sum distributio	ons		2
b	X General category income d Certain inco	ome re-sourced by	treaty					
- D	oridant of /norma of annual N INTERD GENERAL					/		
200	esident of (name of country) UNITED STATES							
for	e: If you paid taxes to only one foreign country or U.S. paign country or U.S. possession, use a separate column	oossession, use	column A	in Part I and line A	in Part II. If you	paid tax	es to r	nore than one
P	art I Taxable Income or Loss From Sources Out	side the United	States (f	or Category Check	ced Ahove) /			
				Country or U.S. Po				Total
		Α		В	/c		(Add	cols. A, B, and C.)
g	Enter the name of the foreign country or U.S.							
	possession	QATAR	IN	DONESIA	IRELAND			
1a	Gross income from sources within country shown above				/			
	and of the type checked above:				X			
		\$5,26 (rz. g)		2 762 76				
b	Check if line 1a is compensation for personal services as		Water 6	3,763,769.	8,27	7,541.	1a	
	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)			/				
Dec	ductions and losses (Caution: See instructions):			1				
2	Expenses definitely related to the income on line 1a	A MADINESCALA	E SHEET S					
	(attach statement)	1	,737.	96,331.	12,402	2,242.		
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	2,743.		
a 2	Other deductions (attach statement) Add lines 3a and 3b	7 022						
	Add lines 3a and 3b Gross foreign source income	7,022	,743.	7,022,743. 3,763,769.		2,743.		
е	Gross income from all sources	316,509	666	316,509,660.	316,509	7,541.		
f	Divide line 3d by line 3e		00000	.01189		02615		
g	Multiply line 3c by line 3f		/	83,511.		3,664.		
4	Pro rata share of interest expense:				- Hoadawan			
а	Home mortgage interest (use the Worksheet for					2220120120		
	Home Mortgage Interest in the instructions)							
	Other interest expense	/_						
5	Losses from foreign sources							
7	Add lines 2, 3g, 4a, 4b, and 5 Subtract line 6 from line 1a. Enter the result here and on line 1		737.	179,842.	12,585	,906.	6	
Pa	rt II Foreign Taxes Paid or Accrued	5, page 2			***************		7	
Cr	edit is claimed	Foreig	ın taxes r	aid or accrued				
	for taxes (you must In foreign currency	/	,	and of doorded	In U.S. dolla	re		
3	check one)	(n) Other			III O.O. dolla	701.00	* lo	
Country (i) (i)	1) X Paid Taxes withheld at source on:	foreign	1	Taxes withheld at sour	rce on:	(r) O forei		(s) Total foreign taxes paid or
	Accrued Accrued Accru	taxes paid or			taxes paid or a			accrued (add cols.
^	j) Date paid or accrued (k) Dividends (l) Rents and royalties (m) Interest	accrued	(0) Divide	nds (p) Rents and royalties	(q) Interest	accr	nea	(o) through (r))
A B								
С								
	Add lines A through C, column (s). Enter the total here and o	n line 9 nage 9						
	For Paperwork Reduction Act Notice, see instruct		**********				8	- 1110
							1	Form 1116 (2015)

Foreign Tax Credit

(Individual, Estate, or Trust)

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

Form 1116 (2015)

Nar	me	P	Information	about Form 1	110 and its sep	parate instruc			A THE STATE OF THE		Sequence No. 19
114	113							identifying numi	oer as sno	wn on pa	ge 1 of your tax return
DOI	NALD J. & M	ELANIA TF	RUMP								
Use	a separate Forn	n 1116 for eac	ch category of in	come listed belo	w. See Categorie	s of Income in t	the instructions.	Check only one b	ox on ea	ch Form	1116. Report all
amo	ounts in U.S. dol	lars except wi	here specified in	Part II below.						/	/
a		ategory incon	2000	Section 901	(j) income		e Lum	p-sum distribution	ons		
b (X General c	ategory incon	ne d_	Certain inco	me re-sourced by	treaty					
										<u>/</u>	
-	esident of (name								/		
Not	ie: If you paid to	axes to only	one foreign co	ountry or U.S. p	ossession, use	column A in Pa	art I and line A	in Part II. If you	ı pajd tax	xes to	more than one
P	art Taxal	ble Income	or Loss From	Sources Outs	and line for eac	Ctatan (for C	ossession.		/		
	uit lavai	ole illedille	OI LOSS FIOIII	Sources Outs						Т	
					Foreign Country or U.S. Pos					1	Total
g	Enter the na	me of the f	oreign countr	v or II S	A		В	/C		(Ad	d cols. A, B, and C.)
9			oreign country		TURKEY						
1a			within country s					1		懂	
1575	and of the type			2110 1111 400 10				/			
			(American Control of the Control of					/			
					1,044	632.		X		1a	50,309,680.
b	Check if line 1a	a is compensa	ation for persona	l services as			1		Minus	1a	
	an employee, y	our total com	pensation from	all sources is			/				
	\$250,000 or m	ore, and you	used an alternati	ive basis to			/				
	determine its s						_ /				
Dec	ductions and I	osses (Cau	tion: See instru	uctions):			/				
2	Expenses defin	nitely related	to the income o	in line 1a			/	Earlie Tebraille			
			to the income o		244	,486.	_/				
3			ctions not defin				/				
а			or standard ded		7,022	,743.					
b			itement)			/					
C		******			7,022						
d	Gross foreign s	source income	е	*******	1,044						
е	Gross income		es		316,509						
f	Divide line 3d b					00339					
g					23,	159.		139.00 to 10.00 to 10.00 to 10.00			
4	Pro rata share			for		/					
а			e the Worksheet he instructions)			/					
b	0	avnanaa		1	/						
5	Losses from fo				/						
6	Add lines 2, 3g				267	645.					55,917,385.
7			nter the result h	ere and on line 1						7	<5,607,705.>
			s Paid or A		/			SEE	STATEM		
C	redit is claimed				Foreig	n taxes paid	or accrued				
	for taxes (you must		In forei	ign currency				In U.S. dolla	ars	-	
2	check one)			Y.	(n) Other				15) (Other	(-)T-1-1
Country	h) X Paid	Taxes withheld at source on: Accrued		ce on:	foreign	Taxes	s withheld at sou	irce on:	rce on: (r) ((s) Total foreign taxes paid or
31					taxes paid or			taxes		paid or	accrued (add cols.
	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) Dividends	(p) Rents and royalties	(q) Interest	acc	rued	(o) through (r))
Α										1100000	
B C											
			nn (s). Enter the							▶ 8	465,747.
LHA	For Paperw	ork Reduct	tion Act Notic	e, see instruct	tions.						Form 1116 (2015)

	art III Figuring the Credit	-			Page 2
-					/
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.	18	
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			X
		[10]		1	
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			1	9 170 055
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the	Τ Τ	/	14	8,178,055.
336	United States (before adjustments) for the category of income checked above Part I	45	<5,607,705.>		
	officed offices (both of adjustments) for the category of income checked above Part I	15	<3,001,10p.>		
16	Adjustments to line 15		2 21/555		
	***************************************	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		/		
0.0000000	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	18	/		
	Caution: If you figured your tax using the lower rates on qualified dividends or capital ga	ins. 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, e	nter the	amounts from		
	Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule	G. line 1a	a, or the total		
	of Form 990-T, lines 36 and 37	/	, -, .,, ., .,	20	
	Caution: If you are completing line 20 for separate category e (lump-sum distributions),	dee ins	ructions	20	
21	Multiply line 20 by line 19 (maximum amount of credit)	100 11131	ructions.	21	
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 this	rough 27	and enter this	21	
	amount on line 28. Otherwise, complete the appropriate line in Part IV	rough 21	and enter tins	00	0
Pa	art IV Summary of Credits From Separate Parts III /			22	0.
23	Credit for taxes on passive category income	23		SIDE.	
	Credit for taxes on general category income	24			
	Credit for taxes on certain income re-sourced by treaty				
26	Credit for taxes on lump-sum distributions	25			
27	Add lines 23 through 26	26			
20				27	
	Deduction of suddit for interesting the			28	
				29	
	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 4	8;			
	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 40a			30	
					Form 1116 (2015)
	/				

Sch	edule SE (Form 1040) 2015	Attachment Sequence N	lo. 17	Page 2
Name of person with self-employment income (as shown on Form 1040 or Form 1040NR) Social security number of			Ť	rage 2
	pe	erson with self-employm	ent	
DONALD J. TRUMP income				
	ction B - Long Schedule SE			
	rt I Self-Employment Tax			
Note	 If your only income subject to self-employment tax is church employee income, see insochemical employee income. 	structions. Also see instr	uction	s for the definition of
Α	If you are a minister, member of a religious order, or Christian Science practitioner and y	you filed Form 4361, but	you ha	ad \$400 or
	more of other net earnings from self-employment, check here and continue with Part I	*******		
ıa	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Fobox 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see inst	orm 1065),		
		1a		
b	If you received social security retirement or disability benefits, enter the amount of Conse Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 106			
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 106)	1065), box 20, code Z	1b	
	(other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and mer			
	orders, see instructions for types of income to report on this line. See instructions for oth			
	Note. Skip this line if you use the nonfarm optional method (see instructions) SEE STA		000 050	
3	Combine lines 1a, 1b, and 2		2	980,058.
4 a	If line 3 is more than zero, multiply line 3 by 92.35% (.9235). Otherwise, enter amount from	m line 3	3	980,058.
	Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line	1h 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	, ib, see instructions.	16	
С	Combine lines 4a and 4b. If less than \$400, stop; you do not owe self-employment tax. If	4b		
	If less than \$400 and you had church employee income, enter -0- and continue	Exception,	4c	905,084.
5 a	Enter your church employee income from Form W-2. See instructions		40	303,004.
	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 se	curity tax or	-0	703,004.
	the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2015	7	118,500.00	
8 a	Total social security wages and tips (total of boxes 3 and 7 on Form(s)	***************************		110,500.00
	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)			
С	Wages subject to social security tax (from Form 8919, line 10)			
d	Add lines 8a, 8b, and 8c	assa Malatana Assa and a malatana dan dan kanana ana ana ana and a	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			11	26,247.
12	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Fo	orm 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			
Dat	Form 1040, line 27, or Form 1040NR, line 27	19,594.		
- 01	t II Optional Methods To Figure Net Earnings (see instructions)			
Farm	Optional Method. You may use this method only if (a) your gross farm income 1 was not	more than \$7,320, or		
	our net farm profits ² were less than \$5,284.			
14	Maximum income for optional methods		14	4,880.00
15	Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$4,880		1	
NI £	this amount on line 4b above		15	
and a	arm Optional Method. You may use this method only if (a) your net nonfarm profits ³ were			
ariu 8	Iso less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from	self-employment of		
астеа 16	st \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five time Subtract line 15 from line 14			
17	Subtract line 15 from line 14 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the	***************************************	16	
17	line 16. Also include this amount on line 46 characteristics and are small line 16. Also include this amount on line 46 characteristics.	e 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.

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

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.

Form 3800

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

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.

2015 Attachment Sequence No. 22

(s) shown on return

DON	ALD J. & MELANIA TRUMP		
Pa	art 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		
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	3	
	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	4	13,000,133.
6		5	15,068,133.
Prince and a second	Add lines 1, 3, 4, and 5	6	13,000,133.
-	Regular tax before credits:		
	Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or		
	the sum of the amounts from Form 1040NR, lines 42 and 44		
	Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the	10.650	
		7	0.
	applicable line of your return • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G,		
0	lines 1a and 1b; or the amount from the applicable line of your return Alternative minimum tax:		
0	A RECORD CONTRACTOR OF THE PROPERTY OF THE PRO		
	• Individuals. Enter the amount from Form 6251, line 35		
	• Corporations. Enter the amount from Form 4626, line 14	8	2,127,670.
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56	745	
0	A115710		
9	Add lines 7 and 8	9	2,127,670.
10	Facility to the State of the St		
10 a	Foreign tax credit 10a		
	Certain allowable credits (see instructions) 10b 750.		
С	Add lines 10a and 10b	10c	750.
	N. I		
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.
	No. 1. 2. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-		
13	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions)	delle	
14	Tentative minimum tax:		
	Individuals. Enter the amount from Form 6251, line 33		
	Corporations. Enter the amount from Form 4626, line 12 14 2,127,670.		
	Estates and trusts. Enter the amount from Schedule I	4,500	
	(Form 1041), line 54		
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.		Form 3800 (2015)

	Part II Allowable Credit (Continued)							
No	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 24	Passive activity credit from line 3 of all Parts III with box B checked							
25	Add lines 22 and 24	24						
26	Add lines 22 and 24 Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	25	0.					
		20						
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 320,240.							
33	Enter the applicable passive activity credits allowed for 2015 (see instructions)	33						
34	Carryforward of business credit to 2015. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	1,205,151.					
35	Carryback of business credit from 2016. Enter the amount from line 5 of Part III with box D checked (see instructions)	35						
36	Add lines 30, 33, 34, and 35	36	1,485,739.					
37	Enter the smaller of line 29 or line 36	37	1,485,739.					
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return: Individuals. Form 1040, line 54, or Form 1040NR, line 51 Corporations. Form 1120, Schedule J, Part I, line 5c							
-	Estates and trusts. Form 1041, Schedule G, line 2b	38	1,485,739.					

Fori	m 3800 (2015)			Page
Name	e(s) shown on return			Page 3
	ALD J. & MELANIA TRUMP			dentifying number
Pa	art III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	
Con	nplete a separate Part III for each box checked below. (see instructions)			
Α	General Business Credit From a Non-Passive Activity E Reserv	ved		
В	General Business Credit From a Passive Activity F Reserv	ved		/
C	X General Business Credit Carryforwards G Eligible	e Sma	Il Business Credit Carryford	wards
D	General Business Credit Carrybacks			
1	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an	additional Part III combining	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			/ In the state of
Not	e. On any line where the credit is from more than one source, a separate Part III is		(b) If claiming the credit from a / pass-through entity, enter the EIN	(c)
nee	ded for each pass-through entity.		pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c	A CONTRACTOR OF THE PARTY OF TH	
d	Low-income housing (Form 8586, Part I only)	1d		
е	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	Committee of the commit	
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		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel	10		
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		
٧	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	1	1aa		
bb	g in ge partitioning (contocale X 1 (Form 1003 B))	1bb		
ZZ		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		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		У.
f	Employer social security and Medicare taxes paid on certain employee			
100	tips (Form 8846)	4f		1,182,447.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h	GROUP STRONG LINE CONTRACTOR	
i	Reserved	4i		
j	Reserved	4j	7,190-25	
z	Other	4z	4790 AN EXPENSE OF AN AN ANALYSIS OF A	
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		16 250 500

Forr	n 3800 (2015)			Page 3
	(s) shown on return			dentifying number
	ALD J. & MELANIA TRUMP			
Pa	rt III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	
	plete a separate Part III for each box checked below. (see instructions)			
A B	General Business Credit From a Non-Passive Activity General Business Credit From a Passive Activity F Reserv			
С				
D			II Business Credit Carryford	vards
ı	General Business Credit Carrybacks H Reservity of the filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked, complete and attach filling more than one Part III with box A or B checked filling more than one Part III with box A or B checked filling more than one Part III with box A or B checked filling more than one Part III with box A or B checked filling more than one Part III with box A or B checked filling more than one Part III with box A or B checked filling more than one Part III with box A or B checked filling mo		-150 - 15 - 10 - 11 - 11 - 11 - 11 - 11	/
	D - L III 20 L A D L L L GL L L 10 L			/
	(a) Description of credit		(b) /	(c) X
Note	e. On any line where the credit is from more than one source, a separate Part III is led for each pass-through entity.		If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		Entor the appropriate amount
b	Reserved	1b	/	
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	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)	Λj		
k	Employer-provided child care facilities and services (Form 8882) (see instructions	/		
	for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel	10		
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 z	Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric vehicle (carryforward only)	1y		
aa		1z		
bb	New hire retention (carryforward only) General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1aa		
ZZ	Other	1bb		
2	Add lines of the could be a selected as the country of the country	1zz		0
3	Enter the amount from Form 9944 have and on the analysis I have the	3		0,
4a	Investment (Form 3468, Part III) (attach/Form 3468)	4a		
b	Work opportunity (Form 5884)	4a 4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee	40		
	tips (Form 8846)	4f		600,828.
g	Qualified railroad track main tenance (Form 8900)	4g		,-20,
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	re lawrer in engagement in the con-	600,828.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		600 828

Forr	n 3800 (2015)			Page
Name	(s) shown on return			Identifying number
	ALD J. & MELANIA TRUMP		- 1	ostalying number
Pa	rt III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	
Con	plete a separate Part III for each box checked below. (see instructions)			/
Α	X General Business Credit From a Non-Passive Activity E Reserv	ved		
В	General Business Credit From a Passive Activity F Reserv	ved		/
C	General Business Credit Carryforwards G Eligible	e Sma	II Business Credit Carryfor	wards /
D	General Business Credit Carrybacks H Reserv	/ed		
1	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an	additional Part III combinir	ng 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 songrate Part III is		(b) If claiming the credit from a pass-through entity, enter the EIN	(c)
need	led for each pass-through entity.	×	pass-through entity, enter the EIN	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		
е	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)	Ak		
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel	10		
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		A Committee of the Comm
V	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	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		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		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee	40		
	tips (Form 8846)	4f	27-8202438	101
g	Qualified railroad track maintenance (Form 8900)	4g		131.
h	Small employer health insurance premiums (Form 8941)	4g 4h		
i	Reserved	411 4i		
j	Reserved	4i 4j		
z	Other	4 <u>J</u>	HEROEN CONTRACTOR OF THE SECOND	
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		131.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		131.

