ALTERNATIVE MINIMUM TAX

(Rev. November 2009) Department of the Treasury Internal Revenue Service

At-Risk Limitations

Attach to your tax return.

See separate instructions.

OMB No. 1545-0712

Attachment Seguence No. 31

lame(shown on return		Identifying number
			*
	LD J. TRUMP otion of activity (see page 2 of the instructions)		/
	P INTERNATIONAL GOLF CLUB INC 65-0711659		
	TI Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2	of the	instructions
1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	<238,052.>
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity)	-33	
2	that you are reporting on:		
а	Schedule D	2a	
	Form 4797	2b	
C	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S,		
U	that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from		
710	Form 4952, that were not included on lines 1 through 2c	4	(
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing		
		5	<238,052.>
Pa	the rest of this form Till Simplified Computation of Amount At Risk. See page 3 of the instructions before completing	this p	art.
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity)		
	on the first day of the tax year. Do not enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10 a	Subtract line 9 from line 8		
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III).	700	
	Otherwise, enter -0- and see Pub. 925 for information on the recapture ryles	10b	
Pa	rt III Detailed Computation of Amount At Risk. /		
	If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.		
11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less		
	than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	At effective date. Subtract line 14 from line 13/Do not enter less than zero.	NOTE:	
b	From your prior year Form 6198, line 19b. Fo not enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):	TO SERVICE SER	
a	Effective date b The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	Effective date b The end of your prior year	18	
19 a	Subtract line 18 from line 17		
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter		
	-0- and see Pub. 925 for information on the recapture rules	19b	
Pa	rt IV Deductible Loss		
20	Amount at risk. Enter the layger of line 10b or line 19b	20	0.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions	1381	
	to find out how to report any deductible loss and any carryover SEE STATEMENT 75	21	(0.)
	Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applied to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applied to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applied to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applied to the passive activity loss rules, report only that part on Form 8582 or Form 8582.	tivity ru	tructions for Form 8810, ules. If only part of the loss

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ALTERNATIVE MINIMUM TAX

Form 6198

(Rev. November 2009) Department of the Treasury Internal Revenue Service At-Risk Limitations

Attach to your tax return.

See separate instructions.

OMB No. 1545/0712

Ace No. 31

Name(s) shown on return DONALD J. TRUMP Description of activity (see page 2 of the instructions) TRUMP INTERNATIONAL GOLF CLUB LLC 65-0750446 Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions. Ordinary income (loss) from the activity (see page 2 of the instructions) 2,956,914. Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on; Schedule D 2a Form 4797 2b Other form or schedule 20 Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c 4,852. Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c 4 Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing 5 2,961,766. Part II | Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part. Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero 3,074,277. 6 7 Increases for the tax year (see page 3 of the instructions) 7 8 Add lines 6 and 7 3,074,277. 8 9 Decreases for the tax year (see page 4 of the instructions) 9 10 a Subtract line 9 from line 8 3,074,277 If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules 10b 3,074,277. Part III Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less 11 11 Increases at effective date 12 12 Add lines 11 and 12 13 13 Decreases at effective date 14 14 15 Amount at risk (check box that applies): At effective date. Subtract line 14 from line 13. Do not enter less that zero.

Pa	rt IV Deductible Loss /		
20	Amount at risk. Enter the larger of line 10b or line 19b	20	3.074.277
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20, See the instructions		
	to find out how to report any deductible loss and any carryover	21 (

From your prior year Form 6198, line 19b. **Do not** enter the amount from line 10b of your prior year form.

b The end of your prior year

b The end of your prior year

If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter

Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

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

-0- and see Pub. 925 for information on the recapture rules

Increases since (check box that applies):

Decreases since (check box that applies):

19 a Subtract line 18 from line 17

Effective date

Add lines 15 and 16

Effective date

Form 6198 (Rev. 11-2009)

15

16

17

18

b

16

17

ALTERNATIVE MINIMUM TAX

(Rev. November 2009) Department of the Treasury Internal Revenue Service

At-Risk Limitations

Attach to your tax return.

b	0		1.0		
	See	separa	le ins	truction	S

OMB No. 1545-0712

DONALD J. TRUMP Description of activity (see page 2 of the instructions) TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP 26-3467517 Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. Set 1 Ordinary income (loss) from the activity (see page 2 of the instructions) 2 Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity)	ee page 2 of the /1 /2 a /2 b	instructions.
Description of activity (see page 2 of the instructions) TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP 26-3467517 Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. Set 1 Ordinary income (loss) from the activity (see page 2 of the instructions)	2a 2b	
Description of activity (see page 2 of the instructions) TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP 26-3467517 Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. Set 1 Ordinary income (loss) from the activity (see page 2 of the instructions)	2a 2b	
Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. Set Ordinary income (loss) from the activity (see page 2 of the instructions)	2a 2b	
Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. Set Ordinary income (loss) from the activity (see page 2 of the instructions)	2a 2b	
1 Ordinary income (loss) from the activity (see page 2 of the instructions)	2a 2b	
2 Gain (loss) from the sale or other disposition of each sale sale sale sale sale sale sale sale	2a 2b	<19,197.>
	2a 2b	
that you are reporting on:	2a 2b	
that you are reporting on: a Schedule D	2b	
a Schedule D b Form 4797	2b 2c	
b Form 4797 c Other form or schedule	2c	
c Other form or schedule 3 Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S,		
that were not included on lines 1 through 2c		
4 Other deductions and losses from the activity, including investment interest expense allowed from	3	
Form 4952, that were not included on lines 1 through 2c		
5 Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing	4	(1.
the rest of this form	ng	99
the rest of this form Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before co		<19,198.>
6 Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity)	Impleting this pa	rt.
on the first day of the tax year. Do not enter less than zero		
7 Increases for the tax year (see page 3 of the instructions)	6	0.
8 Add lines 6 and 7	7	
9 Decreases for the tax year (see page 4 of the instructions)	8	
10 a Subtract line 9 from line 8	9	
b If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III).		
Otherwise, enter -0- and see Pub. 925 for information on the recepture rules	106	
Part III Detailed Computation of Amount At Risk.	10b	
If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.		
11 Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less	TI	
than zero	11	
12 Increases at effective date	12	
Add lines 11 and 12	13	
14 Decreases at effective date	14	
15 Amount at risk (check box that applies):		
a At effective date. Subtract line 14 from line 13. Do not enter less than zero.		
b From your prior year Form 6198, line 19b. Do not enter the agrount from line 10b of your prior year form.	15	
16 Increases since (check box that applies):		
a Effective date b The end of your prior year /	16	
17 Add lines 15 and 16	17	
Decreases since (check box that applies):	325	
a Effective date b The end of your prior year		
19 a Subtract line 18 from line 17		
b If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter		
-0- and see Pub. 925 for information on the recapture rules		
Part IV Deductible Loss		
20 Amount at risk. Enter the larger of line 10b or line 19b	20	0.
Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions		
to find out how to report any deductible loss and any carryover SEE STATEMENT 76	21 (0.)
Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitation Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichev		

(Rev. November 2009)
Department of the Treasury
Internal Revenue Service

At-Risk Limitations

Attach to your tax return.

See separate instructions.

OMB No. 1545-0712

Attachment Sequence No. 31

Name(s) shown on return Identifying number DONALD J. TRUMP Description of activity (see page 2 of the instructions) ULTIMATE AIR CORP 13-3747981 Part | Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions. Ordinary income (loss) from the activity (see page 2 of the instructions) <17,842.> Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on: Schedule D 2a Form 4797 Other form or schedule Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part. Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. **Do not** enter less than zero 0 Increases for the tax year (see page 3 of the instructions) SEE STATEMENT 66 7 9,474. 7 Add lines 6 and 7 9,474. 8 Decreases for the tax year (see page 4 of the instructions) 9 10 a Subtract line 9 from line 8 If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules 9,474. Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less 11 11 12 Increases at effective date 12 Add lines 11 and 12 13 Decreases at effective date 14 14 Amount at risk (check box that applies): At effective date. Subtract line 14 from line 13. Do not enter less than zero. From your prior year Form 6198, line 19b. **Do not** enter the amount from line 10b of your prior year form. b Increases since (check box that applies): 16 b The end of your prior year Effective date 16 Add lines 15 and 16 17 17 Decreases since (check box that applies): b The end of your prior year a Effective date If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules Part IV Deductible Loss Amount at risk. Enter the larger of line 10b or line 19b Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover SEE STATEMENT 65 Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810,

Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss

is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

(Rev. November 2009) Department of the Treasury Internal Revenue Service

Name(s) shown on return

At-Risk Limitations

Attach to your tax return

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See	se	parate	instru	ictions.

OMB No. 1545-0712

Attachment Sequence No. 31

Sequence N Identifying number

	LD J. TRUMP			
	ption of activity (see page 2 of the instructions)			
-	IP LAS OLAS MEMBER CORP 20-3002512		/	
Pa	(),	of the	instructions.	
1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1		<2,092.>
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity)	/	1	
	that you are reporting on:	/		
a	Schedule D	2a		
b	Form 4797	2b		
C	Other form or schedule	2c		
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S,			
	that were not included on lines 1 through 2c	3		
4	Other deductions and losses from the activity, including investment interest expense allowed from			
	Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing			
	the rest of this form	5		<2,092.>
Pai	the rest of this form Till Simplified Computation of Amount At Risk. See page 3 of the instructions before completing	this p	art.	
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity)			
	on the first day of the tax year. Do not enter less than zero	6		0.
7	Increases for the tax year (see page 3 of the instructions)	7		
8	Add lines 6 and 7	8		
9	Decreases for the tax year (see page 4 of the instructions)	9		
10 a	Subtract line 9 from line 8			
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III).			
	Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b		
Pai	t III Detailed Computation of Amount At Risk.			
	If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.			
11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less			
	than zero	11		
12	Increases at effective date	12		
13	Add lines 11 and 12	13		
14	Decreases at effective date	14		
15	Amount at risk (check box that applies):			
a	At effective date. Subtract line 14 from line 13. Do not enter less than zero.			
b	From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.	15	1	
16	Increases since (check box that applies):			
a	Effective date b The end of your prior year	16	1	
17	Add lines 15 and 16	17		
18	Decreases since (check box that applies):			
a	Effective date b The end of your prior year	18	1	
19 a	Subtract line 18 from line 17			
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter			
	-0- and see Pub. 925 for information on the recapture rules	19b		
Pai	t IV Deductible Loss	100		
20	Amount at risk. Enter the larger of line 10b or line 19b	20		0.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions	20		
	to find out how to report any deductible loss and any carryover SEE STATEMENT 67	21	1	0.0
	Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or to Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applied to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applied to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applied to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applied to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applied to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applied to the passive activity loss rules are the passive activity loss rules.	he Insi	tructions for Fo	orm 8810.

(Rev. November 2009) Department of the Treasury Internal Revenue Service

At-Risk Limitations

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See	separate	instructions.

OMB No. 1545-0712

Attachment Sequence No. 31

Name(s) shown on return		Identifying nur	mber
	ALD J. TRUMP ption of activity (see page 2 of the instructions)			
-	IP INTERNATIONAL GOLF CLUB INC 65-0711659		/	
2000	Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page		instrucțiór	
1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	_/_	<238,051.>
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity)			
	that you are reporting on:		/	
a	Schedule D	2a/		
b	Form 4797	2b		
C	Other form or schedule	2c		
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S,			
	that were not included on lines 1 through 2c	3		
4	Other deductions and losses from the activity, including investment interest expense allowed from			
	Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing			
D-	the rest of this form Till Simplified Computation of Amount At Risk. See page 3 of the instructions before completing	5		<238,051.>
_		ng this pa	art.	
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity)			Mark
	on the first day of the tax year. Do not enter less than zero	6		0.
7	Increases for the tax year (see page 3 of the instructions)	1000		
8	Add lines 6 and 7	8		
9	Decreases for the tax year (see page 4 of the instructions)	9		
10 a				
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III).			
Pa	Otherwise, enter -0- and see Pub. 925 for information on the recapture rules t III Detailed Computation of Amount At Risk.	10b	2	
i u	If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.			
11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less			
11		44		
12	,	11		
13	Increases at effective date	12		
14	Add lines 11 and 12	13		
15	Amount at risk (check box that applies):	14		
а	At effective date. Subtract line 14 from line 13. Do not enter less than zero.			
b	From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.	15		
16	Increases since (check box that applies):	. 10		
а	Effective date b The end of your prior year	16		
17	Add lines 15 and 16	17		
18	Decreases since (check box that applies):			
а	Effective data L The and of your prince of	18		
19 a	Subtract line 18 from line 17	10		
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter		*	
	-0- and see Pub. 925 for information on the recapture rules	19b		
Pa	TIV Deductible Loss	1 1 3 1		
20	Amount at risk. Enter the larger of line 10b of line 19b	20		0.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions			
_,	to find out how to report any deductible loss and any carryover SEE STATEMENT 69	21	(0.)
	Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive at	the Insti	ructions fo	r Form 8810,
	is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever app	olies.	cs. II UIIIY	part or the loss

(Rev. November 2009) Department of the Treasury Internal Revenue Service Name(s) shown on return

At-Risk Limitations

Attach to your tax return.

See separate instructions.

OMB No. 1545-0712

Attachment Sequence No. 31

DONA	LD J. TRUMP		
	ption of activity (see page 2 of the instructions)		
TRUM	IP INTERNATIONAL GOLF CLUB LLC 65-0750446		
Pai	Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2	of the	instructions.
1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1/	3,021,465.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity)	1	7,,
_		/	
a	that you are reporting on:	20	
b	Schedule D	2a	
-	Form 4797 Other form or schedule	2b	
C	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S,	2c	
3			1 952
4	that were not included on lines 1 through 2c Other deductions and losses from the activity, including investment interest expense allowed from	3	4,852.
4	### 전 경우 전	١. ١	,
-	Form 4952, that were not included on lines 1 through 2c	4	
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing	_	2 026 217
Da	the rest of this form Simplified Computation of Amount At Risk. See page 3 of the instructions before completing	5	3,026,317.
ALIENSE		this pa	art.
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity)		
	on the first day of the tax year. Do not enter less than zero	6	3,028,229.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	3,028,229.
9	Decreases for the tax year (see page 4 of the instructions)	9	
10 a	Subtract line 9 from line 8		
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III).		
D	Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	3,028,229.
Pa	Till Detailed Computation of Amount At Risk.		
	If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.		
11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less		
	than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	At effective date. Subtract line 14 from line 13. Do not enter less than zero.		
b	From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):		
a	Effective date b The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	Effective date b The end of your prior year	18	
19 a	Subtract line 18 from line 17		
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter		
	-0- and see Pub. 925 for information on the recapture rules	19b	
Pa	rt IV Deductible Loss /		
20	Amount at risk. Enter the larger of line 10b or line 19b	20	3,028,229.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions		
	to find out how to report any deductible loss and any carryover	21	()
	Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or to Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity.	ivity rul	ructions for Form 8810, es. If only part of the loss
	is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever appli	29	

(Rev. November 2009) Department of the Treasury **At-Risk Limitations**

Attach to your tax return.

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OMB No. 1545-0712

Attachment

Stendburg numbers Part Stendburg Stendburg Stendburg Stendburg number Stendb	Interna	Revenue Service 566 Separate Instructions.		Sequence No. 37
PORT I LILL MERSER CORE (PSA CRESS* COURT MEMBER CORE 26-3467517	Name(s	s) shown on return		Identifying number
PORT I LILL MERSER CORE (PSA CRESS* COURT MEMBER CORE 26-3467517	DONA	LD J. TRUMP		/
Part II Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions 1				. , —
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2 Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on: a Schedule D b Form 4797 C Other form or schedule 3 Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-8, or Form 1120S, that were not included on lines 1 through 2c 4 Other deductions and losses from the activity, from Schedule K-1 of Form 1065, Form 1065-8, or Form 1120S, that were not included on lines 1 through 2c 5 Current year profit (loss) from the activity, Combine lines 1 through 4, See page 3 of the instructions before completing the rest of this form 160 from 1	Lan and Australia and Australia			
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(Rev. November 2009)
Department of the Treasury
Internal Revenue Service
Name(s) shown on return

At-Risk Limitations

Attach to your tax return.

See separate instructions.

OMB No. 1545-0712

Attachment Sequence No. **31**

| Identifying number

מחסת	ALD J. TRUMP		
	iption of activity (see page 2 of the instructions)		_
	PAURANT 40 MEMBER CORP 45-4146506		
	Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page	2 of the	instructions
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2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity)	_ 1	/ 32/1.5
	that you are reporting on:		
a	Schedule D	0.0	
b	Form 4797	2a	
C		2b 2c	/
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S,	26	/
Ü	that were not included on lines 1 through 2c	./	
4	Other deductions and losses from the activity, including investment interest expense allowed from	3/	
•	Form 4952, that were not included on lines 1 through 2c	4	7
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing	1 4	
•	the rest of this form	5	<271.>
Pa	Simplified Computation of Amount At Risk. See page 3 of the instructions before completing	na this na	\2/1.5
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity)	Ig tills pe	
Ü	on the first day of the tax year. Do not enter less than zero		0.
7	Increases for the tax year (see page 3 of the instructions)	6	0.
8	Add lines 6 and 7		
9	Add lines 6 and 7 Decreases for the tax year (see page 4 of the instructions)	8	
	Subtract line 9 from line 8	9	
	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III).		
u	Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	106	
Pa	tt III Detailed Computation of Amount At Risk.	10b	
	If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.		
11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less		
	than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):	14	
a	At effective date. Subtract line 14 from line 13. Do not enter less than zero.		
b	From your prior year Form 6198, line 19b. Do not enter the amount from line 19b of your prior year form.	15	
16	Increases since (check box that applies):	. 13	
a		16	
17	Add lines 15 and 16	16	
18	Decreases since (check box that applies):	17	
а	Transfer data	40	
	Cultivat line 40 feet line 47	18	
	Subtract line 18 from line 17	-	
U	0, and see Rub. 00F for information on the recenture vales	401	
Pa	TIV Deductible Loss	19b	
20	Amount at risk. Enter the larger of line 10b or line 19b	T 00 T	
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions	20	0,
-1	to find out how to report any deductible loss and any carryover SEE STATEMENT 71	64	/
		21	(0.)
	Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or	the Instr	uctions for Form 8810,
	Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive a is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever app	ctivity rule	es. If only part of the loss
	, , , , , , , , , , , , , , , , , , ,		

(Rev. November 2009) Department of the Treasury Internal Revenue Service **At-Risk Limitations**

Attach to your tax return.

OMB No. 1545-0712

See separate instructions.

Attachment Sequence No. 81

Name(s) shown on return Identifying number DONALD J. TRUMP Description of activity (see page 2 of the instructions) TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC 20-5075337 Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions. Ordinary income (loss) from the activity (see page 2 of the instructions) <1,490,509.> Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on: Schedule D Form 4797 2b Other form or schedule Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c 18. 3 Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c 5,201.) Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing <1,495,692.> Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part. Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. **Do not** enter less than zero 254 369. Increases for the tax year (see page 3 of the instructions) 2,126,582. 7 2,380,951. Add lines 6 and 7 Decreases for the tax year (see page 4 of the instructions) 9 839,160. 10 a Subtract line 9 from line 8 1,541,791 If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules 1,541,791. Part III Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less 11 11 Increases at effective date 12 12 Add lines 11 and 12 13 Decreases at effective date 14 Amount at risk (check box that applies): At effective date. Subtract line 14 from line 13. Do not enter less than zero. From your prior year Form 6198, line 19b. **Do not** enter the amount from line 10b of your prior year form. 15 Increases since (check box that applies): 16 Effective date b ____ The end of your prior year 16 Add lines 15 and 16 17 17 Decreases since (check box that applies): **b** The end of your prior year a Effective date 18 19 a Subtract line 18 from line 17 If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules Part IV **Deductible Loss** 1,541,791. Amount at risk. Enter the larger of line 10b or line 19b 20 Deductible loss. Enter the smaller of the line of loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover LOSS (ES) FULLY DEDUCTIBLE 1,495,692.) Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810,

Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss

is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

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

Form 6198 (Rev. 11-2009)

LHA

Your name	Social security number		Business in which expenses were incurred			
DONALD J. TRUMP			THE EAST 61 ST. COM	PANY		
Part I Business Expenses and Reimburse	ements					
STEP 1 Enter Your Expenses		Τ	Column A		Column B	
			Other Than Meals and Entertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29		1				
Parking fees, tolls, and transportation, including train, bus, etc involve overnight travel		2				
3 Travel expense while away from home overnight, including loc etc. Do not include meals and entertainment	doing, airplane, car rental.	3				
4 Business expenses not included on lines 1 through 3. Do not and entertainment SEE	include meals STATEMENT 106	4	11,169.			
5 Meals and entertainment expenses		5				
6 Total expenses. In Column A, add lines 1 through 4 and enter enter the amount from line 5	r the result. In Column B,	6	11,169.			
NOTE: If you were not reimbursed for any expenses in Step	1, skip line 7 and enter the amo	unt fron	n line 6 on line 8.			
STEP 2 Reimbursements for Expenses Liste	ed In STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form Include any amount reported under code "L" in box 12 of your	W-2. Form W-2	7				
STEP 3 Figure Expenses Subject to the Lim	itation		*			
8 Subtract line 7 from line 6		8	11,169.			
9 In Column A, enter the amount from line 8. In Column B, multi amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If si	tiply the					
the Department of Transportation (DOT) hours-of-service limit Multiply by 80% (.80) instead of 50%)	ts:	9	11,169.			
10 Add the amounts on line 9 of both columns and enter the total These are your supplemental business expenses	I here.		>	10	11,169.	

	ement SBE (2015) DONALD J. TRUMP						Page 2
Pa	art II Vehicle Expenses					-	1 490 -
Sec	tion A General Information				(a) Vehicle	(b) Vehicle	
11	Enter the date vehicle was placed in service			11	12/ 200000	(b) voilioid	
12	Total miles vehicle was driven during 2015			12	miles		miles
13	Business miles included on line 12		******************************	13	miles		miles
14	Percent of business use. Divide line 13 by line 12			14	%		%
15	Average daily roundtrip commuting distance			15	miles		
16					miles		miles
17	Other miles. Add lines 13 and 16 and subtract the	total fro	m line 12	17	miles		miles
18	Was your vehicle available for personal use durin	g off-duty	/ hours?	[4]	111163	Yes	miles No
19	Do you (or your spouse) have another vehicle ava	iilable for	personal use?			Yes	No
20	Do you have evidence to support your deduction?	*******				Yes	☐ No
21	If "Yes," is the evidence written?			********************		Yes	□ No
Sect	ion B Standard Mileage Rate (See the instruction	ons for Pa	art II to find out whether to co	mnlete this section	or Section C)		
			artification and car minority to ou	implete this section	or occion o.)		
22	Multiply line 13 by 57.5¢ (.575). Enter the result I	ere and o	on line 1		22		
Sect	ion C Actual Expenses		(a) Vehicle	9		ehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23					
	Vehicle rentals	24a					
b	Inclusion amount	24b					
C	Subtract line 24b from line 24a	24c					
	Value of employer-provided vehicle (applies						
	only if 100% of annual lease value was						
	included on Form W-2)	25					
26	Add lines 23, 24c, and 25	26					
27	Multiply line 26 by the percentage on line 14	27					
28	Depreciation. Enter amount from line 38 below	28					
29	Add lines 27 and 28. Enter total here and on	20					
LU	1620. 7	29					
Sect	ion D Depreciation of Vehicles (Use this section		ou owned the vehicle and are	anmploting Coati	on O for the webists)		
	en b. bepresiation of remotes (one time accitor	Only if y					
30	Enter cost or other basis	30	(a) Vehicle		(b) V	ehicle	
	Enter cost or other basis Enter section 179 deduction	30					
	and special allowance	0.4					
	A STATE OF THE STA	31					
32	Multiply line 30 by line 14 (see Form 2106						
	instructions if you claimed the section 179						
	deduction or special allowance)	32					
33	Enter depreciation method and percentage	33	2 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -				
34	Multiply line 32 by the percentage on line 33	34					
35	Add lines 31 and 34	35					
36	Enter the limitation amount	36					
37	Multiply line 36 by the percentage on line 14	37					
38	Enter the smaller of line 35 or line 37. If you						
	skipped lines 36 and 37, enter the amount from						
	line 35. Also enter this amount on line 28 above	38					

Your name	Social security number		Business in wh	ich expenses	were incurred			
DONALD J. TRUMP			40 WALL DE	VELOPMENT	ASSOC	LIC		
Part I Business Expenses and Reimburse	ements		1	, DEGITEDITE	110000	, 1110		
STEP 1 Enter Your Expenses		T	Column A	1		Column B		
			Other Than M and Entertain	leals ment		Meals and Entertainment		
1 Vehicle expense from line 22 or line 29		1						
Parking fees, tolls, and transportation, including train, bus, etcinvolve overnight travel	c., that did not	2						
3 Travel expense while away from home overnight, including lo								
4 Business expenses not included on lines 1 through 3. Do not and entertainment SEE	include meals STATEMENT 107	4		480,976.				
5 Meals and entertainment expenses		5						
6 Total expenses. In Column A, add lines 1 through 4 and ente enter the amount from line 5	r the result. In Column B,	6		480,976.				
NOTE: If you were not reimbursed for any expenses in Step		ount fron	m line 6 on line 8	l.				
STEP 2 Reimbursements for Expenses Liste	ed In STEP 1							
7 Enter amounts that were not reported to you in box 1 of Form Include any amount reported under code "L" in box 12 of your	W-2. Form W-2	7						
STEP 3 Figure Expenses Subject to the Lim	itation							
8 Subtract line 7 from line 6		8		480,976.				
9 In Column A, enter the amount from line 8. In Column B, mult amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If si the Department of Transportation (DOT) hours-of-service limit Multiply by 80% (.80) instead of 50%)	iply the ubject to ts:	9	-	480,976.				
10 Add the amounts on line 9 of both columns and enter the total These are your supplemental business expenses	I here.				40	400 076		

Stat	ement SBE (2015) DONALD J. TRUMP					Page 2
Pa	art II Vehicle Expenses					
Sec	tion A General Information				(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service			11	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(b) volitoto
12	Total miles vehicle was driven during 2015			12	miles	miles
13	Business miles included on line 12		13	miles	miles	
14	Percent of business use. Divide line 13 by line 12		14	%	%	
15	Average daily roundtrip commuting distance			15	miles	miles
16			*****		miles	miles
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12	17	miles	miles
18	Was your vehicle available for personal use during	g off-du	ity hours?		Tillios	Yes No
		3	*			[165 [] [\]
19	Do you (or your spouse) have another vehicle ava	ilable f	or personal use?			Yes No
20	Do you have evidence to support your deduction?		***************************************			Yes No
21	If "Yes," is the evidence written?				2007	Yes No
Sect	ion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether to com	nplete this section	or Section C.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result h	nere and	d on line 1		22	
	ion C Actual Expenses		(a) Vehicle		(b) V	ehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				
	Vehicle rentals	24a				
	Inclusion amount	24b				
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this section	only i	f you owned the vehicle and are	completing Sect	ion C for the vehicle.)	
			(a) Vehicle			ehicle
30	Enter cost or other basis	30				
31	Enter section 179 deduction					The second secon
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106				6978 68-15	
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				The state of the s
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36				
37	Multiply line 36 by the percentage on line 14	37				
38	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					
	line 35. Also enter this amount on line 28 above	38				

Your name Social s	Business in which expenses were incurred
DONALD J. TRUMP	PENN YARDS ASSOCIATES
Part I Business Expenses and Reimbursements	
STEP 1 Enter Your Expenses	Column A Column B Other Than Meals Meals and Entertainment Entertainment
1 Vehicle expense from line 22 or line 29	1
2 Parking fees, tolls, and transportation, including train, bus, etc., that did no involve overnight travel	
3 Travel expense while away from home overnight, including lodging, airplanetc. Do not include meals and entertainment	car rental
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT	
5 Meals and entertainment expenses	5
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In enter the amount from line 5	Column B, 6 10,679.
NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7	
STEP 2 Reimbursements for Expenses Listed In STE	1
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7
STEP 3 Figure Expenses Subject to the Limitation	
8 Subtract line 7 from line 6	8 10,679.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	g 10,679.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	

	ement SBE (2015) DONALD J. TRUMP								Page 2
Pa	art II Vehicle Expenses							•	
Sect	tion A General Information					(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service				11	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
12	Total miles vehicle was driven during 2015				12	miles			miles
13	Business miles included on line 12				13	miles			miles
14	Percent of business use. Divide line 13 by line 12				14	%			%
15	Average daily roundtrip commuting distance				15	miles			miles
16					16	miles			miles
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12		17	miles			miles
18	Was your vehicle available for personal use during	a off-du	ity hours?					Yes	No
	PER CASE OF THE CONTROL OF T		,			******************************		103	1140
19	Do you (or your spouse) have another vehicle ava	ilable f	or personal use?			******************************		Yes	□ No
20	Do you have evidence to support your deduction?	******					******	Yes	No
21	If "Yes," is the evidence written?							Yes	□ No
Sect	tion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether to	complete th	is sect	tion or Section C.)			
22	Multiply line 13 by 57.5¢ (.575). Enter the result h	are an	t on line 1				22		
	tion C Actual Expenses	ior o arre	(a) Vehi	icle	********		(b) Vehic	rle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23					the state of	010	
	Vehicle rentals	24a			delan		123		Section.
	Inclusion amount	24b					-		
	Subtract line 24b from line 24a	24c					2000		
25	Value of employer-provided vehicle (applies	240	-						
20	only if 100% of annual lease value was								
	included on Form W-2)	25							
26	Add lines 23, 24c, and 25	26							
		-							
27	Multiply line 26 by the percentage on line 14	27	-		-				
28	Depreciation. Enter amount from line 38 below	28	<u> </u>						
29	Add lines 27 and 28. Enter total here and on	_							
Cont	line 1	29	fuer annual than the first		0				
5601	ion D Depreciation of Vehicles (Use this section	l only i			ting S				
0.0	Enter post or other basis	00	(a) Vehi	icle			(b) Vehic	cle	Sestimate A
30	Enter cost or other basis	30					5 (S-11)		
31	Enter section 179 deduction								
	and special allowance	31							
32	Multiply line 30 by line 14 (see Form 2106								
	instructions if you claimed the section 179								
	deduction or special allowance)	32							
33	Enter depreciation method and percentage	33							
34	Multiply line 32 by the percentage on line 33	34							
35	Add lines 31 and 34	35							
36	Enter the limitation amount	36							
37	Multiply line 36 by the percentage on line 14	37							
38	Enter the smaller of line 35 or line 37. If you								
	skipped lines 36 and 37, enter the amount from								
	line 35. Also enter this amount on line 28 above	38							

Your name	Social security number	Bu	isiness in which expenses v	vere inc	urred
DONALD J. TRUMP		PL	AZA OPERATING PART	NERS	LTD
Part I Business Expenses and Reimburse	ments	•			
STEP 1 Enter Your Expenses			Column A Other Than Meals nd Entertainment		Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
Parking fees, tolls, and transportation, including train, bus, et involve overnight travel	c., that did not	2			
3 Travel expense while away from home overnight, including lo etc. Do not include meals and entertainment	dging, airolane, car rental	3			
4 Business expenses not included on lines 1 through 3. Do not and entertainment SEE	include meals STATEMENT 109	4	111,128.		
5 Meals and entertainment expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and ente enter the amount from line 5		6	111,128.		
NOTE: If you were not reimbursed for any expenses in Step	1, skip line 7 and enter the amou	ınt from lir	ne 6 on line 8.		
STEP 2 Reimbursements for Expenses List	ed In STEP 1				
7 Enter amounts that were not reported to you in box 1 of Form Include any amount reported under code "L" in box 12 of your	W-2. Form W-2	7			
STEP 3 Figure Expenses Subject to the Lim	itation	-			
8 Subtract line 7 from line 6		8	111,128.		
9 In Column A, enter the amount from line 8. In Column B, mult amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If s the Department of Transportation (DOT) hours-of-service limi Multiply by 80% (.80) instead of 50%)	ubject to	9	111,128.		
10 Add the amounts on line 9 of both columns and enter the tota			>	10	111,128.

Stat	ement SBE (2015) DONALD J. TRUMP							Page 2
Pa	art II Vehicle Expenses							1 490 -
Sect	tion A General Information					(a) Vehicle	(b) Vehicle	
11	Enter the date vehicle was placed in service				11		(0) (0)	
12	Total miles vehicle was driven during 2015				12	miles		miles
13	Business miles included on line 12				3	miles		miles
14	Percent of business use. Divide line 13 by line 12		***************************************		4	%		%
15	Average daily roundtrip commuting distance				5	miles		miles
16			*************************************		6	miles		
17	Other miles. Add lines 13 and 16 and subtract the	total f	rom line 12		7	miles		miles
18	Was your vehicle available for personal use during	a off-dı	utv hours?			111103	Yes	miles No
		410.700	· · · · · · · · · · · · · · · · · · ·				[] 163	140
19	Do you (or your spouse) have another vehicle ava	ilable f	or personal use?				Yes	☐ No
20	Do you have evidence to support your deduction?						Yes	No
								110
21	If "Yes," is the evidence written?						Yes	☐ No
Sect	tion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether t	to complete thi	e saction	n or Saction C)		
	The standard minerage Mate (650 the moth dotte	7110 101	Tarri to find out whether	to complete thi	5 56000	TOT Section C.)		
22	Multiply line 13 by 57.5¢ (.575). Enter the result h	nere an	d on line 1			22		
Sect	tion C Actual Expenses		(a) V	ehicle			ehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23						
	Vehicle rentals	24a			OZNEN.			
b	Inclusion amount	24b						
	Subtract line 24b from line 24a	24c						WELLEY (1971)
25	Value of employer-provided vehicle (applies	2.70						
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27			1161741406500			
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on	20						
23	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section		f you owned the vehicle ar	d are complet	ina Coo	tion C for the yehiole)		
	Topicolation of Foliolog (200 tills 200till	T Only I		ehicle	ing sec	The second secon	-1-1-1-	
30	Enter cost or other basis	30	(4) (4)	GIIIGIG		(b) v	ehicle 	Attaittestrees
	Enter section 179 deduction	00				08/30/30/4/1/30/4/30/4/30/4/30/4/30/4/30/4		ALTO COLUMN
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106	1 01		Annaly to be			Grander Strategies	
UL	instructions if you claimed the section 179	1 1						
	daduation or angold allowance)	00						
22	Enter depreciation method and percentage	32						
33		33	NIA has say a say					
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35			Mary State			
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37						14
38	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38	4200 A H BEIT (1842)					

Your name S	Social security number	Business in which expenses	were inc	urred
DONALD J. TRUMP		TRUMP CPS LLC		
Part I Business Expenses and Reimbursemen	ts			
STEP 1 Enter Your Expenses		Column A		Column B
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel				
3 Travel expense while away from home overnight, including lodging, etc. Do not include meals and entertainment	airplane, car rental,			
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STAT	e meals	101,315.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the reenter the amount from line 5	esult. In Column B,	101,315.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amount fro	om line 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed In	STEP 1			
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	W-27			
STEP 3 Figure Expenses Subject to the Limitation	on			
8 Subtract line 7 from line 6	8	101,315.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits:	to			
Multiply by 80% (.80) instead of 50%)	9	101,315.	Tire	1
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses		•	10	101.315

Pa	art II Vehicle Expenses					Page
	tion A General Information				/a/Materials	
11	Enter the date vehicle was placed in service				(a) Vehicle	(b) Vehicle
12	Total miles vehicle was driven during 2015			11		
13	Rusiness miles included on line 12			12	miles	mile:
14	Business miles included on line 12)		13	miles	mile
15	Percent of business use. Divide line 13 by line 12	2		14	%	9/
16	Average daily roundtrip commuting distance Commuting miles included on line 12				miles	mile:
17				16	miles	miles
18	Other miles. Add lines 13 and 16 and subtract th	e total fro	m line 12	17	miles	miles
10	Was your vehicle available for personal use during	ig on-auty	/ nours?			Yes N
19	Do you (or your spouse) have another vehicle av	ailable for	personal use?			Yes N
20	Do you have evidence to support your deduction	?		******************	***************************************	Yes N
21	If "Yes," is the evidence written?					
						VOCATION III AND
Sect	ion B Standard Mileage Rate (See the instructi	ons for Pa	art II to find out whether to co	omplete this section	or Section C.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result	here and o	on line 1			
Sect	ion C Actual Expenses		(a) Vehic	le	(b)	Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				
24 a	Vehicle rentals					
b	Inclusion amount	24b				
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on			10		
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this sectio		ou owned the vehicle and ar	e completing Sect	ion C for the vehicle)	
		T	(a) Vehicl			Vehicle
30	Enter cost or other basis	30	(a) voinoi	0	(0)	venicie
31	Enter section 179 deduction					
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106		The second secon			100000000000000000000000000000000000000
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35		35				
36	Add lines 31 and 34 Enter the limitation amount	36				
			20130 2016 2016 2016 2016 2016 2016 2016 201	对五年中央 使支充。		
37	Multiply line 36 by the percentage on line 14	37				
38	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					200 000 000 000 000
	line 35. Also enter this amount on line 28 above	38				

Supplemental Busil	iess exhelises				2010		
Your name	Social secur	ity number	Business in which expenses	were inc	urred		
DONALD J. TRUMP			TRUMP CPS DEVELOPMENT LLC				
Part I Business Expense	s and Reimbursements	\(\frac{1}{2}\)					
STEP 1 Enter Your Expens	ses		Column A		Column B		
			Other Than Meals and Entertainment		Meals and Entertainment		
1 Vehicle expense from line 22 or line	29	1					
2 Parking fees, tolls, and transportatio involve overnight travel							
3 Travel expense while away from hom	e overnight, including lodging, airplane, car inment	rental					
4 Business expenses not included on I and entertainment	nes 1 through 3. Do not include meals SEE STATEMENT 11	1 4	10,455.				
5 Meals and entertainment expenses		5					
6 Total expenses. In Column A, add li enter the amount from line 5	nes 1 through 4 and enter the result. In Colu	ımn B,	10,455.				
	or any expenses in Step 1, skip line 7 and e		m line 6 on line 8.				
STEP 2 Reimbursements f	or Expenses Listed In STEP 1						
7 Enter amounts that were not reported Include any amount reported under continuous continuous and the second continuous continuou	t to you in box 1 of Form W-2. ode "L" in box 12 of your Form W-2	7					
STEP 3 Figure Expenses S	ubject to the Limitation			LES COLON			
8 Subtract line 7 from line 6		8	10,455.				
9 In Column A, enter the amount from amount on line 8 by 50% (.50). (If ze the Department of Transportation (DC)	o or less, enter -0-) (If subject to						
Multiply by 80% (.80) instead of 50%)	9	10,455.				
10 Add the amounts on line 9 of both co These are your supplemental busines			>	10	10,455.		

Pa	art II Vehicle Expenses					- Faye 2
	tion A General Information			- I	(a) Vehicle	/h\\/abiala
11	Enter the date vehicle was placed in service			11	(a) venicle	(b) Vehicle
12	Total miles vehicle was driven during 2015	*********	***************************************	12	miles	
13	Business miles included on line 12		***************************************	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	************************************	14	"Miles	miles
15	Average daily roundtrip commuting distance		********************	15		
16					miles	miles
17	Other miles. Add lines 13 and 16 and subtract the	total fro	om line 12	17	miles	miles
18	Was your vehicle available for personal use durin	a off-du	ty hours?	[17]	miles	miles
19						
10	Do you (or your spouse) have another vehicle av	mable to	r personal use?		***************************************	Yes No
20	Do you have evidence to support your deduction?	·····		******	***************************************	Yes No
21	If "Yes," is the evidence written?			***********	***************************************	Yes No
	ion B Standard Mileage Rate (See the instructi					
	. Standard Miloago Hate (666 the matructi	0113 101 1	art ii to iiiid out whether to co	mpiete this section	or Section C.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result l	nere and	on line 1	AAAAAAAAA	22	
Sect	ion C Actual Expenses		(a) Vehicle	е		Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				7 12 2 15 3 Ay
24 a	Vehicle rentals	24a	50 F 5			
b	Inclusion amount	24b				
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies	0.00				
	only if 100% of annual lease value was	1 100				
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this section		you owned the vehicle and ar	e completing Sect	ion C for the vehicle.)	
			(a) Vehicle	9	(b)	Vehicle
30	Enter cost or other basis	30				
31	Enter section 179 deduction	5.0				AP
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106					
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36	Salah			
37	Multiply line 36 by the percentage on line 14	37				
38	Enter the smaller of line 35 or line 37. If you	07				
(407)	skipped lines 36 and 37, enter the amount from					
	line 35. Also enter this amount on line 28 above	38				
	The street and amount on the 20 above	00				

The state of the s	,3		2010		
Your name	Social security number		Business in which expenses	were inc	urred
DONALD J. TRUMP)			
Part I Business Expenses and Reimbursen	nents				
STEP 1 Enter Your Expenses			Column A		Column B
• 52			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	*****	1			
Parking fees, tolls, and transportation, including train, bus, etc., involve overnight travel	that did not	2			
3 Travel expense while away from home overnight, including lodg etc. Do not include meals and entertainment	ing, airplane, car rental,	3			
4 Business expenses not included on lines 1 through 3. Do not in and entertainment SEE S'	clude meals FATEMENT 112	4	55,361.		
5 Meals and entertainment expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	he result. In Column B	6	55,361.		
NOTE: If you were not reimbursed for any expenses in Step 1,		int fron	ı line 6 on line 8.		(Control of the Control of the Contr
STEP 2 Reimbursements for Expenses Listed	I In STEP 1		***************************************		
7 Enter amounts that were not reported to you in box 1 of Form W Include any amount reported under code "L" in box 12 of your Fo	-2. rrm W-2	7			
STEP 3 Figure Expenses Subject to the Limit	ation				
8 Subtract line 7 from line 6		8	55,361.		
9 In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If sub the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)	y the ject to	9	55,361.		
10 Add the amounts on line 9 of both columns and enter the total he		0 1	>	10	55.361.