Forn	n 3800 (2015)			Page 3
	(s) shown on return			dentifying number
	ALD J. & MELANIA TRUMP			
Ра	rt III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	
	plete a separate Part III for each box checked below. (see instructions)			
A	X General Business Credit From a Non-Passive Activity E Reserv	/ed		
В	General Business Credit From a Passive Activity F Reserv			
С	General Business Credit Carryforwards G Eligible	e Sma	II Business Credit Carryforv	vards /
D	General Business Credit Carrybacks H Reserv			
1	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combining	g amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III		T	
Note	on any line where the credit is from more than one source, a separate Part III is led for each pass-through entity.		(b) If claiming the credit from a pass-through entity, enter the EIN	(c)
1a	Investment (Form 3468, Part II only) (attach Form 3468)	Ι.	pass-through entity, enter the EIN	Enter the appropriate amount
b		1a	210000000000000000000000000000000000000	
C	Reserved Increasing research activities (Form 6765)	1b		
d		1c		
e	Low-income housing (Form 8586, Part I only) Disabled access (Form 8826) (see instructions for limitation)	1d		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1e	 	
g	Indian employment (Form 8845)	1f	 	
h	Orphan drug (Form 8820)	1g	/	
ï	New markets (Form 8874)	1h 1i	1	
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	1	
k	Employer-provided child care facilities and services (Form 8882) (see instructions	11	/	
1.2.0	for limitation)	1k	/	
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11/		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	An		
0	Nonconventional source fuel	10		
р	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		
У	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 1/2-1 (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		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162256	5,578.
g	Qualified railroad track maintenance (Form/8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i	AR THE MELTINE	
j	Reserved	4j		
Z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		5,578.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		5,578.

Forr	1 3800 (2015)			Page 3
	(s) shown on return			Identifying number
	ALD J. & MELANIA TRUMP			
0	rt III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	/
	plete a separate Part III for each box checked below. (see instructions)			
A	X General Business Credit From a Non-Passive Activity E Reserv	ved		
В	General Business Credit From a Passive Activity F Reserv			
С	General Business Credit Carryforwards G Eligible	e Smal	I Business Credit Carryfo	rwards /
D	General Business Credit Carrybacks H Reserv			
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an	additional Part III combin	ing amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III (a) Description of credit			/ >
Note	e. On any line where the credit is from more than one source, a separate Part III is led for each pass-through entity.		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		1/2001200000000000000000000000000000000
С	Increasing research activities (Form 6765)	1c		/
d	Low-income housing (Form 8586, Part I only)	1d	/	
е	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	-11	/	
	for limitation)	1k		**
1	Biodiesel and renewable diesel fuels (attach Form 8864)	1I	/	
m	Low sulfur diesel fuel production (Form 8896)	1m	/	
n	Distilled spirits (Form 8906)	1n	/	
0	Nonconventional source fuel	10	/	
р	Energy efficient home (Form 8908)		/	
q	Energy efficient appliance	1p	,	
r	Alternative motor vehicle (Form 8910)	1g/		
s	Alternative fuel vehicle refueling property (Form 8911)	/1s		
t	Reserved	1		
u		1t		
v	Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only)	1u		
w	Employer differential wage payments (Form 8032)	1v		
X	Part of the second of the seco	1w		
У	Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936)	1x		
z	Qualified plug-in electric vehicle (carryforward only)	1y		
aa	New hire retention (carryforward only)	1z		
bb		1aa		
ZZ		1bb		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	1zz		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	2	STANGER OF SHAPPING RESERVED	
4a	Investment (Form 3468, Part III) (attach Form 3468)	3		
b	Work opportunity (Form 5884)	4a		
С	Biofuel producer (Form 6478)	4b		
d	Low-income housing (Form 8586, Part II)	4c		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4d	The second of th	
f	Employer social security and Medicare taxes paid on certain employee	4e		
5145	tips (Form 8846)	4f	27-4162308	274,879.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form \$941)	4h		
i	Reserved	4i		
j	Reserved	4i		
z	Other/	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		274,879.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		274 879

Forn	n 3800 (2015)			Page 3
Name	(s) shown on return	- 50000	T	dentifying number
	ALD J. & MELANIA TRUMP			donary ing number /
Pa	rt III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	
Com	plete a separate Part III for each box checked below. (see instructions)	DOLAN BOOK		
Α	General Business Credit From a Non-Passive Activity	/ed		/
В	X General Business Credit From a Passive Activity F Reserv	/ed		
С	General Business Credit Carryforwards G Eligible	e Sma	II Business Credit Carryfor	vards /
D	General Business Credit Carrybacks H Reserv			
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combinir	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			→
Note	(a) Description of credit On any line where the credit is from more than one source, a separate Part III is led for each pass-through entity.		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	/	and the appropriate amount
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c	/	(
d	Low-income housing (Form 8586, Part I only)	1d	/	
е	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		
Ĭ	Biodiesel and renewable diesel fuels (attach Form 8864)	11/		
m	Low sulfur diesel fuel production (Form 8896)	1/m		
n	Distilled spirits (Form 8906)	/ _{1n}		
0	Nonconventional source fuel	10		
р	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)			
t	Reserved	1s		
u	Mine rescue team training (Form 8923)	1t	and the there is been a proper	
V	Agricultural chemicals security (carryforward only)	1u		
w	Employer differential wage payments (Form 8932)	1v		
×	Carbon dioxide sequestration (Form 8933)	1w		
v	Ouglified plug in electric drive wester unbists (Farm 2000)	1x 1y		
z	Qualified plug-in electric drive motor venicle (Form 8936) Qualified plug-in electric vehicle (carryforward only)			
aa	New hire retention (carryforward only)	1z		
bb		1aa		
ZZ	Other	1bb		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	1zz		
3	Enter the amount from Form 2011 have and an the and it is to all	2		
4a	Investment (Form 3468, Part III) (attach Form 3468)	3		
b	Work opportunity (Form 5884)	4a		
С	Biofuel producer (Form 6478)	4b		
d	Low-income housing (Form 8586, Part II)	4c		
е	Renewable electricity, refined coal, and Indiany coal production (Form 8835)	4d 4e		
f	Employer social security and Medicare taxes paid on certain employee	40		
	,	14		1.4.100
g	tips (Form 8846) Qualified railroad track maintenance (Form 8900)	4f		14,169.
h	Small employer health insurance premiums (Form 8941)	4g		
i	Reserved	4h		
i	Reserved	4i		
Z	Reserved V	4j		
5	OtherAdd lines 4a through 4z and enter here and on the applicable line of Part II	4z		11.10
6	Add lines 4, 3, and 5 and enter here and on the applicable line of Part II	5		14,169.
	Add lines 2, 0, and 5 and enter here and on the applicable line of Part II	6		14,169.

Forr	n 3800 (2015)			Page 3
Name	s) shown on return			Identifying number
	ALD J. & MELANIA TRUMP			dentifying number
Pa	rt III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	
Con	plete a separate Part III for each box checked below. (see instructions)			/
Α	General Business Credit From a Non-Passive Activity E Reserv	/ed		
В	X General Business Credit From a Passive Activity F Reserv	/ed		
C	General Business Credit Carryforwards G Eligible	e Sma	II Business Credit Carryford	vards /
D	General Business Credit Carrybacks H Reserv	/ed		
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combining	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			→
Note	e. On any line where the credit is from more than one source a separate Boot III is		(h)	(c)
need	ded for each pass-through entity.		If claiming the credit from a pass-through entity, enter the EIN	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		
е	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			Commission of the Commission o
	for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	1)/		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel	10		
p	Energy efficient home (Form 8908)	1p		
q r	Energy efficient appliance	1q		
s	Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911)	1r		
t	Reserved	1s		TO THE LOCATION OF THE PARTY OF
u	Mine rescue team training (Form 8923)	1t		
V	Agricultural chemicals security (carryforward only)	1u		
w	Employer differential wage payments (Form 8932)	1v		
x	Carbon dioxide sequestration (Form 8933)	1w		
v	Qualified plug-in electric drive motor vehicle (Form 8936)	1x 1y		
z	Qualified plug-in electric vehicle (carryforward only)	0.5		
aa		1z		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1aa 1bb		
	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		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	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		7,202,
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 Bot II	0		

For	n 3800 (2015)			Page 3
Name	e(s) shown on return			Identifying number
	ALD J. & MELANIA TRUMP		1	asimying number
Pa	art III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	
Con	plete a separate Part III for each box checked below. (see instructions)			
Α	General Business Credit From a Non-Passive Activity E Reserv	/ed		
В	X General Business Credit From a Passive Activity F Reserv	/ed		
C	General Business Credit Carryforwards G Eligible	e Sma	II Business Credit Carryfon	wards /
D	General Business Credit Carrybacks H Reserv	/ed		
i	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combinir	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			/
Not	(a) Description of credit		/I=1	1 1
need	ded for each pass-through entity.		If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		/
b	Reserved	1b	/	
С	Increasing research activities (Form 6765)	1c	/	
d	Low-income housing (Form 8586, Part I only)	1d		SOME TO STATE OF THE STATE OF T
е	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		
į	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	/	
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11	/	
m	Low sulfur diesel fuel production (Form 8896)	1m	/	
n	Distilled spirits (Form 8906)	1n/		
0	Nonconventional source fuel	1/0		
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	Selection of the Company of the Land Company	
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
X	Employer differential wage payments (Form 8932)	1w		
v	Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936)	1x		
z		1y		
aa	NAME OF THE PARTY	1z		
	General credits from an electing large partnership (Schedule K-1/(Form 1065-B))	1aa		
77	Other	1bb		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	1zz		
3	Enter the amount from Form 8944 have and as the small of the Co. II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)			
b	Work opportunity (Form 5884)	4a 4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)			
f	Employer social security and Medicare taxes paid on certain employee	4e		
	tips (Form 8846)	4f	13-3818196	0
g	Qualified railroad track maintenance (Form 8900)	4g		8.
h	Small employer health insurance premiums (Form 8941)	4 <u>9</u>		
i	Reserved	4i	January Calabara	
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		8.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		0.

Forn	1 3800 (2015)			Page 3
	(s) shown on return			Identifying number
	ALD J. & MELANIA TRUMP			
r a	rt III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	7
	plete a separate Part III for each box checked below. (see instructions)			
A	General Business Credit From a Non-Passive Activity E Reserv	ed .		
В	Reserved and a server a server and a server			
С	General Business Credit Carryforwards G Eligible	Smal	I Business Credit Carryfon	wards /
D	General Business Credit Carrybacks H Reserv			
	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combinir	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			/ >
Note	(a) Description of credit On any line where the credit is from more than one source, a separate Part III is led for each pass-through entity.		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		/
b	Reserved	1b	STATE OF TAXABLE P	THE PERSON NAMED IN COLUMN
С	Increasing research activities (Form 6765)	1c	/	
d	Low-income housing (Form 8586, Part I only)	1d	/	
е	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	-1]	/	
	for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11	/	
m	Low sulfur diesel fuel production (Form 8896)		/	
n	Distilled spirits (Form 8906)	1m	/	
0	Nonconventional source fuel	1n	/	
р	Energy efficient home (Form 8908)	10		
150	Energy efficient appliance	1p/		
q	Energy efficient appliance	1/9		
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		
У	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		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
	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		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee		65-0750446	w
a		4f	03-0/30440	2,748.
g		4g		
h :	Small employer health insurance premiums (Form 8941)	4h		
i :	Reserved	4i		
j	Reserved	4j		
z	Other	4z	20 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		2,748.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		2 748

For	n 3800 (2015)			/ Barra	
	Name(s) shown on return				
	ALD J. & MELANIA TRUMP				
Con	art III General Business Credits or Eligible Small Business Credit	t s (se	e instructions)		
Δ	nplete a separate Part III for each box checked below. (see instructions) General Business Credit From a Non-Passive Activity Reser	~~~~~~~			
В	X Consul Business C. III E. B. J.				
C	Reser		U.D. 1		
D	General Business Credit Carrytorwards General Business Credit Carrybacks H Reser		II Business Credit Carryfor	wards	
1	If you are filing more than one Part III with box A or B checked, complete and attach f		additional Dart III combinis		
			additional Fart III Combilli	ig amounts from all	
Note	(a) Description of credit On any line where the credit is from more than one source, a separate Part III is		(b) /	(c)	
need	ded for each pass-through entity.		If claiming the credit from a pass-through entity, enter the EIN	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 h	Indian employment (Form 8845)	1g	/		
i	Orphan drug (Form 8820)	1h	/		
i	New markets (Form 8874) Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1i			
k	Employer-provided child care facilities and services (Form 8882) (see instructions		/		
	for limitation)	1k			
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11/			
m	Low sulfur diesel fuel production (Form 8896)	1/m			
n	Distilled spirits (Form 8906)	/1n			
0	Nonconventional source fuel	10			
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 z	Qualified plug in electric drive motor vehicle (Form 8936)	1y			
aa	Qualified plug-in electric vehicle (carryforward only) New hire retention (carryforward only)	1z			
bb	General credits from an electing large partnership (Schedule K-f (Form 1065-B))	1aa			
ZZ		1bb 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			
С	Biofuel producer (Form 6478)	4c			
d	Low-income housing (Form 8586, Part II)	4d			
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e			
f	Employer social security and Medicare taxes paid on certain employee				
	tips (Form 8846)	4f	26-3467517	124.	
g	Qualified railroad track maintenance (Form 8900)	4g			
h	Small employer health insurance premiums (Form 8941)	4h	The same of the sa		
i :	Reserved	4i			
j z	Reserved	4j	The state of the s		
5 5	Other Add lines 4a through 4z and enter here and on the applicable line of Part II	4z		96.681607	
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	5		124.	
	2, 6, and 6 and office file and on the applicable line of Part II	6		124.	

For	n 3800 (2015)			Page 3
	e(s) shown on return ALD J. & MELANIA TRUMP			Identifying number
	art III General Business Credits or Eligible Small Business Credit			
Con	aplete a separate Part III for each box checked below. (see instructions)	S (se	e instructions)	
Α	General Business Credit From a Non-Passive Activity E Resen	اه ما		
В	X General Business Credit From a Passive Activity F Reserv			
C			II Business Credit Carryfor	
D	General Business Credit Carrybacks H Reserv		iii business Credit Carrytor	wards /
1	If you are filing more than one Part III with box A or B checked, complete and attach fi		additional Part III combinis	ag amounto/sees all
	Parts III with box A or B checked. Check here if this is the consolidated Part III	iiot ari	additional Fart III Combinii	ig amounts from all
Note	(a) Description of credit On any line where the credit is from more than one source, a separate Part III is ded for each pass-through entity.		(b) If claiming the credit from a pass-through entity, enter the EIN	(c)
1a	Investment (Form 3468, Part II only) (attach Form 3468)	Τ.	pass-through entity, enter the EIN	Enter the appropriate amount
b	Reserved	1a	A Standard Commence and Commence	/
C		1b	1	
d		1c	/	
е	Disabled access (Form 8826) (see instructions for limitation)	1d	/	
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1e		
g	Indian employment (Form 8845)		/	
h	Orphan drug (Form 8820)	1g 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		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11	/	
m	Low sulfur diesel fuel production (Form 8896)	1m	/	
n	Distilled spirits (Form 8906)	1n/		
0	Nonconventional source fuel	16		
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		
٧	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
Х	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa bb	()	1aa		
	I (1003-B)	1bb		
2	OtherAdd lines 1a through 1zz and enter here and on the applicable line of Part I	1zz	Colored Day Control of the Colored Col	
3	Enter the amount from Form 8844 here and on the applicable line of Part II	2		
4a	Investment (Form 3468, Part III) (attach Form 3468)	3 4a		
b	Work opportunity (Form 5884)	4a 4b		
С	Biofuel producer (Form 6478)			
d	Low-income housing (Form 8586, Part II)	4c 4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4u 4e		
f	Employer social security and Medicare taxes paid on certain employee	70		
	tips (Form 8846)	4f	26-4187508	39.
g	Qualified railroad track maintenance (Form 890p)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5 6	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		39.
13			The state of the second of the	

Forn	n 3800 (2015)			Page 3
Name	(s) shown on return			dentifying number
	ALD J. & MELANIA TRUMP			dentifying number 2
Pa	rt III General Business Credits or Eligible Small Business Credit	ts (se	ee instructions)	
Com	plete a separate Part III for each box checked below. (see instructions)			
Α	General Business Credit From a Non-Passive Activity E Reser	ved		
В	X General Business Credit From a Passive Activity F Reser	ved		
C	General Business Credit Carryforwards G Eligibl	e Sma	all Business Credit Carryford	vards /
D	General Business Credit Carrybacks H Reser			
1	If you are filing more than one Part III with box A or B checked, complete and attach f	irst an	additional Part III combinir	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			/
Note	s. On any line where the credit is from more than one source, a separate Part III is led for each pass-through entity.		(b) If claiming the credit from a pass-through entity, enter the EIN	(-)
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	/	appropriate amount
b	Reserved	1b	1	
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d	/	
е	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	1/	
k	Employer-provided child care facilities and services (Form 8882) (see instructions		/	-
T	for limitation) Biodiesel and renewable diesel fuels (attach Form 8864)	11/		
m	Low sulfur diesel fuel production (Form 8896)	1	-	
n	Distilled spirits (Form 8906)	/1m		
0	Nonconventional source fuel	<u>1n</u>		
р	Energy efficient home (Form 8908)	10		
q	Energy efficient appliance	1p		
r	Alternative motor vehicle (Form 8910)	1q		
s	Alternative fuel vehicle refueling property (Form 8911)	1r		
t	Reserved	1s	Application of the second second	
u	Mine rescue team training (Form 8923)	1t		
V	Agricultural chemicals security (carryforward only)	1u		
w	Employer differential wage payments (Form 8932)	10		
х	Carbon dioxide sequestration (Form 8933)	1w		
V	Qualified plug-in electric drive motor vehicle (Form 8936)	1x 1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)			
bb		1aa 1bb		
ZZ	Other	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	A STREET AND MARKET AND A STREET	
3	Enter the amount from Form 9944 here and on the and live to the	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)			
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4d		
f	Employer social security and Medicare taxes paid on certain employee	4e		
5/7	tips (Form 8846)	4f	27-1445354	1 0.51
g	Qualified railroad track maintenance (Form 8900)			1,861.
h	Small employer health insurance premiums (Form 8941)	4g 4h		
i	Reserved	4n 4i		
i	Reserved			
z	Other	4 <u>j</u>		SEC VI. LETTACHER PROTECTION OF THE PARTY
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		1 051
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		1,861.
	applicable into off art if	U		1,861.

	n 3800 (2015)			Page 3	
	(s) shown on return ALD J. & MELANIA TRUMP		1	Identifying number	
	art III General Business Credits or Eligible Small Business Credit				
Con	aplete a separate Part III for each box checked below. (see instructions)	IS (se	e instructions)		
A					
В	X Constal Rusiness Condit For B				
C					
D	Canada Business O. Vico.		II Business Credit Carryford	vards /	
I					
	If you are filing more than one Part III with box A or B checked, complete and attach f Parts III with box A or B checked. Check here if this is the consolidated Part III				
	(a) Description of credit			/ >	
Note	e. On any line where the credit is from more than one source, a separate Part III is ded for each pass-through entity.		(b) If claiming the credit from a pass-through entity, enter the EIN	(c)	
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	pass-tirough entity, enter the EIN	Enter the appropriate amount	
b	Reserved	1b	Contract Contract		
С	Increasing research activities (Form 6765)	1c		/	
d	Low-income housing (Form 8586, Part I only)	1d	/	/	
е	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	-11	/		
	for limitation)	41.			
1	Biodiesel and renewable diesel fuels (attach Form 8864)	1k 1l	/		
m	Low sulfur diesel fuel production (Form 8896)		/		
n	Distilled spirits (Form 8906)	1m	/		
0	Nonconventional source fuel	1n	/		
р	Energy efficient home (Form 8908)	10	/		
q	Energy efficient appliance	1p	/		
r	Alternative motor vehicle (Form 8910)	1g/			
s	Alternative fuel vehicle refueling property (Form 8911)	/1s			
t	Reserved		SA BEST STRUMBERS TO THE COM-	THE PROPERTY OF THE PARTY OF THE PARTY OF	
u	Mine rescue team training (Form 8923)	1t			
V	Agricultural chemicals security (carryforward only)	1u			
w	Employer differential wage payments (Form 8932)	1v			
X		1w			
У	Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936)	1x			
z	Qualified plug-in electric vehicle (carryforward only)	1y			
aa	New hire retention (carryforward only)	1z			
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1aa		PROPERTY OF	
ZZ	Other	1bb			
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	1zz			
3	Enter the amount from Form 9944 have and an the section is 150 cm.	2	<u> </u>		
4a	Investment (Form 3468, Part III) (attach Form 3468)	3			
b	Work opportunity (Form 5884)	4a			
С	Biofuel producer (Form 6478)	4b			
d	Low-income housing (Form 8586, Part II)	4c			
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4d			
f	Employer social security and Medicare taxes paid on certain employee	4e			
S22	tips (Form 8846)	45	27-2802470		
g		4f	27-2802479	12,954.	
h	Small employer health insurance premiums (Form 8941)	4g			
i	Reserved	4h	ayadinyi toʻqualidi.		
j	Reserved	4i			
z	Other	4j			
5	Add lines 4s through 4z and enter here and on the applicable line of Double	4z			
	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	5		12,954.	
-	and of the applicable line of Part II	6		12,954.	

Forn	n 3800 (2015)			Page 3
Name	(s) shown on return			Identifying number
	ALD J. & MELANIA TRUMP			,
Pa	rt III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	
Con	plete a separate Part III for each box checked below. (see instructions)			
Α	General Business Credit From a Non-Passive Activity E Reserv	ved		/
В	General Business Credit From a Passive Activity F Reserv	ved		
C	General Business Credit Carryforwards G Eligible	e Sma	II Business Credit Carryfo	rwards /
D	General Business Credit Carrybacks H Reserv			
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an	additional Part III combin	ing amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III		**************************	/ > □
Note	(a) Description of credit On any line where the credit is from more than one source, a separate Part III is		(b) If claiming the credit from a	(c)
	led for each pass-through entity.		pass-through entity, enter the EIN	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	/	
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11	/	
m	Low sulfur diesel fuel production (Form 8896)	1m	/	
n	Distilled spirits (Form 8906)	1n/		
0	Nonconventional source fuel	16		
р	Energy efficient home (Form 8908)	/1p		
q	Energy efficient appliance	1 g		
r	Alternative motor vehicle (Form 8910)	1r		
s t	Alternative fuel vehicle refueling property (Form 8911)	1s	132 SECTION ASSESSMENT OF THE SECTION ASSESSMENT	* The Part of the Carry State of
-	Reserved Mine receipt from training (Form 2002)	1t		
u v	Mine rescue team training (Form 8923)	1u		
w	Agricultural chemicals security (carryforward only)	1v		
	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936)	1x		
y Z	Qualified plug-in electric wehicle (carryforward only)	1y		
aa	New hire retention (carryforward only)	1z		
bb		1aa		
ZZ	Other	1bb		
2	Add lines to through the and enter have and anti-	1zz		
3	Enter the amount from Form 2014 have and a star of the	2		
4a	Investment (Form 3468, Part III) (attach Form 3468)	3		
b	Work opportunity (Form 5884)	4a		
c	Biofuel producer (Form 6478)	4b		
d	Low-income housing (Form 8586, Part II)	4c		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4d		
f	Employer social security and Medicare taxes paid on certain employee	4e		
	tips (Form 8846)	4f	27-4162308	204 465
g	Qualified railroad track maintenance (Form 8900)	4g		204,465.
h	Small employer health insurance premiums (Form 8941)	4 <u>9</u>		
i	Reserved	4ii		
j	Reserved	4j	The state of the s	
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		204,465.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		204,465.
	the first state of the first sta		branch and the second s	

Forn	n 3800 (2015)			Page 3
Name	(s) shown on return	100.00		Identifying number
	ALD J. & MELANIA TRUMP		1	/
Pa	rt III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	
Com	plete a separate Part III for each box checked below. (see instructions)			
Α	General Business Credit From a Non-Passive Activity E Reserv	/ed		
В	X General Business Credit From a Passive Activity F Reserv	/ed		/
С	General Business Credit Carryforwards G Eligible	e Sma	II Business Credit Carryfor	wards
D	General Business Credit Carrybacks		" = domoso orodic odriyior	wards /
I	If you are filing more than one Part III with box A or B checked, complete and attach fi		additional Part III combini	ng amounte from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III	rot arr	additional Furth Combin	ng amounts nom an
Moto	(a) Description of credit		(b)	/ (0)
need	on any line where the credit is from more than one source, a separate Part III is led for each pass-through entity.		If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		/
b	Reserved	1b	Walter and Market State St.	/
С	Increasing research activities (Form 6765)	1c		A SOURCE CONTRACTOR OF THE PARTY OF THE PART
d	Low-income housing (Form 8586, Part I only)	1d	/	
е	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)		/	
i	New markets (Form 8874)	1h	/	
i	New markets (Form 8874) Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1i	/	
k	Employer-provided child care facilities and services (Form 8882) (see instructions	1j		
K	We have the same that the same			
		1k		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m	/	
n	Distilled spirits (Form 8906)	_1n		
0	Nonconventional source fuel	10	/	
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)	1/5		
t	Reserved	/1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	1v		· · · · · · · · · · · · · · · · · · ·
W	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	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 Dot I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Det II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4a 4b		
С	Biofuel producer (Form 6478)			
d	Low-income housing (Form 8586, Part II)	4c		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4d		
f	Employer social security and Medicare taxes paid on certain employee	4e		
1		-	07 4160200	000 000 4000
~	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	Sen applications require a color of the color	
i	Reserved	4i		
j	Reserved	4 <u>j</u>		
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.

Forn	1 3800 (2015)			Page/3
	s) shown on return			Identifying number
	ALD J. & MELANIA TRUMP			
	rt III General Business Credits or Eligible Small Business Credit	S (see	e instructions)	
	plete a separate Part III for each box checked below. (see instructions)			
A	General Business Credit From a Non-Passive Activity E Reserv	100		
В	Reserve			
С			l Business Credit Carryfo	rwards /
D	General Business Credit Carrybacks			
l	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combin	ing amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III		I	
Note	on any line where the credit is from more than one source, a separate Part III is ed for each pass-through entity.		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	/	
b	Reserved	1b	/	
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	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		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11	/	
m	Low sulfur diesel fuel production (Form 8896)	1m	/	
n	Distilled spirits (Form 8906)	1n/		
0	Nonconventional source fuel	10		
p	Energy efficient home (Form 8908)	Ap		
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		
٧	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	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		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308	12,200.
g	Qualified railroad track maintenance (Form 8900)	4g		12,200.
h	Small employer health insurance premiums (Form \$941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z	AND THE RESERVE TO SELECTION OF THE PROPERTY O	Control Fatters Division - Control Fatter
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		12,200.
6	Add lines 2.3 and 5 and enter here and on the applicable line of Part II	6		12,200.

Forn	n 3800 (2015)			Page 3
Name	(s) shown on return			Identifying number
	ALD J. & MELANIA TRUMP			Identificana anabas
Pa	rt III General Business Credits or Eligible Small Business Credit	S (se	ee instructions)	
Com	plete a separate Part III for each box checked below. (see instructions)			
Α	General Business Credit From a Non-Passive Activity E Reserv	ved		/
В	X General Business Credit From a Passive Activity F Reserv	ved		/
C	General Business Credit Carryforwards G Eligible	e Sma	II Business Credit Carryfor	wards /
D	General Business Credit Carrybacks H Reserv	/ed		
1	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an	additional Part III combinis	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			ng amounts normali
Note	(a) Description of credit a. On any line where the credit is from more than one source, a separate Part III is led for each pass-through entity.		(b)	(c) Epter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	10	pass through entity, enter the Env	Lifter the appropriate amount
b	Reserved	1a		/
С		1b	1	/
d	Increasing research activities (Form 6765) Low-income housing (Form 8586, Part I only)	1c	/	
e	Disabled access (Form 8826) (see instructions for limitation)	1d	 	
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1e		
q	Indian employment (Form 9945)	1f	 	
h	Indian employment (Form 8845)	1g		
i	Orphan drug (Form 8820)	1h		
	New markets (Form 8874)	1i		
1	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		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11	/	
m	Low sulfur diesel fuel production (Form 8896)	1m	/	
n	Distilled spirits (Form 8906)	_1n	/	
0	Nonconventional source fuel	10/		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	/q		
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		
У	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	MARKET PARKETS	
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		
е	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		7
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		AND MARKET AND
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		
	approadio mio di i diti	U		3,789.

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	ALD J. & MELANIA TRUMP			Identifying number
Pa	rt III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	
Con	plete a separate Part III for each box checked below. (see instructions)	100	c matractions)	
Α	General Business Credit From a Non-Passive Activity E Reserv	ved		
В	X General Business Credit From a Passive Activity F Reserv			
С			II Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserv		" Baoiness orear carry or	wards
1	If you are filing more than one Part III with box A or B checked, complete and attach f		additional Part III combining	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			ig dinodits nom all
Note	(a) Description of credit On any line where the credit is from more than one source, a separate Part III is led for each pass-through entity.		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	present and the control of the contr	Enter the appropriate amount
b	Reserved	1b		100000
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		/
е	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	/	/
i	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	1	/	
	for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11	/	
m	Low sulfur diesel fuel production (Form 8896)	1m	1	
n	Distilled spirits (Form 8906)	1n	/	
0	Nonconventional source fuel	10	/	
р	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		· 1984年11月1日 1984年11月 1984年11
u	Mine rescue team training (Form 8923)	1u	/	
V	Agricultural chemicals security (carryforward only)	1v/	/	
w	Employer differential wage payments (Form 8932)	1/		
×	Carbon dioxide sequestration (Form 8933)	/1x		
У	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		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 Det II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Panaurable alestricity with a least and a least a leas			
f	Employer social security and Medicare taxes paid on certain employee	_4e		
	tips (Form 8846)	4f	45-3554818	2 005
g	Qualified railroad track maintenance (Form 8900)		72 2224010	2,805.
h	Small employer health insurance premiums (Form 8941)	4g 4b		
i	Reserved	4h		
i	Reserved	4i	- Sactivity that the character was a second of the	
z	Other	4j 4z	30 04 70 5 40 50 0 75 Day 4 7 77 CS 8 80 76	
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		2,805.
188.5	5 and approved into or 1 dit ii	J		4,005.