P	art II Vehicle Expenses					Page 2
	tion A General Information	TIPE SERVE			7-22/11/1	
11	Enter the date vehicle was placed in service			14	(a) Vehicle	(b) Vehicle
12	Total miles vehicle was driven during 2015			11		
13	Business miles included on line 12			12	mil	Tillios
14	Percent of business use. Divide line 13 by line 1	2		14	mil	111103
15	Average daily roundtrip commuting distance			15	The state of the s	% %
16	Commuting miles included on line 12			16	mile	111103
17	Other miles. Add lines 13 and 16 and subtract th	e total fro	m line 12	17	mile	1111103
18	Was your vehicle available for personal use duri	na off-duty	/ hours?	17	mile	es miles
	part of the state	ig on day	, modra:			Yes No
19	Do you (or your spouse) have another vehicle av	railable for	personal use?		***************************************	Yes No
20	Do you have evidence to support your deduction	?		***********		Yes No
21	If "Yes," is the evidence written?					
CONTRACTOR OF THE PARTY OF THE	The state of the second decreases the second decrease the second decreases the second decreas	**********	***************************************			Yes No
Sect	tion B Standard Mileage Rate (See the instruct	ions for Pa	art II to find out whether to	complete this se	ction or Section C)	
				(3/		
22	Multiply line 13 by 57.5¢ (.575). Enter the result	here and c	on line 1		STOCK THE REPORT AND A PROPERTY AND A PROPERTY AND A STOCK AND A S	22
Sect	non G Actual Expenses		(a) Ve	hicle		(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				(4) (4)
24 a	Vehicle rentals	24a				
b	Inclusion amount	24b				
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26		· · · · · · · · · · · · · · · · · · ·		
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below					
	Add lines 27 and 28. Enter total here and on	20	-			
	line 1	29				
Secti	ion D Depreciation of Vehicles (Use this sectio		ou owned the vehicle and			
	apraise of remains (555 time 550tio	l only if y			Section C for the vehicle.)	
30	Enter cost or other basis	30	(a) Veh	licie		(b) Vehicle
	Enter section 179 deduction	30				
	and special allowance	04				
32	Multiply line 30 by line 14 (see Form 2106	31				Service Control
	instructions if you claimed the section 179					
	deduction or special allowance)					
22		32				
	Enter depreciation method and percentage	33				
	Multiply line 32 by the percentage on line 33	34				
	Add lines 31 and 34	35				
	Enter the limitation amount	36				
	Multiply line 36 by the percentage on line 14	37				
	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					ROLLER Garages
	line 35. Also enter this amount on line 28 above	38				

Supplemental business expense	S				2010
Your name	Social security number		Business in which expenses	were in	curred
DONALD J. TRUMP			TRUMP EQUITABLE FIF	ENUE CO	
Part I Business Expenses and Reimbursem	ients				
STEP 1 Enter Your Expenses			Column A		Column B
			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
2 Parking fees, tolls, and transportation, including train, bus, etc., t involve overnight travel	that did not	2			
3 Travel expense while away from home overnight, including lodgir etc. Do not include meals and entertainment	nn airnlane car rental	3			
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE ST	lude meals 'ATEMENT 113	4	191,195.		
5 Meals and entertainment expenses		5			
6 Total expenses. In Column A. add lines 1 through 4 and enter th	Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5		191,195.		
NOTE: If you were not reimbursed for any expenses in Step 1, s		unt fron	n line 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed	In STEP 1				
7 Enter amounts that were not reported to you in box 1 of Form W-Include any amount reported under code "L" in box 12 of your For	-2. rm W-2	7			***************************************
STEP 3 Figure Expenses Subject to the Limita	ition				
8 Subtract line 7 from line 6		8	191,195.		
9 In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to Describe of Texas (.50)).	the ect to				
the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	***************************************	9	191,195.		
Add the amounts on line 9 of both columns and enter the total her These are your supplemental business expenses			b	10	191.195
O Add the amounts on line 9 of both columns and enter the total her			>	10	

	<u> </u>					
Sta	tement SBE (2015) DONALD J. TRUMP					Person
	art II Vehicle Expenses					Page
Sec	tion A General Information				(a) Vehicle	/b) \/ab:-I-
11	Enter the date vehicle was placed in service				(tt) volliolo	(b) Vehicle
12	Total miles vehicle was driven during 2015			12	miles	
13	Business miles included on line 12			13	miles	miles
14	Percent of business use. Divide line 13 by line 1	2		14	"/"	miles
15	Average daily roundtrip commuting distance			15	miles	%
16	Commuting miles included on line 12		***************************************	16		miles
17	Other miles. Add lines 13 and 16 and subtract th	e total from	line 12	17	miles	miles
18	Was your vehicle available for personal use duri	ng off-duty h	nours?		miles	miles Yes N
40						
19	Do you (or your spouse) have another vehicle av	ailable for p	ersonal use?			Yes Ne
20	Do you have evidence to support your deduction	?				
		• ••••••••	******************************			Yes No
21	If "Yes," is the evidence written?	,				Yes No
Sect	ion B Standard Mileage Rate (See the instruct	ions for Part	t II to find out whether to	complete this section	or Section C.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result	here and on	line 1		22	
-	ion C Actual Expenses		(a) Ve	hicle		ehicle
	Gasoline, oil, repairs, vehicle insurance, etc.					
	Vehicle rentals	24a				
b	Inclusion amount	24b				
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Secti	on D Depreciation of Vehicles (Use this sectio	n only if you	owned the vehicle and	are completing Secti	on C for the vehicle.)	
			(a) Veh		(b) Ve	hicle
30	Enter cost or other basis	30			(b) ve	mole
	Enter section 179 deduction					
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106					
	instructions if you claimed the section 179					
	deduction or special allowance)	20				

Enter depreciation method and percentage

Add lines 31 and 34

Multiply line 32 by the percentage on line 33

Enter the limitation amount

Enter the smaller of line 35 or line 37. If you

Multiply line 36 by the percentage on line 14

skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above

Cappionional Business Expenses	ALL NO STATE OF THE STATE OF TH		2010	
Your name So	cial security number	were inci	urred	
DONALD J. TRUMP		MISS UNIVERSE LP, I	LP	
Part I Business Expenses and Reimbursement	S			
STEP 1 Enter Your Expenses		Column A		Column B
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29				
2 Parking fees, tolls, and transportation, including train, bus, etc., that d involve overnight travel	id not			
3 Travel expense while away from home overnight, including lodging, air etc. Do not include meals and entertainment	plane, car rental.			
4 Business expenses not included on lines 1 through 3. Do not include rand entertainment SEE STATEM	meals MENT 114 4	75,013.		
5 Meals and entertainment expenses	5			
Total expenses. In Column A, add lines 1 through 4 and enter the resuenter the amount from line 5	ult In Column D	75,013.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip lin				
TEP 2 Reimbursements for Expenses Listed In S	STEP 1			
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-	2 7			J.
TEP 3 Figure Expenses Subject to the Limitation			West Sel	
Subtract line 7 from line 6	8	75,013.		4
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to				
the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	75,013.		
		,5,015.		
Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses		>	10	75.01
		**********************	10	75,01

P	art II Vehicle Expenses							Page 2
Se	ction A General Information					(-) (-)	The second second	
11	Enter the date vehicle was placed in service				_	(a) Vehicle	(b) Vehicle	
12	Total miles vehicle was driven during 2015			1	1			
13	Business miles included on line 12	***********			2	miles		miles
14	Percent of business use. Divide line 13 by line 1	2	*****************************			miles		miles
15	Average daily roundtrip commuting distance					%		%
16	Commuting miles included on line 12					miles		miles
17	Other miles. Add lines 13 and 16 and subtract th	ne total from	m line 19			miles		miles
18	Was your vehicle available for personal use duri	ng off-dut	thours?	1	7	miles		miles
	Was your vehicle available for personal use duri	ng on-duty	/ Hours ?	*****************			Yes	No
19	Do you (or your spouse) have another vehicle a	/ailable for	personal use?				Yes	No
20								
21								No
	If "Yes," is the evidence written?						Yes	☐ No
Sec	tion B Standard Mileage Rate (See the instruct	ions for Pa	art II to find out whether t	to complete this	section	or Section C.)		
	Multiply line 13 by 57.5¢ (.575). Enter the result							
Sec	tion C Actual Expenses	nore and e	(a) Ve	ehicle			1	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		omoro -		(D)	Vehicle	
24 a	Vehicle rentals		A STATE OF THE STA	The Control of the Co	(ESTAN)			
b	Inclusion amount	The second second						
	Subtract line 24b from line 24a	200						
	Value of employer-provided vehicle (applies	. 240						
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27				_		
28	Depreciation. Enter amount from line 38 below	21						
29	Add lines 27 and 28. Enter total here and on	. 28						
	line 1	00						
Sect		29						
-	ion D Depreciation of Vehicles (Use this sectio	I only if yo			g Section	n C for the vehicle.)		
30	Enter cost or other basis	L no T	(a) Ve	hicle		(b) V	/ehicle	
	Enter section 179 deduction	30	50 Marie 200 (190 (190 (190 (190 (190 (190 (190 (1					
0 1								
20	and special allowance	31						
2								
	instructions if you claimed the section 179							
2.0	deduction or special allowance)	32				3		
	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35						
36	Enter the limitation amount	36						
	Multiply line 36 by the percentage on line 14	37						1
	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						

The state of the s			2010
Your name	Social security number	Business in which expenses	were incurred
DONALD J. TRUMP	<u>.</u>	LC	
Part I Business Expenses and Reimburseme	ents		
STEP 1 Enter Your Expenses		Column A	Column B
		Other Than Meals and Entertainment	Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
Parking fees, tolls, and transportation, including train, bus, etc., the involve overnight travel	at did not		
3 Travel expense while away from home overnight, including lodgin	g, airplane, car rental,		
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STA	Jde meals TEMENT 115 4	45,476.	
5 Meals and entertainment expenses	5		
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	result In Column B	45,476.	
NOTE: If you were not reimbursed for any expenses in Step 1, sk		m line 6 on line 8.	
STEP 2 Reimbursements for Expenses Listed	In STEP 1		
7 Enter amounts that were not reported to you in box 1 of Form W-2 Include any amount reported under code "L" in box 12 of your Form	n W-2 7		
STEP 3 Figure Expenses Subject to the Limitat	ion	-	
8 Subtract line 7 from line 6	8	45,476.	
9 In Column A, enter the amount from line 8. In Column B, multiply t amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject	he et to		
the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)		45,476.	
O Add the amounts on line 9 of both columns and enter the total here		,	10 45,476
Those ore recurrent to the terms of the term		>	10

12 Total miles vehicle was driven during 2015 12 miles	Pa	rt II Vehicle Expenses								
11	Sect	ion A General Information					(a) Vehicle		(b) Vehicle	
12 Total miles vehicle was driven during 2015 12 miles	11	Enter the date vehicle was placed in service				1				
13 Business miles included on line 12	12	Total miles vehicle was driven during 2015				2	miles	6		miles
14 Percent of business use, Divide line 13 by Jine 12	13	Business miles included on line 12				3	miles	3		miles
15 Average daily roundring commuting distances 15 miles miles miles of Commuting miles included on line 12 16 miles miles 17 Other miles. Add lines 13 and 16 and subtract the total from line 12 17 miles miles 18 Was your vehicle available for personal use during off-duty hours?	14	Percent of business use. Divide line 13 by line 12				4	9/			
16 Commuting miles included on line 12 19 miles mile	15	Average daily roundtrip commuting distance				5	miles	3		100
Multiply line 3 by 57.5c (.575). Enter the result here and on line 1 22 3 22 3 3 3 3 3 3	16	A SERVICE OF THE PROPERTY OF T				6	miles	3		
No. 20 Do you (or your spouse) have another vehicle available for personal use? 19 Do you (or your spouse) have another vehicle available for personal use? 20 Do you have evidence to support your deduction? 21 If "Yes," is the evidence written? 22 If "Yes," is the evidence written? 23 Well of the evidence written? 24 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 25 Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 26 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 27 Section C Actual Expenses 28 (a) Vehicle 29 Gasoline, oil, repairs, vehicle insurance, etc. 29 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 20 Section Orm W-2 21 Section D Depreciation in Part III to find out whether to complete this section or Section C.) 29 Add lines 23, 24c, and 25 20 Section D Depreciation in III is section only if you owned the vehicle and are completing Section C for the vehicle. Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle. Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle. Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle. Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle. Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle. Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle. Section D Depreciation of the Action	17					7	miles	3		
20 Do you have evidence to support your deduction? 21 If "Yes," is the evidence written? Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 22 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 22 Section D Actual Expenses (a) Vehicle 23 Gasoline, oil, repairs, vehicle insurance, etc. 24 Vehicle rentals 15 Inclusion amount 24 Vehicle rentals 25 Value of employer-provided vehicle (applies only if 100% of annual lesse value was included on Form W-2) 25 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 27 Section D Depreciation of Vehicles (Use this section only if 100 wowned the vehicle and are completing Section C for the vehicle.) 28 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) 29 Section D Depreciation of Section 179 deduction and special allowance an	18								. Yes	□ No
Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 22 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 23 Gasoline, oil, repairs, vehicle insurance, etc. 24 Vehicle rentals 24 Vehicle rentals 25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 26 Add lines 23, 24d, and 25 27 Multiply line 26 by the percentage on line 14 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 29 Section 179 deduction and special allowance 30 Enter cost or other basis 31 Enter section 179 deduction in a special allowance 32 Multiply line 30 by line 14 (see Form 2108 instructions if you claimed the section 179 deduction in or special allowance 33 Add lines 31 and 34 34 Multiply line 30 by the percentage on line 43 35 Add lines 35 and 37 4 36 Enter the limitation amount 36 Enter the limitation amount 36 Enter the limitation amount 37 Multiply line 36 by the percentage on line 14 37 Section 179 defaultion and percentage on line 4 37 Multiply line 36 by the percentage on line 14 37 Section 179 defaultion amount 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	19	Do you (or your spouse) have another vehicle ava	ilable for p	ersonal use?					Yes	□ No
Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 22 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 23 Gasoline, oil, repairs, vehicle insurance, etc. 23 4a Vehicle rentals 24a Vehicle rentals 24b Could be subjected to the subject of	20	20 Do you have evidence to support your deduction?								No
22 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 22	21	If "Yes," is the evidence written?		· · · · · · · · · · · · · · · · · · ·					Yes	☐ No
22 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 22	Cost	ion D. Ctondard Mileago Date (Con the instance)	on for De	t II to find out whathar t			as Realize CV			
Section C Actual Expenses (a) Vehicle (b) Vehicle (a) Vehicle (c) Vehicle	sect	ion b Standard Mileage Hate (See the Instruction	nis for Par	t it to find out whether to	complete thi	s section	or Section C.)	т		
Section C Actual Expenses (a) Vehicle (b) Vehicle (a) Vehicle (c) Vehicle	00	Multiply line 12 by E7 Eq. / E7E). Enter the regult by	are and an	line 1						
23 Gasoline, oil, repairs, vehicle insurance, etc. 23 24a 24b 24b 24b 24b 24c 24c		ion C - Actual Expenses	iere and on						hicle	
24a Vehicle rentals 24a	The case of		00	(a) ven	1016			(0) ve	THUE	
b Inclusion amount c Subtract line 24b from line 24a 24c 5 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 25 Add lines 23, 24c, and 25 26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 27 28 Depreciation. Enter amount from line 38 below 28 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle 30 Enter cost or other basis 31 Enter section 179 deduction and special allowance 31 Enter section 179 deduction on special allowance 32 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage on line 33 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 37 Multiply line 36 by the percentage on line 14 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from								SHEE		
C Subtract line 24b from line 24a 24c				7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)						
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 27 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)										
only if 100% of annual lease value was included on Form W-2) 25 26 Add lines 23, 240, and 25 27 Multiply line 26 by the percentage on line 14 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)			240							
Included on Form W-2 25 26 26 26 27 Multiply line 26 by the percentage on line 14 27 28 Depreciation. Enter amount from line 38 below 28 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this se	25	and the same of th								
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27 Multiply line 26 by the percentage on line 14 27 28 Depreciation. Enter amount from line 38 below 28 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle (a) Vehicle (b) Vehicle 30 Enter cost or other basis 30 (a) Vehicle (b) Vehicle 31 Enter section 179 deduction and special allowance 31 (a) Vehicle (b) Vehicle (b) Vehicle (c) Vehicle (c	221			_			_	-		
28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle 30 Enter cost or other basis 30			3350	_			_			
29 Add lines 27 and 28. Enter total here and on line 1 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle (a) Vehicle (b) Vehicle 10 Enter cost or other basis (a) (b) Vehicle 11 Enter section 179 deduction and special allowance (a) (b) Vehicle (b) Vehicle (b) Vehicle (c)			1.50	-			_			
Iline 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle (a) Vehicle (b) Vehicle (b) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (e) Vehicle (f)	28		28	_						
Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle 30 Enter cost or other basis 31 Enter section 179 deduction and special allowance 31 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 36 The instruction and instruction and instruction and instruction are completing Section C for the vehicle. (a) Vehicle (b) Vehicle (b) Vehicle (c) (a) Vehicle (b) Vehicle (c) (a) Vehicle (d) Ve	29		20							
(a) Vehicle (b) Vehicle 30 Enter cost or other basis 30 Senter section 179 deduction and special allowance 31 Senter section 179 deduction and special allowance 31 Senter depreciation method and percentage 33 Senter depreciation method and percentage 33 Senter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 Senter the limitation amount 36 Senter the limitation amount 36 Senter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	Sect			u owned the vehicle and	are complet	ing Sect	ion C for the vehicle.)	POLICE I		
30 Enter cost or other basis 30 Senter section 179 deduction and special allowance 31 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 34 35 Add lines 31 and 34 35 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from								(b) Ve	hicle	
Solution 179 deduction and special allowance 31 32 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 33 Enter depreciation method and percentage 33 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 35 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	30	Enter cost or other basis	30	17						
Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage 33 Multiply line 32 by the percentage on line 33	31							100		
Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage 33 Multiply line 32 by the percentage on line 33		and special allowance	31							
instructions if you claimed the section 179 deduction or special allowance) 32 33 Enter depreciation method and percentage 33 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	32			22						
deduction or special allowance) 32 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 36 Multiply line 36 by the percentage on line 14 37 Multiply line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	RIW!									
33 Enter depreciation method and percentage 33 34 34 35 35 35 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from			32							
34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 37 Multiply line 36 by the percentage on line 14 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	33									
35 Add lines 31 and 34 35 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from			10.000					7.00		
36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from			3757							
37 Multiply line 36 by the percentage on line 14		Enter the limitation amount						S. P. Parker		15 18 18 17 1
Skipped lines 36 and 37, enter the amount from				0.27 - 10.00 10.00 - 10.00 10.00					WV 45 2 75 71	
skipped lines 36 and 37, enter the amount from			- 01							
	00									
line 35. Also enter this amount on line 28 above 1.38.1		line 35. Also enter this amount on line 28 above	38							

oupplemental business Expenses						
Your name So	ocial security number	vere incurred				
DONALD J. TRUMP	DONVAN ENTERPRISES INC					
Part I Business Expenses and Reimbursement	S					
STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment	Column Meals a Entertain	ınd		
1 Vehicle expense from line 22 or line 29	1					
Parking fees, tolls, and transportation, including train, bus, etc., that dinvolve overnight travel	fid not					
3 Travel expense while away from home overnight, including lodging, ai etc. Do not include meals and entertainment	rplane, car rental.					
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATES	meals MENT 116 4	3,735.				
5 Meals and entertainment expenses	5					
6 Total expenses. In Column A, add lines 1 through 4 and enter the res enter the amount from line 5	ult. In Column B,	3,735.				
NOTE: If you were not reimbursed for any expenses in Step 1, skip li	ine 7 and enter the amount fro	m line 6 on line 8.				
STEP 2 Reimbursements for Expenses Listed In	STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W	/-2 7					
STEP 3 Figure Expenses Subject to the Limitation	n					
8 Subtract line 7 from line 6	8	3,735.				
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)		3,735.				
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	3,735.		

Pa	art II Vehicle Expenses						raye L	
	tion A General Information					(a) Vehicle	(b) Vehicle	
11	Enter the date vehicle was placed in service				11	(d) vollido	(b) venicle	
12	Total miles vehicle was driven during 2015				12	miles	miles	
13	Business miles included on line 12		*****************************		13	miles	miles	
14	Percent of business use. Divide line 13 by line 12		***************************************		14	%		
15	Average daily roundtrip commuting distance				15	miles		
16					16	miles	miles	
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12		17	miles	miles	
18	Was your vehicle available for personal use durin	a off-du	tv hours?			111165	miles Yes No	
	, , , , , , , , , , , , , , , , , , , ,	9 011 00	ty nouro.	***************			Yes No	
19	Do you (or your spouse) have another vehicle ava	ilable fo	or personal use?	••••••			Yes No	
20	Do you have evidence to support your deduction?							
21	If "Yes," is the evidence written?		***************************************				Yes No	
Sect	tion B Standard Mileage Rate (See the instruction	ons for	Part II to find out whether t	to complete th	is section	or Section C.)		
22	Multiply line 13 by 57.5¢ (.575). Enter the result h	nere and	on line 1			22		
Sect	tion C Actual Expenses	lor o un c		ehicle			_I Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		I		(0)	Verificie	
	Vehicle rentals	24a						
		24b						
	0.17	24c	Tarrier Conservation					
25	Value of employer-provided vehicle (applies	246						
20	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
		-						
27	Multiply line 26 by the percentage on line 14	27				_		
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section		vou owned the vehicle an	l nd are comple	ting Sect	ion C for the vehicle \		
		T	(a) Ve		ting coo		Vehicle	
30	Enter cost or other basis	30	(a) v	CITICIO		(D)	Vernicle	
	Enter section 179 deduction	00						
110000011	and anguial allowance	31						
32	Multiply line 30 by line 14 (see Form 2106	01						
02	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33					EAST STATE OF THE		
35	Add lines 31 and 34	34				_		
36	Enter the limitation amount	36			4021642257		FERENCE STREET	
					WEEK LIST			
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the smaller of line 35 or line 37. If you	100						
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38					20	

Your name	Social security number		Business in which expenses were incurred				
DONALD J. TRUMP							
Part I Business Expenses and	Reimbursements		FLIGHTS INC.				
Parti Dumies Expenses and	Tronnour serients			,			
STEP 1 Enter Your Expenses			Column A		Column B		
			Other Than Meals and Entertainment		Meals and Entertainment		
1 Vehicle expense from line 22 or line 29		1					
2 Parking fees, tolls, and transportation, includi							
3 Travel expense while away from home overniq etc. Do not include meals and entertainment							
4 Business expenses not included on lines 1 thr and entertainment	ough 3. Do not include meals SEE STATEMENT 117	. 4	76,241.				
5 Meals and entertainment expenses		. 5					
6 Total expenses. In Column A, add lines 1 threenter the amount from line 5	ough 4 and enter the result. In Column B,	6	76,241.				
NOTE: If you were not reimbursed for any ex	xpenses in Step 1, skip line 7 and enter the ar	nount from	ı line 6 on line 8.				
STEP 2 Reimbursements for Exp	enses Listed In STEP 1						
7 Enter amounts that were not reported to you in Include any amount reported under code "L" in	in box 1 of Form W-2. 1 box 12 of your Form W-2	. 7					
STEP 3 Figure Expenses Subject	to the Limitation			L			
8 Subtract line 7 from line 6		8	76,241.				
9 In Column A, enter the amount from line 8. In amount on line 8 by 50% (.50). (If zero or less the Department of Transportation (DOT) hours	s, enter -0-) (If subject to						
Multiply by 80% (.80) instead of 50%)		9	76,241.				
10 Add the amounts on line 9 of both columns ar These are your supplemental business expens				10	76,241.		

Pa	art II Vehicle Expenses							raye 2
	ion A General Information		419-9-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service			11	(4) 10111010		(b) vernore	
12	Total miles vehicle was driven during 2015			12		miles		miles
13	Business miles included on line 12			13		miles		miles
14	Percent of business use. Divide line 13 by line 12	***********		14		%		%
15	Average daily roundtrip commuting distance	********		15		miles		miles
16						miles		miles
17	Other miles. Add lines 13 and 16 and subtract the	total from	line 12			miles		miles
18	Was your vehicle available for personal use during	a off-duty	hours?				Yes	No
	, ,	g on dary					[] 165	140
19	Do you (or your spouse) have another vehicle ava	ilable for p	personal use?				Yes	No
20	Do you have evidence to support your deduction?						Yes	No
21	If "Yes," is the evidence written?				*****************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	No
Sect	ion B Standard Mileage Rate (See the instruction	ons for Pa	t II to find out whether t	o complete this s	ection or Section C.)		year-100-100-100-100-100-100-100-100-100-10	
22	Multiply line 13 by 57.5¢ (.575). Enter the result h	ere and o				. 22		
Sect	ion C Actual Expenses		(a) Ve	ehicle		(b) V	ehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc							
24 a	Vehicle rentals							
b	Inclusion amount	24b						
C	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							-
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section	only if yo	u owned the vehicle an	d are completing	Section C for the vehicle	.)		
			(a) Ve	ehicle		(b) V	ehicle	
30	Enter cost or other basis	30				V-1		
31	Enter section 179 deduction							
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106							Charles II
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34		4				OHIEROLOTO
35	Add lines 31 and 34	35						
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37			400 - 21 - 21 - 21 - 21 - 21 - 21 - 21 -			
38	Enter the smaller of line 35 or line 37. If you	01						
5.5	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						

Your name							
Tour name	Social security number	Social security number Business in		in which expenses were incurred			
DONALD J. TRUMP		FOOTBALL GENE			ERALS INC.		
Part I Business Expenses and Reimburser	ments						
STEP 1 Enter Your Expenses			Column A		Column B		
		Other Than Meals and Entertainment		Meals and Entertainment			
1 Vehicle expense from line 22 or line 29		1					
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel							
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment							
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 118		4	12,910.				
5 Meals and entertainment expenses							
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5		6	12,910.				
NOTE: If you were not reimbursed for any expenses in Step 1	, skip line 7 and enter the am	ount fror	n line 6 on line 8.				
STEP 2 Reimbursements for Expenses Liste	d In STEP 1						
7 Enter amounts that were not reported to you in box 1 of Form Include any amount reported under code "L" in box 12 of your F	W-2. Form W-2	7					
STEP 3 Figure Expenses Subject to the Limi	tation						
8 Subtract line 7 from line 6		8	12,910.				
9 In Column A, enter the amount from line 8. In Column B, multip amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If su	oly the						
the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)		9	12,910.				
10 Add the amounts on line 9 of both columns and enter the total							
These are your supplemental business expenses	nere.		>	10	12,910.		

Pa	art II Vehicle Expenses					raye 2		
	tion A General Information				(a) Vehicle	(b) Vehicle		
11	Enter the date vehicle was placed in service			11	(a) voinoio	(b) verificie		
12				12	miles	miles		
13	Business miles included on line 12			13	miles	miles		
14				14	%	%		
15	Average daily roundtrip commuting distance		15	miles	miles			
16				miles				
17			line 12	17	miles	miles		
18 Was your vehicle available for personal use during off-duty hours?			hours?		111103	miles Yes No		
	Was your vehicle available for personal use during off-duty hours?							
19	Do you (or your spouse) have another vehicle available for personal use?							
20	Do you have evidence to support your deduction?							
21	If "Yes," is the evidence written?							
Sect	tion B Standard Mileage Rate (See the instruction	ns for Pa	t II to find out whether to o	complete this sec	ction or Section C.)			
20	Multiply line 12 by 57 Fg / 575). Enter the regult h		ones a					
Sect	Multiply line 13 by 57.5¢ (.575). Enter the result be tion C Actual Expenses	ere and o				22		
-		100	(a) Vehi	cie		b) Vehicle		
23	Gasoline, oil, repairs, vehicle insurance, etc.	23						
	Vehicle rentals	24a						
b	Inclusion amount	24b						
	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	tion D Depreciation of Vehicles (Use this section	only if yo						
20	Enter cost or other basis	00	(a) Vehi	cle		b) Vehicle		
30	***************************************	30		Barrell William				
31	Enter section 179 deduction	24						
0.0	and special allowance	31	Clares Wilder Control of the Control					
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35				1000 1000 1000 1000		
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						

Cappionicital Dasiness Expense	73				2010	
Your name	Social security number	Business in which expenses were incurred				
DONALD J. TRUMP		HELICOPTER AIR SERVICES INC				
Part I Business Expenses and Reimbursen	nents					
STEP 1 Enter Your Expenses			Column A		Column B	
*			Other Than Meals and Entertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29		1				
Parking fees, tolls, and transportation, including train, bus, etc., involve overnight travel	that did not	2				
3 Travel expense while away from home overnight, including lodg	jing, airplane, car rental,	3				
4 Business expenses not included on lines 1 through 3. Do not in and entertainment SEE S	clude meals TATEMENT 119	4	11,326.			
5 Meals and entertainment expenses	22442777447448444444444444	5				
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	the result. In Column B	6	11,326.			
NOTE: If you were not reimbursed for any expenses in Step 1,	skip line 7 and enter the amo	ount fror	n line 6 on line 8.			
STEP 2 Reimbursements for Expenses Listed	d In STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form W Include any amount reported under code "L" in box 12 of your Fo		7				
STEP 3 Figure Expenses Subject to the Limit	ation					
8 Subtract line 7 from line 6	***************************************	8	11,326.			
9 In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If sub the Department of Transportation (DOT) hours-of-service limits:	ject to					
Multiply by 80% (.80) instead of 50%)		9	11,326.			
10 Add the amounts on line 9 of both columns and enter the total he These are your supplemental business expenses	ere.			40	11 22	

Pa	art II Vehicle Expenses								Taye 2
	tion A General Information					(a) Vehicle	(h) \/	ehicle	
11	Enter the date vehicle was placed in service				11	(d) voiliolos	(0) v	GIIIGIG	
12	Total miles vehicle was driven during 2015			**********	12	miles			miles
13	Business miles included on line 12				13	miles		-	
14	Percent of business use. Divide line 13 by line 12				14	%			miles %
15	Average daily roundtrip commuting distance	*******			15	miles			The same of the sa
16					16	miles			miles
17	Other miles. Add lines 13 and 16 and subtract the	total fro	om line 12		17	miles			miles
18	Was your vehicle available for personal use during	a off-dut	v hours?			1111163		Yes	miles No
		,						162	
19	Do you (or your spouse) have another vehicle ava	ilable fo	r personal use?	***************		***************************************		Yes	No
20	Do you have evidence to support your deduction?				********			Yes	☐ No
21	If "Yes," is the evidence written?							Yes	☐ No
Sect	tion B Standard Mileage Rate (See the instruction	ons for P	art II to find out whether	to complete thi	s section	or Section C.)			
0.0	Multiply line 10 by 57 5 / 575) Fater the could be							(4)	
22 Sect	Multiply line 13 by 57.5¢ (.575). Enter the result hition C Actual Expenses	iere and			<u> </u>				
		T 00	(a) v	/ehicle		(b)) Vehicle		
23	Gasoline, oil, repairs, vehicle insurance, etc.			1985 (Car. LD. 2	120000000000000000000000000000000000000			24 20 to 10 to	
	Vehicle rentals	24a					_		
	Inclusion amount	24b		SECTION AND					
	Subtract line 24b from line 24a	24c						-	
25	Value of employer-provided vehicle (applies								
	only if 100% of annual lease value was	18							
	included on Form W-2)								
26	Add lines 23, 24c, and 25	26							
27	Multiply line 26 by the percentage on line 14	27							
28	Depreciation. Enter amount from line 38 below	28							
29	Add lines 27 and 28. Enter total here and on								
Sont	line 1 iion D Depreciation of Vehicles (Use this section	29							
0601	tion b Depreciation of Venicles (use this section	I Only II	AND THE RESIDENCE OF THE PROPERTY OF THE PROPE	0.00/19 65.00	ing Sect				
30	Enter cost or other basis	30	(a) V	'ehicle T	42556	(b)) Vehicle	1257-9036	536.565.255.25
31	Enter cost or other basis Enter section 179 deduction	30							dresen a
01		0.4							
20	and special allowance Multiply line 30 by line 14 (see Form 2106	31							
32									
	instructions if you claimed the section 179	00							
0.0	deduction or special allowance)	32					_		
33	Enter depreciation method and percentage	33					THE REAL		d while is
34	Multiply line 32 by the percentage on line 33	34							
35	Add lines 31 and 34	35		100000000000000000000000000000000000000					
36	Enter the limitation amount	36				AND THE RESIDENCE OF THE PARTY			
37	Multiply line 36 by the percentage on line 14	37							
38	Enter the smaller of line 35 or line 37. If you								
	skipped lines 36 and 37, enter the amount from								
	line 35. Also enter this amount on line 28 above	38							

Cappionicital Business Expense					2010	
Your name	Social security number		Business in which expenses	were inc	urred	
DONALD J. TRUMP	TRUMP PALM BEACHES CORP.					
Part I Business Expenses and Reimbursen	nents		*			
STEP 1 Enter Your Expenses			Column A		Column B	
STEP 1 Litter Four Expenses			Other Than Meals and Entertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29		1	10			
Parking fees, tolls, and transportation, including train, bus, etc., involve overnight travel	that did not	2				
3 Travel expense while away from home overnight, including lodgi etc. Do not include meals and entertainment	ng, airplane, car rental,	3				
4 Business expenses not included on lines 1 through 3. Do not in and entertainment SEE 55	clude meals FATEMENT 120	4	12,426.			
5 Meals and entertainment expenses		5				
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5		6	12,426.			
NOTE: If you were not reimbursed for any expenses in Step 1,	skip line 7 and enter the amou	unt fron	n line 6 on line 8.			
STEP 2 Reimbursements for Expenses Listed	I In STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form W Include any amount reported under code "L" in box 12 of your Fo	r-2. orm W-2	7				
STEP 3 Figure Expenses Subject to the Limit	ation					
8 Subtract line 7 from line 6		8	12,426.			
9 In Column A, enter the amount from line 8. In Column B, multipl	y the					
amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If sub the Department of Transportation (DOT) hours-of-service limits:						
Multiply by 80% (.80) instead of 50%)	***************************************	9	12,426.			
10 Add the amounts on line 9 of both columns and enter the total hi These are your supplemental business expenses			Sec.			
tuese are lear subhiguigural pasingss exhauses				10	12,426.	

Section A - General Information	Pa	art II Vehicle Expenses							7	rage z
11 Enter the date vehicle was placed in service 11 11 11 11 11 11 11							(a) Vehicle		(b) Vehicle	***
12 Total miles vehicle was driven during 2015 12 miles	11	Enter the date vehicle was placed in service			1	1	(1)		(5) + 0111010	
18 Business miles included on line 12 13	12	Total miles vehicle was driven during 2015		***************************************	1		miles			miles
14 Percent of Dusiness use, Divide line 13 by Jine 12 15 Avrage daily crownolking community glistance 16 Avrage daily crownolking miles included on line 12 17 Other miles. Add lines 13 and 16 and subtract the total from line 12 18 Inmiles miles miles 18 Was your velocide available for personal used? 19 Do you (or your spouse) have another vehicle available for personal use? 19 Do you (or your spouse) have another vehicle available for personal use? 20 Do you have evidence to support your deduction? 21 If "Yes," is the evidence written? 22 Multiply line 13 by 57,5e (,575). Enter the result hire and on line 1 22 Multiply line 13 by 57,5e (,575). Enter the result hire and on line 1 22 Multiply line 13 by 57,5e (,575). Enter the result hire and on line 1 23 Gasoline, Of, regards, whicle insurance, etc. 24 Vehicle remais 24 Vehicle remais 25 Value of amployer-provided wehicle (applies only if 10% of annual lases value was included on Form W-2) 25 Add lines 23, 24e, and 25 26 Add lines 23, 24e, and 25 27 Add lines 27 and 28. Enter total here and on line 1 28 Describe In J Despreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) 28 Enter In Cost or other basis 30 Enter to special allowance 31 Enter depreciation method and percentage on line 14 32 Multiply line 30 by the percentage on line 13 33 Add lines 27 and 38 for line 37, If you shipped lines 36 and 37, fertified and 37, if you shipped lines 36 and 37, fertified and 37, if you shipped lines 36 and 37, fertified and 37, if you shipped lines 36 and 37, fertified and 37, if you shipped lines 36 and 37, fertified and 37, if you shipped lines 36 and 37, fertified and 37, if you shipped lines 36 and 37, fertified and 37, if you shipped lines 36 and 37, if you shipped lines 36 and 37, fertified and 37, if you shipped lines 36 and 37, fertified and 37, if you shipped lines 36 and 37, if you shipped lines 36 and 37, fertified and 37, if you shipped lines 36 and 37, if you shipped lines 36 and 37, if you sh	13	Business miles included on line 12			1	3 .				
15 Average daily countring distance 15 miles miles miles commuting miles included on the 12 miles mile	14	Percent of business use. Divide line 13 by line 12			1	4				
16 Commuting miles included on line 12 15 miles miles miles 17 miles miles miles 18 Was your vehicle available for personal use during off-duty hours?	15	Average daily roundtrip commuting distance			1	5				1
More miles, Add lines 13 and 16 and subtract the total from line 12	16					6	miles			
No your verticals available for personal use during off-duty hours? Posyour (or your spouse) have another vehicle available for personal use?	17	Other miles. Add lines 13 and 16 and subtract the	total fro	m line 12	1	7	miles			
Do you have evidence to support your deduction? If "Yes," is the evidence written? Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) Multiply line 13 by 57.5c (.575). Enter the result have and on line 1 Ze Multiply line 13 by 57.5c (.575). Enter the result have and on line 1 Ze Section C Actual Expenses (a) Vehicle (b) Vehicle 23 Gasoline, oil, repairs, vehicle insurance, etc. 24 Vehicle rentals Inclusion amount 24 Value of employer-provided vehicle (applies only if 100% of annual base value was included on Form W-2) 25 Add lines 23, 24c, and 25 76 Multiply line 26 by the percentage on line 14 27 Zeb Depreciation. Enter amount from line 38 below 18 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) 28 Enter cost or other basis 30 (a) Vehicle (b) Vehicle 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) 29 Inter cost or other basis 30 (a) Vehicle (b) Vehicle 20 (b) Vehicle (c) Vehicle 30 (a) Vehicle (b) Vehicle 21 (b) Vehicle 22 (c) Vehicle 23 (a) Vehicle 24 (a) Vehicle (b) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (e) Vehicle (f) Vehicle (g) Ve	18	Was your vehicle available for personal use during	off-dut	y hours?		******	*******************		Yes	
Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 22 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 23 Gasoline, oil, repairs, whicle insurance, etc. 24 Vehicle entals 24a Vehicle entals 24b c Subtract line 24b from line 24a 25 Value of employer-provided whicle (applies only if 100% of annual lease value was included on Form W-2) 26 Add lines 23, 24d, and 25 26 27 Multiply line 26 by the percentage on line 14 27 28 Depreciation. Enter amount from line 38 below 28 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) 28 Enter cost or other basis 30 (a) Vehicle (b) Vehicle (b) Vehicle (c)	19	Do you (or your spouse) have another vehicle ava	ilable for	personal use?					Yes	No
Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 2 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 2 Section C Actual Expenses 2 Gasolino, oil, repairs, vehicle insurance, etc. 2 Gasolino, oil, repairs, vehicle insurance, etc. 2 Ja Vehicle rentals 2 Lata 2 De Coulousion amount 2 Coulous of amount 2 Coulous of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2; 2 Coulous of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2; 2 Coulous of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2; 2 Coulous of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2; 3 Coulous of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2; 4 Add lines 23, 24c, and 25 4 Add lines 26 by the percentage on line 14 5 Coulous of employer-provided vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle (c) Vehicle (a) Vehicle (b) Vehicle (c) Vehicle (a) Vehicle (b) Vehicle (c) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (e) Vehicle (f) Vehicle (f) Vehicle (g) Vehicle (g) Vehicle (h) V	20	Do you have evidence to support your deduction?							Yes	No
22 Multiply line 13 by 57.5e (.575), Enter the result here and on line 1 22	21	If "Yes," is the evidence written?						* 1 * 3 * * 4 *	Yes	No
22 Multiply line 13 by 57.5e (.575), Enter the result here and on line 1 22										
Section C, - Actual Expenses (a) Vehicle (b) Vehicle	Sect	ion B Standard Mileage Rate (See the instruction	ons for P	art II to find out whether to	complete this	section	or Section C.)			
Section C, - Actual Expenses (a) Vehicle (b) Vehicle	20	Multiply line 12 by 57 5 a / 575). Enter the regult b	ara and	on line 1						
23 Gasoline, oil, repairs, vehicle insurance, etc. 23	Sect	tion C Actual Expenses	ere and						nicla	-
24a Vehicle rentals 24a	-		22	(a) voi	noto			D) VEI	11010	
b Inclusion amount c Subtract line 24b from line 24a 24c 5 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 25 Add lines 23, 24c, and 25 26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 27 28 Depreciation. Enter amount from line 38 below 28 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle 30 Enter cost or other basis 31 Enter section 179 deduction and special allowance 31 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 37 Multiply line 36 by the percentage on line 14 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from							Para Control of the C	1888		
c Subtract line 24b from line 24a		***************************************						-		
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 26 Add lines 23, 24e, and 25 27 Multiply line 26 by the percentage on line 14 27 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)			-					10,012		
only if 100% of annual lease value was included on Form W-2) 25 Add lines 23, 246, and 25 26 Add lines 23, 246, and 25 27 Multiply line 26 by the percentage on line 14 27 28 Depreciation. Enter amount from line 38 below 28 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)		************	240					-		
Included on Form W-2 25	20									
26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation Of Vehicles (Use this vehicle and are completing Section C for the v		1.0.0 4.10 場所のよう - かりはんない n 10.04 20.00 1.10 10.00	25							
27 Multiply line 26 by the percentage on line 14	26							-		
28 Depreciation. Enter amount from line 38 below 28 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation C for the vehicle.)			-					-		
29 Add lines 27 and 28. Enter total here and on line 1 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle (a) Vehicle (b) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (e) Vehicle (f) Vehicle (g) Vehicle (h) Vehicl			2					-		
Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Comparison of Comparison of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Comparison of Compariso			20	-						
Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle 30 Enter cost or other basis 31 Enter section 179 deduction and special allowance 31 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 37 Multiply line 36 by the percentage on line 14 37 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	29		29							
Call Vehicle Call Vehicle Call Vehicle Call Vehicle	Sect	ion D Depreciation of Vehicles (Use this section		you owned the vehicle and	l are complet	ng Sect	on C for the vehicle.)	2003		
30 Enter cost or other basis 31 Enter section 179 deduction and special allowance 31 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage 33 Multiply line 32 by the percentage on line 33 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 37 Multiply line 36 by the percentage on line 14 37 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from				And a state of the second seco		<u> </u>		b) Vel	nicle	
31 Enter section 179 deduction and special allowance 32 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Senter depreciation method and percentage 33 Multiply line 32 by the percentage on line 33 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 37 Multiply line 36 by the percentage on line 14 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	30	Enter cost or other basis	30					T		
Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage 33 Multiply line 32 by the percentage on line 33	31		100							
Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Enter depreciation method and percentage 33 Multiply line 32 by the percentage on line 33		and special allowance	31							
instructions if you claimed the section 179 deduction or special allowance) 32 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	32	Multiply line 30 by line 14 (see Form 2106								
deduction or special allowance) 32 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 36 Multiply line 36 by the percentage on line 14 37 Multiply line 35 or line 37. If you skipped lines 36 and 37, enter the amount from								9.69		
33 Enter depreciation method and percentage 33 34 34 35 34 35 35 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from		151	32					28		
Multiply line 32 by the percentage on line 33	33		33							
35 Add lines 31 and 34 35 35 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	34	1 11 11 11 11 11 11 11 11 11 11 11 11 1	100							
36 Enter the limitation amount 36										
37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from		Enter the limitation amount	_					15		
Skipped lines 36 and 37, enter the amount from									THE STREET OF STREET	
skipped lines 36 and 37, enter the amount from				-	-					
		100 mg								
			38							

Your name	Social security number	Business in which expense	Business in which expenses were incurred				
DONALD J. TRUMP		ION					
Part I Business Expenses and Reimburseme	ents						
STEP 1 Enter Your Expenses		Column A	T	Column B			
- Enter Four Expenses		Other Than Meals and Entertainment		Meals and Entertainment			
1 Vehicle expense from line 22 or line 29							
Parking fees, tolls, and transportation, including train, bus, etc., the involve overnight travel							
3 Travel expense while away from home overnight, including lodgin etc. Do not include meals and entertainment	g, airplane, car rental.						
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STR	ude meals	170,697					
5 Meals and entertainment expenses	5						
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5		170,697					
NOTE: If you were not reimbursed for any expenses in Step 1, st	kip line 7 and enter the amount fr	om line 6 on line 8.					
STEP 2 Reimbursements for Expenses Listed	In STEP 1						
7 Enter amounts that were not reported to you in box 1 of Form W-Include any amount reported under code "L" in box 12 of your For		8					
STEP 3 Figure Expenses Subject to the Limita	tion						
8 Subtract line 7 from line 6	8	170,697					
9 In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subjections)	the ect to						
the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)	9	170,697	. 22.32				
10 Add the amounts on line 9 of both columns and enter the total her These are your supplemental business expenses	e.	>	10	170,697			

	ement SBE (2015) DONALD J. TRUMP							Page 2
-	art II Vehicle Expenses							
	tion A General Information				_	(a) Vehicle	(b) Vehicle	
11	Enter the date vehicle was placed in service			1	1			
12	Total miles vehicle was driven during 2015			1	2	miles		miles
13	Business miles included on line 12			1	3	miles		miles
14	Percent of business use. Divide line 13 by line 1			1	4	%		%
15	Average daily roundtrip commuting distance	************		1	5	miles		miles
16	Commuting miles included on line 12			1	6	miles		miles
17	Other miles. Add lines 13 and 16 and subtract th	e total from li	ne 12	1	7	miles		miles
18	Was your vehicle available for personal use duri	ng off-duty ho	urs?				Yes	No
19	Do you (or your spouse) have another vehicle as	ailable for per	sonal use?	******************			Yes	No
20	Do you have evidence to support your deduction	?		***************************************			Yes	No
21	If "Yes," is the evidence written?						Yes	No
Sect	tion B Standard Mileage Rate (See the instruct							
							T	
22	Multiply line 13 by 57.5¢ (.575). Enter the result	here and on li	ne 1	,		22		
Sect	tion C Actual Expenses			Vehicle			/ehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	. 23						
	Vehicle rentals					10 60 10 10 10 10 10 10		
b	Inclusion amount	24b						
C	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14							
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section	n only if you	owned the vehicle a	nd are completing	ng Secti	on C for the vehicle.)		
				/ehicle			'ehicle	
30	Enter cost or other basis	30	\./			(6) v	Cincio	
31	Enter section 179 deduction	1000					- Lensing - Control	
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106							100
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33	****					
34	Multiply line 32 by the percentage on line 33							
35	Add lines 31 and 34	A STATE OF THE PARTY OF THE PAR		-				
36	Enter the limitation amount	36						1.000000000
37	Multiply line 36 by the percentage on line 14		2 (14 1 V 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			A STATE OF THE A STATE OF THE ASSESSMENT OF THE		
38	Enter the smaller of line 35 or line 37. If you	37						
30	Lines the smaller of the 30 of the 37. If you	- 35		1				

skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above

supplemental business E	xpenses				2010	
our name	Social security number		Business in which expenses	were incu	ırred	
OONALD J. TRUMP		TRUMP EMPIRE STATE, INC.				
Part I Business Expenses and Re	eimbursements					
STEP 1 Enter Your Expenses		T	Column A		Column B	
The Total Expenses			Other Than Meals and Entertainment		Meals and Entertainment	
Vehicle expense from line 22 or line 29		1				
Parking fees, tolls, and transportation, including tinvolve overnight travel						
Travel expense while away from home overnight, etc. Do not include meals and entertainment	including lodging airplane car rental					
Business expenses not included on lines 1 througand entertainment	h 3. Do not include meals SEE STATEMENT 122	4	15,729.			
Meals and entertainment expenses		5				
Total expenses. In Column A, add lines 1 throug enter the amount from line 5	h 4 and enter the result. In Column B.		15,729.			
NOTE: If you were not reimbursed for any expen	nses in Step 1, skip line 7 and enter the am	ount fror	n line 6 on line 8.			
TEP 2 Reimbursements for Expen	ses Listed In STEP 1	1 11				
Enter amounts that were not reported to you in be Include any amount reported under code "L" in bo	ox 1 of Form W-2. x 12 of your Form W-2	7				
TEP 3 Figure Expenses Subject to	the Limitation					
Subtract line 7 from line 6		8	15,729.			
In Column A, enter the amount from line 8. In Col amount on line 8 by 50% (.50). (If zero or less, er the Department of Transportation (DOT) hours-of	iter -0-) (If subject to					
Multiply by 80% (.80) instead of 50%)	-service minits;	9	15,729.			
Add the amounts on line 9 of both columns and e These are your supplemental business expenses	nter the total here.			10	15 7	