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6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

2,805.

For	m 3800 (2015)			Page 3
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_	ALD J. & MELANIA TRUMP			/
	I and the second of cares of Englishe Sittan Business Cledi	ts (se	ee instructions)	
A	nplete a separate Part III for each box checked below. (see instructions)			
В	General Business Credit From a Non-Passive Activity E Reser			
С	Reser			/
D	Consuel Business On 114 O 1 1		II Business Credit Carryfor	wards /
I	General Business Credit Carrybacks H Reser	ved		
1	If you are filing more than one Part III with box A or B checked, complete and attach f			
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Not	e. On any line where the credit is from more than one source, a separate Part III is ded for each pass-through entity.		(b) If claiming the credit from a pass-through entity, enter the EIN	(c)
1a	Investment (Form 3468, Part II only) (attach Form 3468)		pass-through entity, enter the EIN	Enter the appropriate amount
b	Reserved	_1a	Urker several and the several	/
C	Reserved	1b		/
d	Increasing research activities (Form 6765)	1c	/	
e	Low-income housing (Form 8586, Part I only)	1d		
f	Disabled access (Form 8826) (see instructions for limitation)	1e		
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g h	Indian employment (Form 8845)	1g	/	
;	Orphan drug (Form 8820)	1h		
	New markets (Form 8874)	1i	/	
k	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			
ř	for limitation)	1k	/	
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11	/	
m	Low sulfur diesel fuel production (Form 8896)	1m	/	
n	Distilled spirits (Form 8906)	1n	/	
0	Nonconventional source fuel	10'		
р	Energy efficient home (Form 8908)	Лp		
q	Energy efficient appliance	/1q	4	
r	Alternative motor vehicle (Form 8910)	1r		
S	Alternative fuel vehicle refueling property (Form 8911)	_1s		
t	Reserved Miss and the Arisin (5, 2000)	1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		-1
X	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa bb	New hire retention (carryforward only)	1aa		
SHEET STATE	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
22	Other Add lines to through I and I a	1zz	FORW SHEEP OF SECTION	
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
	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 f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
1	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)			
		4f	45-3815157	67.
g h	Qualified railroad track maintenance (Form 8900)	4g		
n i	Small employer health insurance premiums (Form 8941)	4h	5-100/00V-pt 27/15/10-15-16-1	V9.0.15.45.7 (C.)
	Reserved Reserved	4i		
j	Reserved /	4j		
5	OtherAdd lines 4a through 4z and enter here and on the applicable line of Part II	4z	OSTA ANTA (USE TO BESTON A SON ATTO AN ART	
6	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		67.
		_	NAME AND ADDRESS OF THE PROPERTY OF THE PROPER	though,

Forn	n 3800 (2015)			Page 3
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	ALD J. & MELANIA TRUMP			/
Pa	rt III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	
	plete a separate Part III for each box checked below. (see instructions)			
Α	General Business Credit From a Non-Passive Activity E Reserv	ved		
В	General Business Credit From a Passive Activity F Reserv	/ed		
С	General Business Credit Carryforwards G Eligible	e Sma	II Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserv			
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an	additional Part III combini	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III (a) Description of credit			→
Note	e. On any line where the credit is from more than one source, a separate Part III is led for each pass-through entity.		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	pass through entity, enter the city	Liper the appropriate amount
b	Reserved	1b		
С			1	
d	Low-income housing (Form 8586, Part I only)	1c		
е	Disabled access (Form 8826) (see instructions for limitation)	-	- /	
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1e 1f		
g	Indian employment (Form 8845)		/	
h	Orphan drug (Form 8820)	1g	 	
i	New markets (Form 8874)	1h	/	
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1i	/	
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation)	41.		
Ī	Biodiesel and renewable diesel fuels (attach Form 8864)	1k	/	
m	Low sulfur diesel fuel production (Form 8896)	11	/	
n	Distilled spirits (Form 8906)	1m 1n	/	
0	Nonconventional source fuel	10/	,,,	
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance	/1g		
r	Alternative motor vehicle (Form 8910)	7 1q 1r		
s	Alternative fuel vehicle refueling property (Form 8911)			
t	Reserved	1s 1t		
u	Mine rescue team training (Form 8923)	1u	2010 7. 40 0 K. A. (2000) 10 (10 00)	
v	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
V	Qualified pluggin electric drive motor vehicle (Form 2000)	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	English of State Supercollection	
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee	40		
	tips (Form 8846)	4f	27-4162308	11,447.
g	Qualified railroad track maintenance (Form 8900)	4g		11,111.
h	Small employer health insurance premiums (Form 8941)	4 <u>9</u>		
i	Reserved	4i		
j	Reserved	4j		
Z	Other	42		
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.
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For	n 3800 (2015)			Page 6
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Pa	rt III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	
Con	nplete a separate Part III for each box checked below. (see instructions)			/
A	General Business Credit From a Non-Passive Activity E Reserv	ved		
В	X General Business Credit From a Passive Activity F Reserv	/ed		
C	General Business Credit Carryforwards G Eligible	e Sma	II Business Credit Carryfon	wards /
D	General Business Credit Carrybacks H Reserv	/ed		
1	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an	additional Part III combinir	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III		***************************************	/ b □
Note	2. On any line where the credit is from more than one course a consente Dark III is		(b) If claiming the credit from a pass-through entity, enter the EIN	/(c)
need	ded for each pass-through entity.		pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		/
d	Low-income housing (Form 8586, Part I only)	1d		/
е	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		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel	10		
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)	1,5		
t	Reserved	/1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa		1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1,065-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		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee			
	tips (Form 8846)	4f	27-4162308	9,964.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
į	Reserved	4i		
j	Reserved	4j		AP
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		9,964.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		0.061

For	m 3800 (2015)			Daga
	e(s) shown on return IALD J. & MELANIA TRUMP			Page
P	art III General Business Credite on Elimital Co. III S.			
Co	art III General Business Credits or Eligible Small Business Credi	ts (se	e instructions) '	7
A	nplete a separate Part III for each box checked below. (see instructions)			
В	General Business Credit From a Non-Passive Activity E Reser	ved		
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D	General Business Credit Carryforwards G Eligibl	e Sma	II Business Credit Carryford	wards /
ı	General Business Credit Carrybacks H Reser	ved		
	If you are filing more than one Part III with box A or B checked, complete and attach f	irst an	additional Part III combining	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III (a) Description of credit		1	/ >
Not	e. On any line where the credit is from more than one source, a separate Part III is ded for each pass-through entity.		(b) If claiming the credit from a pass-through entity, enter the EIN	(c)
1a	Investment (Form 3468, Part II only) (attach Form 3468)	T .	pass-through entity, enter the EIN	Enter the appropriate amount
b	Reserved	1a	CONTRACTOR CONTRACTOR	
С	Increasing research activities (Form 6765)	1b	6-Parate are series where	
d		1c	/	
е	Disabled access (Form 8826) (see instructions for limitation)	1d	/	
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1e	/	
g	Indian employment (Form 8845)	1f	/	
h	Orphan drug (Form 8820)	1g	/	
i	New markets (Form 8874)	1h	/	
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1i	/	
k	Employer-provided child care facilities and services (Form 8882) (see instructions		/	
	for limitation)	1k		
1	Blodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n	/	
0	Nonconventional source fuel	10	/	
p	Energy efficient home (Form 8908)	1p /	/	
q	Energy efficient appliance	10		
r	Alternative motor vehicle (Form 8910)	ar		
S	Alternative fuel vehicle refueling property (Form 8911)	/1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u	AND A SECTION OF THE	
V	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	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		
С	Blotuel producer (Form 6478)	4c		
d	Low-income nousing (Form 8586, Part II)	4d		
е	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		20,230.
h	Small employer health insurance premiums (Form 8941)	4h		
i	Reserved	4i		
J	neserved	4j		
Z	Other/	4z		
)	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		28,298.
<u> </u>	Add lines 2, 3, and 5 and enter here and op the applicable line of Part II	6		28,298.
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For	n 3800 (2015)			Page 3
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Pa	rt III General Business Credits or Eligible Small Business Credit	ts (se	e instructions)	
Con	plete a separate Part III for each box checked below. (see instructions)			/
Α	General Business Credit From a Non-Passive Activity	ved		/
В	X General Business Credit From a Passive Activity F Reserv	ved		/
C	General Business Credit Carryforwards G Eligible	e Sma	II Business Credit Carryford	vards
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	Parts III with box A or B checked. Check here if this is the consolidated Part III		***************************************	/ > □
Note	2. On any line where the credit is from more than one source a consente Deat William		(b) If claiming the credit from a pass-through entity, enter the EIN	(9)
need	ded for each pass-through entity.		pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		A STANGE
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	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		1
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		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel	10		
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)	1√		
W	Employer differential wage payments (Form 8932)	wt		
X	Carbon dioxide sequestration (Form 8933)	/1x		
У	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) General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1aa		
ZZ		1bb		
2	Other	1zz	GEOGRAPHICAL DESCRIPTION OF THE PARTY OF THE	
3	Enter the amount from Form 8844 here and on the applicable line of Part II	2		
4a	Investment (Form 3468, Part III) (attach Form 3468)	3		
b	Work apportunity (Form 5884)	4a		
С	Work opportunity (Form 5884)	4b		
d	Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II)	4c		
е	Renewable electricity refined coal and Indian coal production (Faure book)	4d		
f	Employer social security and Medicare taxes paid on certain employee	4e		
	tips (Form 8846)	,,	27-4162200	HZ2-1779-0144
g	Qualified railroad track maintenance (Form 8900)	4f	27-4162308	578.
h	Small employer health insurance premiums (Form 8941)	4g		
i	Reserved	4h	274 J. P. J. M. D. C. S. C. S. C.	NATIONAL PROPERTY OF THE STATE
j	Reserved	4i		
z	Other	4j	· · · · · · · · · · · · · · · · · · ·	
5	Add lines 4a through 4z and enter here and on the annihing 4 through 4z and enter here and on the annihing 4 through 4z and enter here and on the annihing 4 through 4z and enter here and on the annihing 4 through 4z and enter here and on the annihing 4 through 4z and enter here and on the annihing 4 through 4z and enter here and on the annihing 4 through 4z and enter here and on the annihing 4 through 4z and enter here and on the annihing 4 through 4 t	4z		E 7.0
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		578.
	and applicable file of Late II	0		578.

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Name	e(s) shown on return			Page 3
	ALD J. & MELANIA TRUMP			dentifying number
Pa	rt III General Business Credits or Eligible Small Business Credi	ts (se	e instructions)	
Con	plete a separate Part III for each box checked below. (see instructions)			
Α	General Business Credit From a Non-Passive Activity E Reser	ved		
В	X General Business Credit From a Passive Activity F Reser	ved		
C	General Business Credit Carryforwards G Eligibl	e Sma	II Business Credit Carryforv	vards /
D	General Business Credit Carrybacks	ved		/
1	If you are filing more than one Part III with box A or B checked, complete and attach f	irst an	additional Part III combining	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			
Note	e. On any line where the credit is from more than one source a constant Det III		(b) If claiming the credit from a pass-through entity, enter the EIN	/ (c)
need	ded for each pass-through entity.		pass-through entity, enter the EIN	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		
į	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		
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11	/	
m	Low sulfur diesel fuel production (Form 8896)	1m	/	
n	Distilled spirits (Form 8906)	_1n		
0	Nonconventional source fuel	10		
p	Energy efficient home (Form 8908)	1 p		
q	Energy efficient appliance	1q	/	
r	Alternative motor vehicle (Form 8910)	1r	/	
S	Alternative fuel vehicle refueling property (Form 8911)	1s /		
t	Reserved	1#		
u	Mine rescue team training (Form 8923)	/lu		
٧	Agricultural chemicals security (carryforward only)	/1v		
W	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
y Z	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
aa	Qualified plug-in electric vehicle (carryforward only)	1z		
bb	New hire retention (carryforward only) General credits from an electing large partnership (Schedule K-1 (Form 1065 ₇ B))	1aa		
ZZ		1bb		
2	OtherAdd lines 1a through 1zz and enter here and on the applicable line of Part/I	1zz		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	2		
4a	Investment (Form 3/68, Part III) (attach Form 3/69)	3		
b	Investment (Form 3468, Part III) (attach Form 3468)	4a		
С	Work opportunity (Form 5884)	4b		
d	Biofuel producer (Form 6478)	4c		
е	Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835)	4d		1
f	Employer social security and Medicare taxes paid on certain employee	4e		
			45 254 442 4	
g	tips (Form 8846) Qualified railroad track maintenance (Form 8900)	4f	45-3714434	117.
h	Qualified railroad track maintenance (Form 8900)	4g		
i	Small employer health insurance premiums (Form 8941)	4h		DEMONSTRUCTURE OF THE PROPERTY
j	Reserved Reserved	4i		
z	Reserved Other	4j		
5	Other Add lines 4a through 4z and enter here and on the applicable line of Part II	4z		
	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	5		117.
	12.23.15	6		117.

Forr	n 3800 (2015)			Page 3
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Pa	rt III General Business Credits or Eligible Small Business Credit	ts (se	ee instructions)	
Con	plete a separate Part III for each box checked below. (see instructions)			
Α	General Business Credit From a Non-Passive Activity E Reser	ved		
В	X General Business Credit From a Passive Activity F Reser	ved		
C	General Business Credit Carryforwards G Eligibl	e Sma	II Business Credit Carryfon	wards
D	General Business Credit Carrybacks H Reser			
1	If you are filing more than one Part III with box A or B checked, complete and attach f	irst an	additional Part III combinir	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III		•••••	
Note	(a) Description of credit		(b) If claiming the credit from a pass-through entity, enter the EIN	
need	ded for each pass-through entity.		pass-through entity, enter the EIN	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		
е	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		
j	New markets (Form 8874)	1i	/	
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1i		
k	Employer-provided child care facilities and services (Form 8882) (see instructions		/	
	for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11	/	
m	Low sulfur diesel fuel production (Form 8896)	1m	/	
n	Distilled spirits (Form 8906)	1n	/	
0	Nonconventional source fuel	10	/	
р	Energy efficient home (Form 8908)	1p/		
q	Energy efficient appliance	1,9		
r	Alternative motor vehicle (Form 8910)	Ar		
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		
V	Qualified plug-in electric drive motor vehicle (Form 8936)			
z	Qualified plug-in electric vehicle (carryforward only)	1y 1z		
aa	New hire retention (carryforward only)	529		
bb		1aa		
zz	Other	1bb		
2	Add lines to through the and onter have and and the state of the state	1zz		
3	Enter the amount from Form 8844 hors and on the applicable line of Dart II	2		
4a	Investment (Form 3468, Part III) (attach Form 3468)	3		
b	Work opportunity (Form 5884)	4a		
c	Biofuel producer (Form 6478)	4b		
d	Low-income housing (Form 8586, Part II)	4c		
e	Renewable electricity refined and ladian and ladian and ladian	4d		
f	Employer social security and Medicare taxes paid on certain employee	4e		
		4.5	16-1095976	1002002790011
g	tips (Form 8846) Qualified railroad track maintenance (Form 8900)	4f	46-1085876	102.
h	Small employer health insurance premiums (Form 8941)	4g		
i	Reserved	4h		40 × 9 kg/ 3 cm (4 kg/ 4 kg/ 4 kg/ 5 kg/ 5 kg/ 4
i	Reserved	4i		
Z	Other	4j		
5	Other Add linoc 4a through 4z and ontor horo and on the applicable line of Part II	4z		
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	5	2011 - 1 m	102.
	2, o, and o and office free and on the applicable line of Part II	6		102.