Pa	art II Vehicle Expenses					- Faye Z
	tion A General Information				(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service			11	(a) vernote	(b) venicle
12	Total miles vehicle was driven during 2015			12	miles	milan
13	Business miles included on line 12			13	miles	miles
14	Percent of business use. Divide line 13 by line 12			14	%	miles
15	Average daily roundtrip commuting distance			15	miles	% miles
16					miles	miles
17	Other miles. Add lines 13 and 16 and subtract the	total fro	m line 12	17		miles
18	Was your vehicle available for personal use durin	a off-duty	/ hours?	[]/	miles	miles
17.1176	jan		, nours:			Yes No
19	Do you (or your spouse) have another vehicle ava	ilable for	personal use?			Yes No
20	Do you have evidence to support your deduction?			***************		Yes No
21	If "Yes," is the evidence written?					Yes No
Sect	tion B Standard Mileage Rate (See the instruction	ons for Pa	art II to find out whether to comp	ete this sectio	on or Section C.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result i	nere and o				2
Sect	tion C Actual Expenses	1	(a) Vehicle		(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.					
	Vehicle rentals					
	Inclusion amount	24b	2 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27		CACACA SAMON SAMAY EN ANTICO		
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this section	only if y	rou owned the vehicle and are co	mpleting Sec	ction C for the vehicle.)	
			(a) Vehicle		(b) Vehicle
30	Enter cost or other basis	30				
31	Enter section 179 deduction					
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106					
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36				
37	Multiply line 36 by the percentage on line 14	37			Professional State of the Control of	
38	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					
	line 35. Also enter this amount on line 28 above	38				

Your name Si	ocial security number	Business in which expenses were incurred				
DONALD J. TRUMP		AGEMENT CORP				
Part I Business Expenses and Reimbursement	ts					
STEP 1 Enter Your Expenses		Column A		Column B		
orer i enter rour expenses		Other Than Meals and Entertainment		Meals and Entertainment		
1 Vehicle expense from line 22 or line 29	1					
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel	did not 2					
Travel expense while away from home overnight, including lodging, a etc. Do not include meals and entertainment	irplane, car rental,					
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATE	meals MENT 123 4	9,665.				
5 Meals and entertainment expenses	5					
6 Total expenses. In Column A, add lines 1 through 4 and enter the re- enter the amount from line 5	sult. In Column B,	9,665.				
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amount fro	m line 6 on line 8.				
STEP 2 Reimbursements for Expenses Listed In	STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form V	V-2 7			Miles (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986)		
STEP 3 Figure Expenses Subject to the Limitatio	n					
8 Subtract line 7 from line 6	8	9,665.				
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject t the Department of Transportation (DOT) hours-of-service limits:	0					
Multiply by 80% (.80) instead of 50%)	9	9,665.				
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses		•	10	9 . 6 6 5		

Pa	art II Vehicle Expenses					- 1 430
Sec	tion A General Information				(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service			11		(2) (3)
12	Total miles vehicle was driven during 2015			12		miles
13	Business miles included on line 12			13	miles	
14	Percent of business use. Divide line 13 by line 12			14	0/0	
15	Average daily roundtrip commuting distance			15	miles	
16					miles	
17	Other miles. Add lines 13 and 16 and subtract the	total from	m line 12	17	miles	111100
18	Was your vehicle available for personal use during	g off-duty	hours?			
19	Do you (or your spouse) have another vehicle ava	ilable for	personal use?	***************		Yes No
20	Do you have evidence to support your deduction?			**********		Yes No
21	If "Yes," is the evidence written?			******	***************************************	Yes No
Sect	ion B Standard Mileage Rate (See the instruction	ns for Pa	art II to find out whether to c	omplete this s	ection or Section C.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result h	ere and c				22
0.655	ion C Actual Expenses	100	(a) Vehic	cle	100 75 TK 100 K 200 W 20 W 20 W	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		W-15-15-15-15-15-15-15-15-15-15-15-15-15-		
	Vehicle rentals	24a				
	Inclusion amount	24b	THE STATE OF THE S			
	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was	200				
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26	_			
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this section	only if y	ou owned the vehicle and a	re completing	Section C for the vehicle.)	
			(a) Vehic	ele		(b) Vehicle
30	Enter cost or other basis	30				
31	Enter section 179 deduction					
	and special allowance	31				ATTENDED
32	Multiply line 30 by line 14 (see Form 2106					
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36				
37	Multiply line 36 by the percentage on line 14	37				130 H
38	Enter the smaller of line 35 or line 37. If you			_		
	skipped lines 36 and 37, enter the amount from	差				
	line 35. Also enter this amount on line 28 above	38				

Your name s	Social security number Business in which expenses w			were inc	urred
DONALD J. TRUMP		TRUMP PLAZA MANAGEMENT CORP.			
Part I Business Expenses and Reimbursemen	ts	TROMP PE	AZA MANAGEM	ENT CC	JRP.
		Colum	ля А	Г	0-1
STEP 1 Enter Your Expenses		Other Tha			Column B Meals and
		and Entert			Entertainment
1 Vehicle expense from line 22 or line 29	1				
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel	did not				
3 Travel expense while away from home overnight, including lodging, a etc. Do not include meals and entertainment	airplane, car rental				
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATE	e meals EMENT 124 4		4,402.		
5 Meals and entertainment expenses	5	ALC: YES			
6 Total expenses. In Column A, add lines 1 through 4 and enter the reenter the amount from line 5	sult. In Column B.		4,402.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amount fr	om line 6 on lir	ne 8.		
STEP 2 Reimbursements for Expenses Listed In	STEP 1				
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form \	N-2 7				
STEP 3 Figure Expenses Subject to the Limitation	on			here in her	
		1			
8 Subtract line 7 from line 6			4,402.		**
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the contract of the contr	to.				
the Department of Transportation (DOT) hours-of-service limits:					
Multiply by 80% (.80) instead of 50%)	9		4,402.		
10 Add the amounts on line 9 of both columns and enter the total here.					
These are your supplemental business expenses				40	1 10

Pa	art II Vehicle Expenses					Pag	e z
	tion A General Information				(a) \/=h:=l=		
11	Enter the date vehicle was placed in service	-		- 44	(a) Vehicle	(b) Vehicle	
12							
13			***************************************	12	miles		niles
14	Business miles included on line 12			13	miles	n	niles
	Percent of business use. Divide line 13 by line 12	* * * * * * * * * * * * * * * *	•••	14	%		%
15	Average daily roundtrip commuting distance Commuting miles included on line 12				miles	n	niles
16				16	miles	n	niles
17	Other miles. Add lines 13 and 16 and subtract the	total from line	9 12	17	miles	n	niles
18	Was your vehicle available for personal use durin	g off-duty hour	(8,5)			Yes	No
19	Do you (or your spouse) have another vehicle ava	ilable for perso	onal use?			Yes	No
20	Do you have evidence to support your deduction?	***********				Yes	No
21	If "Yes," is the evidence written?	*****************	***************************************			Yes	No
						Stages Section Control of Control	
Sect	ion B Standard Mileage Rate (See the instruction	ons for Part II t	to find out whether to comp	lete this section	or Section C.)		
22	Multiply line 13 by 57.5¢ (.575). Enter the result i	ere and on line					
Sect	ion C Actual Expenses		(a) Vehicle		(b)	Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23					
24 a	Vehicle rentals	24a					
b	Inclusion amount	24b					
C	Subtract line 24b from line 24a	24c					
25	Value of employer-provided vehicle (applies						
	only if 100% of annual lease value was						
	included on Form W-2)	25					
26	Add lines 23, 24c, and 25	26					
27	Multiply line 26 by the percentage on line 14	27					_
28	Depreciation, Enter amount from line 38 below	28					-
29	Add lines 27 and 28. Enter total here and on						
	line 1	29					
Sect	ion D Depreciation of Vehicles (Use this section		wned the vehicle and are c	ompleting Sect	ion C for the vehicle \		
		1	(a) Vehicle	omprotting octor		Inhiala	
30	Enter cost or other basis	30	(a) verilicie		(0)	Vehicle 1	4.004
31	Enter section 179 deduction	00					
01	and special allowance	31					
32	Multiply line 30 by line 14 (see Form 2106	31					
02							
	instructions if you claimed the section 179						
0.0	deduction or special allowance)	32					
33	Enter depreciation method and percentage	33	\$200 Sept. 6 (200 Sept. 1)				
34	Multiply line 32 by the percentage on line 33	34			_		
35	Add lines 31 and 34	35		eg seginosa.			
36	Enter the limitation amount	36					
37	Multiply line 36 by the percentage on line 14	37					
38	Enter the smaller of line 35 or line 37. If you						
	skipped lines 36 and 37, enter the amount from						
	line 35. Also enter this amount on line 28 above	38					

Your name	Social security number		Business in which expenses	were inc	urred
DONALD J. TRUMP					
Part I Business Expenses and Reimburse	monto		SOFO REALTY CORP		
Part Business Expenses and Reimburse	ments				
STEP 1 Enter Your Expenses			Column A		Column B
			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
Parking fees, tolls, and transportation, including train, bus, etc involve overnight travel	c., that did not	2			
3 Travel expense while away from home overnight, including loc etc. Do not include meals and entertainment	dning airnlane car rental	3			
4 Business expenses not included on lines 1 through 3. Do not and entertainment SEE	include meals	4	31,055.		
5 Meals and entertainment expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter enter the amount from line 5	r the result. In Column B	6	31,055.		
NOTE: If you were not reimbursed for any expenses in Step		ount fror	n line 6 on line 8.		
STEP 2 Reimbursements for Expenses Liste	ed In STEP 1				
7 Enter amounts that were not reported to you in box 1 of Form Include any amount reported under code "L" in box 12 of your	W-2. Form W-2	7			
STEP 3 Figure Expenses Subject to the Lim	itation				
8 Subtract line 7 from line 6		8	31,055.		
9 In Column A, enter the amount from line 8. In Column B, multi amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If su the Department of Transportation (DOT) hours-of-service limit	ubject to				
Multiply by 80% (.80) instead of 50%)	J.	9	31,055.		
10 Add the amounts on line 9 of both columns and enter the total	here.				

Section A General Information (a) Yehicle (b) Vehicle	Pa	art II Vehicle Expenses						1 ago	_
11	-					T	(a) Vehicle	(h) Vehicle	-
12 Total miles while was driven during 2015 12 miles miles	11	Enter the date vehicle was placed in service			T	11	(a) volitoto	(b) verificite	-
13 Business miles included on line 12 14 Persent of business usus. Divide In 13 by line 12 15 Average daily roundrift commuting distance 16 Ommuting miles included on line 12 17 Inmiles miles 18 Was your vehicle available for personal use during off-duty hours? 19 Do you (or your spouse) have another vehicle available for personal use? 20 Din you have evidence to support your deduction? 21 If "Yes," is the evidence written? 22 Multiply line 13 by 57.5c (575). Enter the result here and on line 1 23 Gascoline, 0.1, repairs, whicle insurance, etc. 24 Value of employer-provided whicle (applies only if 100% of annual lease value was included on Form W-2) 25 Extend 10 - Actual Expenses 26 Add lines 27 and 28. Enter total form line 24 26 Add lines 27 and 28. Enter total hare and on line 1 27 If 100% of annual lease value was included on Form W-2) 28 Extend 10 - Actual Expense on line 14 29 Add lines 27 and 28. Enter total hare and on line 1 29 Section 10 - Actual Expense on line 14 20 Audit lines 27 and 28. Enter total hare and on line 1 21 Enter cost or other basis 22 Add lines 27 and 28. Enter total hare and on line 1 28 Section 10 - Actual Expense on line 14 29 Add lines 27 and 28. Enter total hare and on line 1 29 Section 10 - Actual Expense on line 14 20 Add lines 27 and 28. Enter total hare and on line 1 20 Enter cost or other basis 30 Depreciation. Enter amount from line 38 belows 31 Enter section 179 deduction and special allowance 32 Add lines 27 and 28. Enter total hare and on line 1 33 Add lines 31 and 34 34 Multiply line 30 by the percentage on line 14 35 Add lines 31 and 34 36 Enter the amount from line 35 or line 37. I you skipped lines 36 and 37, which the amount from line 35 or line 37. I you skipped lines 36 and 37, which the amount from line 36 or line 37. I you skipped lines 36 and 37, which the amount from line 30 and 37 and 38 and 3	12	Total miles vehicle was driven during 2015					milas	mile	-
14 Percent of business use. Divide line 31 by line 12	13	Business miles included on line 12							
15 Average daily countifuir commuting distance 15 Commuting miles included on line 12 16 miles m		Percent of business use. Divide line 13 by line 12		*************					_
16 Communing miles included on line 12 17 miles miles 18 Was your vehicle available for personal use during off-duly hours? 19 Do you (or your spouse) have another vehicle available for personal use? 20 Do you have evidence to support your deduction? 21 If "Yes," is the evidence written? 22 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 23 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 24 Vas decision C Actual Expenses 25 Gasoline, oil, repairs, vehicle insurance, etc. 28 Section C Actual Expenses 29 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 20 Section C Actual Expenses 20 Sasoline, oil, repairs, vehicle insurance, etc. 21 If "Yes," is the evidence written? 26 Section C Actual Expenses 27 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 28 Multiply line 26 by the percentage on line 14 29 Multiply line 26 by the percentage on line 14 20 Depreciation. Enter amount from line 38 below 28 21 Multiply line 26 by the percentage on line 14 22 Depreciation. Enter amount from line 38 below 28 23 Multiply line 30 by the percentage on line 14 25 Multiply line 30 by the percentage on line 14 26 Section C Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) 28 Enter the smaller of line 33 or line 37. If you skipped lines 36 and 37, enter the amount from 13 as 14 36 Enter the intention menunt 36 37 Multiply line 36 by the percentage on line 14 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from 15 as 15 and 37. If you skipped lines 36 and 37, enter the amount from 15 as 15 and 37. If you skipped lines 36 and 37, enter the amount from 15 as 15 and 37. If you skipped lines 36 and 37, enter the amount from 15 as 15 and 38 an		Average daily roundtrip commuting distance							
17 Other miles. Add lines 13 and 16 and subtract the total from line 12.									-
Was your vehicle available for personal use during off-duty hours? Yes No			total fro	m line 12					
19 Do you (or your spouse) have another vehicle available for personal use? Yes No		Was your vehicle available for personal use during	off-dut	v houre?				Mile Van	_
21 If Yes, "is the evidence written?	10	Trae year vernore available for personal ase during	y on du	y nours:			***************************************	Yes	1/10
Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 22	19	Do you (or your spouse) have another vehicle ava	ilable fo	r personal use?			***************************************	Yes	No
Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 22 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 23 Gasoline, oil, repairs, vehicle insurance, etc. 23 Gasoline, oil, repairs, vehicle insurance, etc. 24 Vehicle rentals 24 Inclusion amount 25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 27 Add lines 27 and 28. Enter total here and on line 1 28 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (e) Vehicle (f) Vehicle (g) Vehicle (h) Vehicle	20	Do you have evidence to support your deduction?	******			**********		Yes Yes	No
Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 22 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 23 Gasoline, oil, repairs, vehicle insurance, etc. 23 Gasoline, oil, repairs, vehicle insurance, etc. 24 Vehicle rentals 24 Inclusion amount 25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 27 Add lines 27 and 28. Enter total here and on line 1 28 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (e) Vehicle (f) Vehicle (g) Vehicle (h) Vehicle	21	If "Yes," is the evidence written?		******************************	**************			Yes	No
22 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 22									
Section C Actual Expenses (a) Vehicle (b) Vehicle	Sect	ion B Standard Mileage Rate (See the instruction	ns for P	art II to find out whether to	o complete th	nis section	n or Section C.)		_
Section C Actual Expenses (a) Vehicle (b) Vehicle									
23 Gasoline, oil, repairs, vehicle insurance, etc. 23	22	Multiply line 13 by 57.5¢ (.575). Enter the result h	ere and	on line 1				2	
24a	Sect			(a) Ve	hicle		(t) Vehicle	
b Inclusion amount c Subtract line 24b from line 24a 24b 25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 25 Add lines 23, 24c, and 25 26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 27 Depreciation. Enter amount from line 38 below 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle 30 Inter cost or other basis 31 Enter section 179 deduction and special allowance 31 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Multiply line 30 by the percentage on line 33 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 36 Enter the limitation amount 37 Multiply line 36 by the percentage on line 14 38 Enter the limitation amount from skipped lines 36 and 37, enter the amount from	23	Gasoline, oil, repairs, vehicle insurance, etc	23					54	
C Subtract line 24b from line 24a 24c	24 a	Vehicle rentals	24a						
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)	b	Inclusion amount	24b						
only if 100% of annual lease value was included on Form W-2) 25 Add lines 23, 246, and 25 26 Add lines 23, 246, and 25 27 Multiply line 26 by the percentage on line 14 28 Depreciation. Enter amount from line 38 below 28 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)	C	Subtract line 24b from line 24a	24c						
Included on Form W-2)	25	Value of employer-provided vehicle (applies							
26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicle (I) Section D Depreciation of Vehicles (Use this section only if you owned the		only if 100% of annual lease value was	1						
26 Add lines 23, 24c, and 25 27 Multiply line 26 by the percentage on line 14 28 Depreciation. Enter amount from line 38 below 29 Add lines 27 and 28. Enter total here and on line 1 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Section D Depreciation of Vehicle (I) Section D Depreciation of Vehicles (Use this section only if you owned the		included on Form W-2)	25						
27 Multiply line 26 by the percentage on line 14	26	Add lines 23, 24c, and 25							
29 Add lines 27 and 28. Enter total here and on line 1 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle (a) Vehicle (b) Vehicle (b) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (e) Vehicle (f) Vehicle (g) Vehicle (h) Vehicle	27		27						
29 Add lines 27 and 28. Enter total here and on line 1 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle (a) Vehicle (b) Vehicle (b) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (e) Vehicle (f) Vehicle (g) Vehicle (h) Vehicle	28	Depreciation. Enter amount from line 38 below	28						_
Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle (a) Vehicle (b) Vehicle (a) Vehicle (b) Vehicle (b) Vehicle (c) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (e) Vehicle (e) Vehicle (f) Vehicle	29	Add lines 27 and 28. Enter total here and on							_
Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) (a) Vehicle (b) Vehicle 30 Enter cost or other basis 30 Section 179 deduction and special allowance 31 Section 179 deduction and special allowance 31 Section 179 deduction or special allowance 32 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 Section 179 deduction or special allowance 33 Section 179 deduction or special allowance 34 Multiply line 32 by the percentage on line 33 Section 179 Sec		line 1	29						
California Cost or other basis Substitution S	Sect		only if	you owned the vehicle and	d are comple	ting Sec	tion C for the vehicle.)		_
30 Enter cost or other basis 30	Service		P-1-10-510-5170) Vehicle	
and special allowance 31 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 36 Multiply line 36 by the percentage on line 14 37 Multiply line 36 or line 37. If you skipped lines 36 and 37, enter the amount from	30	Enter cost or other basis	30						
Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32	31	Enter section 179 deduction	100						
Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32		and special allowance	31						
instructions if you claimed the section 179 deduction or special allowance) 32 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	32	Multiply line 30 by line 14 (see Form 2106							
deduction or special allowance) 32 33 Enter depreciation method and percentage 34 Multiply line 32 by the percentage on line 33 35 Add lines 31 and 34 36 Enter the limitation amount 36 Multiply line 36 by the percentage on line 14 37 Multiply line 35 or line 37. If you skipped lines 36 and 37, enter the amount from									
33 Enter depreciation method and percentage 33 34 34 35 34 35 35 36 36 37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from			32						
Multiply line 32 by the percentage on line 33	33								
35 Add lines 31 and 34 35 35 36 Enter the limitation amount 36 37 Multiply line 36 by the percentage on line 14 37 37 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from									
36 Enter the limitation amount 36									
37 Multiply line 36 by the percentage on line 14 37 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from		Enter the limitation amount		PARTY CARROLLE PRODUCT NO ARTS	12.00			No. of the second secon	
Skipped lines 36 and 37, enter the amount from			-		AND THE PERSON				
skipped lines 36 and 37, enter the amount from			07						_
			30						

-	applemental Basilless Expelises					
YOU	ur name	Social security number		Business in which expenses were incurred		
DOI	NALD J. TRUMP			ULTIMATE AIR CORP		
P	art I Business Expenses and Reimburseme	ents				
CT.	EP 1 Enter Your Expenses			Column A		Column B
	EF 1 Enter rour Expenses			Other Than Meals and Entertainment		Meals and Entertainment
1	Vehicle expense from line 22 or line 29		1			
2	Parking fees, tolls, and transportation, including train, bus, etc., the involve overnight travel	at did not	2			
3	Travel expense while away from home overnight, including lodging etc. Do not include meals and entertainment	g, airplane, car rental,	3			
4	Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STA	Ide meals TEMENT 126	4	9,474.		
5	Meals and entertainment expenses		5			
6	Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	result. In Column B,	6	9,474.		l.
	NOTE: If you were not reimbursed for any expenses in Step 1, sk	ip line 7 and enter the amour	nt fror	n line 6 on line 8.		
ST	EP 2 Reimbursements for Expenses Listed I	In STEP 1				
7	Enter amounts that were not reported to you in box 1 of Form W-2 Include any amount reported under code "L" in box 12 of your Form		7			
ST	EP 3 Figure Expenses Subject to the Limitat	tion				
8	Subtract line 7 from line 6		8	9,474.		
9	In Column A, enter the amount from line 8. In Column B, multiply t amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	et to	9	9,474.		
10	Add the amounts on line 9 of both columns and enter the total here				10	9,474.

Stat	ement SBE (2015) DONALD J. TRUMP				3	
-	art II Vehicle Expenses					Page
-	tion A General Information					
11		-			(a) Vehicle	(b) Vehicle
12	Enter the date vehicle was placed in service			11		
13	Total miles vehicle was driven during 2015			12	miles	miles
14	Business miles included on line 12			13	miles	miles
15	Percent of business use. Divide line 13 by line 13			14	%	%
	Average daily roundtrip commuting distance Commuting miles included on line 12				miles	miles
16				16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract th	e total fro	om line 12	17	miles	miles
18	Was your vehicle available for personal use during	ıg oπ-au	ty nours?			Yes N
19	Do you (or your spouse) have another vehicle av	ailable fo	r personal use?	Property of the same state of		Yes N
20	Do you have evidence to support your deduction	?		************	***************************************	Yes N
21	If "Yes," is the evidence written?			***************************************		Yes N
Sect	ion B Standard Mileage Rate (See the instruct	ions for F	Part II to find out whether to c	omplete this section	or Section C)	
22 Sect	Multiply line 13 by 57.5¢ (.575). Enter the result ion C Actual Expenses	here and	on line 1(a) Vehic			2) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23			1,2	7 / 6 / 6 / 6 / 6 / 6 / 6 / 6 / 6 / 6 /
24a	Vehicle rentals		300			
b	Inclusion amount					
	Subtract line 24b from line 24a	1.5				(在2年 5 m) (本2年 1 年 1 年 1 年 1 年 1 年 1 年 1 年 1 年 1 年 1
	Value of employer-provided vehicle (applies	- 10				
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14					
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this sectio		you owned the vehicle and a	re completing Secti	on C for the vehicle)	新
			(a) Vehic	7) Vehicle
30	Enter cost or other basis	30	(4) 101110	10	(0) verificie
31	Enter section 179 deduction	2				
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
950.780	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
	Multiply line 32 by the percentage on line 33	34				SARAMAT IN THE PARK THE SARAMATE
	1 J on 2 J por contago on mio do	107				

Add lines 31 and 34

Enter the limitation amount

Multiply line 36 by the percentage on line 14 $_{\odot}$

Enter the smaller of line 35 or line 37. If you

skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above

Valle	planting Baomood Expenses					2010
Your name		Social security number		Business in which expenses	were in	curred
DONA	LD J. TRUMP			SHUTTLE INC		
Par	Business Expenses and Reimburseme	ents				
STE	P 1 Enter Your Expenses			Column A		Column B
				Other Than Meals and Entertainment		Meals and Entertainment
1 V	ehicle expense from line 22 or line 29		1			
in	arking fees, tolls, and transportation, including train, bus, etc., tha volve overnight travel	at did not	2			
3 Tr	avel expense while away from home overnight, including lodging c. Do not include meals and entertainment	, airplane, car rental,	3			
4 Bu	usiness expenses not included on lines 1 through 3. Do not included on	de meals TEMENT 127	4	255,245.		
5 M	eals and entertainment expenses		5			
6 To	otal expenses. In Column A, add lines 1 through 4 and enter the other the amount from line 5	result In Column D	6	255,245.		
	OTE: If you were not reimbursed for any expenses in Step 1, ski		unt from	ı line 6 on line 8.		
STE	P 2 Reimbursements for Expenses Listed I	n STEP 1				
7 En	nter amounts that were not reported to you in box 1 of Form W-2. clude any amount reported under code "L" in box 12 of your Form	1 W-2	7			4
STEF	² 3 Figure Expenses Subject to the Limitati	ion			Section 1	
8 Su	obtract line 7 from line 6		8	255,245.		
				· · · · · · · · · · · · · · · · · · ·		
9 In Column A, enter the amount from line 8. In Column B, multamount on line 8 by 50% (.50). (If zero or less, enter -0-) (If set the Department of Transportation (DOT) hours-of-service limit		ne t to				
М	Iltiply by 80% (.80) instead of 50%)		9	255,245.		
10 Ad Th	d the amounts on line 9 of both columns and enter the total here. ese are your supplemental business expenses			>	10	255 245.

P	art II Vehicle Expenses					Page 2		
	tion A General Information	-		The second second				
11	Enter the date vehicle was placed in service	-			(a) Vehicle	(b) Vehicle		
12	Total miles vehicle was driven during 2015		******************************	11				
13	Business miles included on line 12			12		miles		
14	Percent of business use. Divide line 13 by line 12)		13		miles		
15	Average daily roundtrip commuting distance	******	***************************************	14		%		
16	Commuting miles included on line 12			15		miles		
17	Other miles. Add lines 13 and 16 and subtract th	o total fr	om line 10	16		miles		
18	Was your vehicle available for personal use during	e total II	om line 12	17	miles	miles		
10	Was your vehicle available for personal use during	ig 011-00	ty nours?			Yes No		
19	Do you (or your spouse) have another vehicle av	ailable fo	or personal use?			Yes No		
20	Do you have evidence to support your deduction	?			2.53333453233333333333333333333333333333	Yes No		
21	If "Yes," is the evidence written?							
Sect	tion B Standard Mileage Rate (See the instructi	ons for l	Part II to find out whether to co	omplete this sec	tion or Section C.)			
12/12/	THE REPORT OF THE PROPERTY CONTROL OF THE							
22	Multiply line 13 by 57.5¢ (.575). Enter the result	here and	on line 1		22			
-	ion G Actual Expenses		(a) Vehic	le		ehicle (b) Vehicle miles miles miles miles % % miles miles miles miles miles miles miles miles Myes No Yes No Yes No C.)		
23	Gasoline, oil, repairs, vehicle insurance, etc.							
	Vehicle rentals							
b	********************************	24b	SP (SP)					
	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was	opino.						
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section	only if	you owned the vehicle and ar	e completing S	ection C for the vehicle)			
			(a) Vehicl			/ahicla		
30	Enter cost or other basis	30	麦 養		(5)	CHICIC		
31	Enter section 179 deduction					1000 FE 2010 19 FE ESTERNE CAN FAST		
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106		24					
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
	Multiply line 32 by the percentage on line 33	34						
	Add lines 31 and 34	35						
	Enter the limitation amount	36		100000000				
	Multiply line 36 by the percentage on line 14	37						
	Enter the smaller of line 35 or line 37. If you	07						
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						
	and an indicate and an indicate	00				i .		

Your name			Y		2010
Tour name	Social security number		Business in which expenses	were inc	urred
DONALD J. TRUMP			T MANAGEMENT LLC (T	MG MEI	MBER LLC)
Part I Business Expenses and Reimbursem	ents				
STEP 1 Enter Your Expenses			Column A		Column B
20 000 30 00 0000000 0000000 			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
2 Parking fees, tolls, and transportation, including train, bus, etc., t involve overnight travel	hat did not	2			
3 Travel expense while away from home overnight, including lodgin etc. Do not include meals and entertainment	ng, airplane, car rental,	3			
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE ST	lude meals ATEMENT 128	4	69,337.		
5 Meals and entertainment expenses	*****	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter th enter the amount from line 5	e result. In Column B,	6	69,337.		
NOTE: If you were not reimbursed for any expenses in Step 1, s		unt from	line 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed	In STEP 1				-
7 Enter amounts that were not reported to you in box 1 of Form W- Include any amount reported under code "L" in box 12 of your For	2. m W-2	7			
STEP 3 Figure Expenses Subject to the Limita	ition				
8 Subtract line 7 from line 6		8	69,337.		
9 In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subjections)	the ect to				
the Department of Transportation (DOT) hours-of-service limits:			2000		
Multiply by 80% (.80) instead of 50%)		9	69,337.		
Add the amounts on line 9 of both columns and enter the total her These are your supplemental business expenses	e.			10	69 23

Pa	art II Vehicle Expenses					Page 2		
	tion A General Information				(a) Vahiala	The state of the s		
11	Enter the date vehicle was placed in service			11	(a) Vehicle	(b) Vehicle		
12					mile			
13	Business miles included on line 12			13	mile mile	111100		
14	Percent of business use. Divide line 13 by line 12)	************************************	14		111100		
15	Average daily roundtrip commuting distance	*****		15		7		
16	Commuting miles included on line 12	* * * * * * * * * *	******************************	16	mile	Timos		
17	Other miles. Add lines 13 and 16 and subtract the	e total fr	om line 12	10	mile	711100		
18	Was your vehicle available for personal use durin	n off-du	tv hours?	11	mile	s miles		
19	Do you (or your spouse) have another vehicle available.	ailable fo	or personal use?			Yes No		
20	Do you have evidence to support your deduction?	?			************************************	Yes No		
21	If "Yes," is the evidence written?					Yes No		
Sect	tion B Standard Mileage Rate (See the instructi	ons for l	Part II to find out whether to	o complete this s	ection or Section C.)			
22	Multiply line 13 by 57.5¢ (.575). Enter the result I	nere and	l on line 1			22		
Sect	ion C Actual Expenses		(a) Ve	hicle				
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				18 m		
24 a	Vehicle rentals		VALUE OF THE PROPERTY OF THE P					
b		24b						
C	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section		you owned the vehicle and	d are completing	Section C for the vehicle \	R.E. Stor		
		T	(a) Ve		occurred for the ventore.)	(b) Vehicle		
30	Enter cost or other basis	30	(4) 10	200		(D) venicle		
31	Enter section 179 deduction	20						
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106	01						
	instructions if you claimed the section 179							
	deduction or enecial allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34			ENVIRONE TRANSPORTER			
35	Add lines 31 and 34	35						
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14							
		37						
38	Enter the smaller of line 35 or line 37. If you	100						
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38				1207		

Your name	Social security number		Business in which expenses	were inc	curred
DONALD J. TRUMP			TRUMP PARK AVENUE L	LC (D)	ELMONTCO)
Part I Business Expenses and Reimburs	ements				
STEP 1 Enter Your Expenses		T	Column A		Column B
			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
2 Parking fees, tolls, and transportation, including train, bus, e involve overnight travel	etc., that did not				
3 Travel expense while away from home overnight, including I					
4 Business expenses not included on lines 1 through 3. Do not and entertainment SEE	ot include meals E STATEMENT 129	4	18,089.		
5 Meals and entertainment expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the amount from line 5	ter the result. In Column B,	6	18,089.		
NOTE: If you were not reimbursed for any expenses in Ste	p 1, skip line 7 and enter the am	ount from	line 6 on line 8.		
STEP 2 Reimbursements for Expenses Lis	ted In STEP 1				
7 Enter amounts that were not reported to you in box 1 of For Include any amount reported under code "L" in box 12 of you	m W-2. ur Form W-2	7			
STEP 3 Figure Expenses Subject to the Lir	mitation				
8 Subtract line 7 from line 6		8	18,089.		
		X TO SERVICE OF THE PROPERTY O			
9 In Column A, enter the amount from line 8. In Column B, mu amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If the Department of Transportation (DOT) hours-of-service lim	subject to				
Multiply by 80% (.80) instead of 50%)		9	18,089.		
10 Add the amounts on line 9 of both columns and enter the tot These are your supplemental business expenses	al here.		>	10	18 089

	1				1	
Stat	ement SBE (2015) DONALD J. TRUMP					Dogo 9
	art II Vehicle Expenses					Page 2
10.111.00	tion A General Information				(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service			11	(u) voilioio	(b) vernote
12	Total miles vehicle was driven during 2015	****************	**********************	12	miles	miles
13	Business miles included on line 12	*****************		13	miles	miles
14	Percent of business use. Divide line 13 by line 12)	*************************	14	%	// // // // // // // // // // // // //
15	Average daily roundtrip commuting distance		***************************************	15	miles	miles
16			***************************************		miles	miles
17	Other miles. Add lines 13 and 16 and subtract th	e total from line	12	17	miles	miles
18	Was your vehicle available for personal use during	g off-duty hour	s?			Yes No
19	Do you (or your spouse) have another vehicle av	ailable for perso	onal use?			Yes No
20	Do you have evidence to support your deduction	?				Yes No
21	If "Yes," is the evidence written?					Yes No
Sect	ion B Standard Mileage Rate (See the instructi	ons for Part II t	o find out whether to c	omplete this section	n or Section C.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result	here and on line			22	
Sect	ion C Actual Expenses	1	(a) Vehic	ele	(b)	Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc					
24 a	Vehicle rentals					
b		24b				
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this sectio	n only if you ov	vned the vehicle and a	re completing Sect	tion C for the vehicle.)	
			(a) Vehic	le	(b)	Vehicle
30	Enter cost or other basis	30				
31	Enter section 179 deduction					
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106					

			(a) venicie	(b) V	enicle
30	Enter cost or other basis	30		3677 34 - 1	
31	Enter section 179 deduction and special allowance	31			
32	Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance)	32			
33	Enter depreciation method and percentage	33			
34	Multiply line 32 by the percentage on line 33	34			
35	Add lines 31 and 34	35	725		
36	Enter the limitation amount	36			
37	Multiply line 36 by the percentage on line 14	37			
38	Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above	38			

Your name So	ocial security number	Business in which expenses were incurred				
DONALD J. TRUMP		1	LLC (767 MANAGER LLC)			
Part I Business Expenses and Reimbursement	S	, e, bbe (101 mmod	K BBC)			
STEP 1 Enter Your Expenses	=	Column A	Column B			
		Other Than Meals and Entertainment	Meals and Entertainment			
1 Vehicle expense from line 22 or line 29	1					
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel	fid not					
3 Travel expense while away from home overnight, including lodging, ai etc. Do not include meals and entertainment	rolane car rental					
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATE	meals	12,602.				
5 Meals and entertainment expenses	5					
6 Total expenses. In Column A, add lines 1 through 4 and enter the res enter the amount from line 5	ult. In Column B,	12,602.				
NOTE: If you were not reimbursed for any expenses in Step 1, skip li	SCHOOL SERVING CONTROL OF THE SERVING STATES					
STEP 2 Reimbursements for Expenses Listed In	STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W	-2 7					
STEP 3 Figure Expenses Subject to the Limitation	n					
8 Subtract line 7 from line 6	8	12,602.				
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)		12,602.				
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			12 (02			

			(a) Vehicle	(b) Vehicle
30	Enter cost or other basis	30		
1	Enter section 179 deduction	with the late		
	and special allowance	31		
2	Multiply line 30 by line 14 (see Form 2106			
	instructions if you claimed the section 179			
	deduction or special allowance)	32		
3	Enter depreciation method and percentage	33		
4	Multiply line 32 by the percentage on line 33	34		
5	Add lines 31 and 34	35		
6	Enter the limitation amount	36	是是各种的基本的	
7	Multiply line 36 by the percentage on line 14	37		
3	Enter the smaller of line 35 or line 37. If you			
	skipped lines 36 and 37, enter the amount from			
	line 35. Also enter this amount on line 28 above	38		

29

line 1

Variation and Dubiness Expenses					2010	
Your name	Social security number		Business in which expenses	were in	curred	
DONALD J. TRUMP	_	RPV DEVELOPMENT LLC				
Part I Business Expenses and Reimburseme	nts					
STEP 1 Enter Your Expenses			Column A		Column B	
			Other Than Meals and Entertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29		1				
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel	t did not	2				
3 Travel expense while away from home overnight, including lodging etc. Do not include meals and entertainment	airnlane car rental	3				
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STAT	de meals	4	2,487.			
5 Meals and entertainment expenses		5				
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	esult. In Column B	6	2,487.			
NOTE: If you were not reimbursed for any expenses in Step 1, ski	p line 7 and enter the amoun	t fron	ı line 6 on line 8.			
STEP 2 Reimbursements for Expenses Listed II	n STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	W-2	7				
STEP 3 Figure Expenses Subject to the Limitati	on			-	A	
8 Subtract line 7 from line 6		8	2,487.			
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits;	e to					
Multiply by 80% (.80) instead of 50%)		9	2,487.			
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses				10	2 49	

	ement SBE (2015) DONALD J. TRUMP					Page 2
	Art II Vehicle Expenses					
_	tion A General Information				(a) Vehicle	(b) Vehicle
	Enter the date vehicle was placed in service			11		
12	Total miles vehicle was driven during 2015			12	miles	miles
13	Business miles included on line 12	*************		13	miles	miles
14	Percent of business use. Divide line 13 by line 12			14	%	%
15	Average daily roundtrip commuting distance				miles	miles
16	Commuting miles included on line 12			16	miles	miles
17 18	Other miles. Add lines 13 and 16 and subtract the	e total from line	12	17	miles	miles
10	Was your vehicle available for personal use durin	g on-duty hours	57		***************************************	Yes No
19	Do you (or your spouse) have another vehicle ava	ailable for persor	nal use?	***************************************		Yes No
20	Do you have evidence to support your deduction	?	***************************************			Yes No
21	If "Yes," is the evidence written?	*************************				Yes No
	ion B Standard Mileage Rate (See the instructi					
	The state of the s	one for Farth to	mid out whether to complet	.6 11113 3601101	ror section c.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result	here and on line	1		22	
Sect	ion C Actual Expenses		(a) Vehicle	****************		ehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		V-1	\$15000 PER 1000 PER	
	Vehicle rentals					
	Inclusion amount					
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Secti	ion D Depreciation of Vehicles (Use this section	n only if you ow	ned the vehicle and are con	pleting Sect	ion C for the vehicle.)	
			(a) Vehicle		(b) V	ehicle
	Enter cost or other basis	30				
31	Enter section 179 deduction					
	and special allowance	31				
	Multiply line 30 by line 14 (see Form 2106					
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
	Enter depreciation method and percentage	33			10 (A) 10 (A) 10 (A)	
	Multiply line 32 by the percentage on line 33	34				
	Add lines 31 and 34	35				
	Enter the limitation amount	36				
	Multiply line 36 by the percentage on line 14	37				
	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					
	line 35. Also enter this amount on line 28 above	38				

Your name	Social security number		Business in which expenses were incurred				
DONALD J. TRUMP			TRUMP PARK AVE LLC - ACQUISITIONS				
Part I Business Expenses and Reimbursen	nents		1				
STEP 1 Enter Your Expenses		1	Column A		Column B		
			Other Than Meals and Entertainment		Meals and Entertainment		
1 Vehicle expense from line 22 or line 29		1					
Parking fees, tolls, and transportation, including train, bus, etc., involve overnight travel	, that did not	2					
3 Travel expense while away from home overnight, including lodg etc. Do not include meals and entertainment	ning, airplane, car rental	3					
4 Business expenses not included on lines 1 through 3. Do not in and entertainment SEE S	nclude meals TATEMENT 132	4	10,080.				
5 Meals and entertainment expenses		5					
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	the result. In Column B,	6	10,080.				
NOTE: If you were not reimbursed for any expenses in Step 1,	, skip line 7 and enter the amo	unt fron	n line 6 on line 8.				
STEP 2 Reimbursements for Expenses Lister	d In STEP 1						
7 Enter amounts that were not reported to you in box 1 of Form V Include any amount reported under code "L" in box 12 of your Fo	V-2. orm W-2	7					
STEP 3 Figure Expenses Subject to the Limit	tation						
8 Subtract line 7 from line 6	******	8	10,080.				
9 In Column A, enter the amount from line 8. In Column B, multip amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If sut the Department of Transportation (DOT) hours-of-service limits;	oject to						
Multiply by 80% (.80) instead of 50%)	•	9	10,080.				
10 Add the amounts on line 9 of both columns and enter the total h These are your supplemental business expenses	nere.			10	10.080		

Part II Vehicle Ex	penses							raye Z
Section A General Inf					T	(a) Vehicle	(h) Vahiola	
11 Enter the date vehi	cle was placed in service	OF ITALIAN CONTRACTOR OF CONTR		T	11	(a) venicle	(b) Vehicle	
12 Total miles vehicle	was driven during 2015				12	miles		as the s
13 Business miles inc	luded on line 12		***************************************		13	miles		miles
14 Percent of busines	s use. Divide line 13 by line 12	?			14	"Miles		miles
15 . Average daily roun	dtrip commuting distance	******	************************		15			%
16 Commuting miles i					16	miles		miles
17 Other miles. Add lin	nes 13 and 16 and subtract th	e total fro	om line 12		7	miles miles		miles
18 Was your vehicle a	vailable for personal use durin	a off-du	tv hours?			illies	Yes	miles
								L No
19 Do you (or your sp	ouse) have another vehicle av	ailable fo	r personal use?	****************	**********	***************************************	Yes	No
20 Do you have evider	nce to support your deduction	?		*****************			Yes	No
	ence written?							
			***************************		*********		Yes	L No
Section B Standard M	ileage Rate (See the instructi	ons for F	art II to find out whethe	r to complete thi	s section	or Section C.)		
22 Multiply line 13 by	57.5¢ (.575). Enter the result	nere and	on line 1				2	
Section G Actual Expe	nses		(a)	Vehicle		1900 1	Vehicle	
	s, vehicle insurance, etc							
24a Vehicle rentals		24a						
b Inclusion amount	***************************************	24b						
c Subtract line 24b fr		24c						
25 Value of employer-p	provided vehicle (applies							
only if 100% of ann								
included on Form W	/-2)	25						
26 Add lines 23, 24c, a	nd 25	26						
27 Multiply line 26 by t	the percentage on line 14	27						
28 Depreciation, Enter	amount from line 38 below	28						
	. Enter total here and on							
line 1		29					N. Committee	
Section D Depreciation	n of Vehicles (Use this section	only if	you owned the vehicle	and are complet	ng Secti	on C for the vehicle.)		
				Vehicle			Vehicle	
30 Enter cost or other I		30						
31 Enter section 179 de	eduction							
and special allowand	ce	31						
32 Multiply line 30 by li	ine 14 (see Form 2106							
instructions if you c	laimed the section 179							
deduction or special	allowance)	32						
33 Enter depreciation n	nethod and percentage	33						
	he percentage on line 33	34						
Add lines 31 and 34		35						
B6 Enter the limitation a	amount	36						
	he percentage on line 14	37		ii				W. C. L. S. C.
	line 35 or line 37. If you			AG .				
	137, enter the amount from			Za.				
	nis amount on line 28 above	38						

Your name	Social security number		Business in which expenses were incurred				
DONALD J. TRUMP			TRUMP ENTREPRENEUR	INITIATIVE LLC			
Part I Business Expenses and Reimbursen	nents						
STEP 1 Enter Your Expenses		T	Column A		Column B		
			Other Than Meals and Entertainment		Meals and Entertainment		
1 Vehicle expense from line 22 or line 29	******************************	1					
Parking fees, tolls, and transportation, including train, bus, etc., involve overnight travel		2					
3 Travel expense while away from home overnight, including lodg etc. Do not include meals and entertainment	ing airplane car rental	3					
4 Business expenses not included on lines 1 through 3. Do not in and entertainment SEE ST	clude meals TATEMENT 133	4	1,571.				
5 Meals and entertainment expenses		5					
6 Total expenses. In Column A, add lines 1 through 4 and enter t enter the amount from line 5	he result. In Column B,	6	1,571.				
NOTE: If you were not reimbursed for any expenses in Step 1,	skip line 7 and enter the amo	ount fron	n line 6 on line 8.				
STEP 2 Reimbursements for Expenses Listed	d In STEP 1						
7 Enter amounts that were not reported to you in box 1 of Form W Include any amount reported under code "L" in box 12 of your Fo	V-2. orm W-2	7					
STEP 3 Figure Expenses Subject to the Limit	ation						
8 Subtract line 7 from line 6		8	1,571.				
9 In Column A, enter the amount from line 8. In Column B, multipl amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If sub the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	ject to	9	1,571.				
10 Add the amounts on line 9 of both columns and enter the total here are your supplemental business expenses	ere.			10	1 571		

Stat	ement SBE (2015) DONALD J. TRUMP						
_	art II Vehicle Expenses						Page 2
	tion A General Information		***	T	(a) Vehicle	(b) \ / a l	elele.
11	Enter the date vehicle was placed in service		11		(a) vernicie	(b) Veh	licie
12	Total miles vehicle was driven during 2015		12		miles		5000T 50
13	Business miles included on line 12		13		miles		miles
14	Percent of business use. Divide line 13 by line 1)	14		miles		miles
15	Average daily roundtrip commuting distance		15		100		%
16			16		miles		miles
17	Other miles. Add lines 13 and 16 and subtract th	e total fr	rom line 12		miles miles		miles
18	Was your vehicle available for personal use during	na off-di	ity hours?		IIIIes		miles es N
	,	3 -1				Т	es N
19	Do you (or your spouse) have another vehicle av	ailable f	or personal use?				es N
							c2 [] IA
20	Do you have evidence to support your deduction	?				Πv	es N
							63 [] [
21	If "Yes," is the evidence written?						es N
					*****************************		U3 IN
Sect	ion B Standard Mileage Rate (See the instruct	ions for	Part II to find out whether to complete this	section (or Section C.)		
							_
22	Multiply line 13 by 57.5¢ (.575). Enter the result	here and	d on line 1		2	22	
Sect	ion C Actual Expenses		(a) Vehicle) Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23					
24 a	Vehicle rentals	24a					
b	Inclusion amount	24b					
C	Subtract line 24b from line 24a	24c					
25	Value of employer-provided vehicle (applies						
	only if 100% of annual lease value was						
	included on Form W-2)	25					
26	Add lines 23, 24c, and 25	26		-			
27	Multiply line 26 by the percentage on line 14	27					
28	Depreciation. Enter amount from line 38 below	28					
29	Add lines 27 and 28. Enter total here and on						
	line 1	29					
Sect	ion D Depreciation of Vehicles (Use this sectio	n only it	f you owned the vehicle and are completing	g Sectio	n C for the vehicle.)	25.9	
			(a) Vehicle) Vehicle	
30	Enter cost or other basis	30			(b	The state of the s	
31	Enter section 179 deduction						And the second s
	and special allowance	31					
32	Multiply line 30 by line 14 (see Form 2106					E.E. 1879 1873	
	instructions if you claimed the section 179						

33

34

35

36

37

deduction or special allowance)

Enter depreciation method and percentage

Add lines 31 and 34

Multiply line 32 by the percentage on line 33

Enter the limitation amount

Multiply line 36 by the percentage on line 14

Enter the **smaller** of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from line 35. Also enter this amount on line 28 above

32

33

34

35

36

37

Your name	Social security number		Puninaga in which avpaness was in-			
	oocial security number	/ number Business in which expenses were incurred				
DONALD J. TRUMP	TRUMP ENTREPRENEUR INITIATIVE LLC					
Part I Business Expenses and Reimburseme	ents					
STEP 1 Enter Your Expenses			Column A		Column B	
			Other Than Meals and Entertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29		1				
2 Parking fees, tolls, and transportation, including train, bus, etc., th involve overnight travel		2				
Travel expense while away from home overnight, including lodging etc. Do not include meals and entertainment	n airnlane car rental	3				
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STA	ude meals TEMENT 134	4	16,967.			
Meals and entertainment expenses		5				
Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	result. In Column B	6	16,967.			
NOTE: If you were not reimbursed for any expenses in Step 1, sk	cip line 7 and enter the amount	from	line 6 on line 8.			
TEP 2 Reimbursements for Expenses Listed	In STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form W-2 Include any amount reported under code "L" in box 12 of your Forr		7				
TEP 3 Figure Expenses Subject to the Limitat	tion					
Subtract line 7 from line 6		8	16,967.			
In Column A, enter the amount from line 8. In Column B, multiply t amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	et to	9	16,967.			
Add the amounts on line 9 of both columns and enter the total here These are your supplemental business expenses.	Э.					

Stat	ement SBE (2015) DONALD J. TRUMP							Page 2
	art II Vehicle Expenses							
Sec	tion A General Information					(a) Vehicle	(b) Vehicle	
11	Enter the date vehicle was placed in service				11		(-/	
12	Total miles vehicle was driven during 2015				12	miles		miles
13	Business miles included on line 12				13	miles		miles
14	Percent of business use. Divide line 13 by line 12)			14	%		%
15	Average daily roundtrip commuting distance				15	miles		miles
16					16	miles		1 1 1 1 1 1 1 1
17	Other miles. Add lines 13 and 16 and subtract the	e total fro	om line 12			miles		miles
18	Was your vehicle available for personal use durin	a off-dut	v hours?		.,	111103	Yes	miles
		3			************		[] 165	No
19	Do you (or your spouse) have another vehicle av	ailable for	r personal use?				Yes	N
						***************************************	[] 162	L No
20	Do you have evidence to support your deduction	7					Ven	N
	Source Processing Community Communit		****************************			***************************************	Yes	L No
21	If "Yes," is the evidence written?							
			*************************		**********	***************************************	Yes	L No
Sect	ion B Standard Mileage Rate (See the instructi	ons for P	Part II to find out whether t	to complete th	ic continu	or Coation C \		
	The state of the s	0110 101 1	art in to find out whether t	to complete ti	iis section	JI Section 6.)		
22	Multiply line 13 by 57.5¢ (.575). Enter the result	nore and	on line 1					
Sect	tion C Actual Expenses	icic and		ehicle			l ehicle	
	Gasoline, oil, repairs, vehicle insurance, etc.	23	(a) v	CITICIE		(D) V	enicie	
	Vehicle rentals			1940barantan	Na Ber di N. S.		(A) (1) (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	
	Subtract line 24b from line 24a	100						
		24c						
23	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
0.0	included on Form W-2)	25						
	Add lines 23, 24c, and 25							
27	Multiply line 26 by the percentage on line 14							
28	Depreciation. Enter amount from line 38 below	28			7.			
29	Add lines 27 and 28. Enter total here and on							
	line 1	29	re filt sendone					
Sect	ion D Depreciation of Vehicles (Use this section	only if	you owned the vehicle an	id are comple	ting Section	n C for the vehicle.)		
			(a) Ve	ehicle		(b) V	ehicle	
	Enter cost or other basis	30						
	Enter section 179 deduction							
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106						VERNE BELLEVIE	
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
	Multiply line 32 by the percentage on line 33	34						
	Add lines 31 and 34	35						
	Enter the limitation amount	36	The second secon	53.50			LOCALIST BOSON A	description is
	Multiply line 36 by the percentage on line 14	37				State of the property of the contract of the c	OF SAVE SEEDS	
	Enter the smaller of line 35 or line 37. If you	0,						
250	skipped lines 36 and 37, enter the amount from							
		183						

line 35. Also enter this amount on line 28 above

Variables					2010	
Your name S	Social security number	in which expenses	were inc	urred		
DONALD J. TRUMP	BAYROCK-TRUMP SOHO MEMBER LLC					
Part I Business Expenses and Reimbursemen	ts					
STEP 1 Enter Your Expenses		Colu	ımn A		Column B	
			nan Meals ertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29						
2 Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel						
3 Travel expense while away from home overnight, including lodging, a etc. Do not include meals and entertainment	airplane, car rental,					
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATE	meals		1,025.			
5 Meals and entertainment expenses	5					
6 Total expenses. In Column A, add lines 1 through 4 and enter the re enter the amount from line 5	sult. In Column B,		1,025.			
NOTE: If you were not reimbursed for any expenses in Step 1, skip		om line 6 on	line 8.			
STEP 2 Reimbursements for Expenses Listed In	STEP 1		× = 110 - 10 = 110 - 110			
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form V	N-2					
STEP 3 Figure Expenses Subject to the Limitation	on					
8 Subtract line 7 from line 6	8		1.025.			
		276				
9 In Column A, enter the amount from line 8. In Column B, multiply the						
amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits:						
Multiply by 80% (.80) instead of 50%)	9		1,025.			
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			•	40	1 005	
				10	1,025	

Pa	art II Vehicle Expenses						1.0	age L
	tion A General Information				T	(a) Vehicle	(b) Vehicle	
11	Enter the date vehicle was placed in service				11	(a) volliolo	(b) verificie	
12	Total miles vehicle was driven during 2015				12	miles		miles
13	Business miles included on line 12				13	miles		
14	Percent of business use. Divide line 13 by line 12		***************************************		14	%		miles
15	Average daily roundtrip commuting distance	******			15	miles		% miles
16			*******************************		16	miles		miles
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12	************	17	miles		miles
18	Was your vehicle available for personal use durin	a off-du	tv hours?			111162	Yes	miles
		9	.,		**********	***********************************	E res	No
19	Do you (or your spouse) have another vehicle ava	ilable fo	or personal use?	****************	*********		Yes	No
20	Do you have evidence to support your deduction?		***************************************				Yes	No
21	If "Yes," is the evidence written?			************			Yes	No
Sect	ion B Standard Mileage Rate (See the instruction	ons for l	Part II to find out whether	r to complete	his section	on or Section C.)		
22	Multiply line 12 by 57 5g / 575) Enter the regult by		Las liss 4					
	Multiply line 13 by 57.5¢ (.575). Enter the result hit ion C Actual Expenses	iere and	on line 1	Vehicle				
	Gasoline, oil, repairs, vehicle insurance, etc.	100	(d)	venicie		(D	Vehicle	
23	The same of the sa	23					CAS	ASSTRUCTED AND ADDRESS OF THE PARTY OF THE P
	1 1 1	24a		_				
	Inclusion amount	24b						
	Subtract line 24b from line 24a	24c						
25	Value of employer-provided vehicle (applies							
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
0 4	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section	only if		washing the second	eting Se			
0.0	Fater and worth or business		(a) \	Vehicle		(b)	Vehicle	
30	Enter cost or other basis	30						
31	Enter section 179 deduction							
00	and special allowance	31		24 54 54 54 7 TO				
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35		Output Plant Comment				
36	Enter the limitation amount	36						
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from	5						
	line 35. Also enter this amount on line 28 above	38						

Your name	Casial assurity and be						
Tour name	Social security number		Business in which expenses were incurred				
DONALD J. TRUMP		FIHT COMMERCIAL LLC					
Part I Business Expenses and Reimbursemen	nts						
STEP 1 Enter Your Expenses			Column A		Column B		
			Other Than Meals and Entertainment		Meals and Entertainment		
1 Vehicle expense from line 22 or line 29		1					
Parking fees, tolls, and transportation, including train, bus, etc., tha involve overnight travel	t did not	2					
Travel expense while away from home overnight, including lodging, etc. Do not include meals and entertainment	airplane, car rental,	3					
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STAT	de meals TEMENT 136	4	1,336.	41			
5 Meals and entertainment expenses		5					
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	esult. In Column B,	6	1,336.				
NOTE: If you were not reimbursed for any expenses in Step 1, ski	o line 7 and enter the amoun	t fron	n line 6 on line 8.				
STEP 2 Reimbursements for Expenses Listed In	n STEP 1						
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	W-2	7					
STEP 3 Figure Expenses Subject to the Limitati	on						
8 Subtract line 7 from line 6		8	1,336.				
9 In Column A, enter the amount from line 8. In Column B, multiply th	е						
amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits:	W1550 F						
Multiply by 80% (.80) instead of 50%)		9	1,336.				
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			>	10	1 336		

	art II Vehicle Expenses					Page 2
	tion A General Information				(-) \ (-	
11	Enter the date vehicle was placed in service			1 22	(a) Vehicle	(b) Vehicle
12	Total miles we high was driver drive 2015				- 11-	
13	Business miles included on line 12			12	mile	
14	Percent of business use. Divide line 13 by line 12			mile		
15	Average daily roundtrip commuting distance		14	0,	7	
16				mile	111100	
17	Other miles. Add lines 13 and 16 and subtract the total from		m line 10	16	mile	
18	Was your vehicle available for parsonal use durin	hours?	17	mile	s miles	
10	Was your vehicle available for personal use during off-duty hours?					Yes No
19	Do you (or your spouse) have another vehicle available for personal use?					
20	Do you have evidence to support your deduction?					
21	If "Yes," is the evidence written?					
						CONTRACTOR PRODUCTION OF THE STATE OF THE ST
Sect	ion B Standard Mileage Rate (See the instruction	ons for Pa	art II to find out whether t	o complete this se	ction or Section C.)	
22						
Sect	ion C Actual Expenses		(a) Ve	ehicle		(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.					
	Vehicle rentals	24a				
b	Inclusion amount	24b				
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)					
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this section	only if y	ou owned the vehicle an	d are completing (Section C for the vehicle.)	39.3
	(a) Vehicle (b) Vehicle					
30	Enter cost or other basis	30			1/2/02/02/02/02/02/02/02/02/02/02/02/02/0	
31	Enter section 179 deduction					
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106				W15000	
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36	The state of the s			
37	Multiply line 36 by the percentage on line 14	37		THE WAY THE STUDY OF VE		NESSER GENERALISM STATES
38	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					
	line 35. Also enter this amount on line 28 above	38				

Your name	00				
Tour name	Social security number		Business in which expenses	were in	curred
DONALD J. TRUMP			TRUMP MARKS HOLDING	LP	
Part I Business Expenses and Reimburser	ments				
STEP 1 Enter Your Expenses			Column A		Column B
			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
Parking fees, tolls, and transportation, including train, bus, etc. involve overnight travel	., that did not	2			
3 Travel expense while away from home overnight, including lod etc. Do not include meals and entertainment	ging airplane car rental	3			
4 Business expenses not included on lines 1 through 3. Do not i and entertainment SEE s	include meals	4	19,128.		
5 Meals and entertainment expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter enter the amount from line 5	the result. In Column B,	6	19,128.		
NOTE: If you were not reimbursed for any expenses in Step 1	, skip line 7 and enter the amou	unt from	line 6 on line 8.		
STEP 2 Reimbursements for Expenses Liste	d In STEP 1				
7 Enter amounts that were not reported to you in box 1 of Form \ Include any amount reported under code "L" in box 12 of your F	W-2. Form W-2	7			
STEP 3 Figure Expenses Subject to the Limit	tation				
8 Subtract line 7 from line 6		8	19,128.		
9 In Column A, enter the amount from line 8. In Column B, multip amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If su the Department of Transportation (DOT) hours-of-service limits Multiply by 80% (.80) instead of 50%)	bject to	9	19,128.		
10 Add the amounts on line 9 of both columns and enter the total I These are your supplemental business expenses	here.				10.10

Pa	art II Vehicle Expenses								raye 2
	tion A General Information					(a) Vehicle	T	(b) Vehicle	
11	Enter the date vehicle was placed in service				11	(a) vollicio	1	(b) vernote	
12	Total miles vehicle was driven during 2015				12	miles			miles
13	Business miles included on line 12	********			13	miles	1		miles
14	Percent of business use. Divide line 13 by line 12			17.004.10.40.10.0	14	%	_		%
15	Average daily roundtrip commuting distance		***************************************		15	miles			miles
16					16	miles			Vier man 1 Sec.
17	Other miles. Add lines 13 and 16 and subtract the	total fro	nm line 12		17	miles			miles
18	Was your vehicle available for personal use during	off-dut	ty hours?					Yes	miles No
	*	,	,, (10.01.01.					165	
19	Do you (or your spouse) have another vehicle ava	ilable fo	r personal use?			***************************************		Yes	No
20	Do you have evidence to support your deduction?							. Yes	☐ No
21	If "Yes," is the evidence written?					************************************		Yes	☐ No
-									
Sect	ion B Standard Mileage Rate (See the instruction	ons for F	art II to find out whether to	o complete th	s section	or Section C.)			
22	Multiply line 12 by 57 5a / 576). Enter the regult by	ore and	on line 4						
Sect	Multiply line 13 by 57.5¢ (.575). Enter the result him C Actual Expenses	iere ariu	(a) Ve				(b) Ve	hiolo	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	(a) vo	STIIGIG		VERNERAL SECTION	(n) ve	HICIE	
	Vehicle rentals	24a					2000.00		2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Inclusion amount	24a					-		
		24c							
	Value of employer-provided vehicle (applies	246							
20	only if 100% of annual lease value was	1000000							
	included on Form W-2)	25							
26	Add lines 23, 24c, and 25	26					-		
	Multiply line 26 by the percentage on line 14	27					-		
27 28	Depreciation. Enter amount from line 38 below				-				
	Add lines 27 and 28. Enter total here and on	28	-				-		
29	10.004	29							
Sect	line 1 ion D Depreciation of Vehicles (Use this section		vou owned the vehicle an	d are comple	ing Cont	on C for the vehicle)			
	ion b. Boprosiation of ventores (ose this section	l only ii	(a) Ve		ing Sect		/l= \ \ / =	hi-l-	
30	Enter cost or other basis	30	(a) ve	3111016	Grand Carlott		(b) Ve	nicie	
31	Enter section 179 deduction	30		GETALSER VINEETIN	100011111111111111111111111111111111111		116611		
01	and special allowance	31							
32	Multiply line 30 by line 14 (see Form 2106	01							SC FEBRUAR
02	instructions if you claimed the section 179								
	deduction or special allowance)	32							
22	Enter depreciation method and percentage	33					-		
33 34	Multiply line 32 by the percentage on line 33					575 GRADINES GRADINA	DE EC		
		34							
35	Add lines 31 and 34	36					10.10		F-0605-718
36	Enter the limitation amount						0,760.2		
37	Multiply line 36 by the percentage on line 14	37							
38	Enter the smaller of line 35 or line 37. If you								
	skipped lines 36 and 37, enter the amount from								
	line 35. Also enter this amount on line 28 above	38							

oupplemental business Expense:	5				2010	
Your name	Social security number		were inc	curred		
OONALD J. TRUMP		TRUMP INTERNATIONAL GOLF CLUB LLC				
Part I Business Expenses and Reimbursem	ents		-			
STEP 1 Enter Your Expenses		T	Column A		Column B	
TELL TOUT EXPENSES		Oth and			Meals and Entertainment	
1 Vehicle expense from line 22 or line 29		1				
Parking fees, tolls, and transportation, including train, bus, etc., to involve overnight travel	hat did not	2				
Travel expense while away from home overnight, including lodgin etc. Do not include meals and entertainment	ng airplane car reptal	3				
Business expenses not included on lines 1 through 3. Do not included and entertainment SEE ST.	ude meals ATEMENT 138	4	712,670.			
5 Meals and entertainment expenses		5				
Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	e result. In Column B	6	712,670.			
NOTE: If you were not reimbursed for any expenses in Step 1, s	kip line 7 and enter the amou	unt fron	n line 6 on line 8.			
TEP 2 Reimbursements for Expenses Listed	In STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form W-Include any amount reported under code "L" in box 12 of your For	2. m W-2	7				
TEP 3 Figure Expenses Subject to the Limita	tion					
3 Subtract line 7 from line 6		8	712,670.			
In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subjet the Department of Transportation (DOT) hours-of-service limits:	the ect to					
Multiply by 80% (.80) instead of 50%)	***************************************	9	712,670.			
O Add the amounts on line 9 of both columns and enter the total her These are your supplemental business expenses	"е.		<u>.</u>	10	712 6	

Pa	art II Vehicle Expenses					raye 2
Sec	tion A General Information	-			(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service			11	(a) verificite	(b) venicle
12	Total miles vehicle was driven during 2015		***********************************	12	miles	
13	Business miles included on line 12			13	miles	
14	Percent of business use. Divide line 13 by line 12		*****************************	14	"	
15	Average daily roundtrip commuting distance			15		70
16			**************************************		miles	
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om line 12	17	miles	
18	Was your vehicle available for personal use durin	a off-du	ty hours?	11	miles	miles
10	That your vernors available for personal use during	y on-du	ty nours:			Yes No
19	Do you (or your spouse) have another vehicle ava	ilable fo	or personal use?			Yes No
20	Do you have evidence to support your deduction?		***************************************			Yes No
21	If "Yes," is the evidence written?					
Sect	tion B Standard Mileage Rate (See the instruction	ons for l	Part II to find out whether to c	omplete this se	ection or Section C.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result i	nere and	on line 1	*******		22
Sect	tion C Actual Expenses		(a) Vehic	cle		(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				
24 a	Vehicle rentals	24a				
	Inclusion amount	24b				
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this section	only if	you owned the vehicle and a	re completing	Section C for the vehicle.)	
			(a) Vehic			b) Vehicle
30	Enter cost or other basis	30			MORROLL TO THE PARTY OF THE PAR	B) VOINGE
31	Enter section 179 deduction					
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106		04			
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36				
37	Multiply line 36 by the percentage on line 14	37				
38	Enter the smaller of line 35 or line 37. If you	01				
50	skipped lines 36 and 37, enter the amount from	138				
	line 35. Also enter this amount on line 28 above	38				
	mis co. 7 100 officer ting amount off fine 20 dbuve	1 00				13322

	piemental business expenses					2010
Your na	ame	Social security number		Business in which expenses	were in	curred
DONAL	D J. TRUMP			MAR-A-LAGO CLUB LLC		
Part	Business Expenses and Reimburseme	nts				
STEF	2.1 Enter Your Expenses			Column A		Column B
				Other Than Meals and Entertainment		Meals and Entertainment
1 Ve	hicle expense from line 22 or line 29		1			
2 Painv	king fees, tolls, and transportation, including train, bus, etc., tha olve overnight travel	t did not	2			
3 Tra	vel expense while away from home overnight, including lodging. . Do not include meals and entertainment	airplane car rental	3			
4 Bu and	siness expenses not included on lines 1 through 3. Do not included on lines 2 through 3. Do not included on lines 3 throug	de meals FEMENT 139	4	734,021.		
5 Me	als and entertainment expenses		5			
6 Tot	al expenses. In Column A, add lines 1 through 4 and enter the rer the amount from line 5	result. In Column B	6	734,021.		
NO	TE: If you were not reimbursed for any expenses in Step 1, ski	p line 7 and enter the amoun	it fron	n line 6 on line 8.		
STEP	2 Reimbursements for Expenses Listed II	n STEP 1				
7 Ent	er amounts that were not reported to you in box 1 of Form W-2. lude any amount reported under code "L" in box 12 of your Form	W-2	7			
STEP	3 Figure Expenses Subject to the Limitati	on				
8 Sui	otract line 7 from line 6		8	734,021.		
9 In (Column A, enter the amount from line 8. In Column B, multiply th punt on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject	ne to				
the	Department of Transportation (DOT) hours-of-service limits: ltiply by 80% (.80) instead of 50%)	133	9	734,021.		
				, , ,		
	the amounts on line 9 of both columns and enter the total here. se are your supplemental business expenses			>	10	734.021.

Pa	art II Vehicle Expenses								Page	
	tion A General Information					(a) Vehicle		(b) Vahiali		
11	Enter the date vehicle was placed in service			1	1	(a) venicle		(b) Vehicle	3	
12	Total miles vehicle was driven during 2015			1		milas				Here.
13	Business miles included on line 12			1		miles				iles
14	Percent of business use. Divide line 13 by line 12		*****************************	1		miles			mı	iles
15	Average daily roundtrip commuting distance			1		%				%
16						miles				iles
17	Other miles. Add lines 13 and 16 and subtract the	total fr	om ling 19			miles				iles
18	Was your vehicle available for personal use durin	a off du	ty hours?			miles			mi	iles
10	Was your vehicle available for personal use durin	y on-uu	ty nours?				233223	Yes		No
19	Do you (or your spouse) have another vehicle ava	ilable fo	or personal use?				******	Yes		No
20	Do you have evidence to support your deduction?		***************************************				*****	Yes		No
21	If "Yes," is the evidence written?		•••••			********************************		Yes		No
Sect	ion B Standard Mileage Rate (See the instruction	ons for f	Part II to find out whether to	complete this	section	or Section C.)				
	M. IV. I. IV. And a series of the series of					1				
22 Sant	Multiply line 13 by 57.5¢ (.575). Enter the result hion C Actual Expenses	ere and								
_			(a) Veh	nicle		(b)	Vehicle)		
	Gasoline, oil, repairs, vehicle insurance, etc.									
	Vehicle rentals									
b	Inclusion amount	24b	FA W TO COMPANY TO THE TOTAL OF							
	Subtract line 24b from line 24a	24c								
25	Value of employer-provided vehicle (applies									
	only if 100% of annual lease value was	1000								
	included on Form W-2)									
26	Add lines 23, 24c, and 25	26								
27	Multiply line 26 by the percentage on line 14	27								
28	Depreciation. Enter amount from line 38 below	28								
29	Add lines 27 and 28. Enter total here and on	100								_
	line 1	29								
Sect	ion D Depreciation of Vehicles (Use this section	only if	you owned the vehicle and	are completion	ng Section	on C for the vehicle.)				
			(a) Veh				Vehicle			
30	Enter cost or other basis	30								
31	Enter section 179 deduction	200			***************************************					
	and special allowance	31								
32	Multiply line 30 by line 14 (see Form 2106			San Louis			3505	Zea W. Asia		S.E
	instructions if you claimed the section 179									
	deduction or special allowance)	32								
33	Enter depreciation method and percentage	33								
	Multiply line 32 by the percentage on line 33	34							E/1915E	2000
	Add lines 31 and 34	35								
36	Enter the limitation amount	36	400 (400)				120,00		d G. Sept	307
	Multiply line 36 by the percentage on line 14	37		COLOR DE LA COLOR		Marine Angle Com St. Avo. 200	SI SE	Mark Control		
	Enter the smaller of line 35 or line 37. If you	01								
50	skipped lines 36 and 37, enter the amount from	1								
	line 35. Also enter this amount on line 28 above	00								
	THIS GO. AISO CHIEF THIS WILLOUIL OH HITE ZO ADOVE	38					3.5			

Your name	Social security number	Social security number Business in which exp			penses were incurred		
DONALD J. TRUMP			TRUMP RESORTS HOLDINGS LP				
Part I Business Expenses and Reimbursen	nents						
STEP 1 Enter Your Expenses			Column A		Column B		
a serve a servera a serve —al-			Other Than Meals and Entertainment		Meals and Entertainment		
1 Vehicle expense from line 22 or line 29		1					
Parking fees, tolls, and transportation, including train, bus, etc., involve overnight travel	that did not	2					
Travel expense while away from home overnight, including lodgi etc. Do not include meals and entertainment	ing airnlane car rental	3					
4 Business expenses not included on lines 1 through 3. Do not in and entertainment SEE ST	clude meals FATEMENT 140	4	210,677.				
5 Meals and entertainment expenses		5					
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	he result. In Column B,	6	210,677.				
NOTE: If you were not reimbursed for any expenses in Step 1,		ount fron	n line 6 on line 8.				
TEP 2 Reimbursements for Expenses Listed	In STEP 1						
7 Enter amounts that were not reported to you in box 1 of Form W Include any amount reported under code "L" in box 12 of your Fo	/-2. orm W-2	7					
TEP 3 Figure Expenses Subject to the Limit	ation			leneral in a second			
8 Subtract line 7 from line 6		8	210,677.				
In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subthe Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	ject to	9	210,677.				
Add the amounts on line 9 of both columns and enter the total he These are your supplemental business expenses	ere.			10	210 677		

Pa	art II Vehicle Expenses					
	ion A General Information				(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service			11		(b) voinioio
12	Total miles vehicle was driven during 2015			12	miles	miles
13	Business miles included on line 12			13	miles	miles
14	Percent of business use. Divide line 13 by line 12			14	%	%
15	Average daily roundtrip commuting distance	******		15	miles	miles
16					miles	miles
17	Other miles. Add lines 13 and 16 and subtract the	total fro	m line 12		miles	miles
18	Was your vehicle available for personal use during	g off-dut	y hours?			Yes No
19	Do you (or your spouse) have another vehicle ava					
20	Do you have evidence to support your deduction?	Yes No				
21	If "Yes," is the evidence written?		***************************************			Yes No
Sect	ion B Standard Mileage Rate (See the instruction	one for E	Part II to find out whether to co	amplete this es	action or Caption C)	
0000	ton b. Otanuara mineage reate (000 the motherite	7113 101 1	art ii to iiild out whether to co	mibiere mis se	ection of Section 6.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result h	nere and	on line 1			22
Sect	ion C Actual Expenses		(a) Vehic	e		b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				
24a	Vehicle rentals	24a				
b	Inclusion amount	24b				
C	Subtract line 24b from line 24a	24c		A STATE OF THE STA	Voulberry with the	
25	Value of employer-provided vehicle (applies	500				
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this section		you owned the vehicle and ar	e completing	Section C for the vehicle.)	
			(a) Vehicl	е	(1	b) Vehicle
30	Enter cost or other basis	30				
31	Enter section 179 deduction					
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106					
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35	Add lines 31 and 34	35				e v
36	Enter the limitation amount	36				
37	Multiply line 36 by the percentage on line 14	37			1512 1113	
38	Enter the smaller of line 35 or line 37. If you					NAC TO THE RESERVE OF THE PERSON OF THE PERS
	skipped lines 36 and 37, enter the amount from					
	line 35. Also enter this amount on line 28 above	38				

					2010
pur name	Social security number		Business in which expenses	were i	ncurred
DNALD J. TRUMP			TRUMP PRODUCTIONS L	LC	
Part I Business Expenses and Reimbursemen	nts				
TEP 1 Enter Your Expenses			Column A		Column B
			Other Than Meals and Entertainment		Meals and Entertainment
Vehicle expense from line 22 or line 29					
Parking fees, tolls, and transportation, including train, bus, etc., that	did not	!			
Travel expense while away from home overnight, including lodging,	airplane, car rental,				
Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STAT.	e meals EMENT 141 4		103,865.		
Meals and entertainment expenses	5				
Total expenses. In Column A, add lines 1 through 4 and enter the reenter the amount from line 5	esult. In Column B,		103,865.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amount fr	om	line 6 on line 8.		
TEP 2 Reimbursements for Expenses Listed In	STEP 1				+
Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form N	W-2 7	T			
TEP 3 Figure Expenses Subject to the Limitation	on				L
Subtract line 7 from line 6	8		103,865.		
	Sign of the state				
amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to	e to				
the Department of Transportation (DOT) hours-of-service limits:			103,865.		
Add the amounts on line 9 of both columns and enter the total here.				10	103,865.
	Part I Business Expenses and Reimbursemer TEP 1 Enter Your Expenses Vehicle expense from line 22 or line 29 Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel Travel expense while away from home overnight, including lodging, etc. Do not include meals and entertainment Business expenses not included on lines 1 through 3. Do not include and entertainment see standard entertainment see standard entertainment see standard entertainment see standard entertainment from line 5 NOTE: If you were not reimbursed for any expenses in Step 1, skip TEP 2 Reimbursements for Expenses Listed In Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form TEP 3 Figure Expenses Subject to the Limitation Subtract line 7 from line 6 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%) Add the amounts on line 9 of both columns and enter the total here.	Part I Business Expenses and Reimbursements TEP 1 Enter Your Expenses Vehicle expense from line 22 or line 29 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment Business expenses not included on lines 1 through 3. Do not include meals and entertainment Meals and entertainment expenses Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount fr EP 2 Reimbursements for Expenses Listed In STEP 1 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2 TeP 3 Figure Expenses Subject to the Limitation Subtract line 7 from line 6 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50) (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%) Add the amounts on line 9 of both columns and enter the total here.	Part I Business Expenses and Reimbursements TEP 1 Enter Your Expenses Vehicle expense from line 22 or line 29 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel 2 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment 3 Business expenses not included on lines 1 through 3. Do not include meals and entertainment 4 Meals and entertainment expenses 5 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from TEP 2 Reimbursements for Expenses Listed In STEP 1 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2 7 TEP 3 Figure Expenses Subject to the Limitation 8 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%) Add the amounts on line 9 of both columns and enter the total here.	Part I Business Expenses and Reimbursements TEP 1 Enter Your Expenses Column A Other Than Meals and Entertainment Vehicle expense from line 22 or line 29 1 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel 1 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment Business expenses not included on lines 1 through 3. Do not include meals and entertainment Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 141 4 103,865. Meals and entertainment expenses 5 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8. TEP 2 Reimbursements for Expenses Listed In STEP 1 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2 TEP 3 Figure Expenses Subject to the Limitation Business in Winter expenses Column A Other Than Meals and Entertainment 2 1 1 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	Dart I Business Expenses and Reimbursements TEP 1 Enter Your Expenses Column A Other Than Meals and Entertainment Vehicle expense from line 22 or line 29 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel 1 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel 1 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment 8 Business expenses not included on lines 1 through 3. Do not include meals and entertainment expenses 5 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5 NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8. TEP 2 Reimbursements for Expenses Listed In STEP 1 Enter amounts that were not reported to you in box 1 of form W-2. Include any amount reported under code "L" in box 12 of your form W-2 TEP 3 Figure Expenses Subject to the Limitation Subtract line 7 from line 6 8 103,865. Add the amounts on line 9 of both columns and enter the total here.

Pa	art II Vehicle Expenses					Page 2
	tion A General Information				(a) Vehicle	/b\\/abiala
11	Enter the date vehicle was placed in service			11	(a) venicie	(b) Vehicle
12	Total miles vehicle was driven during 2015			12	ilaa	
13	Business miles included on line 12		***************************************	12	miles	miles
14	Percent of business use. Divide line 13 by line 12			13	miles	miles
15	Average daily roundtrip commuting distance	*******		14	%	9/6
16					miles	miles
17	Other miles. Add lines 13 and 16 and subtract the	total from	n lina 10	16	miles	miles
18	Was your vehicle available for personal use during	a off duty	hours?	17	miles	miles
10	Was your vehicle available for personal use durin	g on-only	nouis?			Yes N
19	Do you (or your spouse) have another vehicle av	ailable for	personal use?			Yes N
20	Do you have evidence to support your deduction)				Yes N
21	If "Yes," is the evidence written?					
	**************************************				*****************************	[] 165 [] 100
Sect	ion B Standard Mileage Rate (See the instructi	ons for Pa	rt II to find out whether to cor	nplete this section	or Section C.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result	nere and o	n line 1		22	
Sect	ion C Actual Expenses		(a) Vehicle		COVER 1	Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				3
24 a	Vehicle rentals					
b	Inclusion amount					
C	Subtract line 24b from line 24a	24c				
	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				RE .
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this sectio		ou owned the vehicle and are	completing Sect	ion C for the vehicle \	K.
		Ι,,,	(a) Vehicle			Vehicle
30	Enter cost or other basis	30	(a) verilois		(0)	Venicle
31	Enter section 179 deduction					
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106	01				学 ・
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				_
34	Multiply line 32 by the percentage on line 33			COLUMN TO THE REAL PROPERTY.		
35		34				
	Add lines 31 and 34 Enter the limitation amount	36				
36		1042			No. of the last of	
37	Multiply line 36 by the percentage on line 14	37				
38	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					
	line 35. Also enter this amount on line 28 above	38				1.6

Your name	Social security number	Ti	Dualman in this b		1010	
	Social security number	Business in which expenses were incurred				
DONALD J. TRUMP		t	OJT HOLDINGS LLC -	SEVE	N SPRINGS	
Part I Business Expenses and Reimbursemen	nts					
STEP 1 Enter Your Expenses			Column A		Column B	
- Enter Four Expenses			Other Than Meals and Entertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29		1	·			
Parking fees, tolls, and transportation, including train, bus, etc., tha involve overnight travel	t did not	2				
3 Travel expense while away from home overnight, including lodging, etc. Do not include meals and entertainment	airnlane car rental	3				
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STAT	de meals TEMENT 142	4	54,425.			
5 Meals and entertainment expenses		5				
6 Total expenses. In Column A, add lines 1 through 4 and enter the renter the amount from line 5	result. In Column B,	3	54,425.			
NOTE: If you were not reimbursed for any expenses in Step 1, skip	o line 7 and enter the amount f	rom	line 6 on line 8.			
STEP 2 Reimbursements for Expenses Listed In	n STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	W-2	7				
STEP 3 Figure Expenses Subject to the Limitati	on					
8 Subtract line 7 from line 6		3	54,425.			
9 In Column A, enter the amount from line 8. In Column B, multiply th amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	to	9	54,425.		¥	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			▶	10	54 425	

Section A General Information 1	Pa	art II Vehicle Expenses					Page
11 Enter the date vehicle was placed in service 11						(a) Vahiola	/b\\/abial-
12 International Processing Community of the Communit	11	Enter the date vehicle was placed in service			11	(a) venicle	(D) Venicie
13 Business miles included on line 12 13 miles miles	12	Total miles vehicle was driven during 2015	******	***************************************	12	milao	1000
14 Percent of business use. Divide line 13 by Jine 12	13	Business miles included on line 12			12	1/2	
15	14	Percent of business use. Divide line 13 by line 12)		13		
The commuting miles included on line 12 to the miles. Add lines 13 and 15 and subtract the total from line 12 to the miles. Add lines 13 and 15 and subtract the total from line 12 to the miles. Add lines 13 and 15 and subtract the total from line 12 to the miles. Add lines 13 and 15 and 1	15	Average daily roundtrip commuting distance			15		
17 Other miles. Add lines 13 and 16 and subtract the total from line 12 17 miles miles miles and support your personal use during off-outy hours?		Commuting miles included on line 12			10		
Was your vehicle available for personal use during off-duty hours? Yes No			e total fr	om line 12	10		The second secon
Do you (or your spouse) have another vehicle available for personal use? Yes No.		Was your vehicle available for personal use during	n off-di	ty hours?	[17]	miles	mile:
Do you have evidence to support your deduction? If "Yes," is the evidence written? Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 Multiply line 24b from line 24a Multiply line 24b from line 24a Multiply line 26 by the percentage on line 14 Multiply line 26 by the percentage on line 14 Multiply line 27 and 28. Enter total here and on line 1 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction on special allowance) Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction on special allowance) Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction on special allowance) Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction on special allowance) Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction on special allowance) Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction on special allowance) Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction on special allowance) Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction on special allowance) Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179		The year remain available for personal use during	ig on ac	ty nours:		*****************************	Yes N
Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 22 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 23 Section C Actual Expenses 24 (a) Vehicle 25 Gasolina, 01, repairs, vehicle insurance, etc. 23 244 Vehicle rentals 24b	19	Do you (or your spouse) have another vehicle av	ailable fo	or personal use?			Yes N
Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 22 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 23 Section C Actual Expenses 24 (a) Vehicle 25 Gasolina, 01, repairs, vehicle insurance, etc. 23 244 Vehicle rentals 24b	20	20 Do you have evidence to support your deduction?					
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22 Multiply line 13 by 57.5c (.575), Enter the result here and on line 1 22							
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28 Depreciation. Enter amount from line 38 below 28	27	Multiply line 26 by the percentage on line 14	27				
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(a) Vehicle (b) Vehicle 30	Secti	ion D Depreciation of Vehicles (Use this section	n only if	you owned the vehicle and are c	ompleting Sect	on C for the vehicle)	L
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2015

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Supplemental business expenses					2010	
Your name S	ocial security number	vere in	curred			
DONALD J. TRUMP		TRUMP NATIONAL GOLF CLUB				
Part I Business Expenses and Reimbursemen	ts					
STEP 1 Enter Your Expenses			Column A Other Than Meals		Column B	
			and Entertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29		1				
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel	did not	2				
3 Travel expense while away from home overnight, including lodging, a etc. Do not include meals and entertainment	irplane, car rental,	3				
4 Business expenses not included on lines 1 through 3. Do not include and entertainment SEE STATE	meals EMENT 143	4	58,539.			
5 Meals and entertainment expenses		5				
6 Total expenses. In Column A, add lines 1 through 4 and enter the re enter the amount from line 5	sult. In Column B	6	58,539.			
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amount	fron	line 6 on line 8.			
STEP 2 Reimbursements for Expenses Listed In	STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form V	V-2	7				
STEP 3 Figure Expenses Subject to the Limitation	on					
8 Subtract line 7 from line 6		8	58,539.			
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to	0					
the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)		9	58,539.			
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			>	10	58 539	

Pa	art II Vehicle Expenses					Page 2
	tion A General Information				(a) Vahiala	(LXX/ L : L
11	Enter the date vehicle was placed in service			144	(a) Vehicle	(b) Vehicle
12	Total miles vehicle was driven during 2015					
13	Business miles included on line 12			12	miles	miles
14	Percent of business use. Divide line 13 by line 12			13	miles	miles
15	Average daily roundtrip commuting distance			14	%	%
16					miles	miles
17	Other miles. Add lines 13 and 16 and subtract the	total from	line 10	16	miles	miles
18	Was your vehicle available for personal use during	a off duty b	nne 12		miles	miles
10	Was your vehicle available for personal use durin	g on-duty n	ours?			Yes No
19	Do you (or your spouse) have another vehicle ava	ilable for pe	ersonal use?	***************************************		Yes No
20	Do you have evidence to support your deduction?		***************************************		***************************************	Yes No
21	If "Yes," is the evidence written?	***********	********************************			Yes No
						Section Section 2011
Sect	ion B Standard Mileage Rate (See the instruction	ons for Part	II to find out whether to	complete this sectio	n or Section C.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result i	nere and on	line 1		22	
-	ion C Actual Expenses	1 100	(a) Vehi	cle	(b) \	/ehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.					
24 a	Vehicle rentals	24a				
b	Inclusion amount	24b				
C	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)					
26	Add lines 23, 24c, and 25	26		1		
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	on D Depreciation of Vehicles (Use this section	only if you	owned the vehicle and	are completing Sec	tion C for the vehicle.)	_
			(a) Vehi			/ehicle
30	Enter cost or other basis	30				
31	Enter section 179 deduction	100				
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106					
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36	55			
37	Multiply line 36 by the percentage on line 14	37				
38	Enter the smaller of line 35 or line 37. If you	100				
	skipped lines 36 and 37, enter the amount from					
	line 35. Also enter this amount on line 28 above	38				

	,				
Your name	Social security number		Business in which expenses	were in	curred
DONALD J. TRUMP		NDEAVOR 12			
Part I Business Expenses and Reimburseme	ents				
STEP 1 Enter Your Expenses			Column A		Column B
- Enter Four Expenses			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
Parking fees, tolls, and transportation, including train, bus, etc., th involve overnight travel	nat did not	2			
3 Travel expense while away from home overnight, including lodging etc. Do not include meals and entertainment	g airplane car rental	3			
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STA	ude meals	4	274,364.		
5 Meals and entertainment expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	result. In Column B,	6	274,364.		
NOTE: If you were not reimbursed for any expenses in Step 1, sk	kip line 7 and enter the amour	nt fron	n line 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed	In STEP 1				
7 Enter amounts that were not reported to you in box 1 of Form W-2 Include any amount reported under code "L" in box 12 of your Form	2. m W-2	7			
STEP 3 Figure Expenses Subject to the Limitar	tion				
8 Subtract line 7 from line 6		8	274,364.		
9 In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subjet the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	ct to	9	274,364.		
10 Add the amounts on line 9 of both columns and enter the total her. These are your supplemental business expenses	e.		>	10	274 364

Pa	art II Vehicle Expenses					Paye 2
-	tion A General Information				(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service			11	(a) volliolo	(b) venicle
12	Total miles vehicle was driven during 2015		********************************	12	miles	miles
13	Business miles included on line 12			13	miles	miles
14	Percent of business use. Divide line 13 by line 12			14	%	"Mes
15	Average daily roundtrip commuting distance		***************************************	15	miles	miles
16					miles	
17	Other miles. Add lines 13 and 16 and subtract the	total from	line 12	17	miles	miles
18	Was your vehicle available for personal use durin	n off-duty l	nours?	[17]		miles Yes N
19	Do you (or your spouse) have another vehicle available.	Yes No				
20	Do you have evidence to support your deduction?		***************************************	*******		Yes No
21	If "Yes," is the evidence written?	*********	***************************************			Yes No
Sect	tion B Standard Mileage Rate (See the instruction	ons for Par	t II to find out whether to comp	olete this section	n or Section C.)	
22	Multiply line 13 by 57.5¢ (.575). Enter the result I	nere and or	line 1			22
Sect	tion C Actual Expenses		(a) Vehicle			b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				
24a	Vehicle rentals					
b	Inclusion amount	24b				
	Subtract line 24b from line 24a	24c	100 AND			
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on	20				
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this section	only if yo	u owned the vehicle and are o	ompleting Sect	tion C for the vehicle.)	
			(a) Vehicle			b) Vehicle
30	Enter cost or other basis	30				
31	Enter section 179 deduction					
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106					
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36				
37	Multiply line 36 by the percentage on line 14	37				
38	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					
	line 35. Also enter this amount on line 28 above	38				

Your name Social security numbe	r Busines:	s in which expenses	were incu	ırred
DONALD J. TRUMP	TRUMP	INTERNATIONAL	HOTEL	HAWAII
Part I Business Expenses and Reimbursements	,			
STEP 1 Enter Your Expenses	Co	lumn A		Column B
		Than Meals tertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel				
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment				
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 145	4	355.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	355.		
NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the a	mount from line 6 o	n line 8.		
STEP 2 Reimbursements for Expenses Listed In STEP 1				
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
STEP 3 Figure Expenses Subject to the Limitation				
8 Subtract line 7 from line 6	8	355.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50), (If zero or less, enter -0-) (If subject to				
the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	355.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses		.	10	355

Pa	art II Vehicle Expenses							-	rage 2
	tion A General Information					(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service				11	(a) vomoio		(b) vernore	
12	Total miles vehicle was driven during 2015		***************************************		12	miles			miles
13	Business miles included on line 12				13	miles			miles
14	Percent of business use. Divide line 13 by line 12		*****************************		14	%			%
15	Average daily roundtrip commuting distance	******			15	miles	-		
16	0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			- 1	16	miles			miles
17	Other miles. Add lines 13 and 16 and subtract the	total fro	m line 12		17	miles			miles
18	Was your vehicle available for personal use during	off-dut	v hours?	[111163		Yes	miles
								165	L No
19	19 Do you (or your spouse) have another vehicle available for personal use?							Yes	No
20 Do you have evidence to support your deduction?							******	Yes	No
21	If "Yes," is the evidence written?							Yes	No
Sect	tion B Standard Mileage Rate (See the instruction	ns for P	art II to find out whether t	to complete t	his section	n or Section C.)			
									_
22	Multiply line 13 by 57.5¢ (.575). Enter the result h	ere and	on line 1				22		
Sect	ion C Actual Expenses		(a) V	ehicle			b) Vehicle)	-
23	Gasoline, oil, repairs, vehicle insurance, etc.	23					是		
24 a	Vehicle rentals	24a					3.60		
b	Inclusion amount	24b							
C	Subtract line 24b from line 24a	24c							Control of the Control
25	Value of employer-provided vehicle (applies				***************************************				
	only if 100% of annual lease value was								
	included on Form W-2)	25							
26	Add lines 23, 24c, and 25	26							
27	Multiply line 26 by the percentage on line 14	27							
28	Depreciation. Enter amount from line 38 below	28							
29	Add lines 27 and 28. Enter total here and on						18.60 18.60		
	line 1	29							
Sect	ion D Depreciation of Vehicles (Use this section		vou owned the vehicle an	d are compl	eting Sect	ion C for the vehicle \			
		,		ehicle	otting occi		h) Vahiala		
30	Enter cost or other basis	30	(a) v	cure.			b) Vehicle		
31	Enter section 179 deduction	- 00				2020 N. H. L. MARKETTE			
	and angoint allowance	31							
32	Multiply line 30 by line 14 (see Form 2106	01			120,000		9020	51.750.5.5	
02	instructions if you claimed the section 179								
	deduction or special allowance)	32							
33	Enter depreciation method and percentage								
34	Multiply line 32 by the percentage on line 33	33				THE STATE OF THE S	523		
		34				_			
35	Add lines 31 and 34	35		251/27/17/27				Right of the second	200 - 200 - 100 -
36	Enter the limitation amount	36							
37	Multiply line 36 by the percentage on line 14	37							
38	Enter the smaller of line 35 or line 37. If you								
	skipped lines 36 and 37, enter the amount from								
	line 35. Also enter this amount on line 28 above	38							