	111 3600 (2015)			Page
	e(s) shown on return NALD J. & MELANIA TRUMP			Identifying number
_	art III General Business Credits or Eligible Small Business Credi	to /		_
Cor	nplete a separate Part III for each box checked below. (see instructions)	ts (se	e instructions)	
Α	Conord Business O. U. F.			
В	General Business Credit From a Non-Passive Activity General Business Credit From a Passive Activity F Reser			
С	,		IID : 0	
D	General Business Credit Carryforwards G X Eligibl General Business Credit Carrybacks H Reser		II Business Credit Carryfor	wards /
I	If you are filing more than one Part III with box A or B checked, complete and attach f	vea	100 15 10	
	Parts III with box A or B checked. Check here if this is the consolidated Part III	irst an	additional Part III combinii	ng amounts from all
N	(a) Description of credit		(6)	
nee	e. On any line where the credit is from more than one source, a separate Part III is ded for each pass-through entity.		(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	pass through entity, enter the ENV	Litter the appropriate amount
b	Reserved	1b		
C	Increasing research activities (Form 6765)	1c		/
d	Low-income housing (Form 8586, Part I only)	1d		/
е	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		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel	10		
p	Energy efficient home (Form 8908)	1p	/	
q	Energy efficient appliance	1q/		
r	Alternative motor vehicle (Form 8910)	14		
S	Alternative fuel vehicle refueling property (Form 8911)	/1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		A THE COURT OF THE
V	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	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	COSELLA WITH THE TOTAL T	
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		22.70
g	Qualified railroad track maintenance (Form 8900)	4g		22,704.
h	Small employer health insurance premiums (Form 8941)	4g 4h		
i	Reserved	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		22,704.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		22,704.

Form 4136 Department of the Treasury Internal Revenue Service (99)

Credit for Federal Tax Paid on Fuels

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

OMB No. 1545-0162

2015
Attachment

lame.	(as	shown	on	your	income	tax	return)	
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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	ce number.			
		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Off-highway business use		\$.183	78009 \		(-)
b	Use on a farm for farming purposes		.183	}		362
С	Other nontaxable use (see Caution above line 1)		.183		\$ 14.276.	302
d	Exported		.184		, .	/111

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
С	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 \$.243 Use on a farm for farming purposes .243 Use in trains .243 353 d Use in certain intercity and local buses (see Caution above line 1) .17 350 e Exported .244 413

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

Claimant certifies that the kerosene did not contain visible evidence of dye. Exception. If any of the kerosene included in this claim did contain visible evidence of dye, attach an explanation and check here (a) Type of use (b) Rate (d) Amount of credit (c) Gallons (e) CRN a Nontaxable use taxed at \$.244 .243 Use on a farm for farming purposes .243 346 Use in certain intercity and local buses (see Caution above line 1) .17 347 d Exported .244 414 e Nontaxable use taxed at \$.044 .043 377 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)

2	Vorocono unodia anno di la contra di la cont	(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		6	
	Kerosene used in commercial aviation (other than		Ψ .200		Ψ	417
	foreign trade) taxed at \$.219		.175			355
	Nontaxable use (other than use by state or local government) taxed at \$.244		.243			
	Nontaxable use (other than use by state or local government) taxed at \$.219		.218			346
е	LUST tax on aviation fuels used in foreign trade		.001			369 433

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 c	f dye, attach an ex	planation and check here	
	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Use by a state or local government	\$.243		\$	1,
b Use in certain intercity and local buses	.17		Ψ	360
				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	(b) Rate	(c) Gallons	(d) Amount of credit	(-) ODN
a Use by a state or local government	\$.243	(=) ======	(d) Amount of credit	(e) CRN
b Sales from a blocked pump	.243		Φ.	
c Use in certain intercity and local buses	.240)	2	346
				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 Use in commercial aviation (other than foreign trade)	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
taxed at \$.219		\$.175		e	
b Use in commercial aviation (other than foreign trade)		7		φ	355
taxed at \$.244		.200		1	
c Nonexempt use in noncommercial aviation		.025			417
d Other nontaxable uses taxed at \$.244		.243			418
e Other nontaxable uses taxed at \$.219		.218			346
f LUST tax on aviation fuels used in foreign trade	500 00 00 00 00 00				369
acca in foleigh hade		.001			433

9 Reserved Registration No. ▶

	(b) Rate	(c) Gallons of alcohol	(d) Amount of credit	(e) CRN
Reserved				A 440000
Reserved		Color State Williams		

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). (b) Rate (c) Gallons or (a) Type (d) Amount of credit (e) CRN gasoline gallon of use equivalents (GGE) a Liquefied petroleum gas (LPG) 419 "P Series" fuels .183 420 Compressed natural gas (CNG) (GGE = 126.67 cu. ft.) .183 421 Liquefied hydrogen .183 422 Fischer-Tropsch process liquid fuel from coal (including peat) 243 423 Liquid fuel derived from biomass 243 424 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
С	Compressed natural gas (CNG) (GGE = 121 cu. ft.)	.50			428
d	Liquefied hydrogen	.50			429
е	Fischer-Tropsch process liquid fuel from coal (including peat)	.50			
f	Liquid fuel derived from biomass	.50			430
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		S	360
b Kerosene sold for the exclusive use of a state or local government	.243			100000000000000000000000000000000000000
c Kerosene for use in aviation sold for the exclusive use of a state or	12.10			346
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 loc	al buses (type	of use 5) (see inst	ructions).	
	(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		Ψ	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 24q; or			
	the proper line of other returns.	17	\$ 14,276.	

Form 4136 (2015)

Form **4797**

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

Sales of Business Property

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

Attach to your tax return.

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

2015

Attachment Sequence No. 27

3 Gain, if any, from Form 4684, line 39 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 37, from other than casualty or theft 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 7 39,528,33 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 11050, Schedule K, line 9, Stipplines 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 from ceaptured 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) 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 Ordinary Gains and Losses (see instructions) 1 Loss, if any, from line 7 1 Loss, if any, from line 7 or amount from line 8, if applicable 1 Loss, if any, from line 7 or amount from line 8, if applicable 1 Loss, if any, from line 7 or amount from line 8, if applicable 1 Loss, if any, from line 7 or amount from line 8, if applicable 1 Loss, if any, from line 7 or amount from line 8, if applicable 1 Loss, if any, from line 7 or amount from line 8 ine part of the loss from Form 4684, lines 31 and 38a 1 Altagain or (loss) from form 4684, lines 31 and 38a 1 Altagain or (loss) from form 4684, lines 31 and 38a 1 Altagain or (loss) from lines from Form	DOI	ALD J. & MELANIA TRUMP							
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) Data-acquire (b) Data-acquire (c) Data-acquire (d) Data-acquire (d	1	nter the gross proceeds from sales o	r exchanges repoi	rted to you for 2	015 on Form(s) 10	199-B or 1000 S			
(a) Description (b) Date searchest (content of property) (content of property) (d) Date searchest (content of property) (d) Cross seals (e) Date searchest (content of property) (d) Cross seals (e) Date searchest (content of property) (e) Cross seals (e) Date searchest (content of property) (e) Cross seals (e) Date searchest (content of property) (e) Cross seals (e) Date searchest (content of property) (e) Cross seals (e) Date searchest (content of property) (e) Cross seals (e) Date searchest (content of property) (e) Cross seals (e) Date searchest (content of property) (e) Cross seals (e) Date searchest (content of property) (e) Cross seals (e) Date searchest (content of property) (e) Cross seals (e) Date searchest (content of property) (e) Cross seals (e)		or substitute statement) that you are i	ncluding on line 2	, 10, or 20	010 0111 0111(s) 11	199-D OL 1099-2			
(a) Description (b) Date searchest (content of property) (content of property) (d) Date searchest (content of property) (d) Cross seals (e) Date searchest (content of property) (d) Cross seals (e) Date searchest (content of property) (e) Cross seals (e) Date searchest (content of property) (e) Cross seals (e) Date searchest (content of property) (e) Cross seals (e) Date searchest (content of property) (e) Cross seals (e) Date searchest (content of property) (e) Cross seals (e) Date searchest (content of property) (e) Cross seals (e) Date searchest (content of property) (e) Cross seals (e) Date searchest (content of property) (e) Cross seals (e) Date searchest (content of property) (e) Cross seals (e) Date searchest (content of property) (e) Cross seals (e)	Pa	Sales or Exchanges	of Property L	Jsed in a Tra	de or Busine	ss and Involun	tary Conver	sio	ne From
(a) Description (b) Date sending (c) Dat	-	Other Than Casualt	y or Theft-Mo	st Property	Held More Th	an 1 Year (see	instructions)	3101	113 1 1 0 111
3 Sain, if any, from Form 4884, line 39 3 Saction 1231 gain or (loss) from other than casually or there 5 Section 1231 gain or (loss) from the than casually or there 6 Combine lines 2 through 6. Enter the gain or (loss) from the spropriate line as follows: 7 Dembine lines 2 through 6. Enter the gain or (loss) from lines 4, line 30, schedule K, line 9. Schedule K, line 10, or Form 1120S, Schedule K, line 9. Schedule K, line					And the		100000	r T	
2 section 1231 gain from Installment sales from Form 6252, line 26 or 37 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 5 Section 1231 gain from installment sales from Form 6252, line 26 or 37 6 Gain, if any, from line 32, from other than casualty or theft 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 7 Jay 5, 528, 33 Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the 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 Nonrocaptured net section 1231 losses from prior years (see instructions) 9 Subtract line 8 from line 7. If zero or less, enter -0. If line 9 is zero, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return (see instructions) 9 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 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 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 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 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 is line 12 below. If line 12 below. If line 12 below. If line 12 below. If line 12 below and enter the gain from line 12 be						allowed or	basis, plus		
3 Gain, if any, from Form 4684, line 39 3 Gain, if any, from Form 4684, line 39 3 Gain, if any, from Form 4684, line 39 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 5 Section 1231 gain or floss) from like-kind exchanges from Form 8624 6 Gain, if any, from line 32, from other than casualty or theft 6 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 7 Jay, 528, 33 Partnerships (except electing large partnerships) and 5 corporations. Report the gain or floss) following the instructions for Form 1055, Schedule K, line 10, or Form 11205, Schedule K, line 9, Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporations 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 3, 91, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years (see instructions) 8 Nonrecaptured net section 1231 losses from prior years (see instructions) 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 zero, enter the gain from line 7 on line 12 below. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is zero, enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions) 9 Ja, 119, 122 9 Ja, 119, 123	_								
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Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 Ordinary gain or (loss) from like-kind exchanges from Form 8824 Combine lines 10 through 16 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 HA For Paperwork Reduction Act Notice, see separate instructions 18b 6,603,042		, , , , , , , , , , , , , , , , , , ,	ATT THE O, IT ADDITE	able			77974		9,419,925.
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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 Bredetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 HA For Paperwork Reduction Act Notice see separate instructions 18b 6,603,042	0		tile amount mom	line 17 on the a	ppropriate line of	your return and sk	p lines		
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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 HA For Paperwork Reduction Act Notice see separate instructions 18b 6,603,042		the part of the loss from income-prod	ucina property on	Schedule A /Fo)(II), enter that pa	rt of the loss here.	Enter		
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 HA For Paperwork Reduction Act Notice see separate instructions 18a 18a 6,603,042		from property used as an employee o	n Schedule A (For	m 1040) line 23	IIII 1040), line 28,	and the part of the	loss		
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HA For Paperwork Reduction Act Notice see separate instructions. 18b 6,603,042	b	redetermine the gain or (loss) on line	17 excluding the	loss, if any, on li	ne 18a. Fnter her	e and on	188	1	
"" I OI I appli Work neurolion ACI Notice see congrate instructions		Form 1040, line 14			2.10, 710	- a.ia oii	101		6 603 042
	_HA	For Paperwork Reduction Act No	tice, see separate	e instructions.			100		Form 4797 (2015)

(a) Description of section 1245, 1250, 1252, 1254,	or 1255	property:			(b) Date acc (mo., day,	Account to the second	(c) Date sole (mo., day, yr.
A							
3		-					
)							
These columns relate to the properties on lines 19A through 19D.	>	Property A	Property	В	Proper	ty C	Property I
Gross sales price (Note: See line 1 before completing.)	20						1
Cost or other basis plus expense of sale	21						
Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
Enter the smaller of line 24 or 25a	25b						
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						
o Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b						
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						
Additional depreciation after 1969 and before 1976	26d			-			
Enter the smaller of line 26c or 26d	26e			-	-		
	200			-			
Section 291 amount (corporations only)	26f						
Add lines 26b, 26e, and 26f	26g			-			
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).							
Soil, water, and land clearing expenses	27a						
Line 27a multiplied by applicable percentage	27b						
Enter the smaller of line 24 or 27b	27c						
If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a						
Enter the smaller of line 24 or 28a	28b						
If section 1255 property: Applicable percentage of payments excluded from income under section 126 (see instructions)	29a						-
Enter the smaller of line 24 or 29a (see instructions)	29b						
mmary of Part III Gains. Complete property co	olumns A	through D through	line 29b before g	joing to	o line 30.		
Total gains for all properties. Add property columns	A throug	h D, line 24			*************	30	
Add property columns A through D, lines 25b, 26g, 2 Subtract line 31 from line 30. Enter the portion from	27c, 28b	, and 29b. Enter here	e and on line 13	the ne		31	
from other than casualty or theft on Form 4797. line	6					20	
art IV Recapture Amounts Under Section	ns 179	and 280F(b)(2) \	When Busine	ss U	se Drons t	32 0 50% 0	rless
(see instructions)		() (-)			opo t	2 23 /0 0	. 2003
					(a) Section 179	on	(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allow	wable in p	prior years	Γ	33			(Jan 1989 5)
Recomputed depreciation (see instructions)				34			
Recapture amount. Subtract line 34 from line 33. See	a the inc	tructions for whom to		35			

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

TRUMP INTERNATIONA	L GOLF	CLUB 9	SCOTLAND		Identifying number	
LIMITED		onor.	300121111		98-048574	14/
1 Enter the gross proceeds from sales or e	exchanges repo	orted to you fo	r 2015 on Form(s) 1099-	B or 1099-S (or substitu		/
statement) that you are including on line	2, 10, or 20 (s	see instruction	s)		1 /	/
Part I Sales or Exchanges	of Prope	rty Used	in a Trade or Bus	iness and Involu	ntary Conversión	s From Other
Than Casualty or Ti	neft - Mos	Propert	y Held More Than	1 Year		
7.7	(b) Date	(C) Date	(d) Gross	(e) Depreciation	(f) Cost or other basis, plus	(g) Gain or (loss)
(a) Description of property	acquired (mo., day, yr.)	sold (mo., day, yr.)	sales price	allowed or allowable since acquisition	improvements and expense of sale	Subtract (f) from the sum of (d) and (e)
2					-	
					/	
	1				1	
STATE OF THE PARTY					/	
3 Gain, if any, from Form 4684, line 39					3	
4 Section 1231 gain from installment sales			27	/		
5 Section 1231 gain or (loss) from like-kind				/		
6 Gain, if any, from line 32, from other than	casualty or th	eft			6	
7 Combine lines 2 through 6. Enter the gain	or (loss) here	and on the ap	propriate line as follows:		7	
Partnerships (except electing large partr for Form 1065, Schedule K, line 10, or For	nerships) and	S corporation	s. Report the gain or (los	s) following the instruct		
Individuals, partners, S corporation shar	eholders, and	all others.	f line 7 is zero or a loss, e	nter the amount		
from line 7 on line 11 below and skip lines 1231 losses, or they were recaptured in a the Schedule D filed with your return and	n earlier year, i	enter the gain	from line 7 as a long-tern	rior year section capital gain on		
8 Nonrecaptured net section 1231 losses fro				/	8	The strategy of the strategy o
9 Subtract line 8 from line 7. If zero or less,	160 500	ST - CONTRACTOR		n line 12 below. If		
line 9 is more than zero, enter the amount						
capital gain on the Schedule D filed with y	our return (se	e instructions)		A. M. A. C.	9	
Part II Ordinary Gains and	Losses					
10 Ordinary gains and losses not included o	n lines 11 thro	ugh 16 (inclu	de property held 1 year or	less):		
					I	
11 Loss, if any, from line 7			J		11	1
12 Gain, if any, from line 7 or amount from	line 8, if appli	cable/	/ · · · · · · · · · · · · · · · · · · ·		12	
13 Gain, if any, from line 31		/		***************************************	13	
14 Net gain or (loss) from Form 4684, lines	s 31 and 38a					
15 Ordinary gain from installment sales fro						
16 Ordinary gain or (loss) from like-kind ex						
		7				12,468.
18 For all except individual returns, enter the a and b below. For individual returns, co				return and skip lines		
a If the loss on line 11 includes a loss fro				f the loce here Enter		
the part of the loss from income-produc					100	
from property used as an employee on						
See instructions		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	o 20. Idonaly as Holli 101	in 1757, mie 10a.	18	
b Redetermine the gain or (loss) on line 1		e loss, if anv	on line 18a. Enter here an	d on Form 1040	10	4
line 14	/				18	
JWA For Paperwork Reduction Act Notice,	see separate	instructions.				Form 4797 (2015)