Your name	Social security number	1	Business in which expenses were incurred					
DONALD J. TRUMP		DJT HOLDINGS LLC (TURNBERRY SCOTLAND						
Part I Business Expenses and Reimburse	ements				MI DOUBLIND DUCT			
STEP 1 Enter Your Expenses		T	Column A		Column B			
			Other Than Meals and Entertainment		Meals and Entertainment			
1 Vehicle expense from line 22 or line 29		1						
Parking fees, tolls, and transportation, including train, bus, et involve overnight travel	c., that did not							
3 Travel expense while away from home overnight, including lo etc. Do not include meals and entertainment	dging airplane car rental							
4 Business expenses not included on lines 1 through 3. Do not and entertainment SEE	t include meals	4	247,683.					
5 Meals and entertainment expenses		5						
6 Total expenses. In Column A, add lines 1 through 4 and enter enter the amount from line 5	er the result. In Column B	6	247,683.					
NOTE: If you were not reimbursed for any expenses in Step	1, skip line 7 and enter the am	ount from	line 6 on line 8.					
STEP 2 Reimbursements for Expenses List	ed In STEP 1							
7 Enter amounts that were not reported to you in box 1 of Form Include any amount reported under code "L" in box 12 of your	1 W-2. Form W-2	7						
STEP 3 Figure Expenses Subject to the Lim	nitation							
8 Subtract line 7 from line 6		8	247,683.					
9 In Column A, enter the amount from line 8. In Column B, multi amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If s the Department of Transportation (DOT) hours-of-service limi Multiply by 80% (.80) instead of 50%)	subject to	9	247,683.					
10 Add the amounts on line 9 of both columns and enter the tota These are your supplemental business expenses	Il here.			10	247 692			

Pa	art II Vehicle Expenses							-	rago =
Sect	tion A General Information					(a) Vehicle		(b) Vehicle	i i
11	Enter the date vehicle was placed in service			1	1	14/ 10111010		(b) voilioio	
12	Total miles vehicle was driven during 2015			1		miles			miles
13	Business miles included on line 12			1		miles			miles
14	Percent of business use. Divide line 13 by line 12			1		%			%
15	Average daily roundtrip commuting distance			1		miles			miles
16						miles			miles
17	Other miles. Add lines 13 and 16 and subtract the	total fro	m line 12	1		miles			miles
18	Was your vehicle available for personal use durin	g off-duty	/ hours?			· · · · · · · · · · · · · · · · · · ·		Yes	No
19	19 Do you (or your spouse) have another vehicle available for personal use?								No
20	Do you have evidence to support your deduction?					******************************		Yes	No
21	If "Yes," is the evidence written?						corus (res)	Yes	No
Sect	ion B Standard Mileage Rate (See the instruction	ons for Pa	art II to find out whether to	complete this	section	or Section C.)			
200									
22	Multiply line 13 by 57.5¢ (.575). Enter the result I	ere and o	on line 1				22		
Sort C	ion C Actual Expenses	100	(a) Veh	iicle			b) Vehicle	9	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23			CONTRACTOR .				
	Vehicle rentals	24a							
	Inclusion amount	24b					3316		
	Subtract line 24b from line 24a	24c	_						
25	Value of employer-provided vehicle (applies	182							
	only if 100% of annual lease value was	136							
	included on Form W-2)	25							
26	Add lines 23, 24c, and 25	26							
27	Multiply line 26 by the percentage on line 14	27				_			
28	Depreciation. Enter amount from line 38 below	28							
29	Add lines 27 and 28. Enter total here and on								
04	line 1	29							
Sect	ion D Depreciation of Vehicles (Use this section	only if y	You will have a		ng Secti				
20	Enter coat or other basis	00	(a) Vehi	icle		(1	o) Vehicle		
30	Enter cost or other basis	30	A CONTRACTOR OF THE SECOND				Marie Service		
31	Enter section 179 deduction								
00	and special allowance	31						1907-0-150-0-200-0-	200000000000000000000000000000000000000
32	Multiply line 30 by line 14 (see Form 2106								
	instructions if you claimed the section 179								
	deduction or special allowance)	32							
33	Enter depreciation method and percentage	33	100 F. 100 P. 10						
34	Multiply line 32 by the percentage on line 33	34		*************		_			
35	Add lines 31 and 34	35		07/25/2007	CONTRACTOR 1-		2493		
36	Enter the limitation amount	36							
37	Multiply line 36 by the percentage on line 14	37							
38	Enter the smaller of line 35 or line 37. If you								
	skipped lines 36 and 37, enter the amount from								
	line 35. Also enter this amount on line 28 above	38							

Supplemental Business Expenses					2013
Your name	Social security number		Business in which expenses	curred	
DONALD J. TRUMP			TUMP KOREAN PROJECT	S LLC	
Part I Business Expenses and Reimburseme	nts				
STEP 1 Enter Your Expenses			Column A		Column B
			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
Parking fees, tolls, and transportation, including train, bus, etc., the involve overnight travel	at did not	2			
3 Travel expense while away from home overnight, including lodging etc. Do not include meals and entertainment	airnlane car rental	3			
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STA	de meals FEMENT 147	4	9.		
5 Meals and entertainment expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	result In Column B	6	9.		
NOTE: If you were not reimbursed for any expenses in Step 1, ski		t fron	ı line 6 on line 8.		
STEP 2 Reimbursements for Expenses Listed I	n STEP 1				
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	W-2	7			
STEP 3 Figure Expenses Subject to the Limitati	ion				
8 Subtract line 7 from line 6		8	9.		
In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits:	to		*		
Multiply by 80% (.80) instead of 50%)		9	9.		
O Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			▶		
The state of the s				10	

Pa	art II Vehicle Expenses					1 ago		
Sec	tion A General Information				(a) Vehicle	(b) Vehicle		
11	Enter the date vehicle was placed in service			11	(a) vollidio	(D) Vernicle		
12	Total miles vehicle was driven during 2015		***************************************	12	miles	mi		
13	Business miles included on line 12			13	miles			
14	Percent of business use. Divide line 13 by line 12	2		14	%			
15	Average daily roundtrip commuting distance	150505.50505.		15	miles			
16	Commuting miles included on line 12			16	miles			
17	Other miles. Add lines 13 and 16 and subtract th	e total fro	om line 12	17	miles	mi		
18	Was your vehicle available for personal use during	ng off-dut	ty hours?			Yes T		
19								
20								
21	If "Yes," is the evidence written?							
	ion B Standard Mileage Rate (See the instructi							
	nen 2: Standard Minoago Hate (See the mondet	0113 101 1	art if to find out whether to com	ihiere rilis se	ction or Section C.)			
22	Multiply line 13 by 57.5¢ (.575). Enter the result	here and	on line 1			22		
Sect	ion C Actual Expenses	T	(a) Vehicle			b) Vehicle		
23	Gasoline, oil, repairs, vehicle insurance, etc.	23				b) volitore		
24 a	Vehicle rentals					THE STATE OF THE S		
b	Inclusion amount	San						
C	Subtract line 24b from line 24a							
25	Value of employer-provided vehicle (applies	2.10						
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on	20				-		
10000	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this sectio		you owned the vehicle and are	completing	Section C for the vehicle.)			
			(a) Vehicle			b) Vehicle		
	Enter cost or other basis	30			1000			
31	Enter section 179 deduction	13						
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106							
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34			4 6 2 6 6 6 6 6 6			
35	Add lines 31 and 34							
36	Enter the limitation amount	36				6-11-1-6-1-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1		
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from	100						
	line 35. Also enter this amount on line 28 above	38						

Variable of the second of the	1				2010
Your name	Social security number	Social security number Business in which			curred
DONALD J. TRUMP		TRUMP MARKS FT LAUDERDALE LLC			
Part I Business Expenses and Rei	mbursements		112		
STEP 1 Enter Your Expenses			Column A		Column B
			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		. 1			
2 Parking fees, tolls, and transportation, including tra involve overnight travel	in, bus, etc., that did not	2			
3 Travel expense while away from home overnight, in					
4 Business expenses not included on lines 1 through and entertainment	3. Do not include meals SEE STATEMENT 148	4	1,850.		
5 Meals and entertainment expenses	M	5			
6 Total expenses. In Column A, add lines 1 through enter the amount from line 5	and enter the result. In Column B,	6	1,850.		
NOTE: If you were not reimbursed for any expense	es in Step 1, skip line 7 and enter the am	nount fror	m line 6 on line 8.		
STEP 2 Reimbursements for Expens	es Listed In STEP 1				
7 Enter amounts that were not reported to you in box Include any amount reported under code "L" in box	1 of Form W-2. 12 of your Form W-2	7			
STEP 3 Figure Expenses Subject to t	he Limitation				
8 Subtract line 7 from line 6		8	1,850.		
9 In Column A, enter the amount from line 8. In Colum amount on line 8 by 50% (.50). (If zero or less, ente the Department of Transportation (DOT) hours-of-se	-0-) (If subject to				
Multiply by 80% (.80) instead of 50%)	rvice iimits;	9	1,850.		
10 Add the amounts on line 9 of both columns and enter These are your supplemental business expenses	er the total here.			10	1,850.

Pa	rt II Vehicle Expenses	-				Page 2	
	on A General Information						
					(a) Vehicle	(b) Vehicle	
11	Enter the date vehicle was placed in service			11			
12	Total miles vehicle was driven during 2015			12	miles	miles	
13	Business miles included on line 12			13	miles	miles	
14	Percent of business use. Divide line 13 by line 12			14	%	%	
15	Average daily roundtrip commuting distance			15	miles	miles	
	Commuting miles included on line 12			16	miles	miles	
17	Other miles. Add lines 13 and 16 and subtract the	e total fr	om line 12	17	miles	miles	
18	Was your vehicle available for personal use durin	g off-du	ty hours?		***************************************	Yes No	
19	Do you (or your spouse) have another vehicle available for personal use?						
20	Do you have evidence to support your deduction?						
	If "Yes," is the evidence written?						
Section	on B Standard Mileage Rate (See the instructi	ons for	Part II to find out whether to co	mplete this section	or Section C.)		
22	Multiply line 13 by 57.5¢ (.575). Enter the result I	nere and	f on line 1				
Section	on C Actual Expenses		(a) Vehicl			/ehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23					
	Vehicle rentals						
b	Inclusion amount	T					
C	Subtract line 24b from line 24a						
	Value of employer-provided vehicle (applies	1					
	only if 100% of annual lease value was						
	included on Form W-2)	25					
26	Add lines 23, 24c, and 25	26					
	Multiply line 26 by the percentage on line 14	27					
	Depreciation. Enter amount from line 38 below				_		
	Add lines 27 and 28. Enter total here and on	28					
Coatio	line 1	29					
366110	on D Depreciation of Vehicles (Use this section	1 only it	The second secon		ion C for the vehicle.)		
		-	(a) Vehicle	e	(b) \	/ehicle	
	Enter cost or other basis	30					
	Enter section 179 deduction						
ć	and special allowance	31					
	Multiply line 30 by line 14 (see Form 2106						
	instructions if you claimed the section 179						
	deduction or special allowance)	32					
	Enter depreciation method and percentage	33					
34 1	Multiply line 32 by the percentage on line 33	34					
	Add lines 31 and 34	35					
36 E	Enter the limitation amount	36					
	Multiply line 36 by the percentage on line 14	37					
	Enter the smaller of line 35 or line 37. If you						
	skipped lines 36 and 37, enter the amount from	0.00					
	line 35. Also enter this amount on line 28 above	38					

cappionicital basiliess Expelises			1	2010		
Your name	Social security number	Business in which expenses	were incurre	ed		
DONALD J. TRUMP	* 1	TRUMP HOME MARKS LLC				
Part I Business Expenses and Reimbursemer	nts					
STEP 1 Enter Your Expenses		Column A Other Than Meals		Column B Meals and		
		and Entertainment		Entertainment		
1 Vehicle expense from line 22 or line 29		1				
Parking fees, tolls, and transportation, including train, bus, etc., that involve overnight travel	did not	2				
3 Travel expense while away from home overnight, including lodging, etc. Do not include meals and entertainment	airnlane car rental	3				
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STAT	e meals	1,850				
5 Meals and entertainment expenses	5	3				
6 Total expenses. In Column A, add lines 1 through 4 and enter the renter the amount from line 5	esult. In Column B	1,850.				
NOTE: If you were not reimbursed for any expenses in Step 1, skip	line 7 and enter the amount fr	rom line 6 on line 8.				
STEP 2 Reimbursements for Expenses Listed In	STEP 1					
7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form	W-2 7	,				
TEP 3 Figure Expenses Subject to the Limitation	on					
8 Subtract line 7 from line 6	8	1,850.				
In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	to	1,850.				
O Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			40	1 0		

Pa	art II Vehicle Expenses								rage 2
	tion A General Information					(a) Vehicle		(b) Vehicle	
11	Enter the date vehicle was placed in service				11	(d) voinoio		(b) vernicie	
12	Total miles vehicle was driven during 2015			-	12	miles			miles
13	Business miles included on line 12				13	miles			miles
14	Percent of business use. Divide line 13 by line 12				14	%			%
15	Average daily roundtrip commuting distance				15	miles			
16					16	miles			miles
17	Other miles. Add lines 13 and 16 and subtract the	total fro	om line 12		17	miles			miles
18	Was your vehicle available for personal use durin	a off-du	tv hours?			111163		Yes	miles No
	annument of the second	9				******************	l	165	100
19	Do you (or your spouse) have another vehicle ava	ilable fo	r personal use?	•••••••			[Yes	No
20	Do you have evidence to support your deduction?			******	*********		[Yes	□ No
21	If "Yes," is the evidence written?	******		***************		***************************************	[Yes	No
Sect	ion B Standard Mileage Rate (See the instruction	ons for F	Part II to find out whether	to complete th	is sectio	n or Section C.)			
22	Multiply line 13 by 57.5¢ (.575). Enter the result h	ere and	on line 1			١,			
_	tion C Actual Expenses	loro una	(a) V	/ehicle	**********		22 o) Vehicle		
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	, -, ·			(1	o) vonicio		
	Vehicle rentals	24a							
b	Inclusion amount	24b					-		
	Subtract line 24b from line 24a	24c		1.000.000.000.000					Kale Walley
25	Value of employer-provided vehicle (applies	240							
	only if 100% of annual lease value was	1							
	included on Form W-2)	25							
26	Add lines 23, 24c, and 25	26							
27	Multiply line 26 by the percentage on line 14	27							
28	Depreciation. Enter amount from line 38 below	28							
29	Add lines 27 and 28. Enter total here and on	20							
20	line 1	29							
Sect	ion D Depreciation of Vehicles (Use this section		vou owned the vehicle ar	nd are comple	ting Sec	tion C for the vehicle \			
			To approximate the second seco	'ehicle) Vehicle		
30	Enter cost or other basis	30	1-7) vernere		Department
31	Enter section 179 deduction	558							10 KB (2011)
	and special allowance	31							
32	Multiply line 30 by line 14 (see Form 2106								Talescano
	instructions if you claimed the section 179								
	deduction or special allowance)	32							
33	Enter depreciation method and percentage	33							
34	Multiply line 32 by the percentage on line 33	34							
35	Add lines 31 and 34	35							
36	Enter the limitation amount	36		\$10.000 pp. 118	15000				COLF SOCK CONTROL
37	Multiply line 36 by the percentage on line 14	37					1,000.00		
38	Enter the smaller of line 35 or line 37. If you	01							
50	skipped lines 36 and 37, enter the amount from								
	line 35. Also enter this amount on line 28 above	20							
	mio oo. Alou enter this amount on line 20 above	38		1			1000		

oappiemental basilless Exper	1303				2010	
Your name	Social security number	ity number Business in which expenses were incurred DJT HOLDINGS LLC - TRUMP NATIONA				
DONALD J. TRUMP		7.45		TRUMP	NATIONAL GOLF CLUB	
	- Name of the state of the stat	WA	HINGTON DC L			
Part I Business Expenses and Reimbur	sements					
STEP 1 Enter Your Expenses			Column A		Column B	
STEP 1 Enter Your Expenses			Other Than Meals		Meals and	
			nd Entertainment		Entertainment	
1 Vehicle expense from line 22 or line 29						
		1				
Parking fees, tolls, and transportation, including train, bus, involve overnight travel	etc., that did not	2				
3 Travel expense while away from home overnight, including etc. Do not include meals and entertainment	lodging, airplane, car rental,	3				
4 Business expenses not included on lines 1 through 3. Do r and entertainment SE	ot include meals E STATEMENT 150	4	520,711.			
5 Meals and entertainment expenses		5				
6 Total expenses. In Column A, add lines 1 through 4 and enter the amount from line 5	nter the result. In Column B,	6	520,711.			
NOTE: If you were not reimbursed for any expenses in St	ep 1, skip line 7 and enter the amo	unt from lin	e 6 on line 8.			
STEP 2 Reimbursements for Expenses Lis	sted In STEP 1					
7 Enter amounts that were not reported to you in box 1 of Fo Include any amount reported under code "L" in box 12 of you	rm W-2. pur Form W-2	7				
STEP 3 Figure Expenses Subject to the Li	mitation			1001200000		
8 Subtract line 7 from line 6			E20 711			
acting the manner of the	*************************************	8	520,711.			
9 In Column A, enter the amount from line 8. In Column B, m amount on line 8 by 50% (.50). (If zero or less, enter -0-) (I	ultiply the					
the Department of Transportation (DOT) hours-of-service li	mits.					
Multiply by 80% (.80) instead of 50%)		9	520,711.			
10 Add the amounts on line 9 of both columns and enter the to These are your supplemental business expenses			E Special			
111000 ato Joan authioritat nagiliess exhelises				10	520,711.	

Section A - General Information	Pa	art II Vehicle Expenses							Page 2
11 Enter the data vehicle was placed in service 11							(a) Vahiala	/b\\/abia	I.
12 Total miles whiche was driven during 2015 12 miles	11	Enter the date vehicle was placed in service				11	(a) verificie	(b) venic	le
13 Business miss included on line 12 13 miss miss	12	Total miles vehicle was driven during 2015	**********			Make 7	miles		
14 Percent of bissinssis use. Divide line 13 by Jine 12 15 Average daily crowditing communiting distance 15 Communiting miles included on line 12 16 miles miles 17 miles miles 18 Was your vehicle available for personal use during off-duty hours? 19 Do you (or your spouse) have another vehicle available for personal use? 20 Do you have evidence to support your deduction? 21 If "Yes," is the evidence or ritten? 22 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 22 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 24 Vehicle rentals 25 Vehicle rentals 26 Subtract line yapins, which is insurance, etc. 27 Vehicle rentals 28 If you define the vehicle insurance, etc. 29 Vehicle rentals 29 Vehicle rentals 20 If you have available for personal use of the instructions for Part II to find out whether to complete this section or Section C.) 29 Multiply line 13 by 57.5c (.575). Enter the result here and on line 1 20 Section C Actual Expenses 20 (a) Vehicle 21 Vehicle rentals 22 Vehicle rentals 23 Gasoline, oil younger's, which is insurance, etc. 24 If you have evidence or special allowance and the property of an annual to the property of annual bases value was included on Form W-2) 29 Vehicle rentals 20 Add lines 27 and 28. Enter total hare and on line 1 20 If you have evidence or total hare and on line 1 21 If you owned the vehicle and are completing Section C for the vehicle.) 25 Vehicle form in 24a 26 Add lines 27 and 28. Enter total hare and on line 1 28 Departed for total hare and on line 1 29 If his cost or other basis 30 (a) Vehicle (b) Vehicle (c) Vehicle (d) Vehicle (e) Vehicle (f)	13	Business miles included on line 12	**********			10000			
15 Average daily roundtrip commuting distance 15 miles miles miles 16 Commuting miles included on line 12 16 miles miles miles 17 Uther miles. Add lines 13 and 16 and subtract the total from line 12 17 miles mi	14	Percent of business use. Divide line 13 by line 12)			70 8 1			and the second of the second
16 Commuting miles included on line 12 17 miles miles miles 17 Unter miles, Add lines 13 and 16 and subtract the total from line 12 17 miles miles miles 18 Was your vehicle available for personal use during off-duty hours?	15	Average daily roundtrip commuting distance				1965			
17 Other miles, Add lines 13 and 16 and subtract the total from line 12 17 miles miles some set of the miles, Add lines 13 and 16 and subtract the total from line 12 17 miles miles some set of the miles and subtract the total from line 12 Yes No. 19 Do you (or your spouse) have another vehicle available for personal use? Yes No. 19 Do you have evidence to support your deduction? Yes No. 19 Do you have evidence to support your deduction? Yes No. 19	16								
Was your vehicle available for personal use during off-duty hours? Yes Ni	17		e total from	m line 12		17			
Do you (or your spouse) have another vehicle available for personal use? Do you have evidence to support your deduction? If "Yes," is the evidence written? Section B Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) Multiply line 13 by 57.5e (.575). Enier tha result here and on line 1 22 Multiply line 13 by 57.5e (.575). Enier tha result here and on line 1 23 Gasoline, oil, repairs, vehicle insurance, etc. 24 44 Vehicle rentals 25 24a Vehicle rentals 26b C Subtract line 24b from line 24a 27b Included on Form W-2) 28 Add lines 23, 24e, and 25 29 Add lines 23, 24e, and 25 29 Add lines 23, 24e, and 25 29 Add lines 27 and 28. Enter total here and on line 14 29 Section D Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) Call of the section 179 deduction and special allowance 31 Enter section 179 deduction 32 34 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 32 33 Enter depreciation of the dasics 34 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 33 34 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance) 35 Enter the smaller of line 35 or line 37. If you skipped lines 30 and 37, enter the amount from 36 Enter the smaller of line 35 or line 37. If you skipped lines 30 and 37, enter the amount from	18	Was your vehicle available for personal use durin	n off-duty	/ hours?	L	17	miles		
Do you have evidence to support your deduction? 21 If "Yes," is the evidence written? 22 If "Yes," is the evidence written? 23 If "Yes," is the evidence written? 24 If "Yes," is the evidence written? 25 Multiply line 13 by 57.5e (.575). Enter the result here and on line 1 26 Section 6 Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.) 26 Wolltiply line 13 by 57.5e (.575). Enter the result here and on line 1 27 Section 6 Actual Expenses 28 Gasoline, oil, repairs, vehicle insurance, etc. 29 Vehicle 20 Vehicle 21 Vehicle 22 Source of manual lease value was included on Form W-2) 25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2) 26 Add lines 22 Ade, and 25 27 Multiply line 26 by the percentage on line 14 27 Source of manual lease value was included on line 1 28 Openciation. Enter amount from line 38 helow 29 Add lines 27 and 28. Enter total here and on line 1 29 Section 0 Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.) 30 Enter cost or other basis 31 Enter section 179 deduction and special allowance 32 Multiply line 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance 33 Add lines 31 and 34 34 Multiply lines 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction method and percentage 33 35 Add lines 31 and 34 36 Enter the imitation amount 37 Multiply lines 30 by line 14 (see Form 2106 instructions if you claimed the section 179 deduction or special allowance 38 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from		, procedure des dans	g on daty	, modro:			***************************************	Yes	No
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Base Enter the limitation amount 36 Multiply line 36 by the percentage on line 14 37 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	34	Multiply line 32 by the percentage on line 33	34		54 13.5				
Enter the limitation amount 36 Multiply line 36 by the percentage on line 14 37 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from			35						
Multiply line 36 by the percentage on line 14 37 Enter the smaller of line 35 or line 37. If you skipped lines 36 and 37, enter the amount from	36	Enter the limitation amount	36						a to to the total
Skipped lines 36 and 37, enter the amount from			37		20				NEW YORK OF THE REAL PROPERTY.
		skipped lines 36 and 37, enter the amount from							
	2111-02-11	line 35. Also enter this amount on line 28 above	38						

Your name	Social security number		Duningge in which access		2010
Total Harris	Social security number		Business in which expenses	were in	curred
DONALD J. TRUMP			TIHT MEMBER LLC		
Part I Business Expenses and Reimb	oursements				
STEP 1 Enter Your Expenses			Column A		Column B
			Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29		1			
Parking fees, tolls, and transportation, including train, involve overnight travel	bus, etc., that did not	2			
3 Travel expense while away from home overnight, incluetc. Do not include meals and entertainment	ding lodging, airplane, car rental,	3			
4 Business expenses not included on lines 1 through 3. and entertainment	Do not include meals SEE STATEMENT 151	4	500.		
5 Meals and entertainment expenses		5			
6 Total expenses. In Column A, add lines 1 through 4 are enter the amount from line 5	nd enter the result. In Column B,	6	500.		
NOTE: If you were not reimbursed for any expenses i	n Step 1, skip line 7 and enter the amou	unt fron	n line 6 on line 8.		
STEP 2 Reimbursements for Expenses	Listed In STEP 1				
7 Enter amounts that were not reported to you in box 1 c Include any amount reported under code "L" in box 12	of Form W-2. of your Form W-2	7			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STEP 3 Figure Expenses Subject to the	Limitation				
8 Subtract line 7 from line 6		8	500.		
9 In Column A, enter the amount from line 8. In Column amount on line 8 by 50% (.50). (If zero or less, enter -C the Department of Transportation (DOT) hours-of-servi Multiply by 80% (.80) instead of 50%))-) (If subject to ce limits:	9	500.		
10 Add the amounts on line 9 of both columns and enter t These are your supplemental business expenses		9	300.	10	500

	art II Vehicle Expenses					
Sect	tion A General Information				(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service			11		
12	Total miles vehicle was driven during 2015			12	miles	miles
13	Business miles included on line 12			13	miles	miles
14	Percent of business use. Divide line 13 by line 12			14	%	%
15	Average daily roundtrip commuting distance			15	miles	miles
16	Commuting miles included on line 12			16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the	total from line 12	2	17	miles	miles
18	Was your vehicle available for personal use during	off-duty hours?				Yes No
19	Do you (or your spouse) have another vehicle ava	lable for persona	ıl use?			Yes No
20	Do you have evidence to support your deduction?	***************				Yes No
21	If "Yes," is the evidence written?		*************************	*************	***************************************	Yes No
_						
Sect	ion B Standard Mileage Rate (See the instruction	ns for Part II to f	ind out whether to cor	nplete this section	or Section C.)	T
	Mark Park Control of the Control of					
22	Multiply line 13 by 57.5¢ (.575). Enter the result h ion C Actual Expenses	ere and on line 1				
		0,32,73,35 %	(a) Vehicle		(b) \	/ehicle
23	Gasoline, oil, repairs, vehicle insurance, etc	23		ACT OF THE PERSON		
	Vehicle rentals	24a				
	Inclusion amount	24b				
	Subtract line 24b from line 24a	24c				
25	Value of employer-provided vehicle (applies					
	only if 100% of annual lease value was					
	included on Form W-2)	25				
26	Add lines 23, 24c, and 25	26				
27	Multiply line 26 by the percentage on line 14	27				
28	Depreciation. Enter amount from line 38 below	28				
29	Add lines 27 and 28. Enter total here and on					
	line 1	29				
Sect	ion D Depreciation of Vehicles (Use this section	only if you own	ed the vehicle and are	completing Sect	tion C for the vehicle.)	
			(a) Vehicle		(b) \	/ehicle
30	Enter cost or other basis	30				
31	Enter section 179 deduction					
	and special allowance	31				
32	Multiply line 30 by line 14 (see Form 2106					
	instructions if you claimed the section 179					
	deduction or special allowance)	32				
33	Enter depreciation method and percentage	33				
34	Multiply line 32 by the percentage on line 33	34				
35	Add lines 31 and 34	35				
36	Enter the limitation amount	36				
37	Multiply line 36 by the percentage on line 14	37			建筑设施设施设施	
38	Enter the smaller of line 35 or line 37. If you					
	skipped lines 36 and 37, enter the amount from					
	line 35. Also enter this amount on line 28 above	38				

Your name	Social security number		Business in which expenses were incurred					
DONALD J. TRUMP		ENT (CORP					
Part I Business Expenses and Reimburseme	nts							
STEP 1 Enter Your Expenses			Column A		Column B			
			Other Than Meals and Entertainment		Meals and Entertainment			
1 Vehicle expense from line 22 or line 29		1						
Parking fees, tolls, and transportation, including train, bus, etc., the involve overnight travel		2						
3 Travel expense while away from home overnight, including lodging etc. Do not include meals and entertainment	, airplane, car rental,	3						
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE STA	de meals	4	1,101.					
5 Meals and entertainment expenses		5						
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	result. In Column B,	6	1,101.					
NOTE: If you were not reimbursed for any expenses in Step 1, sk	p line 7 and enter the amount f	rom	line 6 on line 8.					
STEP 2 Reimbursements for Expenses Listed I	n STEP 1							
7 Enter amounts that were not reported to you in box 1 of Form W-2 Include any amount reported under code "L" in box 12 of your Form		7						
STEP 3 Figure Expenses Subject to the Limitat	ion							
8 Subtract line 7 from line 6		8	1,101.					
9 In Column A, enter the amount from line 8. In Column B, multiply t amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	t to	9	1,101.					
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			· ·	10	1 101.			

			7.3.17.17.3		
			(a) Vehicle	(b) V	ehicle
30	Enter cost or other basis	30			
31	Enter section 179 deduction				
	and special allowance	31			
32	Multiply line 30 by line 14 (see Form 2106				
	instructions if you claimed the section 179				
	deduction or special allowance)	32			
33	Enter depreciation method and percentage	33			
34	Multiply line 32 by the percentage on line 33	34			
35	Add lines 31 and 34	35			
36	Enter the limitation amount	36			品类。76%
37	Multiply line 36 by the percentage on line 14	37			
88	Enter the smaller of line 35 or line 37. If you				
	skipped lines 36 and 37, enter the amount from				
	line 35. Also enter this amount on line 28 above	38			

28

Add lines 27 and 28. Enter total here and on

Your name	Social security number		Business in which expenses were incurred				
DONALD J. TRUMP	DJT HOLDINGS TRUMP TW VENTURE II LLC						
Part I Business Expenses and Reimbursem	ents						
STEP 1 Enter Your Expenses		T	Column A		Column B		
			Other Than Meals and Entertainment		Meals and Entertainment		
1 Vehicle expense from line 22 or line 29		1					
2 Parking fees, tolls, and transportation, including train, bus, etc., t involve overnight travel		2					
3 Travel expense while away from home overnight, including lodgin etc. Do not include meals and entertainment	ng, airplane, car rental,	3					
4 Business expenses not included on lines 1 through 3. Do not included and entertainment SEE ST	lude meals ATEMENT 153	4	149,565.				
5 Meals and entertainment expenses		5					
6 Total expenses. In Column A, add lines 1 through 4 and enter the enter the amount from line 5	e result. In Column B,	6	149,565.				
NOTE: If you were not reimbursed for any expenses in Step 1, s	skip line 7 and enter the amo	unt fron	n line 6 on line 8.				
STEP 2 Reimbursements for Expenses Listed	In STEP 1						
7 Enter amounts that were not reported to you in box 1 of Form W-Include any amount reported under code "L" in box 12 of your Formatten and the second of	-2. rm W-2	7					
STEP 3 Figure Expenses Subject to the Limita	ation						
8 Subtract line 7 from line 6		8	149,565.				
9 In Column A, enter the amount from line 8. In Column B, multiply amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subj the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	ect to	9	149,565.				
10 Add the amounts on line 9 of both columns and enter the total he These are your supplemental business expenses	ere.			10	149 565		

Pa	art II Vehicle Expenses							raye 2
	tion A General Information				T	(a) Vehicle	(b) Veh	nicle
11	Enter the date vehicle was placed in service	54.00		1	1	(u) vomoio	(b) voi	nore
12	Total miles vehicle was driven during 2015			1	2	miles		miles
13	Business miles included on line 12			1	3	miles		miles
14	Percent of business use. Divide line 13 by line 12			1	4	%		%
15	Average daily roundtrip commuting distance			1	5	miles		miles
16			******************************		6	miles		miles
17	Other miles. Add lines 13 and 16 and subtract the	total from	m line 12	1	7	miles		miles
18	Was your vehicle available for personal use during	g off-duty	hours?				У	
19	Do you (or your spouse) have another vehicle ava	ilable for	personal use?			***************************************	Y	es No
20	Do you have evidence to support your deduction?	******	***************************************	*************			Y	es No
21	If "Yes," is the evidence written?			************			Y	es No
Sont	ion B Standard Mileage Rate (See the instruction	na for Da	art II to find out object out			0 : 0)		
0601	ion b Standard Willeage Nate (See the Instruction	JIIS 101 F	art ir to iiild out whether to	o complete this	section	n or Section C.)		
22	Multiply line 13 by 57.5¢ (.575). Enter the result h	ere and o	on line 1				22	
	ion C Actual Expenses	ioro arra c	(a) Ve				b) Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23					by volitore	-
	Vehicle rentals	24a	_ 0.000 E1 00 pc = 0.000 e2 0.000 e2 0.000 e2 0.000				22.55%	State Interest
b	Inclusion amount	24b						
C	Subtract line 24b from line 24a	24c						CR _ POW THE PARTY NO.
25	Value of employer-provided vehicle (applies	- 10						
	only if 100% of annual lease value was							
	included on Form W-2)	25						
26	Add lines 23, 24c, and 25	26						
27	Multiply line 26 by the percentage on line 14	27						
28	Depreciation. Enter amount from line 38 below	28						
29	Add lines 27 and 28. Enter total here and on							
	line 1	29						
Sect	ion D Depreciation of Vehicles (Use this section	only if y	ou owned the vehicle and	d are complet	ing Sec	tion C for the vehicle.)		
			(a) Ve	hicle		(1	b) Vehicle	
30	Enter cost or other basis	30				NO.		
31	Enter section 179 deduction	100						
	and special allowance	31						
32	Multiply line 30 by line 14 (see Form 2106		5					
	instructions if you claimed the section 179							
	deduction or special allowance)	32						
33	Enter depreciation method and percentage	33						
34	Multiply line 32 by the percentage on line 33	34						
35	Add lines 31 and 34	35						200 200 200 200 200 200 200 200 200 200
36	Enter the limitation amount	36					700000000000000000000000000000000000000	
37	Multiply line 36 by the percentage on line 14	37						
38	Enter the smaller of line 35 or line 37. If you							
	skipped lines 36 and 37, enter the amount from							
	line 35. Also enter this amount on line 28 above	38						

Statement of Specified Foreign Financial Assets

Information about Form 8938 and its separate instructions is at www.irs.gov/form8. Attach to your tax return.

Department of the Treasury

Attachment For calendar year 2015 or tax year beginning Sequence No. If you have attached continuation statements, check here X Number of continuation statements Name(s) shown on return DONALD J. & MELANIA TRUMP Part I Foreign Deposit and Custodial Accounts Summary Number of Deposit Accounts (reported on Form 8938) Maximum Value of All Deposit Accounts Number of Custodial Accounts (reported on Form 8938) 4 Maximum Value of All Custodial Accounts 5 Were any foreign deposit or custodial accounts closed during the tax year? ... Part II Other Foreign Assets Summary Number of Foreign Assets (reported on Form 8938) Maximum Value of All Assets Were any foreign assets acquired or sold during the tax year? X No Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions) (c) Amount reported on Where reported form or schedule (a) Asset Category (b) Tax item (d) Form and line (e) Schedule and line 1 Foreign Deposit and 1a Interest Custodial Accounts 1b Dividends \$ 1c Royalties 1d Other income \$ 1e Gains (losses) 1f Deductions \$ \$ 1g Credits 2 Other Foreign Assets 2a Interest 2b Dividends \$ 2c Royalties 2d Other income 2e Gains (losses) \$ 2f Deductions 2q Credits \$ Part IV Excepted Specified Foreign Financial Assets (see instructions) If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year. 1. Number of Forms 3520 2. Number of Forms 3520-A 3. Number of Forms 5471 4. Number of Forms 8621 5. Number of Forms 8865 Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions) If you have more than one account to report, attach a continuation statement for each additional account (see instructions) Type of account _ Deposit Custodial 2 Account number or other designation Check all that apply Account opened during tax year Account closed during tax year Account jointly owned with spouse No tax item reported in Part III with respect to this asset d 4 Maximum value of account during tax year . Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? 6 If you answered "Yes" to line 5, complete all that apply. (a) Foreign currency in which account (b) Foreign currency exchange rate used to (c) Source of exchange rate used if not from U.S. is maintained convert to U.S. dollars Treasury Department's Bureau of the Fiscal Service

Part V Detailed Information for Ea (see instructions) (continued)	ch Foreign Deposit and (Custodial Acc	count Included in the Part I	Page 2 Summary
7a Name of financial institution in which account		b Reser	rved	
8 Mailing address of financial institution in wh	nich account is maintained. Num	ber, street, and ro	pom or suite no.	
9 City or town, state or province, and country	(including postal code)		8	
Part VI Detailed Information for Ea	sch "Other Foreign Asset	" Included in	the Part II Summary (see	instructions)
Note. If you reported specified foreign financial a				
Form 8938. You must complete Part IV. See insti		471, 0021, 01 000	s, you do not have to include the as	sets on
If you have more than one asset to report, attack		ch additional ass	et (see instructions).	
1 Description of asset			number or other designation	
PARTNERSHIP INTEREST		, ,	3	
3 Complete all that apply. See instructions for	r reporting of multiple acquisition	or disposition da	ates.	
a Date asset acquired during tax year, if appl	icable			
b Date asset disposed of during tax year, if a				
c Check if asset jointly owned with s	oouse d	Check if no tax	item reported in Part III with respec	t to this asset
	neck box that applies) 001 - \$100,000	\$100,001 - \$15		- \$200,000
5 Did you use a foreign currency exchange ra				Yes No
6 If you answered "Yes" to line 5, complete a				
(a) Foreign currency in which asset is	(b) Foreign currency exchange	e rate used to	(c) Source of exchange rate used	if not from U.S.
denominated	convert to U.S. dollars		Treasury Department's Bureau of t	he Fiscal Service
CANADA, DOLLAR				
7 If asset reported on line 1 is stock of a fore		gn entity, enter th	e following information for the asse	t.
a Name of foreign entity TRUMP EDUCATI		b Rese	rved	
c Type of foreign entity (1) X d Mailing address of foreign entity. Number,	Partnership (2) street, and room or suite no.	Corporation	(3) Trust	(4) Estate
40 WALL STREET				
e City or town, state or province, and country	(including postal code)			
NEW YORK, NEW YORK 10005				
8 If asset reported on line 1 is not stock of a fe	preign entity or an interest in a fo	reign entity, ente	r the following information for the as	sset.
Note. If this asset has more than one issuer	or counterparty, attach a continu	ation statement w	vith the same information for each a	dditional issuer or
counterparty (see instructions).				
a Name of issuer or counterparty				
Check if information is for	Issuer Counterpa	arty		
b Type of issuer or counterparty	Partnership (3)	7 6	(0) T1	/E)
(1) Individual (2)		Corporation	(4) Trust	(5) Estate
c Check if issuer or counterparty is a	U.S. person Fo	oreign person		
d Mailing address of issuer or counterparty.	Number, street, and room or suit	e no.		
e City or town, state or province, and countr	y (including postal code)		·	
			garage garage and an arrange and arrange and a supplementary and a	Form 8938 (2015)

ast Name o	r Or	gar	nization Na	me
DONALD	J.	3	MELANIA	TRUMP

Identification Number

Form 8938

Part VI Other Foreign Assets			
Note. If you reported specified foreign financial assets on Form	s 3520 3520-A 5471 8621 o	r 9965, you do not have to include th	
Form 8938. You must complete Part IV, See instructions.	3 0020, 0020-1, 0411, 0021, 01	1 0005, you do not have to include the	e assets on
If you have more than one asset to report, attach a continuatio	n sheet with the same information	tion for each additional asset (see ins	structions)
1 Description of asset		2 Identifying number or other desi	
			gnation
RENTAL PROPERTY			
3 Complete all that apply			
a Date asset acquired during tax year, if applicable	***************************************		
b Date asset disposed of during tax year, if applicable	***************************************		
c Check if asset jointly owned with spouse	d X Check	if no tax item reported in Part III with	respect to this asset
4 Maximum value of asset during tax year (check box that a	pplies)		
a \$0 - \$50,000 b \$50,001 - \$100,000 c	\$100,001 - \$150,000	d \$150,001 - \$200,000	

5 Did you use a foreign currency exchange rate to convert t	ne value of the asset into U.S.	dollars? Yes	X No
6 If you answered "Yes" to line 5, complete all that apply.			
(1) Foreign currency in which asset is (2) Foreign c	urrency exchange rate used to	(3) Source of exchange rate us	sed if not from U.S.
denominated convert to U.	S. dollars	Treasury Department's Bureau	of the Fiscal Service
7 If asset reported on line 1 is stock of a foreign entity or an	interest in a foreign entity, ent	er the following information for the as	sset.
a Name of foreign entity	b F	Reserved	
c Type of foreign entity (1) Partnership	(2) Corporat	ion (3) Trust	(4) Estate
d Mailing address of foreign entity. Number, street, and room	n or suite no.		
e City or town, state or province, and country (including pos	tal code)		
0.16			
8 If asset reported on line 1 is not stock of a foreign entity or	an interest in a foreign entity, a	enter the following information for the	e asset.
Note. If this asset has more than one issuer or counterpart	y, attach a continuation sheet	with the same information for each a	dditional issuer or
counterparty (see instructions).			
a Name of issuer or counterparty			
Check if information is for Issuer	Counterparty		
b Type of issuer or counterparty	(2)		
(1) Individual (2) Partnership	(3) Corporat		(5) Estate
c Check if issuer or counterparty is a U.S. pers	<u> </u>		
d Mailing address of issuer or counterparty. Number, street,	and room or suite no.		
e City or town, province or state, and country (including pos	tal anda)		
e only or town, province or state, and country (including pos	tai code)		

12-28-15

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

SUMMARY

OMB No. 1545-0172

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562. Name(s) shown on return Business or activity to which this form relates

Identifying number DONALD J. & MELANIA TRUMP ALL BUSINESS ACTIVITIES Part I | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 500,000. 2 Total cost of section 179 property placed in service (see instructions) 2 127,115. Threshold cost of section 179 property before reduction in limitation 3 2,000,000. 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 0. 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 500,000. (a) Description of property (b) Cost (business use only) TOTAL ALLOWABLE PASS-THROUGH SECTION 179 EXPENSE 57,237. 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 57,237. Tentative deduction. Enter the smaller of line 5 or line 8 9 57,237. 10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562 73,409. 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 500,000. 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 130,646. 12 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 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2015 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System (b) Month and year placed (c) Basis for depreciation (a) Classification of property (d) Recovery period business/investment use only - see instructions) (g) Depreciation deduction in service 3-year property 5-year property b 7-year property 10-year property d 15-year property 20-year property 25-year property g 25 yrs. 27.5 yrs. S/L Residential rental property 27.5 yrs. MM S/L 39 yrs. MM S/L i Nonresidential real property MM Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System 20a Class life S/I 12-year b 12 yrs. S/L 40 yrs. S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 22 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23 LHA For Paperwork Reduction Act Notice, see separate instructions.