P	art III Gain From Disposition of Property Under Secti	ons 12	45, 1250, 1252, 1254, a	nd 1255					Page 2
	M.			1200			(b) Date	e acquired	(c) Date sold
19	(a) Description of section 1245, 1250, 1252, 1254, or 1255	proper	ty:	TT .			Carlo North Street	day, yr.)	(mo/, day, yr.)
	FURNITURE & FIXTURES						06	3012	0/10115
B									1
0								1	/
D								/	
	These columns relate to the properties on		Droposty A					/	
20	lines 19A through 19D. Gross sales price (Note: See line 1 before completing.)	<u>▶</u>	Property A 41,971.	Property B		Property C		/ Pro	operty D
21	Cost or other basis plus expense of sale	20	74,213.				-/		
22	Depreciation (or depletion) allowed or allowable	21	44,710.				/		
23	Adjusted basis. Subtract line 22 from line 21	23	29,503.				/	-	
	January and the Letter and Letter	20	25,505.						
24	Total gain. Subtract line 23 from line 20	24	12,468.						
25	If section 1245 property:	+	22/2001						
á	a Depreciation allowed or allowable from line 22	25a	44,710.	1					
	Enter the smaller of line 24 or 25a	25b	12,468.						
26	If section 1250 property: If straight line depreciation		•			/			
	was used, enter -0- on line 26g, except for a corporation					/			
	subject to section 291.				1				
a	Additional depreciation after 1975	26a							
b	Applicable percentage multiplied by the smaller of			/					
	line 24 or line 26a	26b		/					
C	Subtract line 26a from line 24. If residential rental								
	property or line 24 is not more than line 26a, skip lines								
2	26d and 26e	26c							
d	Additional depreciation after 1969 and before 1976	26d							
4	Enter the smaller of line 26c or 26d Section 291 amount (corporations only)	26e		/					
	Add lines 26b, 26e, and 26f	26f		/			_		
	If section 1252 property: Skip this section if you did not	26g							
LI	dispose of farmland or if this form is being completed for								
	a partnership (other than an electing large partnership).								
а	Soil, water, and land clearing expenses	27a							
b	Line 27a multiplied by applicable percentage	27b			-		-	- whereas	
	Enter the smaller of line 24 or 27b	27c	/						
	If section 1254 property:							-	
a	Intangible drilling and development costs, expenditures								
	for development of mines and other natural deposits,		/						
	mining exploration costs, and depletion	28a	/						
	Enter the smaller of line 24 or 28a	286							
	If section 1255 property:	/							
а	Applicable percentage of payments excluded from								
	income under section 126	29a							
Sum	Enter the smaller of line 24 or 29a	29b							
Oun	nmary of Part III Gains. Complete property colum	nns A t	hrough D through line 29	b before going to I	ine 30.				
30	Total gains for all properties. Add property columns A thro	uah D	line 04					-	0 460
00	Total gains for all properties. And property columns A throi	ugii D,	IIIIe 24				30		2,468.
31	Add property columns A through D, lines 25b, 26g, 27c, 28	Rh and	29h Enter here and on I	ina 12				1	2 460
	Subtract line 31 from line 30. Enter the portion from casual	Ity or t	neft on Form 4684 line 3	2 Enter the pertier			31		2,468.
	from other than casualty or theft on Form 4797, line 6	ity of t	ion on rouni 4004, line 3	s. Enter the portion	1		00		
Pa	rt IV Recapture Amounts Under Section	ons 1	79 and 280F(b)(2) When Busi	ness	Use Drons t	32	% or Le	200
	(see instructions.)		(-//-	,		occ Brops (0 00	70 OI LE	733
	/				T	(a) Section	\neg	/h) (Section
						179			F(b)(2)
33	Section 179 expense deduction or depreciation allowable in	n prior	years		33				
34	Recomputed depreciation (see instructions)				34				
35 5 18002	Recapture amount, Subtract line 34 from line 33. See the in	nstruct	ons for where to report	1.5	35				
210002	I/A/A						ARTE WALLET		

Department of the Treasury Internal Revenue Service

Additional Medicare Tax

 \blacktriangleright If any line does not apply to you, leave it blank. See separate instructions. Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

Information about Form 8959 and its instructions is at www.irs.gov/form8959.

OMB No. 1545-0074

Attachment Sequence No. 71

Name(s) shown on return DONALD J. & MELANIA TRUMP			Your social s	ecurity number
Part I Additional Medicare Tax on Medicare Wages				
1 Medicare wages and tips from Form W-2, box 5. If you have			Teams -	
more than one Form W-2, enter the total of the amounts			4	
		404.0400		
***************************************		14,14	1.	
	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	14,14	1.	
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	(
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (.009). E	nter here and go to F	Part II	. 7	
Part II Additional Medicare Tax on Self-Employment Incom	е	-		
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	1.	
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	1000000	
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) Cor	mpensation	1 10 1	, 220
14 Railroad retirement (RRTA) compensation and tips from			3332	
Form(s) W-2, box 14 (see instructions)	14		163.566	
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-			10	
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply	Uling 16 by		16	
0.9% (.009). Enter here and go to Part IV	Secretary Secretary Control of the C		47	
Part IV Total Additional Medicare Tax			17	
18 Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form	n 1040NIP			
1040-PR, and 1040-SS filers, see instructions) and go to Part V	11 10401411,		10	C 023
Part V Withholding Reconciliation			18	6,023
19 Medicare tax withheld from Form W-2, box 6. If you have more than			25.55	
one Form W-2, enter the total of the amounts from box 6	40	205		
20 Enter the amount from line 1	19		- A 30 30 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
21 Multiply line 20 by 1.45% (.0145). This is your regular	20	14,141	-	
The control of the co		205		
Medicare tax withholding on Medicare wages Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional M	21	205	·	
withholding on Medicare wages			22	0
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensat				
W-2, box 14 (see instructions)			23	
Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include the colored in a second with federal in a second with the colored with the colore				
amount with federal income tax withholding on Form 1040, line 64 (Form 1040)				
and 1040-SS filers, see instructions) 2-02-15 LHA For Paperwork Reduction Act Notice, see your tax return Instru			24	

4562

Depreciation and Amortization

(Including Information on Listed Property) OTHER

Attach to your tax return.

Department of the Treasury Internal Revenue Service

OMB No. 1545-0172 Attachment

1

Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Business or activity to which this form relates Identifying number TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LIMITED 98-0485744 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 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 -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 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 13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. 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 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 1,698,719. 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2015 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (a) Classification of property (business/investment use only - see instructions) year placed in service (g) Depreciation deduction 19a 3-year property 5-year property b 7-year property C d 10-year property 15-year property e 20-year property f 25-year property g 25 yrs. S/L 27.5 yrs. MM SI h Residential rental property 27.5 yrs. MM S/L 39 yrs. MM Nonresidential real property MM Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System 20a Class life 5/1 12-year b 12 yrs. S/L 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. 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

Form 4562 (2015)

Dort 1/ 1:1-1-D	11(0)	ME TIVE	KMAI	TONA	<u>т</u> 60	TH C	TOR	SCOT	LAND	L	98-	0485	744	Page 2
Part V Listed Prope recreation, or	rty (Include au amusement.)	itomobiles, ce	ertain oti	her vehic	cles, cer	tain airc	raft, ce	rtain com	puters, a	nd prop	erty use	d for ent	ertainme	ent,
Note: For any	vehicle for wh	nich you are u	sing the	standa	rd mileag	ge rate c	r dedu	cting leas	e expen	se, com	olete or	lv 24a.	24b col	umns
(a) tillough (c)	of Section A,	all of Section	D, and	Section	C IT appl	licable.								
Section A	- Depreciatio	n and Other	Informa	tion (Ca	aution: S	See the		T						
24a Do you have evidence to			nt use cl	aimed?	Y	es	No	24b If "Y	es," is t	he evide	nce writt	ten?	Yes	No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percenta		(d) Cost or ther basis	/bu	(e) sis for depr siness/inve use onl	stment	(f) Recovery period	Me	(g) thod/ vention	Depre	(h) eciation uction	Ele secti	(i) ected on 179
25 Special depreciation al	lowance for qu	alified listed	property	placed	in servic	e durino	the ta	x vear and	1				137.52	ost
used more than 50% in	a qualified bu	siness use					,	y our ur.	-	25				
26 Property used more that	an 50% in a qu	alified busine	ss use:										100	1, 1, 1, 1, 1
	1 1	9	1/6											
		9	6											
			6											
27 Property used 50% or I	ess in a qualifi	ed business ι	ıse:					,						
	1 1 1		6						S/L-				1.13	
		9	6						S/L -				25.5	
The second secon	1 : : !		6						S/L -					
28 Add amounts in column	n (h), lines 25 t	hrough 27. Er	nter here	e and on	line 21,	page 1		******		28				
29 Add amounts in column	n (i), line 26. Er											29		
					rmation									
Complete this section for ve	ehicles used b	y a sole propi	rietor, pa	artner, o	r other "i	more tha	an 5% (owner," o	related	person.	If you pr	ovided v	vehicles	
to your employees, first ans	wer the quest	ions in Sectio	n C to s	ee if you	u meet a	n excep	tion to	completin	ng this se	ection fo	r those v	ehicles.		
			r		т									
		a 59	7800 T	a)		b)		(c)		d)	(e)	(f)
30 Total business/investment		0	Veh	nicle	Veh	nicle	V	ehicle e	Veh	nicle	Veh	nicle	Veh	nicle
year (do not include com														
31 Total commuting miles					 									
32 Total other personal (no	7.0													
driven		***********			-						-			
33 Total miles driven durin														
Add lines 30 through 32				T	 	Γ		T						
34 Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hours? 35 Was the vehicle used p		production and party of the con-			-			-				_		
than 5% owner or relate														
36 Is another vehicle availa								-						-
use?	3.0													
	Section C -		or Empl	Over M	lha Drav	rida Val	ialaa f	au Haa bi	. The - in F					
Answer these questions to	determine if vo	u meet an ev	cention	to com	oletina S	ection F	forvo	biolog use	d by on	mpioye	es ba			50/
owners or related persons.	actorrimito ir ye	a moot an ox	оорион	10 00111	sicting o	ection L	TOI VE	ilicies use	d by em	pioyees	wno ar	e not ii	iore than	15%
37 Do you maintain a writte	en policy state	ment that pro	hibits al	ll person	nal use o	f vehicle	s incl	ıdina com	muting	by your			Yes	TNA
employees?										by your			Tes	No
38 Do you maintain a writte	en policy state	ment that pro	hibits p	ersonal	use of ve	ehicles	except	commutir	a by vo	our				1
employees? See the ins										,,,,				
39 Do you treat all use of v				0						***********				1
40 Do you provide more th	CONTRACTOR SOCIETY											**********		+
the use of the vehicles,														
41 Do you meet the require	ements concer	ning qualified	automo	obile der	nonstrat	ion use'	?							1
Note: If your answer to	37, 38, 39, 40	or 41 is "Yes	s," do no	ot compl	lete Sect	tion B fo	r the c	overed ve	hicles.					
Part VI Amortization													200	
(a)		Dete	(b)		(c)			(d)		(e)			(f)	
Description o	costs		amortization begins		Amortizab amount	le		Code section		Amortiza period or per		Ar fo	nortization or this year	
42 Amortization of costs th	at begins duri	ng your 2015	tax yea	r:										
43 Amortization of costs th	at began befo	re your 2015	tax year	*******							43			
44 Total. Add amounts in a	column (f). See	the instruction	ons for v						*******		44			200000000000000000000000000000000000000
516252 12-28-15												F	orm 456	2 (2015)

11360909 148365 26993

Form 4562 (2015)

Gains and Losses From Section 1256 Contracts and Straddles

Information about Form 6781 and its instructions is at www.irs.gov/form6781.

OMB No. 1545-0644

Internal Revenue Service Attach to your tax return. Name(s) shown on tax return Identifying number DONALD J. & MELANIA TRUMP Check all applicable boxes Mixed straddle election Mixed straddle account election (see instructions). Straddle-by-straddle identification election Net section 1256 contracts loss election D Part I Section 1256 Contracts Marked to Market (a) Identification of account (b) (Loss) (c) Gain FROM K-1 - AG ELEVEN PARTNERS LP 48,598 FROM K-1 - AG DIVERSIFIED CREDIT STRATEGIES FUND 2,405 Add the amounts on line 1 in columns (b) and (c) 2 51,003 Net gain or (loss). Combine line 2, columns (b) and (c) 51,003. 3 Form 1099-B adjustments. See instructions and attach statement 4 Combine lines 3 and 4 51,003. 5 Note: If line 5 shows a net gain, skip line 6 and enter the gain on line 7. Partnerships and S corporations, see 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 Combine lines 5 and 6 51,003. 7 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) 20,401. 8 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) 30,602. Part II Gains and Losses From Straddles. Attach a separate statement listing each straddle and its components. Section A - Losses From Straddles (b) Date entered into or (f) Loss. (h) Recognized loss. (e) Cost or If column (e) is (g) Unrecognized gain on offsetting If column (f) (a) Description of property (c) Date closed out or other basis more than (d), enter is more than (g). plus expense difference. sold positions of sale Otherwise, Mo. Day Yr. Otherwise, enter -0enter -0-10 11 a Enter the short-term portion of losses from line 10, column (h), here and include on line 4 of Schedule D or on Form 8949 (see instructions) 11a b Enter the long-term portion of losses from line 10, column (h), here and include on line 11 of Schedule D or on Form 8949 (see instructions) Section B - Gains From Straddles (f) Gain. If column (d) (a) Description of property (e) Cost or other basis is more than (e), (c) Date closed out or sold (d) Gross sales price enter difference plus expense of sale Mo. Day Yr. Otherwise, enter -0-12 13 a Enter the short-term portion of gains from line 12, column (f), here and include on line 4 of Schedule D or on Form 8949 (see instructions) 13a b Enter the long-term portion of gains from line 12, column (f), here and include on line 11 of Schedule D or on Form 8949 (see instructions) 13b Part III Unrecognized Gains From Positions Held on Last Day of Tax Year. Memo Entry Only (see instructions) (b) Date acquired (c) Fair market value (a) Description of property (d) Cost or other basis on last business day of (c) is more than (d), enter difference. Otherwise, enter -0-Mo. as adjusted tax year 14

Form **8846**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

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

Identifying number

Attachment Sequence No. 98

DONALD	.T.	E	MET.ANTA	TRIME

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.

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.
	and S corporations	5	586,659.
5	\$118,500, see instructions and check here Credit for employer social security and Medicare taxes paid on certain employee tips from partnerships	4	14,169.
4	Multiply line 3 by 7.65% (0.0765). If you had any tipped employees whose wages (including tips) exceeded		
3	Creditable tips. Subtract line 2 from line 1	3	185,217.
2	Tips not subject to the credit provisions (see instructions)	2	
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.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 8846 (2015)

Form **8582**

Internal Revenue Service (99)

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040 or Form 1041.

Information about Form 8582 and its instructions is available at www.irs.gov/form8582

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)) b Activities with net loss (enter the amount from Worksheet 1, 289,509 column (b)) 1b c Prior years unallowed losses (enter the amount from Worksheet 1, column (c)) 1c d Combine lines 1a, 1b, and 1c. <289.509.> 1d Commercial Revitalization Deductions From Rental Real Estate Activities 2a Commercial revitalization deductions from Worksheet 2, column (a) 2a b Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b) Add lines 2a and 2b 2c All Other Passive Activities 3a Activities with net income (enter the amount from Worksheet 3. 45,279,007 За b Activities with net loss (enter the amount from Worksheet 3. 27,805,050.) column (b)) 3b c Prior years unallowed losses (enter the amount from Worksheet 3, column (c)) d Combine lines 3a, 3b, and 3c 3d 17,473,957. 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 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. Enter the smaller of the loss on line 1d or the loss on line 4 5 Enter \$150,000. If married filing separately, see instructions 6 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. Subtract line 7 from line 6 Multiply line 8 by 50% (.5). Do not enter more than \$25,000. If married filing separately, see instructions 9 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 Enter the loss from line 4 12 Reduce line 12 by the amount on line 10 13 Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13 14 Part IV | Total Losses Allowed Add the income, if any, on lines 1a and 3a and enter the total 15 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

Total

Form 8582-CR

Passive Activity Credit Limitations

(Rev. January 2012) Department of the Treasury Internal Revenue Service ► See separate instructions. Attach to Form 1040 or 1041. Name(s) shown on return

OMB No. 1545-1034

Attachment Sequence No. 89

Identifying number DONALD J. & MELANIA TRUMP

DOIN	ALL Descine Asia Comp				
Pa	rt I Passive Activity Credits				_
	Caution: If you have credits from a publicly	traded partnership, see Publ	licly Traded Partnerships (PTPs) in	the inst	tructions.
Crod				12.22	I
Low-	its From Rental Real Estate Activities With Active Part Income Housing Credits) (See Lines 1a through 1c in	ticipation (Other Than Rehabilita	ation Credits and	100	
LUW	mounte flousing ofeatts) (ode tilles fa tillough fe il)	the mstructions.)	I I		
1a	Credits from Worksheet 1, column (a)		1a		
				15.82	
b	Prior year unallowed credits from Worksheet 1, colun	in (b)	1b		
	,	(-)	10	1999	
С	Add lines 1a and 1b				
_	bilitation Credits From Rental Real Estate Activities a	nd Low Income Housing Credite	for Describe Discribe O	1c	
Befor	e 1990 (or From Pass-Through Interests Acquired Bet	ore 1990) (See Lines 2a through	h 2e in the instructions \		
	,	oro root/ (500 Emes 2a throug	" 20 III the man denoma.)	1.00	
2a	Credite from Workshoot 2, column (s)				
2.0	Credits from Worksheet 2, column (a)		2a	- 1	
1.	Delegation of the Control of the Con	200			
b	Prior year unallowed credits from Worksheet 2, colum	ın (b)	2b	- 1000	
	ALLE CONTRACTOR				
С	Add lines 2a and 2b		2.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	2c	
Low-	Income Housing Credits for Property Placed in Service	After 1989 (See Lines 3a throu	igh 3c in the instructions.)		
			T T		
3a	Credits from Worksheet 3, column (a)		3a	4450	
b	Prior year unallowed credits from Worksheet 3, colum	ın (b)	3b		
C	Add lines 3a and 3b her Passive Activity Credits (See Lines 4a through 4c			3c	
All Ot					
4a	Credits from Worksheet 4, column (a)		4a 320,240.		
b	Prior year unallowed credits from Worksheet 4, colum	n (b)	4b 711,080.		
С	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 in	structions)		6	0.
7	Subtract line 6 from line 5. If line 6 is more than or eq	ual to line 5, enter -0- and see ins	structions	7	1,031,320.
Note	: If your filing status is married filing separately ar				
	do not complete Part II, III, or IV. Instead, go to	line 37.	at any time during the year,		
Pai	t II Special Allowance for Rental Re	eal Estate Activities W	ith Active Participation	1000000	
	Note: Complete this part only if you have a				
8	Enter the smaller of line 1c or line 7				
9	Enter \$150,000. If married filing separately, see instruc	rtions	9	8	
10	Enter modified adjusted gross income, but not less that	an zero (see instructions)	9	-	
	If line 10 is equal to or more than line 9, skip lines 11	ar zoro (soo msa acaons).			
	through 15 and enter -0- on line 16		10		
11				-	
12	Multiply line 11 by 50% (.50). Do not enter more than	**************************************	11	1	
12				2.5	
10-	filing separately, see instructions Enter the amount, if any, from line 10 of		12	1	
Isa		I a I			
	Form 8582	13a			
b	Enter the amount, if any, from line 14 of				
	Form 8582	13b	MACCIE S		
С	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	

For	m 8582-CR (Rev. 01-2012) DONALD J. & MELANIA TRUMP			Page 2
Р	art III Special Allowance for Rehabilitation Credits From Rental Rea Housing Credits for Property Placed in Service Before 1990 (o	I Estate Activities and	Low-Income	
	Adduted Belote 1990)		meresis	
	Note: Complete this part only if you have an amount on line 2c. Otherwise, go to F	Part IV.		
17	Enter the amount from line 7			
			17	
19	Enter the amount from line 16 Subtract line 18 from line 17. If zero, enter -0- here and on lines 30 and 36, and then go to Part V	•••••	18	
20	Enter the smaller of line 2c or line 10	***************************************	19	
21	Enter the smaller of line 2c or line 19 Enter \$250,000. If married filing separately, see instructions to find	***************************************	20	
21	out if you can skip lines 21 through 26			
22	Enter modified adjusted gross income, but not less than zero. (See instructions for line 10.) If line	21		
Ann Ann	22 is equal to or more than line 21, skip lines 23 through 29 and enter -0- on line 30			
23				
24	Multiply line 23 by 50% (.50). Do not enter more than \$25,000. If married	23		
	filing separately, see instructions	24		
25a	Enter the amount, if any, from line 10 of	24 EASE		
	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	
Pa	Special Allowance for Low-Income Housing Credits for Prope	rty Placed in Service A	fter 1989	
	Note: Complete this part only if you have an amount on line 3c. Otherwise, go to Po	art 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	
	Enter the smaller of line 34 or line 35		36	
Pa	art V Passive Activity Credit Allowed			
	Section (1971)			
37	Passive Activity Credit Allowed. Add lines 6, 16, 30, and 36. See instructions to find out how to	o report the allowed credit on		
	your tax return and how to allocate allowed and unallowed credits if you have more than one credit of	r credits from more than one		
_	activity. If you have any credits from a publicly traded partnership, see Publicly Traded Partners	hips (PTPs) in the instructions.	37	0.
Pa	ert 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 reduce	d vour hasis in the		
	property, check this box. See instructions	a your basis in tile		N
39	Name of passive activity disposed of ▶		*******************	
10	Description of the credit property for which the election is being made			

Form 8582-CR (Rev. 01-2012)

..... ▶\$

41 Amount of unallowed credit that reduced your basis in the property ...

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

Capital Gains and Losses

Attach to Form 1040 or Form 1040NR.

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

Name(s) shown on return

DON	ALD J. & MELANIA TRUMP					7
	rt Short-Term Capital Gains and Lo	sses - Assets Held	One Year or Less			
See	instructions for how to figure the amounts to r on the lines below. form may be easier to complete if you round off	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustment to gain or loss Form(s) 8949, F	from/	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result
cent	s to whole dollars.		,	line 2, column		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	8				
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		/	1		
4	Short-term gain from Form 6252 and short-term g		,	STMT 35	4	20,401.
5	Net short-term gain or (loss) from partnerships, S		,			
	from Schedule(s) K-1				5	<76,723.>
6	Short-term capital loss carryover. Enter the amou					
	Carryover Worksheet in the instructions				6	(
7	Net short-term capital gain or (loss). Combine			long-term		
	capital gains or losses, go to Part II below. Other	wise, go to Part III on pag	ge 2/		7	<379,947.>
Pa	rt II Long-Term Capital Gains and Los	sses - Assets Held	More Than One Ye	ear		
				1-1		(1) (2)
	instructions for how to figure the amounts to ron the lines below.	(d)	/ (e)	(g) Adjustment	S	(h) Gain or (loss) Subtract column (e)
	S	Proceeds	/ Cost	to gain or loss	from	from column (d) and
	form may be easier to complete if you round off s to whole dollars.	(sales price)	(or other basis)	Form(s) 8949, P line 2, column		combine the result with column (g)
8a	T-1-1-6 - 111 1-1-1-1-1-1-1-1-1-1-1-1-1	/		iiile Z, coldiiiii	(9)	with column (g)
oa	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)	/				
ดม	8949 with Box D checked	6 848 449.	6,837,977.			10,472.
9	Totals for all transactions reported on Form(s)	/ 1010,110.	0,037,377.			10,472.
5	8949 with Box E checked	8,415,599.	7,759,886.			655,713.
10	Totals for all transactions reported on Form(s)	/ /	, , , , , , , , , , , , , , , , , , , ,			000,710.
	8949 with Box F checked					
11	Gain from Form 4797, Part I; long-term gain from	Forms 2439 and 6252: a	and long-term gain or (lo	r=	Т	
	from Forms 4684, 6781, and 8824	SEE STATE		33)	11	30,139,015.
	/	SEE STATE				
12	Net long-term gain or (loss) from partnerships S	corporations, estates, an	d trusts from Schedule(s	s) K-1	12	4,644,386.
13	Capital gain distributions	SEE STATE	EMENT 34		13	765,816.
14	Long-term capital loss carryover. Enter the amour	nt, if any, from line 13 of	your Capital Loss Carr	vover	10	, , ,
	Worksheet in the instructions	(8) (\$\delta(\delta(\delta))		4	14	(

Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to

36,215,402.

14

Part III on page 2

6	Combine lines 7 and 15 and enter the result	16	35,835,455.
	 If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. 		
	 If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. 		
7	Are lines 15 and 16 both gains? X Yes. Go to line 18. No. Skip lines 18 through 21, and go to line 22.		
8	Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions	/18	
9	Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions SEE STATEMENT 38	19	
O	Are lines 18 and 19 both zero or blank? X Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Do not complete lines 21 and 22 below.		
	No. Complete the Schedule D Tax Worksheet in the instructions. Do not complete lines 21 and 22 below.		
1	If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:		
	 The loss on line 16 or (\$3,000), or if married filing separately, (\$1,500) 	21 (
	Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
2	Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b?		
	Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42).		
	No. Complete the rest of Form 1040 or Form 1040NR.		

Form **8949**

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

2015 Attachment Sequence No. 12A

Name(s) shown on return 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 brokef. 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 roker and may even tell you which box to check 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 X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (c) (d) Description of property Proceeds loss. If you enter an amount Cost or other Date acquired Date sold or Gain or (loss). (sales price) in column (g), enter a code in (Example: 100 sh. XYZ Co.) basis. See the Subtract column (e) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of see Column (e) in combine the result Code(s) with column (g) the instructions adjustment OPPENHEIMER 12/31/15 VARIOUS 22,355. ,710 <6.355.> BARCLAYS CAPITAL INC VARIOUS 12/31/15 31,351. 29,438, 1,913. THE BARON FUNDS VARIOUS 12/31/15 508.098. 560,322. <52,224.> DEUTSCHE BANK VARIOUS 12/31/15 37,674,012. 933,005. <256,523.> 2,470 DEUTSCHE BANK VARIOUS 12/31/15 605,680. 616,409. 293 <10,436.> Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract

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 <u>Column (g)</u> in the separate instructions for how to figure the amount of the adjustment.

38,841,496.

39,167,884.

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)

2,763.

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)

(F) Long-term transactions n				1	T	_/	
(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	loss. If y in column column (f	nt if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of adjustment	(h) Gain or (loss) Subtract column from column (d) combine the resu with column (g)
OPPENHEIMER	VARIOUS	12/31/15	883,520.	1,020,800.	/	uajastinerit	<137,280.
BARCLAYS CAPITAL INC	VARIOUS	12/31/15	15,019.	23,001.	/		<7,982
THE BARON FUNDS	VARIOUS	12/31/15	752,595.	606,541/			146,05
DEUTSCHE BANK	VARIOUS	12/31/15	3,900,000.	3,986,55/2.			<86,552
DEUTSCHE BANK	VARIOUS	12/31/15	1,297,315.	1,201,083.			96,23
			/				
		/	/				
			180				
	+	/					
Totals. Add the amounts in co negative amounts). Enter each	lumns (d), (e), (g) ar total here and incli	nd (h) (subtract ude on your					
Schedule D, line 8b (if Box D a above is checked), or line 10 (i	bove is checked),	line 9 (if Box E	6,848,449.	6,837,977.			10,47

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 hox to check

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

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

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

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

X (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B

1 (a)	(b)	(c)	(d)	(e)	Adjustmen	nt, if any, to gain or	(5)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of	Proceeds (sales price)	Cost or other basis. See the	loss. If y in column	ou enter an amount (g), enter a code in). See instructions.	(h) Gain or (loss). Subtract column (e)
	20 10 1000	(Mo., day, yr.)		Note below and see Column (e) in the instructions	(f) Code(s)	/(g) Amount of adjustment	from column (d) & combine the result with column (g)
GENERAL ELEC CAP CORP	03/12/13	01/09/15	600,000.	616,812.		dajustment	<16,812.>
INDIANA ST FIN AUTH HOSP						/	120,022,0
REVENUE VAR	03/05/13	03/06/15	100,000.	100,000.	/		0.
INDIANA ST FIN AUTH HOSP				,	1		
REVENUE VAR	03/05/13	04/02/15	210,000.	210,000.	1		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				1			(15,010,5
ABATEMENT	05/09/13	02/19/15	600,000.	600,000.			0.
NEW JERSEY ST HLTH CARE				1			• •
FACS FING AUTH	05/02/13	02/19/15	200,000.	200,000.			0.
NEW JERSEY ST HLTH CARE				/			٠.
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 1000.	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	3,00,000.	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.			
2 Totals. Add the amounts in colu				50,500.	danka Maio		<6,799.>
negative amounts). Enter each to		//					
Schedule D, line 8b (if Box D ab							
above is checked), or line 10 (if			8,415,599.	7,759,886.			655 712
Note: If you checked Box D shove b							655,713.

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 no	t reported to you	on Form 1099-E	3				
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	loss. If you	ot, if any, to gain or ou enter an amount (g), enter a code in . See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
KRAFT FOODS INC	04/23/12	06/02/15	61,320.	65,671.	,	/	<4,351.>
MCDONALDS CORP	07/12/12	07/15/15	157,005.	166,668.	1		<9,663.>
PROCTOR & GAMBLE CO	07/12/12	08/25/15	165,606.	179,748.	1		<14,142.>
THERMO FISHER SCIENTIFIC	03/15/12	11/02/15	60,420.	64,028.			<3,608.>
THERMO FISHER SCIENTIFIC	03/15/12	07/06/15	40,546.	42,685.			<2,139.>
THERMO FISHER SCIENTIFIC	03/15/12	09/23/15	50,463.	53,357.	1		<2,894.>
UNITED STATES TREAS NTS	07/31/12	02/06/15	27,101.	29,615/			<2,514.>
UNITED STATES TREAS NTS	07/31/12	03/03/15	81,088.	88,846.			<7,758.>
UNITED STATES TREAS NTS	05/29/13	02/18/15	108,844.	113,949.			<5,105.>
UNITED STATES TREAS NTS	01/08/13	04/27/15	49,668.	49 /135.			533.
UNITED STATES TREAS NTS	01/08/13	08/04/15	24,498.	24,567.			<69.>
BARON EMERGING MARKETS			· · · · · · · · · · · · · · · · · · ·	/			703.2
FUND RETAIL	01/06/11	06/23/15	305,361.	ź50,000.			55,361.
BARON INTERNATIONAL							33,301.
GROWTH FD INST	VARIOUS	06/23/15	724,694.	/ 580,079.			144,615.
BARON FOCUSED GROWTH FD			,	/			144,015.
INST CLASS	VARIOUS	06/23/15	898,390.	518,253.			380,137.
BARON OPPORTUNITIY FUND				, , , , , , , , , , , , , , , , , , , ,			300,137.
INST CLASS	10/29/10	06/23/15	516,983.	335,096.			181,887.
				,			101,007.
			/				
			/				
			/				
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			/				
		A					
		/					
		/					
2 Totals. Add the amounts in colunegative amounts). Enter each to Schedule D, line 8b (if Box D ab	otal here and incluove is checked),	ude on your line 9 (if Box E					
above is checked), or line 10 (if		hecked)			3918500		

ALTERNATIVE MINIMUM TAX

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949. Department of the Treasury Internal Revenue Service File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. 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 oker and may even tell you which hox 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 nee X (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B 1 Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in Description of property Proceeds Date acquired Date sold or Cost or other Gain or (loss). (sales price) (Example: 100 sh. XYZ Co.) basis. See the (Mo., day, yr.) disposed of Subtract column (e) column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of see Column (e) in combine the result Code(s) with column (g) the instructions adjustment OPPENHEIMER VARIOUS 12/31/15 22,355. 28,710. <6.355.> BARCLAYS CAPITAL INC VARIOUS 12/31/15 31,351. 29 A38. 1,913. THE BARON FUNDS VARIOUS 12/31/15 508,098. ,322. 560 <52,224.> DEUTSCHE BANK VARIOUS 12/31/15 37,674,012. 933,005. 2,470 <256,523.> DEUTSCHE BANK VARIOUS 12/31/15 605,680. 616,409. 293 <10,436.>

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

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.