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return. SCHEDULE C- 25

OMB No. 1545-0172

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

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

Business or activity to which this form relates

Identifying number

DONA	LD J. & MELANIA TRUMP		WOLL	MAN RINK OP	ERATIONS I	LC	I
Par	rt I Election To Expense Certain Prop	erty Under Section 17	79 Note: If you have any lis	sted property, c	omplete Part	V before vo	ou complete Part I
1 1	Maximum amount (see instructions)					1	ou complete r urt i.
2 T	otal cost of section 179 property pla						
	hreshold cost of section 179 proper		la liadestia			2	
	Reduction in limitation. Subtract line		orloss onter O			1	
	ollar limitation for tax year. Subtract line 4 from lin			netructione		5	
6	(a) Description of		(b) Cost (busin		(c) Electe		
		l' 99					
	isted property. Enter the amount fron otal elected cost of section 179 prop		in column (c) lines 6 and	7			
9 T	entative deduction. Enter the smaller	or of line 5 or line 8	in column (c), lines o and			8	
10 (Carryover of disallowed deduction fro	m line 13 of your 20	114 Form 4562			9	
	Business income limitation. Enter the			\ I' =			
	Section 179 expense deduction. Add						
	Carryover of disallowed deduction to				*************	12	
	: Do not use Part II or Part III below f			13		l	
Par				de listed propo	ety.)		
	Special depreciation allowance for qu					1 1	
	And the second s						211 050
	,					Valory 1	211,059.
	Property subject to section 168(f)(1) e Other depreciation (including ACRS)					15	16 017
	Till MACRS Depreciation (Do n		aparty \((Saa instructions\)			16	16,917.
	WAONS Depreciation (Do)	ot include listed pi	Section A)			
17 N	MACRS deductions for assets placed	in consider in tourse					100 004
				***************************************	.	17	100,804.
10 11	you are electing to group any assets placed in se		to one or more general asset accou e During 2015 Tax Year L			tion Custon	
-	(a) Classification of property	(b) Month and year placed	(c) Basis for depreciation (business/investment use	(d) Recovery	(e) Convention	(f) Method	(g) Depreciation deduction
		in service	only - see instructions)	period	-		400 to
<u>19a</u>	3-year property		60.012				
b	5-year property		60,813.	5 YRS.	HY	200DB	12,163.
C	7-year property		2,743.	7 YRS.	HY	200DB	392.
d	10-year property	_					
e_	15-year property		147,500.	15 YRS.	HY	150DB	7,375.
f_	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		1		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
	((5), (3), (6),	Placed in Service	During 2015 Tax Year Us	ing the Altern	MM Danvas	S/L	
20a	Class life	1 lacca iii Gei vice	During 2013 Tax Tear US	Ing the Alterna	T Deprec		em
b	12-year			12 yrs.	+	S/L	
	40-year	/			NANA.	S/L	
C	TO year			40 yrs.	MM	S/L	
-	TIV Summary (See instructions)						
Par	t IV Summary (See instructions.)	- 00				1	
Par 21 L	isted property. Enter amount from lin	ne 28	os 10 and 20 in column (v	and live Of		21	
21 L 22 T	isted property. Enter amount from lir otal. Add amounts from line 12, line	ne 28 s 14 through 17, lin	es 19 and 20 in column (g)				240 712
21 L 22 T	isted property. Enter amount from linoration of the control of the	ne 28 s 14 through 17, lin es of your return. Pa	es 19 and 20 in column (g) artnerships and S corporati			21	348,710.
21 L 22 T 23 F	isted property. Enter amount from lir otal. Add amounts from line 12, lines inter here and on the appropriate line for assets shown above and placed in	ne 28 s 14 through 17, lin es of your return. Pa n service during the	es 19 and 20 in column (g) artnerships and S corporati	ions · see instr.			348,710.
21 L 22 T 23 F	isted property. Enter amount from lir fotal. Add amounts from line 12, lines inter here and on the appropriate line for assets shown above and placed in portion of the basis attributable to sec	ne 28 s 14 through 17, lin es of your return. Pa n service during the ction 263A costs	es 19 and 20 in column (g) irtnerships and S corporati current year, enter the		***************************************		348 , 710 . Form 4562 (2015)

E0.	vm 4562 (2015)	DONA	LD J. & MEI	ר אודא י	TOTIMO										
	rm 4562 (2015) art V Listed Proper	***************************************				rlas car	tain airci	raft co	rtain com	putors a	nd prop		d tor on-		Page 2
	recreation, or	amusement.)													
	Note: For any (a) through (c)	vehicle for w	hich you are u	ising the	standa	rd milea	ge rate o	r dedu	cting leas	e expens	se, com	olete on	ıly 24a,	24b, colu	ımns
			on and Other					inatrua	tions for l	ite for			1:1 \		
24	a Do you have evidence to											-		7 7	
240		(b)	(c)	The use of	anneu?	Y	es _	No		T		nce writt	ten?	Yes	No
	(a) Type of property	Date	Business/	100	(d)	Bas	(e) sis for depr	eciation	(f) Recovery		(g)		(h)		(i) ected
	(list vehicles first)	placed in service	investment use percenta		Cost or ther basis	(bu	siness/inve use onl	estment	period		thod/ vention		eciation uction		on 179
	0													C	ost
25	Special depreciation all														
-	used more than 50% in Property used more that	a qualified bu	usiness use			**********					25			langer.	
20	Property used more tha	11 30% III a qi							T	Т		T			
-				%						-		-			
_				%		_				-					
	D 1 1500/ 1	1 1 1		%											
27	Property used 50% or le	ess in a qualif												_	
-		1 1		%						S/L -		-			
-				%						S/L·					
-				%						S/L·					
28	Add amounts in column	n (h), lines 25	through 27. E	nter her	e and on	line 21,	page 1				28				
<u>29</u>	Add amounts in column	i (i), line 26. E	nter here and	on line	7, page	1		*****					29		
							on Use		100000000000000000000000000000000000000						
Co	mplete this section for ve	ehicles used b	y a sole prop	rietor, p	artner, o	r other "	more tha	an 5%	owner," o	r related	person.	If you pr	rovided	vehicles	
to	our employees, first ans	wer the ques	tions in Section	on C to s	see if you	u meet a	n excep	tion to	completin	ng this se	ection fo	r those \	ehicles.		
								_							
				(a)	(b)		(c)	(d)	(e)	(1	f)
30	Total business/investment			Ve	hicle	Vel	hicle	V	/ehicle	Vel	nicle	Veh	nicle	Veh	nicle
	year (do not include com														
31	Total commuting miles	driven during	the year												
32	Total other personal (no	ncommuting)	miles												
	driven														
33	Total miles driven during	g the year.							W						
	Add lines 30 through 32	2													
34	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?													1	
35	Was the vehicle used p														
	than 5% owner or relate	ed person?									198				
36	Is another vehicle availa														
	use?														
			- Questions f	or Empl	lovers W	/ho Prov	vide Veh	icles f	for Use h	, Their F	mploye	95			
Ans	swer these questions to												ro not n	oro than	E0/
	ners or related persons.					, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 101 10	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	od by cit	picycca	WIIO al	ie not n	iore triar	1 370
	Do you maintain a writte	en policy state	ement that pro	ohibits a	II persor	nal use o	of vehicle	s incl	udina con	mutina	by your			Van	T No.
										the control of the control of the	by your			Yes	No
38	Do you maintain a writte	en policy state	ement that pro	ohibits r	ersonal	use of v	ehicles	evcent	commuti	na by w					+
	employees? See the ins														
39	Do you treat all use of v										********			-	-
	Do you provide more th								malayssa					-	+
	the use of the vehicles,	and retain the	e information	received	2	mormati	1011 110111	youre	mployees	about					
11	Do you meet the require	and retain the	rning qualifie	deuten	ماناه طعا										-
71	Note: If your answer to	27 29 20 40	or 41 is "Ve	a autom	obile del	Inonstra	tion use	·						32.60% 1.40	
P	art VI Amortization	37, 30, 33, 40	J, 014115 TE	s, don	or comb	lete Sec	tion B to	or the c	covered ve	enicles.				SECTION	
-	(a)		T	(b)	T	(c)		T	(d)		(0)			(5)	
	Description o	f costs	Date	amortization		Amortizal			Code		(e) Amortiza	ition		(f) mortization	
40	Amortization of costs th	at boging de	ring your 2015	begins	L	amount			section		period or per	rcentage	fe	or this year	
42	Amortization of costs th	iai begins dui	ing your 2015	iax yea	u. T			-1-							
				<u>: : :</u>				-							
-	A	-4.6.		<u> </u>											
43	Amortization of costs th	iat began bef	ore your 2015	tax yea	r							43			217.

44 Total. Add amounts in column (f). See the instructions for where to report

217.

44

Schedule E	F	ublicly Traded	d Partnerships		
Name of Activity: REGENCY ENE	RGY PARTNERS	LP - ACTIVITY NO. 4	26		
Activity net income					
Activity net loss		<3,655.>			
Prior year unallowed losses	(-	<117,746.>			
Net income (loss)	2 	<121,401.>	100% DISPOSITION		
Total loss allowed from the PTP for 20	015	121,401.			
Disallowed losses from this PTP				8	
		Prior Year			
Form or Schedule Gai	in/Loss	Carryover	Net Gain/Loss	Unallowed Loss	Allowed Loss
SCH E	<3,466.>	117,746.	<121,212.>	Ondiiowod 2000	121,212.
FORM 4797	<189.>	0.	<189.>		121,212.
		•			
-	<3,655.>	117,746.	<121,401.>		121,401.
		Alternative M	linimum Tax		
Activity net income					(sec)
Activity net loss		<3,193.>			
Prior year unallowed losses		<116,085.>			
Net income (loss)	<u> </u>	<119,278.>	100% DISPOSITION		
Total loss allowed from the PTP for 20	015	119,278.			
Disallowed losses from this PTP					
Alternative minimum tax adjustment		2,123.			
Form or Schedule Ga	in/Loss	Prior Year Carryover	Net Gain/Loss	Unallowed Loss	Allowed Loss
SCH E	<3,004.>	116,085.	<119,089.>	3.12,134104 2000	119,089.
FORM 4797	<189.>	0.	<189.>		119,009.
	→				100
-	2.102	446.22			52,000,000 - 40,000,000
	<3,193.>	116,085.	<119,278.>		119,278

Schedule E		Publicly Trade	d Partnerships	S	
Name of Activity: ENERGY	FRANSFER PARTNERS	G LP - ACTIVITY NO.	427		
Activity net income Activity net loss Prior year unallowed losses		<49,609.> <227,421.>			
Net income (loss)	_	<277,030.>			
Total loss allowed from the PTP	for 2015				
Disallowed losses from this PTP		277,030.			
Form or Schedule	Gain/Loss <48,546.>	Prior Year Carryover 224,817.	Net Gain/Loss <273 , 363 .>	Unallowed Loss	Allowed Loss
FORM 4797	<1,063.>	2,604.	<2/3,363.> <3,667.>	273,363. 3,667.	
	<49,609.>	227,421.	<277,030.>	277,030.	
		Alternative M	nimum Tax		
Activity net income					
Activity net loss Prior year unallowed losses		<48,795.> <226,299.>			
Vet income (loss)		<275,094.>			
Total loss allowed from the PTP f	or 2015				
Disallowed losses from this PTP		275,094.			
Alternative minimum tax adjustm	ent				
Form or Schedule	Gain/Loss <47,732.>	Prior Year Carryover 223,695.	Net Gain/Loss <271,427.>	Unallowed Loss	Allowed Loss
FORM 4797	<1,063.>	2,604.	<3,667.>	271,427. 3,667.	
	<48,795.>	226,299.	<275,094.>	275,094.	

Schedule of Mineral Interest Properties - Summary

* "L 513621 * "N 04-0:-15 * "N	TCTALS	1 2	Property Number	7	1017			Property	TCTALS		1 R	Property . Number	TCTALS		1	Property Number	DONALD	Identifying Number
"Limited % Depletion" - has been limited to 65% of Taxable Income "Allowable Depletion" - Greater of "Percentage Depletion" or "Cost Depletion" after "Allowable Depletion" - Greater of "Percentage Depletion" or "Cost Depletion" "Calculation for the 65% taxable income limitations or "Non-Oil & Gas Depletion" "Non-Oil & Gas Depletion" "Excess IDC CALC" - has been reduced by "Allowable Depletion" and "Excess IDC" has been added back. "Not Income for Excess IDC CALC" - has been reduced by "Allowable income limitation statement for AMT "Cost Depletion for 65% Limitation" - Used for computation of taxable income limitation statement for AMT		REGENCY ENERGY PARTNERS LP	Property Description				Description REGENCY ENERGY PARTNERS LP	Property			REGENCY ENERGY PARTNERS LP	Property Description			REGENCY ENERGY PARTNERS LP	Property Description	LD J. TRUMP	lumber
to 65% of Taxantage Depletionizations or "I reduced by "Allo computation of			Beginning Recover- ables				Ratio	Reallocation				% Depletion				Gross Income		
able Income In" or "Cost De Non-Oil & Gas wable Depletion"			Production		0		Depletion 8.	* Allowable				% Depletion Limited to Net Income				Royalty Paid		
pletion" after Depletion" 'and "Excess ID(imitation statem			Ending Recoverables	^0. ×	0		8.7	Net Income				Daily Production (Barrel)				Severance Tax	Minus cost depletion Taxable income before 65% of taxable income	Taxable inc
O" has been add ent for AMT			Basis				Next Year	% Depletion			0 0	Quantity % Limitation Afte				Operating Expense	Minus cost depletion Minus cost depletion Taxable income before % depletion 65% of taxable income	Taxable income including NOL carryover
			Beginning Accum. Depletion				Depletion	Excess				% Depletion After Quantity Limitation				IDC Expense	depletion	NOL carryo
Total excess Intangible Drilling Cost Less 65% of Net Income for Excess Excess Intangible Drilling Cost Pro			Adjusted Basis				IDC .	Beginning	8		8.	Cost Price Depletion				Dry Hole Costs		ver
ess Intangible Drilling Cost of Net Income for Excess IDC Calculation Intangible Drilling Cost Preference			Cost Depletion [Expense	*				Prior Year % Gre Depletion Co				Other Expenses	0 0 8	0.
Cost cess IDC Cald st Preference	8		Cost *,				IDC Calc.	Œ	8		8	Greater of % DeCost or % 1st It				Depreciation		
culation	8.		Allowable Depletion				IDC					% Depletion Allo				ion Amortization		
			Ending Accum. Depletion	00.			65% Limit	* Cost				Allocation * Li Ratio De						
			Reserved				Deserved					* Limited % %			H	Overhead Ne		
			Reserved				Deserved					% Depletion Final				Net Income Before		

Schedule of Mineral Interest Properties - Alternative Minimum Tax

Totals	<u> </u>	Praperty Number	Totals	Property Number	Totals	Property Number	Totals	Property Number	Identifying Name
	REGENCY ENERGY PARTNERS LP	Property Description	REGENCY ENERGY PARTNERS LP	Property Description	REGENCY ENERGY PARTNERS LP	Property Description		Property Description REGENCY ENERGY PARTNERS LP	Identifying Number Name
		Beginning Recover- ables		Reallocation Ratio		AMT % Depletion		Gross	AM Ir 65%
		Production		(3) AMT Allowable Depletion		AMT % Depl. Limited to Net Income		Royalty Paid	AMT Income (From AMT Depletion Taxable Income Limitation Worksheet) 65% of AMT Income
- FANT Isomo		Ending Recover- ables		AMT % Depletion C/O		Daily Production (Barrel)		Severance Tax	m AMT Deplet on Worksheet me
3		AMT Basis		Begin Accum. IDC	1.00	Quantity Limitation Rate		Operating Expense	ion Taxable
		Beginning AMT Accumulated Depletion		(5) AMT Cost Depletion for 65% Limit		AMT % De- pletion After Quantity Limit.		IDC Expense	23,831
		AMT Adjusted Basis		Reserved	ω			Dry Hole Costs	90,515.
		Cost Depletion Rate		Reserved		AMT Prior Year % De- pletion C/O		Other Expenses	
8.		AMT Cost Depletion		Reserved	ω			AMT Depreciation Amortization	
8.		(4) AMT Allowable Depletion		Reserved		AMT % Depletion 1st Iteration		Amortization	(1) includes
8.	8.	(4) Regular Allowable Depletion		Reserved		Allocation Ratio		(1) Over- head Expense	overhead AN
	0.	(4) AMT Depletion Adjustment		Reserved		(2) AMT Limited % Depletion		AMT Adjustment	(1) includes overhead AMT depreciation
		Ending AMT Accumulated Depletion		Reserved		AMT % De- pletion Final Iteration		Net Income Before Depletion	

513695 04-01-15

^{(2) &}quot;Limited AMT % Depletion" - has been limited to 65% of AMT Income
(3) "AMT Allowable Depletion" - Greater of "AMT Percentage Depletion" or "AMT Cost Depletion" after calculation for the 65% AMT income limitations.
(4) AMT Depletion Adjustment is the difference between regular allowable depletion and AMT depletion.
(5) "AMT Cost Depletion for 65% Limitation" - Used for computation of taxable income limitation statement for AMT

Form 6251 - AMT Charitable Contributions Worksheet Page 1

AGI <31,756,435.>
50% of AGI <15,878,218.>

DONAL	D J. & MELA	NIA TRUMP						(10,070,210.)
Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2006	Contributions					, , ,	Allowed	Carryover
	Allowed							
Less:	NOL Abs. CRP							
	CRP c/o							
	Contributions							
Less:	Allowed							
	NOL Abs. CRP							
	CRP c/o							
2008	Contributions					e e		
	Allowed							
Less:	NOL Abs. CRP							
	CRP c/o							
2009	Contributions							
	Allowed							
Less:	NOL Abs. CRP		-					
0040	CRP c/o			State Special Activities				
	Contributions		-	1,694,095.				
	Allowed		-					
	NOL Absorb.		-	0.				
	NOL Abs. CRP		-	1 601 005				
	Lost c/o			1,694,095.				
2011	CRP c/o Contributions		-	_				
2011	Contributions		-					
Less.	Allowed NOL Absorb.		-					
	NOL Absorb.		-					
	Carryover		+					
	CRP c/o		-					
2012	Contributions		1					
Lace.	Allowed		 					
	NOL Absorb.		1					
	NOL Abs. CRP							
	Carryover							
	CRP c/o						}	
2013	Contributions		 					
Less:	Allowed							
Less:	NOL Absorb.							
	NOL Abs. CRP				N			
	Carryover							
	CRP c/o						ŀ	
2014	Contributions			20,760,811.				
	Allowed							
Less:	NOL Absorb.			0.				
Less:	NOL Absorb. NOL Abs. CRP and MWD						8	
	Carryover			20,760,811.				20,760,811.
	CRP c/o						ŀ	25, 35, 522.
								The life of the state of the st

Form 6251 - AMT Charitable Contributions Worksheet Page 2

Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2015	Contributions		21,163,842.	49,500.			Allowed	Garryover
Less:	Allowed			-				
Less:	NOL Absorb. NOL Abs. CRP and MWD		16,291,863.	0.				
Less:			1 001 000					
	Carryover CRP c/o		4,871,979.	49,500.				4,921,479.
	AMT charitable co	ontributions						25,682,290.
Less: (Charitable contrib	utions allowed und	er regular tax calculation			******************		
	Charitable contrib	utions adjustment	to Form 6251, line 27	***************		*******************		

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION PLF	-		
Name(s)	(s)						Social Security Number
DONALD	D J. & MELANIA TRUMP						
Form		197			Adjustment		
Name	e Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	LIHM MEMBER CORP						
A CONTRACTOR CONTRACTOR	* REGULAR INCOME	<1,875.>					Discription of the property of
	* AMT NET INCOME	<1,875.>					
- K1	TRUMP LAS OLAS LLC						
	* REGULAR INCOME	<440.>					
	* AMT NET INCOME	<440.>					
K1-	TRUMP INTERNATIONAL GO						
	LF CLUB SCOTLAND LTD						
	* REGULAR INCOME	<2,934,805.>					
10 Tab 6440 EV	* AMT NET INCOME	<2,934,805.>				700	
K1-	BAYROCK- TRUMP SOHO ME						
	MBER LLC						
	* REGULAR INCOME	<1,025.>					
	* AMT NET INCOME	<1,025.>					
- K1	TRUMP FOLLIES LLC						
No. of Colonial States	* REGULAR INCOME	^ 8 8					
	* AMT NET INCOME	<888.					
- K1	809 NORTH CANON MEMBER						
M. Tangerina and M. Tan	CORP.						The state of the s
	* REGULAR INCOME	<225.>					
200	* AMT NET INCOME	<225.>		A STATE OF THE PARTY OF THE PAR	Control before the control of the co		

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOF	3T		
Name(s)	(5)						Social Security Number
DONALD	J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
\$	METAL BIODINA MANAGER		of the control of the				
14	CORP						
	* REGULAR INCOME	<387.>					
STREET, STREET	* AMT NET INCOME	<387.>					
K1-	THE TRUMP MARKS REAL E						
	STATE CORP						
802/100001f0168	* REGULAR INCOME	<2.095>					
	* AMT NET INCOME	<>260.>					
- K1	TRUMP MARKS REAL ESTAT						
A 10 TO 10 T	E LLC						
	* REGULAR INCOME						
	* AMT NET INCOME	<25,765.>					
K1-	FRUMP MARKS PANAMA LLC						Characteristics of the second district of the
	* REGULAR INCOME	1,444,007.					
	* AMT NET INCOME	1,444,007.					
K1-	CRUMP MARKS PHILADELPH						Proceedings of the party of the process of the party of t
	IA LLC						
	* REGULAR INCOME	<2,129.>				A Company of the Comp	
	* AMT NET INCOME	<2,129.>					
D STREET STREET IN STREET	AND NEUTRANIAN WAS REPORTED AND A LOCAL CONTRACTOR OF A SOCIAL PROPERTY OF A SOCIAL PROPERTY OF A DESCRIPTION OF A SOCIAL PROPERTY OF A DESCRIPTION OF A SOCIAL PROPERTY OF A DESCRIPTION OF A DE					7	
an a							

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	3T		
Name(s)	(5)						Social Security Number
DONALD	J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
.K1-	TRUMP MARKS HOLLYWOOD		The second secon				
The state of the s							
	* REGULAR INCOME	<2,271.>					
- Crossing Trans	* AMT NET INCOME	<2,271.>					
- K1	TRUMP MARKS WAIKIKI LL						
in the							
The second of th	* REGULAR INCOME	247,731.					
	* AMT NET INCOME	247,731.					
- K1-	TRUMP MARKS DUBAI LLC						
	* REGULAR INCOME	<3,777.>			O KATURIKKONINI DUNU BIKANI OPANINI TANDING BARKUNINI DA KATURIKANI		
74.00	* AMT NET INCOME	<3,777.>					A Management of the first of the first of the form
-K1-	TRUMP MARKS PALM BEACH						
	LIC				A CHARLES AND A	akad tarinad Primanje traje (17) tra dissilativ prijis i storika i storika i storika i storika i storika i storika i	
	* REGULAR INCOME	<2,129.>					
TANKER STATE	* AMT NET INCOME	<2,129.>					
K1-	TRUMP MARKS SOHO LLC						
	* REGULAR INCOME	<1,925.>					
	* AMT NET INCOME	<1,925.>					
v H							
a handrone, drinks							
				The state of the s			

		ALTERNA	ERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPO	RT		
Name(s)	(5)						Social Security Number
DONALD	D J. & MELANIA TRUMP						
Form					Adjustment		
Name	e Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS WHITE PLAI						
0.0000000000000000000000000000000000000	NS LLC					ANTON WEST STARRY OF TOTAL OF THE TOTAL STARTS	
	* REGULAR INCOME	<322.>					
	* AMT NET INCOME	<322.>					
K1-	TRUMP MARKS WESTICHESTIE						
	R LLC						
A PUNCHASIAN AND A STATE OF THE	* REGULAR INCOME	<2,153.>					
	* AMT NET INCOME	<2,153.>					
- K1-	TRUMP MARKS STAMFORD L						4
A THE STATE OF THE	Property Commission of the state of the stat	n sytherine di notione, a resemblar subreythat quart it mandet printer eth suffat foldon). Perfection care.					Marie and Marie and Anticke in the Land of the Commence of the
	* REGULAR INCOME	546,022.					
200000000000000000000000000000000000000	* AMT NET INCOME	546,022.		WAS AND PROPERTY OF THE CONTRACT OF THE CONTRA		A AND MAN TO THE REPORT OF THE ANGLE AND THE ANGLE	
2	THE PARTY OF THE P						
14	LE LIC						
Account and the control of the contr	* REGULAR INCOME	628,997.	Offindian typical in conditions can illustrate in specimentalities.	Apparation of the following profession of the following state of the			Tracination of the second factors of the second sec
	* AMT NET INCOME	628,997.					
K1-	TRUMP MARKS CANOUAN LL						
	* REGULAR INCOME	<404.>					
The state of the s	* AMT NET INCOME	<404.>					

Name(s) Form Name							
Form Name							Social Security Number
Form	. & MELANIA TRUMP						
Name					Adjustment		
	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS JERSEY CIT				1.12		
	Y LLC					TO THE PROPERTY OF THE PROPERT	
	* REGULAR INCOME	<2,129.>					
SERVICE STATE OF THE SERVICE S	* AMT NET INCOME	<2,129.>					
K1- TH	TRUMP MARKS HOLLYWOOD						
ŏ	CORP						
	* REGULAR INCOME	<273.>					
	* AMT NET INCOME	<273.>					
K1- TH	TRUMP MARKS SUNNY ISLE						8
S)	IN TLC						A CHAINE IN THE CONTRIBUTION OF THE CONTRIBUTI
	* REGULAR INCOME	389,819.					
	* AMT NET INCOME	389,819.					
K1-1	TRUMP MARKS SUNNY ISLE	Ministration of the selection of the sel	A Difficient planta describe on title occupant and care		official all special obstacles when with managers (file out to		
	S II LLC						
Cay procept a transfer for	* REGULAR INCOME	<2,183.>		RIPATORETTE PROTECTION OF THE PROPERTY PROTECTION OF THE PROPERTY PROTECTION OF THE			or programme and the control of the
	* AMT NET INCOME	<2,183.>					
K1- EF	TRUMP MARKS WAIKIKI CO						
RI	RP						
	* REGULAR INCOME	1,372.					
	* AMT NET INCOME	1,372.					

			IIVE MINIMUM IAX KE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	11		
Name(s)	(s)						Social Security Number
DONALD	J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	Псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
- K1	TRUMP MARKS CANODAN CO						
	RP						
	* REGULAR INCOME	<334.>					
SASSIA PRESIDENCE	* AMT NET INCOME	<334.>	The state of the s				The state of the s
K1-	TRUMP MARKS DUBAI CORP						
	* REGULAR INCOME	<318.>					
Of the Prince of	* AMT NET INCOME	<318.>	TOTAL TURNES SHARISTONS HAVE NESS HAS CONTRIBUTED	ANTO TO BE COMMENTED TO CHARLES AND TO THE CONTROL OF THE CONTROL			
K1-	TRUMP MARKS SOHO LICEN		TO COMPANY TO A STATE OF THE ST		The state of the s		
	O						
		<74.>		100 Co. 100 Co			
	* AMT NET INCOME	<74.>					
K1-	TRUMP MARKS WESTCHESTE						
William Parket	R CORP			oda karentaria da kada da kada Primera taga patabalah ka sahar			
	* REGULAR INCOME	<72.>					
	* AMT NET INCOME	<72.>				CONTRACTOR OF THE CONTRACTOR O	
K1-	TRUMP MARKS STAMFORD C						
	ORP						
	* REGULAR INCOME	5,025.					
	* AMT NET INCOME	5,025.					
			1				
18100 S. C.							Property of the Change of the Section of the Sectio

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPO	RT		
Name(s)	(5						Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form					Adjustment	AS	
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1 -	TRUMP MARKS JERSEY CIT						
	Y CORP		on and other and company by the company of the comp		AND COME IN THE LAST CASING APPARED ON MINISTER AND		
	* REGULAR INCOME	<571.>					
HARDWARD STATE	* AMT NET INCOME	<571.>					
K1-	TRUMP MARKS SUNNY ISLE						
	S I MEMBER CORP						
80 (m) 20	* REGULAR INCOME	3,938.	TO TENDED BY THE PROPERTY OF THE TATE OF THE TOTAL OF THE		INVESTIGACION SECULIARISTA PUBLICACIONE INCLINE LA SACIONE DE SINCE LA SACIONE DE SINCE LA SACIONE SE SINC		
	* AMT NET INCOME	3,938.					And the second s
K1-	TRUMP MARKS MORTGAGE C						2
COLLA MESSATE SCALL	INST LITTER AS EMPLIFICAÇÃO DE CASADO DE LA SANTAS CATRIANO SOUR CALACOLOR DE MAIO DE CASADO DE LA SANTAS CATRIANA DEL SANTAS CATRIANA DE LA SANTAS CATRIANA DE LA SANTAS CATRIANA DEL SANTAS CATRIANA DE LA SANTAS CATRIANA DE LA SANTAS CATRIANA DEL SANTAS CATRIANA DE LA SANTAS CATRIANA DE LA SANTAS CATRIANA D	THE PERSONAL PARKET OF THE VERBOARD AND THE PERSONAL PRINCIPLES AND THE PARKET.	HECKLOSTO EN BEREKE KROONET AN HOOMER LINET TO THE STORMAN TO RECEIVE TO THE		COTTANTO MARCINAL SERVICE CONTRACTOR CONTRACTOR SERVICES CONTRACTOR CONTRACTO	HINDSHIMA DRIMATING TOLONOMIC TOLONOMIC TOLONOMICS, COLUMN	
	* REGULAR INCOME	<352.>					
XIII XXIII X	* AMT NET INCOME	<352.>					
K1_	TRIIMP MARKS EGYPT L.L.C						
	* REGULAR INCOME	<2,237.>					
	* AMT NET INCOME	<2,237.>					
Ж 1-	TRUMP MARKS EGYPT CORP						
	* REGULAR INCOME	<358.>					
STREET STREET STREET	* AMT NET INCOME	<358.					

name(s)							TO THE TOTAL TOTAL
A NOW							Social Security National
	J. & MELANIA TRUMP				Adjustment		
Form	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
			100 mm m				
.K1	TRUMP MARKS BEVERAGES						
	* REGULAR INCOME	<537.>		Constitution of the second			
17.0(65)15/15/15/15/15/15/15/15/15/15/15/15/15/1	* AMT NET INCOME	<537.>					
K1 –	TRUMP MARKS PUERTO RIC						
	* REGULAR INCOME	<3 504.>					
	* AMT NET INCOME	<3,504.>					
K1-	TRUMP MARKS PUERTO RIC						
	O I MEMBER CORP	THE ANTENNESS OF TAXABLE STATES OF THE STATES OF THE STATES OF TAXABLE STATES OF THE S					
	* REGULAR INCOME	<140.>					
ACTION COLOR OF THE PERSON OF	* AMT NET INCOME	<140.>					
	The state of the s						
- TV	INCORP. INCORP.						
Managarian de la company de la	* REGULAR INCOME	<271.>	A MORTON ANTENANT MATERIAN IN THE MAIN PRINCE AT A RELIGIOUS LAND PRINCE.				
	* AMT NET INCOME	<271.>					
-K1-	TRUMP MARKS LAS VEGAS						
Promption (Paris)		The County of th		Ellipse III DE Siis Island Schelle Co. Cellegioner de 1934 (John			
	* REGULAR INCOME	<2,183.>					
	* AMT NET INCOME	<2,183.>					
		+ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPO	RT		
Name(s)	(s)						Social Security Number
DONALD	D J. & MELANIA TRUMP						
Form					Adjustment		
Name	. Description	Іпсоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS LAS VEGAS						
	CORP						
	* REGULAR INCOME	<302.>	On the state of th	The second of th			
The state of the s	* AMT NET INCOME	<302.>					
4	C GINTAKO KA DAGAM GANTON						
- 4	ORP						
The real contract that I	* REGULAR INCOME	<247.>					
	* AMT NET INCOME	<247.>					
K1-	TRUMP MARKS MAGAZINE L					15	
			and the substitution was properly the property of the property		different (Nationalised Shakka) na square (1986) in cate (1987)		
	* REGULAR INCOME	<2,153.>					
The second secon	* AMT NET INCOME	<2,153.>			eros Paladonas de recesario de constituido de persona de la composición de la composición de la composición de		
K1-	TRUMP MARKS NEW ROCHEL LE CORP						
Indicate special	* REGULAR INCOME	6,193.			and being a facilities of their personal control from the control of the control		Adeletine uptility of a particle and the control of
	* AMT NET INCOME	6,193.				And the second s	
K1-	TRUMP MARKS PALM BEACH						
Colesion Herman Wash	CORP	yes bedan ayrası direkterin iştandığı Kazılızı Kazılızı balçık karpısı balandı basılıktır menisti	Danasa marking sanda reserva pengalang sangga mangka pengalang sangga kangga kangga kangga kangga kangga kangga	PARTELLINGS CONSCISSION PROBATIONS STORY FOR THE			representative for tent is a partitional specification and it was being
	* REGULAR INCOME	<296.>					
17	* AMT NET INCOME	< 596.>					

		ALTERNA-	TIVE MINIMUM TAX RE	ERNATIVE MINIMUM TAX RECONCILIATION REPORT	TT		
Name(s)	(s)						Social Security Number
DONALD J.	D J. & MELANIA TRUMP						
Farm					Adjustment		
Name	e Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	PARK BRIAR ASSOCIATES						
	LLC					The second secon	
	* REGULAR INCOME	89,360.					
	DEPR ADJ	919.		919.			
SPECTOR SERVICES	* AMT NET INCOME	90,279.		919.		REQUESTS AND THE COLOR OF THE C	
K1-	THE TRUMP CORPORATION			HILLIE AND DESCRIPTION OF THE PROPERTY OF THE	HORD CONTRACTOR CONTRA	Coholing south tend of way have a construction of the	
		<5,305,869.>					
	DEPR ADJ	156,621.		156,621.			
	* AMT NET INCOME	<5,149,248.>		156,621.			
- K1	TRUMP PAGEANTS, INC.						
	* REGULAR INCOME	<11,603.>					
	DEPR ADJ	<626.>		<626.>			
CONTAINING PORT CONTROL	* AMT NET INCOME	<12,229.>		<626.>	maattellinen janka noom Controllerinen on kananaan ja ja kananaan ja maaan ja maaan ja maaan ja maaan ja maaan		A destruction of the contraction
K1-	SC LP SHOPPING CENTER						
SALINGS STREET, STREET	* REGULAR INCOME	17,621.		Section of the first of the section			
	DEPR ADJ	<789.>		<789.>			
And the second second	* AMT NET INCOME	16,832.		<789.>		Mendenzitä Smart Lannausministriikisti suosiikisi suosiikisi suosiikis	
K1-	THE OBSIDIAN FUND LLC						
	* REGULAR INCOME	<1,870,600,>					
TOO SEAL OF THE PROPERTY OF THE PARTY OF THE	DEPR ADJ	23.	of the control of the	second production and control of the			
	* AMT NET INCOME	<1,870,577.>		23.			
				Silver Si			
			STATES AND STATES OF THE STATE	o Porto Heron Madele Porto District Madele Andre			

		ALTERNA'	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	T		
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DJT HOLDINGS MANAGING						
	KEMBER LLC						
Terrorized terrorized Assessed	* REGULAR INCOME	<364,393.>					
	DEPR ADJ	<1,781,>		<1,781,>			
Sessenterellen	* AMT NET INCOME	<366,174.>		<1,781.>	To the state of th		
K1-	b.T. HOLDINGS TRUMP END						
	EAVOR 12 LLC		B.				
SCHOOL STORY	* REGULAR INCOME	<11,670,464.>	OSCIANISMOST RETROPPER INCIDENCE IN APPLICATION OF SECURITION OF SECURIT			Charles and a country of the country	TANKS STORY OF THE
	DEPR ADJ	299,855.		299,855.			
or motivational post all	* AMT NET INCOME	<11,370,609.>		299,855.			
K1-	MISS UNIVERSE LP, LLLP						Market England on the State of
	* REGULAR INCOME	<788,887.>					
Salayad Daggerous	DEPR ADJ	<30,691.>		<30,691.>			
	* AMT NET INCOME	<819,578.>		<30,691.>			
<u>-</u>	REGENCY ENERGY PARTNER						
And the standard and the standard	S LP - PTP						
	* REGULAR INCOME	<121,212.>					
	AMT ADJUSTMENTS	2,123.			2,123.		
	* AMT NET INCOME	<119,089.>					
			AND SELECTION OF THE SE	ACTION GLASS OF THE THE TANK THE SERVICE PROTOCOLOGICAL TOWNS			

Name (s) Form Description C- WOLLMAN RINK OPERATION S LLC * REGULAR INCOME AMT DEPR ADJ * AMT DEPR ADJ * REGULAR INCOME AMT DEPR ADJ * REGULAR INCOME AMT DEPR ADJ * AMT DEPR ADJ * AMT DEPR ADJ * AMT DEPR ADJ C- DJT AEROSPACE LLC * REGULAR INCOME AMT DEPR ADJ * AMT DEPR	lncome <1,287,722.> <18,895.> <1,306,617.> <368,057.> <167.> <10.831	Form 6251, Line 17	Form 6251, Line 18	Adjustment Form 6251, Line 19 <18, 895.> <18, 895.> <167.>	Form 6251, Line 20	Social Security Number Form 6251 Other Adjustment
9 6 8	, , , , , , , , , , , , , , , , , , , ,	Form 6251, Line 17	Form 6251, Line 18	Adjustment Form 6251, Line 19 <18,895.> <18,895.> <167.>		Form 6251 Other Adjustment
ве в	7, 8, 9, 5, 7, 4	Form 6251, Line 17	Form 6251, Line 18	Adjustment Form 6251, Line 19 <18,895.> <18,895.> <167.>		Form 6251 Other Adjustment
	, , , , , , , , , , , , , , , , , , ,	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19 <18, 895.> <18, 895.> <167.>		Form 6251 Other Adjustment
[2] [2] [2] [2] [2] [2] [2] [2] [2] [2]	<1,287,722.> <18,895.> <1,306,617.> <368,057.> <167.> <104.831			<18,895.> <18,895.> <167.>		
	<1,287,722.> <18,895.> <1,306,617.> <368,057.> <167.> <167.>			<18,895.> <18,895.> <167.>		
	<1,287,722.> <18,895.> <1,306,617.> <368,057.> <167.> <167.>			<18,895.> <18,895.> <167.>		
	<18,895.> <1,306,617.> <368,057.> <167.> <368,224.>			<18,895.> <18,895.> <167.>		
100 100 100 100 100 100 100 100 100 100	<1,306,617.> <368,057.> <167.> <368,224.>			<18,895.> <167.>		
	<368,057.> <167.> <368,224.>			<.167.>		
V.C.25 2007 1425 4 0110 8007 125 125 125 125 125 125 125 125 125 125	<368,057.> <167.> <368,224.>			<167.>		
Deliver state of the second state of the secon	<167.> <368,224.> 104.831			<167.>		
	<368,224.>			< 167 >		
	104 831			The state of the s		
	104 831					
	- + >) ' + > +		CERTIFICACION PROCESSAR PORTED IN THE MANUAL OF PROCESSAR PROFILED IN THE MANUAL OF PROCESSAR PROFILED IN THE PROCESSAR PROFILED IN THE PROCESSAR PROFILED IN THE PROFILED IN		TOTAL SECOND CONTRACTOR CONTRACTO	
	<47,959.>			<47,959.>		
	56,872.			<47,959.>		erren of the created (Thomas Anderson to present the color of the Anderson and the color of the Anderson and the color of
ד.רב שמשת ייאב	<124,221.>					
מחט עוזיות דיווט	<809,550.>		THE THE PROPERTY OF THE STATE O	<809,550.>	TOTAL ON A SECTION AND THE SECTION ASSESSMENT OF THE SECTION ASSESSMEN	The said of the sa
* AMT NET INCOME	<933,771.>			<809,550.>		
C- DJT OPERATIONS CX LLC					the state of the s	
* REGULAR INCOME	247,659.		THE SECTION OF THE SE	INTORIGINATION IN WINDERS OF THE PROPERTY OF T		
AMT DEPR ADJ	<142,396.>			<142,396.>		
* AMT NET INCOME	105,263.			<142,396.>		
			A STATE OF S	CTACAGE TO A SECURE OF THE SEC	Committee and a second	THE RESERVE OF THE PROPERTY OF

	ALTERNA'	TIVE MINIMUM TAX RI	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	RT		
Name(s)						Social Security Number
DONALD J. & MELANIA TRUMP						
Form				Adjustment		
Name Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
— — — — — — — — — — — — — — — — — — —			The state of the s			
* REGULAR INCOME	<189,202.>					
AMT DEPR ADJ	13,254.			13.254.		
* AMT NET INCOME	<175,948.>			13,254.		
Β-						
* REGULAR INCOME	<56,539.>	ed tokus si szercence N deceszkostracz kiskis szczenskie napoci			opticitable profitation (Chile Control	
AMT DEPR ADJ	3,571.			3,571.		
* AMT NET INCOME	<52,968.>			3,571.		American Statement of Chamber
4797 OCEAN AIR INVESTORS LL						
Ö						
* REGULAR INCOME	17,227.					A All Mark to the Control of the Con
* AMT NET INCOME	17,227.					A CONTRACTOR OF THE PROPERTY O
4797 DAKDALE INVESTORS LLC						
* REGULAR INCOME	Section of the first section of the				OKAPICKI TABLIK KINING CANTILLES IN TRANSCIAL SELECTION OF	
* AMT NET INCOME	8,012.					
4797 VH PROPERTY CORP	A Company of the Comp					
* REGULAR INCOME	<1,232,459.>				alkanile tillanga danan koruperakan etak	Chaktran of the Control of the Contr
* AMT NET INCOME	<1,232,459.>					

		ALTERNAT	ERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	TI		
Name(s)	(5						Social Security Number
DONALD	C. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	MAR-A-LAGO CLUB, LLC						
	* REGULAR INCOME	3,334,568.	All the second s				
	AMT ADJUSTMENTS	<562,751.>			<562,751.>		
	* AMT NET INCOME	2,771,817.			<562,751.>		
K1-	HUDSON WATERFRONT ASSO						
	C V, L.P.						
	* REGULAR INCOME	221,546.					
	AMT ADJUSTMENTS	364.			364.		
	* AMT NET INCOME	221,910.			364.		
K1-	HUDSON WATERFRONT ASSO						
STREET STREET STREET	or III, LP			AND THE REAL PROPERTY CONTRACTOR AND THE PROPERTY OF THE PROPE			
	* REGULAR INCOME	<35,257.>					
	* AMT NET INCOME	<35,257.>					
K1-	TRUMP 845 UN GP LLC						
	* REGULAR INCOME	2,168.					
THE STATE OF THE S	* AMT NET INCOME	2,168.					
K1-	TRUMP 845 UN LIMITED P						
	ARTNERSHIP						
A PART PORTOR OF THE PART PART PART PART PART PART PART PART	* REGULAR INCOME	<57,571.>					
	* AMT NET INCOME	<57,571.>					
	111 11 11 11 11 11 11 11 11 11 11 11 11						
				The first of the second	Company of the Compan		

		ALTERNA'	ERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	3T		
Name(s)	(5						Social Security Number
DONALD	J. & MELANIA TRUMP						
Form			(2)		Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MODEL MANAGEMENT						
	LLC (TMG MEMBER LLC)						
	* REGULAR INCOME	<349,151.>					
	* AMT NET INCOME	<349,151.>					
- K1	TRUMP KOREA LLC (KOREA						
10 m	N PROJECTS)						
	* REGULAR INCOME	^· 6>					
	* AMT NET INCOME	<.6>					water thought of the contract
K1-	TRUMP PROJECT MANAGEME	THE STATE OF THE S	https://www.communication.com/		Control to the contro	The second secon	
	O						
	* REGULAR INCOME	<9,715.>				4	
	* AMT NET INCOME	<9,715.>					
K1-	TRUMP'S CASTLE MANAGEM		81				
The second secon	ENT CORP.			THE PROCESS AND THE STATE SQUARES AND THE SAME AND THE SA	NATIONAL PROFESSION FOR THE PROCESS AND AND AND AND AND AND ASSESSED.		
	* REGULAR INCOME	<855.>					
	* AMT NET INCOME	<855.					
K1-	TRAVEL ENTERPRISES MAN						
	AGEMENT INC						
	* REGULAR INCOME	74,625.		CAMPACA NOTATION AND AND CAMPACATOR AND THE AN			
	* AMT NET INCOME	74,625.					
TO THE PROPERTY OF THE PARTY OF	неро (селинактику кападалары). Карал Карал Карал Андерия барында жазанда жазанда жазанда жазанда жазанда жазанда жазанда жазанда жазанда жаза						Contract of the contract of th

		ALTERNA'	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPO	TF		
Name(s)	(S						Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form		0.000			Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	ALL COUNTY BLDG SUPPLY						
	AMINT CO						September State of the September of the
	* REGULAR INCOME	<5,637.>				And the second s	
	* AMT NET INCOME	<5,637.>		diam's ways on the second of t			
K1-	HELICOPTER AIR SERVICE						
	S INC						
	* REGULAR INCOME	<11,851.>					
A Carlo Control of the Carlo	* AMT NET INCOME	<11,851.>	And the second of the second o				
7 1	ULTIMATE AIR CORP						
	* REGULAR INCOME	<9,474.>					
Michigan Indiana Marian Indiana Mari	* AMT NET INCOME	<9,474.>					
K1-	TRUMP CENTRAL PARK WES						And Charles to the contract of the set of the contract of the
	r corp						
	* REGULAR INCOME	<1,160.>	SOURCE AND A SECURITY OF THE S				A STATE OF THE STA
	* AMT NET INCOME	<1,160.>					
K1 –	TRUMP EMPIRE STATE, IN						
	C. "* REGULAR INCOME	<16,474.>					
Company of the control of the contro	* AMT NET INCOME	<16,474.>			na princio principi del del describiro del	ANTICONOMINATORY TALIFORNIA PROGRAMMENTA IN A STATE AND A STATE OF A STATE OF THE S	
				CATANTAL AND ANALOGIST SECTION OF THE CATANTAL AND AND AND ANALOGIST SECTION OF THE CATANTAL AND			

		ALTERNAT	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	3T		
Name(s)	(5						Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	MAR-A-LAGO CLUB, INC.						
	* REGULAR INCOME	4,073.					
	AMT ADJUSTMENTS	<563.>			<563.>		
Unuscon	* AMT NET INCOME	3,510.			<563.>		
K1_	DEVELOPMENT MEMBER INC						
	. * REGULAR INCOME	<105.>					
Anna Canada Canada Canada	* AMT NET INCOME	<105.>					
K1-	FLIGHTS INC.						
oet is:	* REGULAR INCOME	<76,855.>					
6707/40/2005/08	* AMT NET INCOME	<76,855.>					
							All control to the co
K1 –							
NAME AND ADDRESS OF THE PARTY O	* REGULAR INCOME	<25.>					And the control of th
	* AMT NET INCOME	<25.>					
K1-	DONALD J TRUMP ELIZABE	\$** ***					
	TH TRUST						All Police and All Comments of Section (All Co
	* REGULAR INCOME	· 0					
	FORM 1041, LINE 16	1,761.					1,761.
	* AMT NET INCOME	1,761.					
	20 Secured Scheme (Chemical Chemical Ch						

		ALTERNA	ERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOI	RT.		
Name(s)					12		Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form			15		Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DONALD J TRUMP 'FRED'						
	TRUST						
	* REGULAR INCOME	• 0	Application of the control of the co			ATTENDED TO THE TOTAL OF THE PROPERTY OF THE TOTAL OF THE	
	FORM 1041, LINE 16	3,869.					3,869.
and the second second	* AMT NET INCOME	3,869.		100 mm			
K1-	ELIZABETH TRUMP GRANDC		Committee and the committee of the commi	STREET, STREET	185 F. 194 T. A. T. A. T. A. C.	The state of the section of the sect	TO THE RESIDENCE OF THE PARTY O
	H						
	* REGULAR INCOME	.0					
411-2	FORM 1041, LINE 16						3,877.
	* AMT NET INCOME	3,877.	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE	And the second s			
K1-	TRUMP MANAGEMENT INC						
	* REGULAR INCOME						
Englisher Man Act	* AMT NET INCOME	15,420.			2000 100 mm and 100 mm		
K1 –	TRUMP DELMONICO LLC		Street of the Charles		SCILL STREET SPACE AND STREET SPACE AND STREET STRE		
	* * * * * * * * * * * * * * * * * * *	<tb, td="" u89.<=""><td></td><td></td><td></td><td></td><td></td></tb,>					
		V. 600, 015					
K1-	TRUMP TORONTO DEVELOPM	no en Andrea de Problema de Comercia de Problema de Comercia de Co		de semilime, un'indicata de la minera de la participa de la minera participa. En la	The services make the first the complete and the services of t		
	ENT INC						
A SHIP THE SECOND SHIP THE SEC	* REGULAR INCOME	<5,857.>					
	* AMT NET INCOME	<5,857.>					
SHEET OF SHEET AND				SHE SHOET STORY SHOULD SHEET S			
The second secon							

Name(s)							Social Security Number
DONALD	J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	VH PROPERTY CORP						
	* REGULAR INCOME	1,710,195.					
	AMT ADJUSTMENTS	19,274.			19,274.		
	* AMT NET INCOME	1,729,469.			19,274.		
K1-	TRUMP LAS VEGAS SALES						
	& MARKETING INC				TOWNS CHANTON BOLL HINT OF CALCULATION OF THE PART OF THE STATE OF THE		
	* REGULAR INCOME	<2,010.>					
	* AMT NET INCOME	<2,010.>		A STATE OF THE STA	A STATE OF THE STA		
	CTT COMMENTS STATE OF COMMENTS						
KI-	* THOME PARK AVENUE LLC	c c c ·					
		<*n80,01>					
	* AMT NET INCOME	<10,080.>					
K1-	TRUMP MARKS HOLDING LP						
	* REGULAR INCOME	10,525.					
2694 1944	* AMT NET INCOME	10,525.					
K1-	TRUMP MARKS GP CORP						
	* REGULAR INCOME	<534.>					
Santa Santa	* AMT NET INCOME	<534.>					
K1-	HUDSON WATERFRONT ASSO						
	* TILL TE TESTIONS	00 8 7 8					
	AMT. ADJUSTMENTS	.201, 111			.089		
	* AMT NET INCOME	415,082.	THE CASE ALSO SAME THANKS THE PROPERTY CASES AND ASSOCIATION OF PARTY CASES.	NA MERINANGAN PERINANGAN PERINANGAN KANTANGAN KANTANGAN KANTANGAN KANTANGAN KANTANGAN KANTANGAN KANTANGAN KANT	680.	A TANDERS AND	
	THE RESIDENCE OF THE PARTY OF T	The state of the s	And the second s	The street of th			

		ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	ЗТ		
Name(s)	(S						Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form		8	-		Adjustment		
Name	Description	Іпсоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP INTERNATIONAL GO						
	LF CLUB LLC						
	* REGULAR INCOME	3,021,465.					
	AMT AT-RISK ALLOWE	<64,551.>			<64,551.>		
OF THE STATE OF TH	* AMT NET INCOME	2,956,914.	SHALLED SOCIAL SHEET CHARLES AND AND SHEET CHARLES		<64,551.>		
7	TRIMP PRODITCHTONS 1.1.C						
	* REGULAR INCOME	5,236,209.					
T-900130000000000000000000000000000000000	* AMT NET INCOME	5,236,209.	ANTO ACCOUNT AND ACCOUNT OF THE SECOND DESCRIPTION OF A SECOND DATE.	Production of the Control of the Con		is in the second and	
K1-	TRUMP PRODUCTIONS LLC						
	* REGULAR INCOME	256,573.		F.			
O'CONTRACTOR OF THE OWNER OWNER OF THE OWNER OW	* AMT NET INCOME	256,573.					
K1-	TRUMP PRODUCTIONS MANA						
	GING MEMBER INC						
	* REGULAR INCOME	52,891.					
	* AMT NET INCOME	52,891.					
K1-	TRUMP INTERNATIONAL HO						
No. of Control of Cont	TELS MANAGEMENT LLC						
	* REGULAR INCOME	<1,490,509,>					
TOTAL STATE OF THE	* AMT NET INCOME	<1,490,509.>					
Contractor entiretes		THE SECOND STREET STREE					
100						*	

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPO	RT		
Name(s)	(s)						Social Security Number
DONALD J.	D J. & MELANIA TRUMP						
Form		9			Adjustment		
Nam	Describrion	псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1 -	TRUMP GOLF COCO BEACH						The second secon
The state of the s	LLC						
	* REGULAR INCOME	<25,682.>					
ALCONOMINA N	* AMT NET INCOME	<25,682.>		TOTAL CONTRACTOR OF THE STATE O			
K1-	TRUMP GOLF COCO BEACH						
	MEMBER CORP						
	* REGULAR INCOME	<589.>					
	* AMT NET INCOME	<589.>					
-K1-	TRUMP MARKS WHITE PLAI						
Section of section	NS CORP		isotre frame is in restanding a script from I delight in the second				The American State of Comments
	* REGULAR INCOME	<53.>					
Supply and the supply s	* AMT NET INCOME	< 55.3. >		TISTALLIMATOOTISTA ARTISTA LIINTOONIN LAATINI TARATUULIA			
K1-	TRUMP MARKS FT. LAUDER				Control was a second of the se		
	DALE MEMBER CORP						
	* REGULAR INCOME	<1.>		official property and the property of the prop			Martin Charles and the control of th
	* AMT NET INCOME	<1.>					
K1-	TRUMP MARKS PANAMA COR						
	P REGULAR INCOME	14 361					
Statement (PUL)	* AMT NET INCOME	14,361.					And the second s
100000000000000000000000000000000000000						OTHER POSSIBLE CONTINUES CALLED SO AND ACTUAL SPACE CALLED	
はたいという							

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	RT		
Name(s)	(s				2		Social Security Number
DONALD	J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS TORONTO LL						
							7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	* REGULAR INCOME * AMT NET INCOME	<2,129.> <2,129.>					
K1-	TRUMP MARKS TORONTO CO						
	RP						
de la constante de la constant	* REGULAR INCOME	<246.>					
	* AMT NET INCOME	<246.>					
K1-	TRUMP MARKS SUNNY ISLE						
CONTROCTES IN CORRECTOR	S II MEMBER CORP		1930 pais unteractus beachine de la casa protocolegistas de la colonia d				en in de Santa de La parte esta de la Esta de La parte de La Calabra de La Calabra de La Calabra de La Calabra
	* REGULAR INCOME	<297.>					
	* AMT NET INCOME	<297.>					
K1 -	TRUMP MARKS FT. LAUDER DALE LLC						
	* REGULAR INCOME	<1,904.>					
	* AMT NET INCOME	<1,904.>					
K1-	TRUMP MARKS TAMPA LLC						
The Assistance of the Control of the	* REGULAR INCOME	<2,129.>					
	* AMT NET INCOME	<2,129.>					

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	RT		
Name(s)	(S						Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS MTG LLC						
	* REGULAR INCOME	<2,162.>					
	* AMT NET INCOME	<2,162.>					
K1-	THE TRUMP FOLLIES MEMB						
On the particular of the parti	ER INC						
	* REGULAR INCOME	<145.>					
	* AMT NET INCOME	<145.>		Principles supplies a contract of contract of the contract of			
K1-	TRUMP MARKS TAMPA CORP				ntait Volus printaitai al Sent Resis penele setti Austo		
	* REGULAR INCOME	<296.>					
2000 SERVICE CO. 200	* AMT NET INCOME	<296.>					
K1-	TRUMP MARKS ASIA CORP			COCCUS ACTUACO BACCASTATOR SOCIOUS CONTRACTOR CONTRACTO	Processing and an analysis of the processing and th		THE RESIDENCE OF THE PERSON OF
	* REGULAR INCOME	<280.>					
	* AMT NET INCOME	<280.>					
K1-	TRUMP NATIONAL GOLF CL				Material Myteroff (1918) And Half Saffring and Hologanic Controls		
	UB COLTS NECK LLC	8					
	* REGULAR INCOME	<1,226,474.>	AND THE STREET OF THE STREET STREET, WHICH AND STREET STREET,	HOR CONTRACTOR AND A SECOND STREET OF THE PROPERTY OF THE SECOND STREET			
	AMT ADJUSTMENTS	<24,433.>			<24,433.>		
	* AMT NET INCOME	<1,250,907.>		CANTENDER OF THE THE TANKE OF THE TOTAL OF THE TOTAL OF THE TANKE OF T	<24,433.>		
						A STATE OF THE STA	
A CONTRACTOR OF THE CONTRACTOR		Heart Discharge of Mental Analysis of Mental Analys					Mark Mark Williams Co. 1 and 1
			W. S.				
CARRIED SANCE							

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	TT.		
Name(s)	(\$)						Social Security Number
DONALD	D J. & MELANIA TRUMP						
Form		oring the state of			Adjustment		
Name	e Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS PHILIPPINE						
	* REGULAR INCOME	955,093.					
	* AMT NET INCOME	955,093.			SAN ON DODGO COLUMN TO THE COL		
K1-	TRUMP MARKS PHILIPPINE						
	S CORP						
TO CONTRACT OF THE CONTRACT OF	* REGULAR INCOME	9,372.					
	* AMT NET INCOME	9,372.					
K1-	TRUMP MARKS ISTANBUL I						
STATE OF THE CASE	ODSORPH DESPUT BENEFIT ALL TOTAL OF THE STATE OF THE STAT				The great of the same when the same state of the same same same same same same same sam		And the state of t
	* REGULAR INCOME	791,848.					
	* AMT NET INCOME	791,848.	THE THE PROPERTY OF THE PROPER				
K1-	TRUMP MARKS ISTANBUL I		THE THE PROPERTY OF THE PROPER	THE CHARLES CONTROL OF THE CONTROL OF T			
	L COKE * RECITIAR INCOME	7 7 7					
	* AMT NET INCOME	7,798.					
K1-	ONIT 2502 ENTERPRISES						
THE PROPERTY OF THE PROPERTY O	The first first in this protection which is the contract of the second state of the se		BET STOCKE ALTHOUGH GAN MONOR REPORT AND	NON-THE STOCK DIVING A STOCK AND A CHARACTERISTIC TO THE STOCK OF THE	AND THE PARTY OF THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY.	elocanant sabelain mitatri ji mparimi 2 ipediatri kulat dan papa suori	Lathist the regulation and also possible regularly regularly regular and
	* REGULAR INCOME	<238.>					
	* AMT NET INCOME	<238.>					
SCINCHILITY CT							

		ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	RT		
Name(s)	(S						Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
,				SERVICE COLOR PARTITION AND PARTITION OF THE PARTITION AND	100 A		
174	UNII ABOA BNIERFKISES				Floring School Committee C		
	* REGULAR INCOME	<1,287.>					
TA CONTRACTOR	* AMT NET INCOME	<1,287.>		Production (Control of Control of			
K1-	TRUMP MARKS MATTRESS L						
	LO						
	* REGULAR INCOME	2,410,699.		148 F.A. 1906 CONT. SON. SON. SON. SON. SON. SON. SON. SON			
	* AMT NET INCOME	2,410,699.					
K1-	TRUMP MARKS MATTRESS M					Average of the control of the contro	reduction on contrast to see this contrast to the second of the second o
	EMBER CORP			To a call of the distribution for a successful and the successful and	(ORANGA LITERATURE) COLORONO DE SANTESTA DE		a delice spanning of the extension of the contract of the contract of
	* REGULAR INCOME	24,125.					
	* AMT NET INCOME	24,125.	INTER-PROGRAMMENT NEW CONTROLL PRINCIPAL PRINC			Water and the state of the stat	
2	A STATE OF THE STA						
1 14	* REGULAR INCOME	<297.>					
racell Thirtelise R.	* AMT NET INCOME	4.297.>		times address and the set stability of lines of the case			The second state of the second
K1-	SENTIENT JETS MEMBER C						And the second s
	ORP	The state of the s					
	* REGULAR INCOME	<228.>					Contact Contac
	* AMT NET INCOME	<228.>					

Name of a material parameter			ALTERNA'	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPO	RT		
Teacher Percentation Income Form 6251, Line 17 Form 6251, Line 19 Form 6251, Line 10 Form 6251	Name	(s)						Social Security Number
Page	DONALI							
Pescription Promise Form 6251, Line 18 Form 6251, Line 19 Form 6251, Line 20	Form					Adjustment		
THUMP MARKS ATLANTA LL * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * AMT	Name		Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
* REGULAR INCOME * AMT NET INCOME O II LLC * REGULAR INCOME C TRUMP MARKS PUERTO RIC O II MEMBER CORP * AMT NET INCOME * AMT NET INCOME C * REGULAR INCOME * AMT NET INCOME TRUMP CANOUAN ESTATE L LC * REGULAR INCOME * AMT NET INCOME C * AMT NET INCOME * AMT NET INCOME	K1-	TRUMP MARKS ATLANTA LL						
* AMT NET INCOME CIT LLC * REGULAR INCOME CIT MEMBER CORP * REGULAR INCOME * AMT NET INCOME CLC * REGULAR INCOME * AMT NET INCOME CLC * REGULAR INCOME * AMT NET INCOME			<2,237.>					
TRUMP MARKS PUERTO RIC * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME C. * REGULAR INCOME * AMT NET INCOME			<2,237.>					
* REGULAR INCOME * AMT NET INCOME CO II MEMBER CORP * REGULAR INCOME * AMT NET INCOME CO II MEMBER CORP * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME	K1-	TRUMP MARKS PUERTO RIC						
* REGULAR INCOME * AMT NET INCOME O II MEMBER CORP * REGULAR INCOME TUC * REGULAR INCOME CANOUAN ESTATE L LC * REGULAR INCOME * AMT NET INCOME CBBER CORP * AMT NET INCOME * AMT NET		O II ILC						
* AMT NET INCOME TRUMP WARKS PUERTO RIC O II MEMBER CORP * REGULAR INCOME TRUMP CANOUAN ESTATE L LC * REGULAR INCOME * AMT NET INCOME CBMBER CORP TRUMP CANOUAN ESTATE M EMBER CORP * AMT NET INCOME		* REGULAR INCOME	<2,129.>					
TRUMP MARKS PUERTO RIC O II MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME CBOOK * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME		* AMT NET INCOME	<2,129.>					
O II MEMBER CORP * REGULAR INCOME LC * REGULAR INCOME * AMT NET INCOME CRUMP CANOUAN ESTATE M EMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME	K1-	TRUMP MARKS PUERTO RIC						
* REGULAR INCOME * AMT NET INCOME TRUMP CANOUAN ESTATE L C * REGULAR INCOME * AMT NET INCOME PRUMP CANOUAN ESTATE M EMBER CORP * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME	OHER BEING STATE OF THE STATE O	O II MEMBER CORP						
* AMT NET INCOME TRUMP CANOUAN ESTATE L * REGULAR INCOME * AMT NET INCOME TRUMP CANOUAN ESTATE M EMBER CORP * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME		* REGULAR INCOME	<246.>					
TRUMP CANOUAN ESTATE L * REGULAR INCOME * AMT NET INCOME CRUBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME	Americanical		<246.>					
* REGULAR INCOME	K1-	TRUMP CANOUAN ESTATE L						
* REGULAR INCOME		LC						
TRUMP CANOUAN ESTATE M EMBER CORP * REGULAR INCOME * AMT NET INCOME	ACCOUNT TO THE PERSON AND ADDRESS OF THE PER		<8,385.>					
EMBER CORP * REGULAR INCOME * AMT NET INCOME			<8,385.>					
I INCOME	K1-	TRUMP CANODAN ESTATE M						
	The state of the s	EMBER CORP						
		* REGULAR INCOME	<360.>					
		* AMT NET INCOME	. <360.					

Name(s)	(s)				1		Social Security Number
DONALD J.	D J. & MELANIA TRUMP						
Form					Adjustment		
Nате	e Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Π	TRUMP MARKS TORONTO LP						
	* REGULAR INCOME	<2,129.>		AND THE PROPERTY ASSESSMENT AND THE PROPERTY AND ASSESSMENT ASSESS			
	* AMT NET INCOME	<2,129.>					
K1-	TRUMP FLORIDA MANAGEME						
	NT LLC						
	* REGULAR INCOME	<297.>		Ž.			
	* AMT NET INCOME	<297.>					
K1-	TNGC DUTCHESS COUNTY M	Steel China	to service and Authorities of the Authorities of Cold	THE RESERVE AND ASSOCIATION OF THE PROPERTY OF			
	EMBER CORP						
	* REGULAR INCOME	<6,142.>	And the second s	And the second s	And the second state of the second section of the second section is the second second section of the second second second section second secon	A CONTRACTOR OF THE CONTRACTOR	
	AMT ADJUSTMENTS	<81.>			<81.>		
100000000000000000000000000000000000000	* AMT NET INCOME	<6,223.>			<81.>		
K1-	DSN LICENSING LLC (FKA						
	TRUMP MARKS NETWORK L						
	* REGULAR INCOME	<2,262.>					
	* AMT NET INCOME	<2,262.>					
K1-	GOLF PRODUCTIONS LLC						
	* REGULAR INCOME	<26,680.>					
	* AMT NET INCOME	<26,680.>					

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	3T		
Name(s)	(s)						Social Security Number
DONALD	J. & MELANIA TRUMP						
Form		30			Adjustment		
Name	e Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP TORONTO MEMBER C						
A CANADA							
	* REGULAR INCOME	<246.>					
With address Cartes	* AMT NET INCOME	<246.>			EUG EL SEL SEL SEL SEL SEL SEL SEL SEL SEL	2 2 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
K1-	TRUMP NATIONAL GOLF CL						
	UB WASHINGTON DC						
South September 1997	* REGULAR INCOME	6,929.	Andrew of succession was represented by the succession of the succ	award president () and statistically conducted the convention of president			
	AMT ADJUSTMENTS	<113.>			<113.>		
The state of the s	* AMT NET INCOME	6,816.			<113.>	200	
K1-	MELANIA MARKS ACCESSOR	The second secon	A CONTRACT OF THE PARTY OF THE	A Chimelia (Chimelia de Chimelia de Chimel	Section 24 Address Control and	Construction of the second of	
	IES LLC						
	* REGULAR INCOME	4,949.					
	* AMT NET INCOME	4,949.					
K1-	TRUMP ACQUISITION LLC						
CONTRIBUTION OF THE PROPERTY O	* REGULAR INCOME	<351.>					
	* AMT NET INCOME	<351.>					
K1-	MELANIA MARKS ACCESSOR						
N WARRACTA TACK	IES MEMBER CORP						
	* REGULAR INCOME	<85.>					
	* AMT NET INCOME	<85.>	TO CONTRACT OF THE PROPERTY OF	A STATE OF THE STA		N DOUGHE LEW TO THE STATE OF TH	
100/1041111475/100			E ORTO CHARLES VIII STATE OF THE ORTO CHARLES AND THE				

Name (s)			ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	RT		
Description Income Form 6251, Line 17	Name(s,							Social Security Number
TRUMP MARKS ATLANTA ME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * AMT	DONALD	Ъ.						
TRUMP MARKS ATLANTA ME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * AMT	Form	Č	-			Adjustment		
TRUMP WARKS ATLANTA ME MBER CORP * REGULAR INCOME * AMT NET INCOME	Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
WBER CORP * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME	7. 1.	TRIMP MARKS ATTANTA ME			The second secon			
* REGULAR INCOME * AMT NET INCOME * RCORP * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME		MBER CORP						
TRUMP HOME MARKS MEMBE * REGULAR INCOME * AMT NET INCOME TRUMP DEVELOPMENT SERV ICES MEMBER CORP * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME		* REGULAR INCOME	<133.>	Color Charles Color (Charles) (Charl				
TRUMP HOME MARKS MEMBE * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME TRUMP MARKS MENSWEAR M EMBER CORP * REGULAR INCOME * AMT NET INCOME	Selfation of the self-self-self-self-self-self-self-self-	* AMT NET INCOME	<133.					
R CORP * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME DSN LICENSING MEMBER C ORP * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME	K1-	TRUMP HOME MARKS MEMBE						
* RECULAR INCOME * AMT NET INCOME TRUMP DEVELOPMENT SERV ICES MEMBER CORP * REGULAR INCOME * AMT NET INCOME		R CORP						10.000 12.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000 10.000
# AMT NET INCOME FRUMP DEVELOPMENT SERV ICES MEMBER CORP * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME	one and produce area	* REGULAR INCOME	149.	STATE OF THE STATE OF				
TRUMP DEVELOPMENT SERV ICES MEMBER CORP * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME DSN LICENSING MEMBER C ORP * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME		* AMT NET INCOME	149.					
* REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME DSN LICENSING MEMBER C ORP * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME	K1-	TRUMP DEVELOPMENT SERV						
* REGULAR INCOME * AMT NET INCOME TRUMP MARKS MENSWEAR M EMBER CORP * REGULAR INCOME DSN LICENSING MEMBER C ORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME	Spatial stay straight	ICES MEMBER CORP						
* AMT NET INCOME TRUMP MARKS MENSWEAR M EMBER CORP * REGULAR INCOME DSN LICENSING MEMBER C ORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME		* REGULAR INCOME	<64.>					
TRUMP MARKS MENSWEAR M EMBER CORP * REGULAR INCOME * AMT NET INCOME OSN LICENSING MEMBER C ORP * REGULAR INCOME * AMT NET INCOME		* AMT NET INCOME	< 54.>					
EMBER CORP * REGULAR INCOME * AMT NET INCOME DSN LICENSING MEMBER C ORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME								
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TRUMP MARKS FINE FOODS LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME	Nam		Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
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* REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME	COCHE TANKE TO SERVICE	астистыностинивания правилизания пределения пределения пределения пределения пределения пределения пределения пред			REPORTED TO CONTRACT TO THE PROPERTY OF THE PR		Street And Street Addition of Illustration of the Street And Street	
TRUMP HOME MARKS LLC * REGULAR INCOME TRUMP DEVELOPMENT SERV CCES LLC * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME CHICAGO LLC * REGULAR INCOME * AMT NET INCOME		* REGULAR INCOME * AMT NET INCOME	15,975.					
* REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME CHICAGO LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME								
* AMT NET INCOME TRUMP DEVELOPMENT SERV ICES LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME CHICAGO LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME	K1-	TRUMP HOME MARKS LLC * REGULAR INCOME	70, 292.					
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TRUME DEVELOPMENT SERV ICES LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME CHUMP SALES & LEASING CHICAGO LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME								
* REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME CHICAGO LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME	K1-	TRUMP DEVELOPMENT SERV						
* AMT NET INCOME * REGULAR INCOME * AMT NET INCOME CHICAGO LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME		* REGULAR INCOME	<5,414.>				And the second s	
FRUMP LAS VEGAS CORP * REGULAR INCOME * AMT NET INCOME CHICAGO LLC * REGULAR INCOME * AMT NET INCOME <3,66 * AMT NET INCOME <3,66		* AMT NET INCOME	<5,414.>					
* REGULAR INCOME * AMT NET INCOME CHICAGO LLC * REGULAR INCOME * AMT NET INCOME <3,68 * AMT NET INCOME <3,68	K1 -	TRUMP LAS VEGAS CORP						
* AMT NET INCOME TRUMP SALES & LEASING CHICAGO LLC * REGULAR INCOME			<107,784.>					
TRUMP SALES & LEASING CHICAGO LLC * REGULAR INCOME * AMT NET INCOME <3,66		* AMT NET INCOME	<107,784.>					
CHICAGO LLC * REGULAR INCOME * AMT NET INCOME <3,66	K1-	TRUMP SALES & LEASING						
23,65		CHICAGO LLC	000					
		* AMT NET INCOME	<3,082.>					

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TRUMP MARKS MENSWEAR L LC * REGULAR INCOME * AMT NET INCOME	Name		Іпсоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
LC * REGULAR INCOME 342 FRUME INTERNATIONAL GO LF CLUB LLC * REGULAR INCOME * AMT NET INCOME *	K1-	TRUMP MARKS MENSWEAR L						
* REGULAR INCOME * AMT NET INCOME PRUMP INTERNATIONAL GO LF CLUB LLC * REGULAR INCOME TEL HAWAII LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME TRUMP AC CASINO MARKS MEMBER CORP * REGULAR INCOME * AMT NET INC	Christation							
* AMT NET INCOME FRUME INTERNATIONAL GO LF CLUB LLC * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME TRUMP AC CASINO MARKS MEMBER. CORP * REGULAR INCOME * AMT NET INCOME TRUMP CAROUSEL MEMBER CORP * AMT NET INCOME			342,471.	And the second s				
TRUMP INTERNATIONAL GO LF CLUB LLC * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME 11 * AMT NET INCOME	TOTAL STREET, STREET, ST.	AMT NET	342,471.					
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* REGULAR INCOME * AMT NET INCOME FRUMP INTERNATIONAL HO FEL HAWAII LLC * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME TRUMP CAROUSEL MEMBER CORP * AMT NET INCOME 1 * AMT NET INCOME	-TV	LE CLUB LLC						
* AMT NET INCOME TRUMP INTERNATIONAL HO TEL HAWAII LLC * REGULAR INCOME * AMT NET INCOME TRUMP AC CASINO MARKS WEMBER CORP * REGULAR INCOME * AMT NET INCOME CORP * AMT NET INCOME	124200000000000000000000000000000000000	* REGULAR INCOME	<712 670.>					Principal to the headings of the
TRUMP INTERNATIONAL HO TEL HAWAII LLC * REGULAR INCOME Z , 385 TRUMP AC CASINO MARKS MEMBER. CORP * REGULAR INCOME TRUMP CAROUSEL MEMBER CORP * AMT NET INCOME 11			<712,670.>					
TEL HAWAII LLC * REGULAR INCOME 2,385 TRUMP AC CASINO MARKS MEMBER. CORP * REGULAR INCOME TRUMP CAROUSEL MEMBER CORP * REGULAR INCOME * AMT NET INCOME 1 * AMT NET INCOME * AMT NET INCOME 1 * AMT NET INCOME	K1-	TRUMP INTERNATIONAL HO						
* REGULAR INCOME * AMT NET INCOME TRUMP AC CASINO MARKS WEMBER. CORP * REGULAR INCOME TRUMP CAROUSEL MEMBER CORP * REGULAR INCOME * AMT NET INCOME 1 * AMT NET INCOME 1 * AMT NET INCOME 1	BillharminGAChtaum.	TEL HAWAII LLC	of stample and the composition of the first state of the company o	ONG WITH THE WATER OF THE WORLD TO SERVICE AND THE WORLD TO WELL THE WORLD TO WELL THE WORLD TO WE WELL THE WELL THE WORLD TO WE WELL THE				
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MEMBER CORP * REGULAR INCOME * AMT NET INCOME CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME								
* REGULAR INCOME * AMT NET INCOME CORP * REGULAR INCOME * AMT NET INCOME	KI-	TRUMP AC CASINO MARKS MEMBER CORP						
* AMT NET INCOME TRUMP CAROUSEL MEMBER CORP * REGULAR INCOME * AMT NET INCOME		* REGULAR INCOME	<1,178.>					Construction of communication (Member 1) and construction
TRUMP CAROUSEL MEMBER CORP * REGULAR INCOME * AMT NET INCOME			<1,178.>					
* REGULAR INCOME * AMT NET INCOME	K1-	TRUMP CAROUSEL MEMBER						
REGULAR INCOME AMT NET INCOME	Military carbon tops	TO PARAMETER TO THE STATE OF THE STATE OF THE STATE OF THE STATE S						Meliter of the free of the floor of his action of the free of the formal
AMT NET INCOME		* REGULAR INCOME	1,265.					
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K1-	TRUMP MARKS MUMBAI MEM						
	BER CORP			ADMINISTRAÇÃO DE LA SECURIA PARTICIO DE CONTRAR PORTE DE LA CONTRAR PORTE DEL CONTRAR PORTE DE LA CONTRAR PORTE DE LA CONTRAR PORTE DE LA CONTRAR PORTE DE LA CONTRAR PORTE DEL CONTRAR PORTE DE LA CONTRAR PO	COMMENSACION OF CONTROL PROPERTY OF ALL CONTROL OF THE CONTROL OF	The problem of the pr	
	* REGULAR INCOME	<316,>					
	* AMT NET INCOME	<316.>					
K1-	TRUMP PANAMA CONDOMINI						A MANAGARA
	OM MEMBER CORP						
	* REGULAR INCOME	<1,520.>					
	* AMT NET INCOME	<1,520.>					Participants of the control of the c
K1-	TRUMP PANAMA HOTEL MAN						
	AGEMENT MEMBER CORP		meta nove etalen kiralan ini keriana dasah kirilan dan k				All the transmitted to the state of the stat
	* REGULAR INCOME	8,278.					
	* AMT NET INCOME	8,278.		ALLEGE RECENT OF ETHER PRESENCE OF A ALLEGED AND A BASE OF THE ALLEGED IN THE ALLEGED AND A ALLEGED	DESCRIPTION OF THE PROPERTY OF	COLCENSION IN THE PROPERTY OF	
K1-	TRUMP SALES & LEASING						
	CHICAGO MEMBER CORP						
	* REGULAR INCOME	<317.>			AND MANDER OF COLLOCATION OF THE COLLOCATION OF THE LAST AS A STATE OF THE COLLOCATION OF		
	* AMT NET INCOME	<317.>					
K1-	GOLF PRODUCTIONS MEMBE						
	R CORP						
	* REGULAR INCOME	<511.>					
	* AMT NET INCOME	<511.>					
22 22 22 23 24 24 24 24 24 24 24 24 24 24 24 24 24							
201 101 101 101 101 101 101		And the second of the condition of the c		The State delineation of the section		And the second s	And the contest is an extremental formula in the reliable from

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K1-	TIHH MEMBER CORP						
	* REGULAR INCOME	23,445.	ALCO ALCO SERVICIO DE LA CARROLLA DE C				
	* AMT NET INCOME	23,445.	Observed Thomas are a Spain spain as the Control of Spains				e consideration de la constantina del constantina de la constantina del constantina de la constantina
- K1	TRUMP CHICAGO HOTEL ME						
	MBER CORP						
	* REGULAR INCOME	17,961.					
	* AMT NET INCOME	17,961.					
K1-	TRUMP TORONTO HOTEL MA				ensperment nammen militaria kilosista in a terres in maranta		
	NAGEMENT CORP						
	* REGULAR INCOME	134,935.					in the wife of the first of the control of the cont
	* AMT NET INCOME	134,935.					A CONTRACTOR OF THE CONTRACTOR
K1-	TRUMP FERRY POINT LLC						
	* REGULAR INCOME	1,593,620.		SALAN BISSION BURGAN BESTALLAN ÇALASE SALASIYLEN INTERNATOR	ca localificiamente for the architecture and the second and the se		with Male of the city of the state of the st
	AMT ADJUSTMENTS	49.			49.		
	* AMT NET INCOME	1,593,669.			49.		
K1-	TRUMP PANAMA HOTEL MAN			Chairt is a the small country of the Whale of Chine of 100 mm			
	AGEMENT LLC						
	* REGULAR INCOME	847,282.			STATIONAL AND		
	* AMT NET INCOME	847,282.					
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WAGER LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME C * REGULAR INCOME C * REGULAR INCOME C * AMT NET INCOME * AMT NET INCOME LC * REGULAR INCOME * AMT NET INCOME LC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME *	- K1	TRUMP CHICAGO HOTEL MA						
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PANAMA OCEAN CLUB MANA GEMENT LLC * REGULAR INCOME * AMT NET INCOME C * AMT NET INCOME * AMT NET INCOME AL MANAGER LLC * AMT NET INCOME			1,845,575.					
* REGULAR INCOME * AMT NET INCOME C * REGULAR INCOME * AMT NET INCOME C * AMT NET INCOME CT TRUMP CHICAGO COMMERCI AL MANAGER LLC * AMT NET INCOME	K1-	PANAMA OCEAN CLUB MANA						
* REGULAR INCOME * AMT NET INCOME C * REGULAR INCOME * AMT NET INCOME AL MANAGER LLC * AMT NET INCOME		GEMENT LLC						
* AMT NET INCOME C * REGULAR INCOME * AMT NET INCOME AL MANAGER LLC * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME TRUMP INTERNATIONAL DE VELOPMENT LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME		REGULAR	<351.>					
TRUMP MARKS CHICAGO LL * REGULAR INCOME * AMT NET INCOME TRUMP CHICAGO COMMERCI AL MANAGER LLC * REGULAR INCOME * AMT NET INCOME VELOPMENT LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME		* AMT NET INCOME	<351.>					
* REGULAR INCOME * AMT NET INCOME LINDMP CHICAGO COMMERCI AL MANAGER LLC * REGULAR INCOME * AMT NET INCOME VELOPMENT LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME	K1-	TRUMP MARKS CHICAGO LL						
* AMT NET INCOME TRUMP CHICAGO COMMERCI AL MANAGER LLC * REGULAR INCOME TRUMP INTERNATIONAL DE VELOPMENT LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME		* REGULAR INCOME	<2,183,>					
TRUMP CHICAGO COMMERCI AL MANAGER LLC * REGULAR INCOME 1,155 TRUMP INTERNATIONAL DE VELOPMENT LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME	Control of the better	AMT NET	4.0 183.>		SOM NEGOVER CONTRACTOR OF THE SOME CONTRACTOR SOME ENGINEERING	ernenskelljegelkspalienkonstruktion in in sammer in statiskelsk		
AL MANAGER LLC * REGULAR INCOME 1,155 * AMT NET INCOME VELOPMENT LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME	K1-	TRUMP CHICAGO COMMERCI						
* REGULAR INCOME * AMT NET INCOME I,155 TRUMP INTERNATIONAL DE VELOPMENT LLC * REGULAR INCOME * AMT NET INCOME <		AL MANAGER LLC						
TRUMP INTERNATIONAL DE VELOPMENT LLC * REGULAR INCOME * AMT NET INCOME			1,155,745.					
NCOME	K1-	TRUMP INTERNATIONAL DE						
		* REGULAR INCOME * AMT NET INCOME	×406.>					

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	FULAR INCOME I NET INCOME CAROUSEL LLC	The state of the s					
* TRUM	F NET INCOME	<2,348.>					
	CAROUSEL LLC	<2,348.>					
						A CATALONIA Secretaria de Catalonia de Catal	
	REGULAR INCOME	236,063.					
	AMT NET INCOME	236,063.		SPECIAL STATES AND THE WANTERWAY CONTINUENTS CONTINUENTS OF THE STATES OF THE SPECIAL ST			
K1- TRUMP C	TRUMP CHICAGO RESIDENT			Philosophia ne manakan ministra dan manahan ma	The final control of the control of		
IAL MAN	IAL MANAGER LLC						
* REG	REGULAR INCOME	521,330.					
	AMT NET INCOME	521,330.					
K1- TRUMP PA	TRUMP PANAMA CONDOMINI						
* REGI	REGULAR INCOME	<128 205.>					
* AMT	AMT NET INCOME	<128,205.>			over a sive that is the second of the second		

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TRUMP MARKS PRODUCTS L LC * REGULAR INCOME * AMT NET INCOME	Nam		Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
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EMBER CORP * REGULAR INCOME * AMT NET INCOME PANAMA OCEAN CLUB MANA GEMENT MEMBER CORP * AMT NET INCOME	AND		<2,262.>					
* REGULAR INCOME * AMT NET INCOME TRUMP INTERNATIONAL DE VELOPMENT MEMBER CORP * REGULAR INCOME * AMT NET INCOME PANAMA OCEAN CLUB MANA GEMENT MEMBER CORP * REGULAR INCOME * AMT NET INCOME	K1-	TRUMP MARKS PRODUCTS M						
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PANAMA OCEAN CLUB MANA GEMENT MEMBER CORP * REGULAR INCOME * AMT NET INCOME IRUMP CHICAGO RESIDENT IAL MEMBER CORP * REGULAR INCOME * AMT NET INCOME			<.59.>					
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* REGULAR INCOME * AMT NET INCOME TRUMP CHICAGO RESIDENT IAL MEMBER CORP * REGULAR INCOME * AMT NET INCOME		GEMENT MEMBER CORP						
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TRUMP CHICAGO RESIDENT IAL MEMBER CORP * REGULAR INCOME * AMT NET INCOME		* AMT NET INCOME	<284.>					
DATE	K1-	TRUMP CHICAGO RESIDENT						
REGULAR INCOME AMT NET INCOME		IAL MEMBER CORP						A CONTROL OF THE PROPERTY OF T
AMT NET INCOME			4,877.					
			4,877.					
							Commission of the Section of the Section of the Section Sectio	Application of the state of the

		ALTERNAT	FIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	TF.		
Name(s)	(s)						Social Security Number
DONALD J.	D J. & MELANIA TRUMP						
Form					Adjustment		
Name	e Description	Іпсоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	1000						
	* REGULAR INCOME	<.150					
ACCUPATION OF	* AMT NET INCOME	<331.>					
- K1	TRUMP CHICAGO COMMERCI						
	AL MEMBER CORP						
	* REGULAR INCOME	10,984.					
	* AMT NET INCOME	10,984.				Anna tambén Sakataf ya Labah Sahi ya Kasanasa da Afrik	And the second s
K1-	TRUMP MARKS MUMBAI LLC						
	* REGULAR INCOME	<2,237.>					
	* AMT NET INCOME	<2,237.>					
K1-	DJT HOLDINGS LLC						
	* REGULAR INCOME	<1,929,672.>		POTOTA FOR THE TANK OF A SECTION OF THE POTOTA POT			A company of the contract of t
		<495,125.>			<495,125.>		
	* AMT NET INCOME	<2,424,797.>			<495,125.>		
K1-	TRUMP MARKS FINE FOODS						
	MEMBER CORP						
	* REGULAR INCOME	<183.>					
	* AMT NET INCOME	<183.>					
展							

		ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	RT		
Name(s)	(s)						Social Security Number
DONALD J.	D J. & MELANIA TRUMP						
Form					Adjustment		
Name	e Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
1	The second secon		Production of the second secon			The state of the s	
1	BER CORP						
	* REGULAR INCOME	<1,269.>	understand autoria autoria mentala del servicio del servi			Photographic Mark Control (New Yorks) in the Control of the Contro	
973 in 125410-12	* AMT NET INCOME	<1,269.>					The American Control of the Control
K1-	DJT HOLDINGS LLC - SEV						
	EN SPRINGS LLC						
O THE STATE OF THE	* REGULAR INCOME	<54,425.>	tracydryddiadai ddell methadyyl to'r yng i'i sel ally (oeroeg			AN GOLDER WINDOWS CO. CONTRACTOR OF THE CONTRACT	
	* AMT NET INCOME	<54,425.>					
- K1	DJT HOLDINGS LLC - TRU						
	MP WINE MARKS LLC		ela Municipa y particologica del compa particologica del constante del constante del constante del constante d	ANCOMATINE NOTICE ANTENNATION OF THE STATE O	To effect the filtranear metablican fraction for the property of the filtranear fraction fraction from the filtranear fraction fr	TO ARTHUR THE TRANSPORTED SAFETY OF THE POPULATION OF THE TRANSPORTED THE TRAN	
	* REGULAR INCOME	<15,316.>					
Contract of the Contract of th	* AMT NET INCOME	<15,316.>			CONNECTIONS OF CONTROL		
K1-	DJT HOLDINGS LLC - TRU						
	MP NATIONAL GOLF CLUB						
	* REGULAR INCOME	<1,434,918.>					
	* AMT NET INCOME	<1,434,918.>					
M1-	DJT HOLDINGS LLC - LFB						
N CONTROL OF THE PERSON OF THE	ACQUISITION LLC		AND THE TRANSPORTING CO. LEAST OF THE POST PRODUCTION AND THE TRANSPORTING TO SECURITY.		confidential committee and com	NEW PROPERTY OF THE PROPERTY O	
	* REGULAR INCOME	1,007,559.					
	AMT ADJUSTMENTS	<3,279.>			<3,279.>		
	* AMT NET INCOME	1,004,280.			<3,279.>		
				3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

		ALTERNA'	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	RT		
Name(s)	(S)						Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	Посоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DJT HOLDINGS LLC - TNG						
	C PINE HILL LLC						
	* REGULAR INCOME	<681,810.>					
	AMT ADJUSTMENTS	<5,557.>			<5,557.>		
	* AMT NET INCOME	<687,367.>			<5,557.>		
K1-	DJT HOLDINGS LLC - TNG						
	C DUTCHESS COUNTY LLC						
	* REGULAR INCOME	<581,002.>					
	AMT ADJUSTMENTS	<7,931.>			<7,931.>		
	* AMT NET INCOME	<588,933.>			<7,931.>		
- K1	DJT HOLDINGS LLC - TRU						
SENSON MANAGEMENT	MP NATIONAL GOLF CLUB			No efficient property and the entitlement and a supportunation for the			
	* REGULAR INCOME	200,988.					
	AMT ADJUSTMENTS	<11,069.>			<11,069.>		
	* AMT NET INCOME	189,919.			<11,069.>		
K1-	TRUMP VIRGINIA ACQUISI						
TOTAL PARTICIPATION OF THE PAR	TIONS LLC						
	* REGULAR INCOME .	<1,305,750.>					
	* AMT NET INCOME	<1,305,750.>					
	A CONTRACTOR OF THE PROPERTY O						

Name Form Proper Form			ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	ECONCILIATION REPO	RT		
E-PETANIA TRUMP Promise Promose Promos	Name	(5)						Social Security Number
Proof Poscription Proof Poscription Proof Prof	DONAL	- 1						
TRUMP MARKS BATUMI LILC 4351, Form 6251, Line 18 Form 6251, Line 19 Form 6251, Line	Farn					Adjustment		
TRUMP DRINKS ISRAEL LL * REGULAR INCOME * AMT NET INCOME	Nam		Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
* REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME	K1-	TRUMP MARKS BATUMI LLC						
* AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME	Statement works	* REGULAR INCOME	<351.>					
TRUMP DRINKS ISRAEL LL * REGULAR INCOME * AMT NET INCOME S LLC * AMT NET INCOME			<351.>					
* REGULAR INCOME * AMT NET INCOME	K1-	TRUMP DRINKS ISRAEL LL						
* AMT NET INCOME * REGULAR INCOME * AMT NET INCOME S LLC * AMT NET INCOME								
TRUMP BOOKS LLC * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME S LLC * AMT NET INCOME			<32,600.>					
* REGULAR INCOME * AMT NET INCOME PARAMOUNT RPV HOLDINGS LLC * REGULAR INCOME * AMT NET INCOME								
* AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME S LLC * AMT NET INCOME	K1-	TRUMP BOOKS LLC * REGITTAR INCOME	~ 322	Age of the second secon				
PARAMOUNT RPV HOLDINGS LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME S LLC * AMT NET INCOME \$ LLC * AMT NET INCOME \$ LLC * AMT NET INCOME \$ LLC * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME		* THE CASE AND A PARTY OF THE CASE A						
PARAMOUNT RPV HOLDINGS LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME C2, * AMT NET INCOME * AMT NET INCOME S LLC * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME		ANT INCOME	V. 440.					
LLC * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME TRUMP WORLD PRODUCTION S LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME	K1-	PARAMOUNT RPV HOLDINGS						
* REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME C2, * AMT NET INCOME S LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME		LLC						
* AMT NET INCOME * REGULAR INCOME * AMT NET INCOME C2, * AMT NET INCOME S LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME			<297.>					
TRUMP EU MARKS LLC * REGULAR INCOME * AMT NET INCOME TRUMP WORLD PRODUCTION S LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME			<297.>					
* REGULAR INCOME * AMT NET INCOME CRUMP WORLD PRODUCTION S LLC * REGULAR INCOME * AMT NET INCOME 88,	K1-	TRUMP EU MARKS LLC						
* AMT NET INCOME TRUMP WORLD PRODUCTION S LLC * REGULAR INCOME * AMT NET INCOME <8,			<2,183.>				William M. Commission of the C	
FRUME WORLD PRODUCTION S LLC * REGULAR INCOME * AMT NET INCOME <8			<2,183.>					
LLC * REGULAR INCOME <8, * AMT NET INCOME <8,	K1-	TRUMP WORLD PRODUCTION						
REGULAR INCOME <8,		S LLC						TO COLUMN TO THE PARTY OF THE P
AMT NET INCOME <8,			<8,380.>					
			<8,380.>	TO COME POLICIA DE SERVICIO EN MANTINEZ SE CICIÓN DE LOS DESENTADOS DE SERVICIO.	A TO SEE THE CONTRACT OF THE PROPERTY OF THE P	SCHOOL MONIGHT AND THE STATE OF	Charles of the Control of Control of State of Control o	Charles of the Charle
THE PROPERTY OF THE PROPERTY O								

Name Same Name						4
TEGULAR INCOME REGULAR INCOME AMT NET INCOME AMT NET INCOME AMT NET INCOME REGULAR INCOME AMT NET INCOME REGULAR INCOME AMT NET INCOME REGULAR INCOME AMT NET INCOME REGULAR INCOME AMT NET INCOME REGULAR INCOME REGULAR INCOME REGULAR INCOME AMT NET INCOME REGULAR INCOME AMT NET INCOME AMT NET INCOME REGULAR INCOME AMT NET INCOME AND NET INCOME						Social Security Number
TRUMP BOOKS MANAGER CO RP * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME	AM.			Adjustment		
TRUMP BOOKS MANAGER CO RP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME R CORP * REGULAR INCOME * AMT NET INCOME R CORP * REGULAR INCOME * AMT NET INCOME		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
* REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME	AGER CO			Military and the second		
TRUMP DRINKS ISRAEL ME * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME	Y THE STATE OF THE					
* REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME R CORP * REGULAR INCOME * AMT NET INCOME	RAEL ME					
* AMT NET INCOME DJT LAND HOLDINGS MEMB ER CORP * REGULAR INCOME TRUMP WINE MARKS MEMBE R CORP * AMT NET INCOME * AMT NET INCOME TRUMP ENDEAVOR 12 MANA GER CORP * REGULAR INCOME * AMT NET INCOME						
DJT LAND HOLDINGS MEMB ER CORP * REGULAR INCOME * AMT NET INCOME R CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME TRUMP ENDEAVOR 12 MANA GER CORP * REGULAR INCOME * AMT ADJUSTMENTS * AMT ADJUSTMENTS * AMT NET INCOME * AMT ADJUSTMENTS * AMT NET INCOME						
* REGULAR INCOME * AMT NET INCOME TRUMP WINE MARKS MEMBE R CORP * REGULAR INCOME * AMT NET INCOME TRUMP ENDEAVOR 12 MANA GER CORP * REGULAR INCOME * REGULAR INCOME * AMT ADJUSTMENTS * AMT ADJUSTMENTS * AMT NET INCOME	GS MEMB	TO RESOLUTION OF THE PROPERTY				
TRUMP WINE MARKS MEMBE R CORP * REGULAR INCOME * AMT NET INCOME TRUMP ENDEAVOR 12 MANA GER CORP * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME						
R CORP * REGULAR INCOME * AMT NET INCOME TRUMP ENDEAVOR 12 MANA GER CORP * REGULAR INCOME * REGULAR INCOME * AMT ADJUSTMENTS * AMT NET INCOME * AMT NET INCOME						
* REGULAR INCOME * AMT NET INCOME TRUMP ENDEAVOR 12 MANA GER CORP * REGULAR INCOME AMT ADJUSTMENTS * AMT NET INCOME 	S MEMBE					
TRUMP ENDEAVOR 12 MANA GER CORP * REGULAR INCOME AMT ADJUSTMENTS : AMT NET INCOME						
AR INCOME <116	12 mana					
AMT NET INCOME <113	<116			3 059		
	<113			3,059.		