38,841,496.

39,167,884.

above is checked), or line 3 (if Box C above is checked)

<323 625.>

2.763.

Data acquired Data scale or (Mo., day, yr.) Data acquired (Mo., day, yr.) Data acquire			ADIEMMITAE	MINIMUM TAX				
Namello gli shown on return. Name and SSN or tappager identification no, not required if shown on other side DORALD J. & MELIABITA TRIMPS Barting Long-Reck Box D, E. or F bolow, see whether you received any Formfol 1099-8 or substitute statement(s) from your broker. A substitute statement (s) from your broker. A substitute training the statement (s) from your broker. A substitute statement (s) from your broker. A substitute training the statement (s) from your brokers. A substitute training the statement (s) from your brokers. A substitute training the statement (s) from your brokers. A substitute training the statement (s) from your brokers. A substitute training the statement (s) from your brokers. A substitute training the statement (s) from your brokers. A substitute training the statement (s) from your brokers. A substitute training the statement (s) from your brokers. A substitute training the statement (s) from your brokers. A substitute training the statement (s) from your brokers. A substitute t	A CONTRACTOR OF THE CONTRACTOR				Attachr	nent Sequen	ce No. 12A	Page 2
Before you check Box D, C, or F setup, see whether you received any Form(s) 1998-6 or substitute statement(s) from your broiser. Assist finished testing the same intermed on a Form 1998-6 Either wall show whether your basis (usually your code was reported to the life by your code was required. Either the totals directly on Schoolable D, the Foreign 1998-6 and your plants was reported to the life was for which in distances or required. Either the totals directly on Schoolable D, the Foreign 1998-6 and your plants was reported to the life was for which in distances to codes are required. Either the totals directly on Schoolable D, the Foreign 1998-6 and your plants was reported to the life was for which in distances to code was required. Either the totals directly on Schoolable D, the Poles D, the Pole		nd SSN or taxpay	er identification i	no. not required if	shown on other sic	le	Social secu	rity number or
Part III Long-from transactions properly (Basel Sandard Sandar								
You must check Box D, E or F below, Cacked my or Bus, I'may have the supplied by report these primarization on Form 5049 Gery fractional control of the cont	broker and may even tell you which	hox to check	99-B. Eitner Will	snow whether you	r basis (usually you	r cost) was re	eported to the IF	R\$ by your
You must check Bax D, E, or P Selsow. Check only one box. If more than each period to you long when the searches, camplet as a sportant from \$890, July 2, for each applicable box. If you were the promise harden to the more than the search as a form that a sportant of the search as a form that the search								
Columbia	You must check Box D. E. or F helow.	Check only one ho	Y If more than one h					each applicable box
Secription of property (Example: 100 sh. XYZ Co.) Date acquired (Mo., day, yr.) Date acq	X (D) Long-term transactions re	eported on Form(s	s) 1099-B showin	g basis was repor	ted to the IRS (see	Note above		
(a)	(F) Long-term transactions no	ot reported to you	on Form 1099-F	g basis was not i	eported to the IRS			
See Column (e) in the instructions of dis(s) Amount of with column (f) in the instructions of dis(s) Amount of with column (g) in the instructions of dis(s) Amount of with column (g) in the instructions of dis(s) Amount of with column (g) in the instructions of dis(s) Amount	1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	Cost or other basis. See the Note below and	loss. If you in column (a	enter an amount), enter a code in See instructions.	Gain or (loss). Subtract column (e)
OPPENISTMER VARIOUS 12/31/15 883,520. 1,020,800. 4317,280. <317,280.					see Column (e) in	Code(s)	Amount of	
BARCLAYS CAPITAL INC VARIOUS 12/31/15 15.019, 23.001	OPPENHEIMER	VARIOUS	12/31/15	883 520		/	adjustment	(0)
THE BARON FUNDS VARIOUS 12/31/15 752,595. 606,544. 146,054. 1	BARCLAYS CAPITAL INC	VARIOUS	12/31/15					
DEUTSCHE BANK VARIOUS 12/31/15 3,900,000, 3,986,562, <86,552,> 96,232. 1,297,315, 1,201,083, 96,232.	THE BARON FUNDS	VARIOUS	12/31/15					
DEUTSCHE BANK VARIOUS 12/31/15 1,297,315, 1,201,083, 96,232. 96,232.	DEUTSCHE BANK	VARIOUS	12/31/15	3,900,000.	3,986,552.			
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	DEUTSCHE BANK	VARIOUS	12/31/15	1,297,315.	1,201/083.			
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		-						
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		-						
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					/			
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					/			
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					/			
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					/			
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				/				
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				/				
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				/				
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				/				
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								
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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	2 Totals Add the amounts in sel-	Impo (d) (a) (a)	ad /b\ /a. 1.1.					
Schedule D, line 8b (if Box D above is checked), line 9 (if Box E								
shove is shooked) or line 40 (if Paul Faharui and Authority) by C 040 440								
				6,848,449.	6,837,977.			10,472.

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

Form 8949 (2015)

Attachment Sequence No. 12A

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 IRG by your

broker and may even tell you which hox 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 po adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

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

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

X (E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IBS

(F) Long-term transactions no (a)	(b)	(c)	(d)	(e)	Adjustme	yt, if any, to gain or	(1-)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of (Mo., day, yr.)	Proceeds (sales price)	Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If y	bu enter an amount (g), enter a code in). See instructions. (g) Amount of	(h) Gain or (loss). Subtract column (d) (from column (d) (combine the resul
GENERAL ELEC CAP CORP	03/12/13	01/09/15	600,000.	616,812.	/	adjustment	with column (g)
INDIANA ST FIN AUTH HOSP		D SECTION PROPERTY.		010,012.	/		<16,812.:
REVENUE VAR	03/05/13	03/06/15	100,000.	100,000.			
INDIANA ST FIN AUTH HOSP			, , , , , ,	100,000.			0
REVENUE VAR	03/05/13	04/02/15	210,000.	210/000.			
INDIANA ST FIN AUTH HOSP			220,000.	210/000.			0 .
REVENUE VAR	03/12/15	04/02/15	290,000.	20,000.			
JP MORGAN CHASE & CO	12/10/13	01/20/15	600,000.	619,878.			0.
MASSACHUSETTS ST WTR POLL			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	/015,070.			<19,878.>
ABATEMENT	05/09/13	02/19/15	600,000.	600,000.			
NEW JERSEY ST HLTH CARE			300,000.	/ 000,000.			0.
FACS FING AUTH	05/02/13	02/19/15	200,000.	200,000.			
NEW JERSEY ST HLTH CARE			200,000.	200,000.			0.
FACS FING AUTH	05/09/13	02/19/15	30,000.	30,000.			
NEW JERSEY ST HLTH CARE			30,090.	30,000.			0.
FACS FING AUTH	05/21/13	04/22/15	125/000.	125,000.			
NEW JERSEY ST HLTH CARE			/	123,000.			0.
FACS FING AUTH	05/23/13	04/22/15	\$5,000.	35,000.			
NEW JERSEY ST HLTH CARE			10,000.	33,000.			0.
FACS FING AUTH	04/22/13	04/22/15	/140,000.	140,000.			
NEW JERSEY ST HLTH CARE			1	110,000.			0.
FACS FING AUTH	04/22/13	02/19/15	70,000.	70,000.			
ROYAL BANK OF CANADA	08/08/13	01/07/15	/ 300,000.	300,444.			0,
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.			<444,>
TORONTO DOMINION BANK	09/26/13	05/01/15/	360,000.	360,541.			<82.>
TOYOTA MOTOR CREDIT CORP	05/15/13	03/10/15	600,000.	600,798.			<541.>
BANK OF AMERICA	11/14/12	09/18/15	35,474.	37,196.			<798.>
BANK OF AMERICA	11/14/12	11/09/15	50,485.	53,137.			<1,722.>
BANK OF AMERICA	11/14/12	11/18/15	40,387.	42,510.			<2,652.>
BANK OF AMERICA	11/14/12	12/16/15	25,145.	26,569.			<2,123.>
CITIGROUP INC	09/06/12	05/14/15	50,167.	50,636.			<1,424.>
CITIGROUP INC	09/06/12	04/01/15	50,247.				<469.>
KRAFT FOODS INC	04/23/12	1					<389.>
KRAFT FOODS INC. 2 Totals. Add the amounts in colur negative amounts). Enter each to Schedule D, line 8b (if Box D about 1) and the second se	04/23/12 mns (d), (e), (g) an tal here and inclu	d (h) (subtract	91,707.	50,636. 98,506.			<6 , 7

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.

8,415,599.

above is checked), or line 10 (if Box F above is checked)

Form 8949 (2015) Attachment Sequence No. 12A 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 d 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. 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 Adjustment, if any, to gain or (c) (d) loss. If you epter an amount Proceeds Description of property Date acquired Date sold or Cost or other Gain or (loss). in column (g), enter a code in (sales price) (Example: 100 sh. XYZ Co.) basis. See the (Mo., day, yr.) Subtract column (e) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) see Column (e) in combine the result Amount of Code(s) the instructions with column (g) adjustment KRAFT FOODS INC 04/23/12 06/02/15 61,320. 65,671. <4,351.> MCDONALDS CORP 07/12/12 07/15/15 157,005. 166,668 <9.663.> PROCTOR & GAMBLE CO 07/12/12 08/25/15 165,606 179,748. <14,142.> THERMO FISHER SCIENTIFIC 03/15/12 11/02/15 60,420. 64.028 <3,608.> THERMO FISHER SCIENTIFIC 03/15/12 07/06/15 40,546. 42,685 <2,139.> THERMO FISHER SCIENTIFIC 03/15/12 09/23/15 50,463. 53.357. <2,894.> UNITED STATES TREAS NTS 07/31/12 02/06/15 27,101, 29 615 <2,514.> UNITED STATES TREAS NTS 07/31/12 03/03/15 81,088. 846 88 <7,758.> UNITED STATES TREAS NTS 05/29/13 02/18/15 108,844. 113,949 <5,105.> UNITED STATES TREAS NTS 01/08/13 04/27/15 49,668 49,135 533. UNITED STATES TREAS NTS 01/08/13 08/04/15 24,498. 24,567. <69.> BARON EMERGING MARKETS FUND RETAIL 01/06/11 06/23/15 305,361. 250,000. 55,361. BARON INTERNATIONAL GROWTH FD INST VARIOUS 724,694 06/23/15 580,079 144,615. BARON FOCUSED GROWTH FD INST CLASS VARIOUS 06/23/15 898 300 518,253 380,137. BARON OPPORTUNITIY FUND INST CLASS 06/23/15 10/29/10 516 983. 335,096. 181,887. 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)

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.

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

Department of the Treasury Internal Revenue Service

Name	e(s) shown on return						Ide	entifying number
DON	ALD J. & MELANIA TRUMP							/
((nter the gross proceeds from sales o or substitute statement) that you are i		1					
Pa	Sales or Exchanges	of Property L	Jsed in a Tra	de or Rusinas	se and Involun	tani Cani	versio	ns From
	Other Than Casualt	y or mere-wo	st Property	Held More In			/	-
	(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 basis pl	us	(g) Gain or (loss) Subtract (f) from the
2	V.000000000000000000000000000000000000	(, 55),)				improvemen expense of	sints and	
SEE STATEMENT 62						/		39,528,336.
						/		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					/			
3	Gain, if any, from Form 4684, line 3	9					3	
4	Section 1231 gain from installment	sales from Form 6	3252, line 26 or 3	37			4	
5	Section 1251 gain or (loss) from like	e-kind exchanges t	rom Form 8824		/		5	
6	Gain, if any, from line 32, from other	ain, if any, from line 32, from other than casualty or theft						
7	Combine lines 2 through 6. Enter th	ombine 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.							
8	Nonrecaptured net section 1231 los	sses from prior yea	ars (see instructi	ons STATEMENT			8	9,419,923.
9	Subtract line 8 from line 7. If zero or	less, enter -0 If I	ine 9 is zero, en	er the gain from li	ne 7 on line 12 bel	ow. If		, , ,•
	line 9 is more than zero, enter the ar	mount from line 8	on line 12 below	and enter the gai	in from line 9 as a l	ong-term		
	capital gain on the Schedule D filed	with your return (s	see instructions)				9	30,108,413.
Pa	rt II Ordinary Gains and	Losses (see ins	tructions)					
10	Ordinary gains and losses not include	ded on lines 11 thr	ouah 16 (includ	e property held 1 v	vear or less):			
SEE	STATEMENT 63		/	o property ricid 1	year or 1633).			<2,816,883>
2011011							-	<2,010,003>
11	Loss, if any, from line 7				Programme of the second control of the secon		11	()
12	Gain, if any, from line 7 or amount fr	om line 8, if applic	able				12	9,419,923.
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684, lin	nes/31 and 38a				**********	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36							
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824							
17	Combine lines 10 through 16						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:							
.ori=1	/							
а	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	e loss						
			40					
b	Redetermine the gain or (loss) on line	e 17 excluding the	loss if any on	line 18a Enter h	o and an		18a	
		ss.ading the	, ii diry, Oli	inio roa. Enter her	e and on			

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2015)

18b

6,603,040.

Form 1040, line 14

Pa	art III Gain From Disposition of Proper	ty Ur	nder Sections 124	5, 1250, 125	2, 125	i4, and 1255	(see	instructions)		
19	(a) Description of section 1245, 1250, 1252, 1254,	(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)						
_A										
_B										
_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:									
	Depreciation allowed or allowable from line 22	25a								
	Enter the smaller of line 24 or 25a	25b								
	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.	230				/				
	Additional depreciation after 1975 (see instructions)	26a								
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b		/						
	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								
	Additional depreciation after 1969 and before 1976	26d								
е	Enter the smaller of line 26c or 26d	26e		/						
f	Section 291 amount (corporations only)	26f		/						
	Add lines 26b, 26e, and 26f	26g	/				_			
27 a	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). Soil, water, and land clearing expenses	27a								
b	Line 27a multiplied by applicable percentage	27b	/							
С	Enter the smaller of line 24 or 27b	27c								
28 a	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a								
	Enter the smaller of line 24 or 28a	28b								
а	If section 1255 property: 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						4		
Sur	mmary of Part III Gains. Complete property c	olumn	s A through D through	line 29b before	going t	o line 30.				
30	Total gains for all properties. Add property columns	A thro	ugh D, line 24	•••••••••			30			
Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion							31			
	from other than casualty or theft on Form 4797, line		my or ment on Form 46	o4, line 33. Ente	er the p	ortion				
Pa	rt IV Recapture Amounts Under Section	nc 17	70 and 200E(h)(2)	Whon Busin	II	D i	32			
Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)										
								(b) Section 280F(b)(2)		
33	Section 179 expense deduction or depreciation allow	33	179		(=/(=/					
	Recomputed depreciation (see instructions) 34						-			
	Recapture amount. Subtract line 34 from line 33. Se									
	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report 35									