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1	(0)						
DOMALD J.	a(s) .D J. & MELANIA TRUMP						Social Security Number
Form	TI COOL TIME	-			Adjustment		
Nam		псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
- K1	TAG AIR INC	The second secon					THE SECOND SECON
	* REGULAR INCOME	111 120					
	AMT ADJUSTMENTS				7.00 00		
	* AMT NET INCOME	194,984.			83,864.		
K1-	PARAMOUNT RPV HOLDINGS			1			
	MANAGER CORP	の の の の の の の の の の の の の の の の の の の				STATE STATE OF THE	BIONELLA CONTRACTOR INC. INC. AND ACCOUNT OF THE CONTRACTOR IN INC.
	* REGULAR INCOME	<228.>					
	* AMT NET INCOME	<228.>					
K1-	TRUMP EU MARKS MEMBER						
	CORP			And the state of t	AND RESERVED TO THE PARTY OF TH		
	* REGULAR INCOME	<297.>	*				
	* AMT NET INCOME	<297.>	N. 44 TANDERTO OF FROM 1950, APPLICATIVE CONTRACTOR CON			en der einen Zein, bereichzeiten Bungereich auf der der	
K1-	LFB AÇUISITION MEMBER CORP					The filter and the Strong Control Research Strong Control Cont	
	* REGULAR INCOME	10 055					
	AMT ADJUSTMENTS	×33.×					
	* AMT NET INCOME	10,022.			×33.		
K1-	TRUMP WORLD PRODUCTION						
	S MANAGER CORP						
	* REGULAR INCOME	<622.>	Service contribution to the contribution of th				
	* AMT NET INCOME	<622.>					

Name			ALTERNAT	IIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	RT		
Peacration Income Form 6281, Line 17 Form 6281, Line 19 Form 6281, Line 20 Form 6281, Line 19 Form 6281, Line 20 Form 6	Name	(s)						Social Security Number
Pom 6251, Line 18 Form 6251, Line 18 Form 6251, Line 19 Form 6251, Line 20 TONS MANAGER CORP	DONALI							
Form 6251, Line 19 Form 6251, Line 20 Form 62	Form					Adjustment		
TRUMP VIRGINIA ACQUISI * REGULAR INCOME * AMT NET INCOME	Name		псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
TIONS MANAGER CORP * REGULAR INCOME * AMT NET INCOME	TZ -	TRUMP VIRGINIA ACQUISI						
* AMT NET INCOME TAPP WARRANT HOLDING WANAGING MEMBER CORP * AMT NET INCOME TINDIA VENTURE MANAG ING MEMBER CORP * REGULAR INCOME * AMT NET INCOME THE GULAR INCOME * AMT NET INCOME THE GULAR INCOME * AMT NET INCOME * AMT		TIONS MANAGER CORP						
DT APP WARRANT HOLDING # REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME DT MARKS BAKU MANAGING WEMBER CORP * REGULAR INCOME * AMT NET INCOME			<13,414.>					
DT APP WARRANT HOLDING * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME DT MARKS BAKU MANAGING MEMBER CORP * REGULAR INCOME * AMT NET INCOME								
* REGULAR INCOME DT INDIA VENTURE MANAG ING MEMBER CORP * REGULAR INCOME TO MARKS BAKU MANAGING MEMBER CORP * AMT NET INCOME	K1-	DT APP WARRANT HOLDING MANAGING MEMBER CORP				100 mm		
TINDIA VENTURE MANAG ING MEMBER CORP * REGULAR INCOME DT MARKS BAKU MANAGING MEMBER CORP * AMT NET INCOME DT MARKS RIO MEMBER CO RP * REGULAR INCOME * AMT NET INCOME		* REGULAR INCOME	<297.>	objektoskok sieninka od Newaci ista sogur kojenta				
DT INDIA VENTURE MANAG ING MEMBER CORP * REGULAR INCOME * AMT NET INCOME MEMBER CORP * REGULAR INCOME * AMT NET INCOME DT MARKS RIO MEMBER CO RP * REGULAR INCOME * AMT NET INCOME			<297.>					
ING MEMBER CORP * REGULAR INCOME * AMT NET INCOME MEMBER CORP * REGULAR INCOME * AMT NET INCOME DT MARKS RIO MEMBER CO RP * REGULAR INCOME * AMT NET INCOME	-K1	DT INDIA VENTURE MANAG						
* REGULAR INCOME * AMT NET INCOME DT MARKS BAKU MANAGING WEMBER CORP * REGULAR INCOME DT MARKS RIO MEMBER CO RP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME	Description of the second	ING MEMBER CORP				Paking selection for the control of	and State of Contraction of Contract	Are said to the strength of the first property of the strength
* AMT NET INCOME DT MARKS BAKU MANAGING MEMBER CORP * REGULAR INCOME DT MARKS RIO MEMBER CO RP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME			<321.>					· · · · · · · · · · · · · · · · · · ·
DT MARKS BAKU MANAGING * REGULAR INCOME * AMT NET INCOME DT MARKS RIO MEMBER CO RP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME	Or was the second		< 321.>					o do poblicarió se dispetit e talendas Separado to demo
* REGULAR INCOME * AMT NET INCOME DT MARKS RIO MEMBER CO RP * REGULAR INCOME * AMT NET INCOME	K1-	DT MARKS BAKU MANAGING						Animal Control of the
* REGULAR INCOME * AMT NET INCOME DT MARKS RIO MEMBER CO RP * REGULAR INCOME * AMT NET INCOME		MEMBER CORP						
* AMT NET INCOME DT MARKS RIO MEMBER CO RP * REGULAR INCOME * AMT NET INCOME			<579.>		TARKETS REFERENCE TIONS OF THE SECTION OF THE SECTI	Polasty VII prima National de La Calabardo de	Henderland Will sport and committee and the comment	
DT MARKS RIO MEMBER CO RP * REGULAR INCOME * AMT NET INCOME			<579.>					
REGULAR INCOME AMT NET INCOME	K1-	DT MARKS RIO MEMBER CO						
AMT NET INCOME			7,1987					
			<341.>					

		ALIERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	3.1		
1							Social Security Number
8	& MELANIA TRUMP				Adjustment		
	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
POKE	POKER VENTURE MANAGING	the state of the s					
MEMB	MEMBER CORP						
*	REGULAR INCOME	<228.>					
*	AMT NET INCOME	<228.>					
P-C	P-CFD MANAGER CORP						
*	REGULAR INCOME	<283.>					
*	AMT NET INCOME	<283.>					
PRUM	TRUMP MARKS BATUMI MAN						
AGID	AGING MEMBER CORP						
*	REGULAR INCOME	<229.>					
¥	AMT NET INCOME	<2229.>					
PRUM	TRUMP MARKS PUNTA DEL						
STE	ESTE MANAGER	A MANAGEMENT AND THE ANGEL OF THE ANGEL OF THE ANGEL AND T					
*	REGULAR INCOME	1,230.					
* .	AMT NET INCOME	1,230.					
TRUN	TRUMP MIAMI RESORT MAN	AND THE OTHER PROPERTY IN THE PROPERTY OF THE					
AGEN	AGEMENT MEMBER CORP						
*	REGULAR INCOME	<384.>					
*	AMT NET INCOME	<384.>					
		The second section of the second seco	HARTHAND PRODUCTION OF THE PRO			The state of the s	

Name (s) Power Exercises			ALTERNA'	TIVE MINIMUM TAX RE	ERNATIVE MINIMUM TAX RECONCILIATION REPORT	AT.		
Porm 6251, Line 17 Form 6251, Line 19 Form 6251, Line 19	Name((5						Social Security Number
Posscription Income Form 6251, Line 17 Form 6251, Line 19 Form	DONALD	д.						
Pescription Description	Form		7			Adjustment		
WHITE COURSE MANAGING * ENGULAR INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * AMT N	Name	**************************************	Іпсоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
#EBULAR LINCOKE * REGULAR LINCOKE * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET IN	K1-	WHITE COURSE MANAGING						
* REGULAR INCOME		MEMBER CORP						
* AMT NET INCOME ** AMT NET SKINCARE ** AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * AMT NE		* REGULAR INCOME	<325.>	Characteristics and the control of t				
# REGULAR INCOME * REGULAR INCOME * AMT NET IN	TO SECURITION OF THE PERSON OF		<325.>					
* REGULAR INCOME * REGULAR INCOME * AMT NET IN	M1 -	MELANIA MARKS SKINCARE				And A Commission of the Commis		
* REGULAR INCOME		MANAGING MEMBER CORP						
* AMT NET INCOME	New Control of the Co		<2,403.>					
PT MARKS PUNE LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME LLC * REGULAR INCOME * AMT NET INCOME		* AMT NET INCOME	<2,403.>					
* REGULAR INCOME	- IXI	DT MARKS PUNE LLC						
* AMT NET INCOME	a the state of the	* REGULAR INCOME	<5,221.>					
PT MARKS RIO LLC * REGULAR INCOME * AMT NET INCOME DT APP WARRANT HOLDING LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME		* AMT NET INCOME	<5,221.>					
* REGULAR INCOME * AMT NET INCOME DT APP WARRANT HOLDING LLC * REGULAR INCOME <22,183.> <22,183.>	- IXI	DT MARKS RIO LLC						
PT APP WARRANT HOLDING LLC * REGULAR INCOME <2,183.> * AMT NET INCOME <2,183.>			<3,550.>					
DT APP WARRANT HOLDING LLC * REGULAR INCOME * AMT NET INCOME <22,183.>			<3,550.>					Comments of the Comments of th
AMT NET INCOME <2,183.> AMT NET INCOME (2,183.>	- K1	DT APP WARRANT HOLDING						
<2,183.>	Shire Shire Shire Shire	PITC			Service de la company de la co			
		* KEGULAK INCOME	<2, 183.5			Control Administration of Section (Theory, One) from Section (Section)		
		ALL NET INCORE	\		4			

		ALTERNA	ERNATIVE MINIMUM TAX RECONCILIATION REPORT	ECONCILIATION REPOR	RT		
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP) terminage
Form					Adjustment		
Name	Description	Іпсоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
- LX	TRUME MARKS PUNTA DEL	the second secon					
	ESTE LLC						
	* FEGULAR INCOME	146,496.					
	* AMT NET INCOME	146,496.					
X1-	DT MARKS BAKU LLC						
	* FEGULAR INCOME	<48,947.>					
	* AMT NET INCOME	<48,947.>				e et al. and the end of the end o	
M1-	T INTERNATIONAL REALTY	And the state of t	And the first section of the control	And in control for the following states with the control of the West St. of the St. of t	A A STATE OF THE S	and the control of th	
	Lic						
	* FEGULAR INCOME	263,864.					
	* AMT NET INCOME	263,864.					
-1X	PP-CFD LLC						
	* FEGULAR INCOME	<297.>					
	* AMT NET INCOME	<297.>					
- 1X	POKEE VENTURE LLC						
	* FEGULAR INCOME	<297.>					
	* AMT NET INCOME	<297.>					Application of the property of
-12	DT INDIA VENTURE LLC						And the second s
	* FEGULAR INCOME	<2,129.>					
	* AMT NET INCOME	<2,129.>					

		ALTERNA'	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	RT		
Name(s)	(s)						Social Security Number
DONALD	D J. & MELANIA TRUMP						
Form					Adjustment		
Name	e Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1	TRUMP CHICAGO RETAIL M			HONOR	A CHARLES TO THE STATE OF THE S		
110.142.124.VIII	ANAGER LCC						
	* REGULAR INCOME	<431.>					
2000	* AMT NET INCOME	< 431.>			Control (A) A Co		
							Y Z
K1-	MELANIA MARKS SKINCARE						
	* REGULAR INCOME	< 41 431 >				Additional Concession of the C	
	* AMT NET INCOME						
	adail kannari dada madi indah ingahannari kanan mannari marka orang kerhankan mengalari mengalan mengalan man Tangan		en de la company	Beniton, et datamento ente dinamina il desente		ENERGINANCE (CARACTER CANACTER CONTROLL OF SECTION AND ACCOUNT OF THE CONTROLL OF THE CONTROL OF	achaiteaghlolaithlam atha acaoniman a riosan
K1-	DJT HOLDINGS TNGC CHAR						
	LOTTE LLC						
	* REGULAR INCOME	1,080,373.					
	AMT ADJUSTMENTS	255.			255.		
	* AMT NET INCOME	1,080,628.			255.		
K1-	DJT HOLDINGS - WHITE C						
	OURSE LLC					The state of the s	
	* REGULAR INCOME	<9,848.>					
STATE OF THE PARTY	* AMT NET INCOME	<9,848.>				### 100 PM 100 P	
7.7	S GENTALLY SOLVE OF THE STATE O						
	OLF CLUB						
Seriosnes parable	* REGULAR INCOME	<1,623,584.>	colonic Angles (Michael Species of Company Company Social Company	Recording the control of the control	Contractions accomplished to the profit of the factor of t	Once we part of the following supplies of the control of the following supplies to the following	
	AMT ADJUSTMENTS	<27,175.>			<27,175,>		
	* AMT NET INCOME	<1,650,759.>			<27,175.>		

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPO	RT		
Name(s)	(5)2						Social Security Number
CONALD J.	J. & MELANIA TRUMP						
Form					Adjustment		
Nam	ne Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1 1	DT MARKS DUBAI LLC						The state of the s
SAME DESCRIPTION OF THE PERSON	* REGULAR INCOME	<3,473.>					
	* AMT NET INCOME	<3,473.>					
- IXI	116						
0.000 PRODUCTION			o no contraction of the second	And the Control of the section of th			
		81,283.					
	* AMT NET INCOME	81,283.			And a second control of the control	The second secon	Control of the contro
¥1-	D.P. MARKS WORT. T. I.C.						orbitals of the horizontal and the second se
	* REGULAR INCOME	1,023,983,					
SALE SECURITY SALES	* AMT NET INCOME						
!x !	DO TENTO			South Commence of			
	LIC DOUGH THE PROPERTY IN THE PROPERTY OF THE						
1	* REGULAR INCOME	1,332,944.					
	* AMT NET INCOME	1,332,944.				Contracting with institution from the major that the contraction of	A THE STATE OF THE
- K1-	DT MARKS VANCOUVER LP						
	* REGULAR INCOME	<9,820.>	enterprise de la company de la				
	* AMT NET INCOME	<9,820.>					
77	THC DEVELOPMENT BRAZIL						
	LLC		ANNELSKE PROGRAMMEN SKRIPTER PROGRAMMEN PROGRAMMEN FOR THE PARTY AND FRANCE OF THE PROGRAMMEN PROGRAMMEN AND THE PARTY AND THE P	COOL FAREST WAS AND THE THE LAND AND AND AND AND AND AND AND AND AND			
		<351.>					
The state of the s	* AMT NET INCOME	<351.>					

		ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	RT	20	
Name(s)	(s)a						Social Security Number
DONALD	D J. & MELANIA TRUMP						
Forn					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
- K1	DI HOME MARKS INTERNAT						
	* REGULAR INCOME	429,786.		The state of the s			Actions of the second of the s
100000000000000000000000000000000000000	* AMT NET INCOME	429,786.					
K1-	THC RIO MANAGER LLC						
	* REGULAR INCOME	<27,770.>		÷			
	AMT ADJUSTMENTS	40.			40.		
	* AMT NET INCOME	<27,730.>			40.		A CONTRACT OF THE CONTRACT OF
- K1	DT MARKS PRODUCTS INTE						
	RNATIONAL LLC						
	* REGULAR INCOME	<11,017.>					
2017	* AMT NET INCOME	<11,017.>					STATE OF STA
K7	THC CENTRAL RESERVANTO						
	NS LLC						
THE STATE OF THE S	* REGULAR INCOME	<133,600.>		ALCONOMICS OF THE PROPERTY AND TO A VIOLATION OF THE VIOLET OF THE PROPERTY OF THE PROPERTY OF THE VIOLATION			
	* AMT NET INCOME	<133,600.>					
K1-	TRUMP HOTEL MANAGEMENT						
	CORP	The second control of		A COMPANY CONTRACTOR OF THE ANALYSIS OF THE AN	Chicago in the self-chicago chicago ch	Carlo Consultation of the	
	* REGULAR INCOME	<1,651.>					
	* AMT NET INCOME	<1,651.>					

Name Automatical State Automatical State			ALTERNA'	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	ECONCILIATION REPOF	3T		
Description Income Form 62251, Line 17 Form 62251, Line 19 Form 62251, Line 19	Name	(s)						Social Security Number
Form 6251, Line 17 Form 6251, Line 18 Form 6251, Line 19 Form 6251, Line 20	DONAL	ь						
Poscription Proceeding Form 6291, Line 19 Form 6291, Line 19 Form 6291, Line 29	Form		3			Adjustment		
EID VENTURE I CORPORAT * REGULAR INCOME * AMT NET INCOME	Nam		Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
* REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME	K1-	EID VENTURE I CORPORAT						
* REGULAR INCOME * AMT NET INCOME CORP * REGULAR INCOME * AMT NET INCOME		LON						
* AMT NET INCOME DT MARKS WORLI MEMBER CORP * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME DT DUBAI GOLF MANAGER MEMBER CORP * AMT NET INCOME		* REGULAR INCOME	<284.>			elan (delenate elenativa elenate) del composito elenativa elenativa elenativa elenativa elenativa elenativa ele		
DT MARKS WORLI MEMBER * REGULAR INCOME * AMT NET INCOME	100 A		<284.>					
* REGULAR INCOME * AMT NET INCOME DT HOME MARKS INTERNAT IONAL MEMBER CORP * REGULAR INCOME * AMT NET INCOME THC DEVELOPMENT BRAZIL WANAGING MEMBER * AMT NET INCOME	K1-	DT MARKS WORLI MEMBER						
* REGULAR INCOME * AMT NET INCOME DT HOME MARKS INTERNAT IONAL MEMBER CORP * REGULAR INCOME * AMT NET INCOME		CORP		However the second seco				
* AMT NET INCOME DT HOME MARKS INTERNAT IONAL MEMBER CORP * REGULAR INCOME THC DEVELOPMENT BRAZIL MANAGING MEMBER * REGULAR INCOME * AMT NET INCOME DT DUBAI GOLF MANAGER MEMBER CORP * AMT NET INCOME			10,118.					
DT HOME MARKS INTERNAT IONAL MEMBER CORP * REGULAR INCOME * AMT NET INCOME			10,118.					A STATE OF THE STA
* REGULAR INCOME * AMT NET INCOME THC DEVELOPMENT BRAZIL MANAGING MEMBER * REGULAR INCOME * AMT NET INCOME DT DUBAI GOLF MANAGER MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME	- K1	DT HOME MARKS INTERNAT						
* REGULAR INCOME * AMT NET INCOME THC DEVELOPMENT BRAZIL MANAGING MEMBER * REGULAR INCOME DT DUBAI GOLF MANAGER MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME		IONAL MEMBER CORP						
* AMT NET INCOME THC DEVELOPMENT BRAZIL WANAGING MEMBER * AMT NET INCOME DT DUBAI GOLF MANAGER MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME			3,853.					
THC DEVELOPMENT BRAZIL * REGULAR INCOME * AMT NET INCOME DT DUBAI GOLF MANAGER MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME			3,853.					
MANAGING MEMBER * REGULAR INCOME * AMT NET INCOME DT DUBAI GOLF MANAGER MEMBER CORP * REGULAR INCOME * AMT NET INCOME	K1-	THC DEVELOPMENT BRAZIL						
* REGULAR INCOME * AMT NET INCOME DT DUBAI GOLF MANAGER MEMBER CORP * REGULAR INCOME * AMT NET INCOME		MANAGING MEMBER						
* AMT NET INCOME DT DUBAI GOLF MANAGER MEMBER CORP * REGULAR INCOME * AMT NET INCOME			<634.>					
DT DUBAI GOLF MANAGER MEMBER CORP * REGULAR INCOME * AMT NET INCOME			<634.>					
INCOME	K1-							
REGULAR INCOME AMT NET INCOME		MEMBER CORP						
AMT NET INCOME			13,239.					
			13,239.					

		ALTERNA	TIVE MINIMUM TAX RE	ERNATIVE MINIMUM TAX RECONCILIATION REPORT	3T		
Name(s)	(s)						Social Security Number
DONALD J.	D J. & MELANIA TRUMP						
Form					Adjustment		
Name	e Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DT MARKS VANCOUVER MEM						
March 1991 Street	or.						The state of the s
	* REGULAR INCOME	<324,>					
	* AMT NET INCOME	<324.>					
K1-	THC RIO MANAGING MEMBE						
	R CORP						
	* REGULAR INCOME	<856.>					
	* AMT NET INCOME	<856.>					
K1-	DT MARKS DUBAI MEMBER						
	CORP						
	* REGULAR INCOME	<260.>					
Control (serge) is a	* AMT NET INCOME	<260.>					
K1-	TRUMP CHICAGO RETAIL M						
	EMBER CORP						
	* REGULAR INCOME	<279.>					The second secon
	* AMT NET INCOME	<279.>					This is the state of the state
K1_	DT MARKS PRODCTS INTER						
ALL CHARLES WITH CHARLES	NATIONAL MEMBER CORP						
	* REGULAR INCOME	<445.>					
	* AMT NET INCOME	<445.>		Secretary of the second control of the second secon	CONTROL DISCOURAGE STATE AND		TO THE RESIDENCE OF THE OWNER OF THE PARTY O

		ALTERNAT	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	3T		
Name(s)							Social Security Number
MONALD	J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
	Charles Control and Annual Control						
LT-	DFO HOTEL MANAGER MEMB ER CORP						
	* REGULAR INCOME	<174.>					
	* AMT NET INCOME	<174.>					
K1-	THC CENTRAL RESERVATIO						
	NS MEMBER CORP						
	* REGULAR INCOME	<1,848.>				1	
	* AMT NET INCOME	<1,848.>					
K1-	THC SALES & MARKETING						
	MEMBER CORP						
	* REGULAR INCOME	.396.					
TOTAL PROPERTY.	* AMT NET INCOME	. 596.					
K1-	THC VANCOUVER MANAGEME						
	NT CORP						
	* REGULAR INCOME	4,239.				Control of the second of the Control of the Second of the	The Annual Control of
	* AMT NET INCOME	4,239.					
K1-	THE CARIBUSINESS RE CO						
		e de septembre de la completa de la					
	* REGULAR INCOME	<55.>					
	* AMT NET INCOME	V. 555.					
SELECTION TO			40.00 PT-701-10-10-10-10-10-10-10-10-10-10-10-10-1				

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	ECONCILIATION REPO	TF		
Name(s)	(s)						Social Security Number
DONALD J.	D J. & MELANIA TRUMP		·				
Form					Adjustment		
Name	e Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1	TW VENTURE I MANAGING						
	MEMBER CORP						Control of the Contro
	* REGULAR INCOME	<.59.					
100000000000000000000000000000000000000	* AMT NET INCOME	<.93.					
K1-	TRUMP CPS CORP						Helphine and the second second
	* REGULAR INCOME	<2,918.>	₩ (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				
	* AMT NET INCOME	<2,918.>		Available recognise et de la composition della c		A The purpose was supplied to the property of	
K1-	DJT HOLDINGS LLC - TRU						
	MP LAS VEGAS MEMBER LL						
	* REGULAR INCOME	<3,015,363.>					
	* AMT NET INCOME	<3,015,363.>					
- K1	DJT HOLDINGS LLC - TRU						
	MP LAS VEGAS MANAGING			TO THE TAX WE WITH THE TAX WE WE WITH THE TAX WE WITH THE TAX WE WITH THE TAX WE WITH THE TAX WE WE WE WE WE WITH THE TAX WE WE WE WE WITH THE TAX WE WE WE WE WE WITH THE TAX WE	ACTIVITIES TO REFER AND THE ACTIVITIES OF THE PARTY OF TH		
	* REGULAR INCOME	<65,285.>					
STATE OF THE PARTY	* AMT NET INCOME	<65,285.>				R PROCEST CONTRACTOR SERVICES AND SERVICES OF SERVICES	LORGY PROPERTY SERVED TO THE METERS
K1-	D B PACE ACQUISITION M			En bros en consentration of the Consentration of th			
	EMBER CORP						
	* REGULAR INCOME	<519.>					
	* AMT NET INCOME	<-519.>					

		ALTERNAT	IIVE MINIMUM TAX RE	ERNATIVE MINIMUM TAX RECONCILIATION REPORT	RT		
Name(s)	(S						Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DT CONNECT II MEMBER C	1					
	ORP * REGULAR INCOME	<12,099.>					
Tense (2001) a Part		625.		A CONTRACTOR OF THE CONTRACTOR	625.		
	* AMT NET INCOME	<11,474.>			625.		
- K1	DT DUBAI II GOLF MANAG						
	ER MEMBER CORP						
	* REGULAR INCOME	29,293.			-		
PATE TROUBLE AND THE	* AMT NET INCOME	29,293,					
K1-	DT MARKS GURGAON MANAG						
	ING MEMBER CORP						
hittifaggalfamen.	* REGULAR INCOME	<947.>		ATTENTIAL PROPERTY AND STATE OF THE PROPERTY O			The POT to be the contraction of the Potential States of the Potential of
	* AMT NET INCOME	<947.>					
K1-	DT MARKS PUNE II MANAG						
	ING MEMBER CORP						
	* REGULAR INCOME	<289.>					
CUSCOMMUNICATION OF THE PERSON	* AMT NET INCOME	<289.>					
K1-	DT MARKS QATAR MEMBER						
	CORP						
	* REGULAR INCOME	<1,307.>	THE PARTY OF THE P	Parameter (1) Personal and Personal and Personal American (1) Pers		Manager of the second of the s	A STATE OF THE PERSON NAMED IN COLUMN TO STATE OF THE PER
	* AMT NET INCOME	<1,307.>					
PUDDITANDOSPINIO		ORICA, KARI GENERALI ATENI, I. DAN MINATERI KIRI JANAN PROMITER ALIAN INANYANYA PIKANGANIA MA	ACCIONAMINATION OF THE CONTROL PRODUCTS THE STREET THE		OTOMOSTICA ANAMOSTICATOR OS CONTRACADOSTA ANAMOSTICA AN	ATO SEPTIMENTAL MATERIAL VIEW OF TRANSPORTER AND PROPERTY OF THE SECONDARY AND SECONDA	

		ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	TT.		
Name(s)	(s)						Social Security Number
DONALD J.	D J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
X1-	199						
5.00 27.00 10.00 10.00 10.00 10.00	MANAGING MEMBER * REGULAR INCOME	<822.>		B) state the Colombia (1955 and an early see Hermite)			The second control of the territory of the second of the s
STORING S	* AMT NET INCOME	<822.>			17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
M 1 1	THC BAKU HOTEL MANAGER						
	SERVICE MEMBER						
000000000000000000000000000000000000000	* REGULAR INCOME	<10,830.>					
	* AMT NET INCOME	<10,830.>					
- IXI	THC BAKU SERVICES MEMB						
	ER CORP		A STATE OF THE STA	And the section of th	Proposition of the Control State Control of the Con		
		2,150.					
	* AMT NET INCOME	2,150.					
X1-	THC CHINA-TECHNICAL SE			Minister of the contract of th			
	RVICES MANAGER CORP						
	* REGULAR INCOME	<634.>	A TATAL A CAMPANIAN CONTRACTOR AND A CAMPANIAN C	And the second state of th	The second secon		
	* AMT NET INCOME	<634.>					
K1-	THC QATAR HOTEL MANAGE						
	R MEMBER CORP						
	* REGULAR INCOME	<716.>					
	* AMT NET INCOME	<716.>					
		THE PERSONAL GROUPS IN THE PERSONAL PRINCIPLE OF THE PERSONAL PRINCIPL					
						en de digitales de la companya de la	
CLANG SOURCE							

		ALTERNA	FIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	RT		
Name(s)	(s)						Social Security Number
DONALD J.	D J. & MELANIA TRUMP						
Form					Adjustment		
Name	e Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	THC SERVICES SHENZHEN						
	MEMBER CCRP						
Value of the control	* REGULAR INCOME	<485.>					
0.00	* AMT NET INCOME	<485.>					
7	HE VENIFIED IT MANGING						
14	MEMBER CORP						
	* REGULAR INCOME	<638.>					
	* AMT NET INCOME	<638.>					A Section of the Sect
K1-	TTTT VENTURE MEMBER CO						
TO PERSONAL PROPERTY.	RP (FKA THC VENTURE II		FOR THE TWO FILES IN SECTION AND CONTRACT OF CONTRACT CONTRACT.				AND THE CONTRACTOR OF THE CONT
	* REGULAR INCOME	29,056.					
The second secon	* AMT NET INCOME	29,056.					
K1-	TNGC CHARLOTTE MANAGER		And the second s	The Court of the C	And the party of t	The state of the s	SCOTO CONTROL SC
	CORP						
TO WIND TO SERVE	* REGULAR INCOME	9,760.					
	AMT ADJUSTMENTS	3.					
	* AMT NET INCOME	9,763.			3.		
K1-	INGC JUPITER MANAGINF				and the commence of the second states of the second states of the second		robothacidates action (status of to 115)
	MEMBER CORP						
ACTION PROPERTY.	* REGULAR INCOME	897.					
	* AMT NET INCOME	897.					

		ALTERNAT	IIVE MINIMUM TAX RE	ERNATIVE MINIMUM TAX RECONCILIATION REPORT	Т		
Name(s)							Social Security Number
DONALD	J. & MELANIA TRUMP						
7					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP NATIONAL GOLF CL						
	UB COLTS NECK MEMBER C * PRGHTAP INCOME	<13 714.>		the Marian experience (in comment to sold residence by some Years Armeda)			
	AMT ADJUSTMENTS	<247.>			<247.>		The second secon
	* AMT NET INCOME	<13,961.>			<247.>		
K1-	TURNBERRY SCOTLAND MAN						
	AGING MEMBER CORP	A PAPER TO THE PAP				SALL TECHNOLOGY MANAGED STORY	の主要に関する。
	* REGULAR INCOME						
	* AMT NET INCOME	<133,760.>					
					The control of the second seco	Weign Financial Milks In Adventise Many and the second	
K1-	THC CHINA TECHNICAL SE						
	RVICES LLC	316					Additional transfer of the Contract of the Con
		X:0/5>				With the district hells, the things of the called	
	* AMT NET INCOME	<376.>					And the second of Mathematica Violes (Materials)
ж 1	DT MARKS PUNE II LLC					A CONTRACTOR OF THE PROPERTY O	
	* REGULAR INCOME	<2,267.>		Charles and the second	CITY CONTROL OF THE RESIDENCE OF THE PROPERTY	A Percentification of Control of Section 15 of	
	* AMT NET INCOME	<2,267.>				And the second of the second o	minary and functions of an areas of an areas of the areas
K1-	THC VENTURE II LLC						
	* REGULAR INCOME	<772.>			STATE OF THE CONTRACT OF THE C	CILLIE TO CONTROL MANAGEMENT OF THE PROPERTY O	
	* AMT NET INCOME	<772.>					
0.00							

Name(\$) Form Name Form K1- THE MARKS GURGAON LLC * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME							Social Security Number
Form K1- K1- DT MARKS GURGAON * REGULAR INCOM * AMT NET INCOM * AMT							
E e	UMP						
	COAST WITH				Adjustment		
	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
	ON TEC						the second limited and the second statement of the sec
	COME	<25,911.>					
9199 14:3 5949 Mile 1919 14:0 14:0 15:0 15:0 15:0 15:0 15:0 15:0 15:0 15	COME	<25,911.>					
	LLC						
	COME	<42,850.>					
	COME	<42,850.>					
	MANAGER						
	COME	<594.>					
	сомЕ	<594.>					
	CES LLC						
	COME	312,718.					
	COME	312,718.					
	L MANAGE				St. 660-000 to General States of St. 660-000 to General St. 660-000	seriesta de la serie de la companya del companya de la companya del companya de la companya de l	on de Albanda de Alban
	COME	<3,020.>				A contract to the second of the second section is the second of the second second second second second second	A STATE OF THE PARTY OF THE PAR
	соме	<3,020.>					A DECEMBER OF THE PROPERTY OF
	неизнеи						
		Section 1997 and 1997	CO GLOSSE, GIVEN THE CHANGE OF THE CONTRACT OF	SECTION OF THE PROPERTY OF THE	STATE CONTRACTOR OF STATE	CONTRACTOR STATE OF THE STATE O	
	COME	<3,068.>					
	COME	<3,068.>					
		St. Control for the control has been control from a state of a state of a state of the state of		Committee could be found to the contract of th			
		The control of the co					

		ALTERNA'	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	RT		
Name(s)	(5)						Social Security Number
DONALD	D J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1	THC SHENZHEN HOTEL MAN		the rest of the state of the st				
701	AGER LLC	AND GOING OF THE TOUR LABOR TOUR LABOR TO THE PROPERTY OF THE	42 CDM22 Line (COLD or strip report) File (A) Instruction (A) and (A)	Committee and Committee Co			The street state of the street of the state
	* REGULAR INCOME						
	* AMT NET INCOME	<2,421.>					
K1-	TTT VENTURE LLC (FKA						
	THC VENTURE III LLC)						
ALL CONTROL OF THE PARTY OF THE	* REGULAR INCOME.	2,263,767.					
	* AMT NET INCOME	2,263,767.					
- K1	DJT HOLDINGS LLC (PINE						
THE PARTY OF THE P	HILL DEVELOPMENT LLC)						
	* REGULAR INCOME	<8,276.>					
2000	* AMT NET INCOME	<8,276.>					
K1-	CENT OF THE CAME O	A DESTAL SECTION OF THE AND COMMENT OF THE AND COME					
	JUPITER MANAGEMENT LL						
	* REGULAR INCOME	115,344.					
	* AMT NET INCOME	115,344.					
Ж1-	DJT HOLDINGS LLC (TW V						
	ENTURE I LLC)			1000 may 100	THE THE STREET PROPERTY OF THE	Charles and the second of the control of the contro	
	* REGULAR INCOME	31,889.					
	* AMT NET INCOME	31,889.					
in the second							

Name(s) DCNALD J. & ME Form Vame	A MELANTA TRIIMP					1006	Social Security Number
1 1	L'ANTA TRIMP						
Form	777777777777777777777777777777777777777						
√ame					Adjustment		
	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1- DJT HOI	DJT HOLDINGS LLC (TW V						
ENTURE	ENTURE II LLC)						
* REC	REGULAR INCOME	<4,438,083.>		The second secon			
* AMT	AMT NET INCOME	<4,438,083.>					
K1- DJT HOI	DJT HOLDINGS LLC (DT C						
ONNECT	ONNECT II LLC)						
* REC	REGULAR INCOME	<1,089,339.>					
AMI	AMT ADJUSTMENTS	61,229.			61,229.		
* AMT	AMT NET INCOME	<1,028,110.>			61,229.		
K1- TW VENT	FW VENTURE II MANAGING						
MEMBER CORP	CORP						
* REG	REGULAR INCOME	<43,981.>	An administration of processing the accompany property with the first party.	ZALON ZILINAZIZANIAN ZIZHINAZI DANINIZANIZANIZANIZANIZANIZANIZANIZANIZAN	A PRINTING OF STORMORES AND SPRINTS WITH CONTRACT COMME		
* AMI	AMT NET INCOME	<43,981.>					
K1- DT TOWE	DT TOWER GURGAON LLC						
* REG	REGULAR INCOME	< 6,933.>					
* AMT	AMT NET INCOME	<9,933.>					
K1- DT MARK	DT MARKS BALI LLC						
* REG	REGULAR INCOME	1,405,633.					
* AMT	AMT NET INCOME	1,405,633.					
- The state of the		C. G. CHICAGO CO. C.	SA SECTION OF THE SEC				

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	ECONCILIATION REPO	3T		
Name(s)	(5)						Social Security Number
DONALD	J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
×17-	DY MARKS LIDO LLC		A Commence of the Commence of				
	* FEGULAR INCOME	1,405,584.			COMPANY TRANSPORTED TO THE PART OF THE PAR		Management of the control of the con
	* AMT NET INCOME	1,405,584.					
1	DT BALL TECHNICAL SERV						
	ICES MANAGER LLC		TO COMPANY TO THE PROPERTY OF				
	* REGULAR INCOME	<3,587.>					
CHICANOSCO CONTROL CON	* AMT NET INCOME	<3,587.>	A PACOLING AND		The second secon		A CAMPACA CANADA
ж1-	DT LIDO HOTEL MANAGER						
	U						
	* FEGULAR INCOME	<399.>					
	* AMT NET INCOME	<399.>					
×1.	DY LIDO TECHNICAL SERV						
	ICES MANAGER LLC						
		<3,774.>					
	* AMT NET INCOME	<3,774.>					
K1-	DT JEDDAH TECHNICAL SE						
	RVICES MANAGER LLC						
Charles and Charles and Charles	* FEGULAR INCOME	<168.>	APPRINCED TO STORY OF THE PARTY				
	* AMT NET INCOME	<168.>					
							12.00
The Control of the Co			TO THE PROPERTY OF THE PROPERT				

		ALTERNA:	TIVE MINIMUM TAX RE	ERNATIVE MINIMUM TAX RECONCILIATION REPORT	T.		
Name(s)	(5						Social Security Number
FONALD	J. & MELANIA TRUMP						
Form		23			Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Υ <u>7</u>	THC JEDDAH HOTEL MANAG						
	EK LLC * REGULAR INCOME	<42,584.>					
Colonia (Colonia)	* AMT NET INCOME	<42,584.>					
K1-	EID VENTURE I LLC						
	* REGULAR INCOME	<351.>					
The state of the s	* AMT NET INCOME	<351.>	A STATE OF THE STA				A COLOR OF THE COL
							Andrea de la constitución de la
K1 -	DT MARKS PUNE MANAGING MEMBER CORP						
A CHILDRENGER AND	* REGULAR INCOME	<383.>					
	* AMT NET INCOME	<383.>					And the second continues to the continues of the continue
K1-	THC SHENZHEN HOTEL MAN						
8 Inconsentation	AGER MEMBER CORP						
	* REGULAR INCOME * AMT NET INCOME	<776.>					Killing Canada and California and California
- K1-	THC JEDDAH HOTEL MANAG						
	ER MEMBER CORP						
	* REGULAR INCOME	<430.>					
	* AMT NET INCOME	<430.>					

		ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	AT.		
Name(s)	(5						Social Security Number
DONALD J.	J. & MELANIA TRUMP						1
Form					Adjustment		
Name	Description	Іпсоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
ж1-	UUPITTER GOLF CLUB MANA						
STREET STREET	GING MEMBER CORP			CONTRACTOR OF THE STATE OF THE	N. STATE PLANS AND STATE OF THE		
	* REGULAR INCOME	<16,790.>					
NOTE OF THE PARTY	AMT ADJUSTMENTS	<277.>			<277.>	The second secon	The second secon
	* AMT NET INCOME	<17,067.>			<277.>		
K1-	DTW VENTURE MANAGING M						
	EMBER CORP						
	* REGULAR INCOME	<225.>					
	* AMT NET INCOME	<225.>					
K1-	DT TOWER GURGAON MANAG						
	ING MEMBER CORP						
THE PROPERTY OF THE PARTY OF TH	* REGULAR INCOME	<431.>					The state of the s
	* AMT NET INCOME	<431.>					
- K1	DT MARKS LIDO MEMBER C						
	0.			Company of the second s			A CONTRACTOR OF THE CONTRACTOR
	* REGULAR INCOME	14,143.					
VALUE OF THE PARTY	* AMT NET INCOME	14,143.					
K1-	DT MARKS BALI MEMBER C						
	ORP						
	* REGULAR INCOME	14,198.		A better structure over the experiment despendent of the first structure of the second structure of the second	The state of the s	The Control of the Co	
	* AMT NET INCOME	14,198.					
が一般を表現							

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	ECONCILIATION REPO	RT		
Name(s)	(S)						Social Security Number
DONALD	J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
						Sandin Marin de de la compaño de la comp	DAVIDE DAW HILLDRAW AND CARREST BANK REPORTS
KI-	TOTA MANAGER MEMBER OF						
	CES MANAGER MEMBER CO * REGULAR INCOME	<111.>	Hard Section 1997 to the section of		Commence of the commence of th		
	* AMT NET INCOME	<111.>					
K1-	DT LIDO HOTEL MANAGER						
	* PECITI AD INCOME	O U					
	* AMT NET INCOME	<.965>					
TALACTER MARTER STATES			ACCORDING TO THE PARTY OF THE P				
K1-	DT LIDO GOLF MANAGER M						
and the state of the state of	EMBER CORP		A COLOMBIA BANKA MAKAMATAN		A CONTRACTOR OF THE CONTRACTOR		
	* REGULAR INCOME	<57.>					
September 2	* AMT NET INCOME	<57.>			The state of the s		
K1-	DT JEDDAH TECHNICAL SE		THE TABLE OF THE T				
	RVICES MANAGER MEMBER						
	* REGULAR INCOME	<2.>					The second secon
	* AMT NET INCOME	<2.>					
- K1	DT BALI TECHNICAL SERV						
	ICES MANAGER MEMBER CO						
	* REGULAR INCOME	<.11.>					
	* AMT NET INCOME	<91.>				THE RESERVE OF THE PARTY OF THE	The second secon
		And the second s	Annual or a second				

		ALTERNA'	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	RT		
Name(s)	(5						Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form		•			Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
- K1	DT BALI GOLF MANAGER M						
	EMBER CORP						
	* REGULAR INCOME	<79.>					
STEETING AT A	* AMT NET INCOME	<97>					
K1-	DT BALI HOTEL MANAGER						
	MEMBER CORP						91. 4
	* REGULAR INCOME	<78.>					
	* AMT NET INCOME	<78.>					
٦	DONALD J. TRUMP						
	* REGULAR INCOME	214,500.					
	* AMT NET INCOME	214,500.					
-b	TRUMP ORGANIZATION LLC						
	* REGULAR INCOME	<119,>					
	* AMT NET INCOME	<119.>					
2	TRUMP REALTY SERVICES						
2000	F1 5						
	* REGULAR INCOME	<.999.>					
	* AMT NET INCOME	<.999.>	And the second s		And the state of t	To pay the part of the transport of the CI and the median of the part of our STANOS, when	The second Comment of the Second Williams
							All Ministers of control and all the control and the control a
CHARLES TO			kan kepada easa suutusia Maan on Chipagaan oseen Vaataa		DESCRIPTION OF SECURITY AND SECURITY AND SECURITY OF S		

		ALTERNA'	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	3T		
Name(s)	(S						Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
C	MANY TERPTERS OF STREET STREET						
)	ENT 11.0						
	* REGULAR INCOME	<719.>			and the second of the second o		e de la companya de l
Page 1	* AMT NET INCOME	<719.>					
r U	TRUMP LAS VEGAS DEVELO						
	PMENT LLC						
0-311-310-01-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-1-4-		<760.>	THE CONTRACTOR CONTRAC	SUCCESSION OF SUCCESSION STATES TO SUCCESSION SUCCESSIO	Section of the sectio	Charles to the Wood Bath Consent Transfer to Modern Consent exposure	Charles of the Control of the Contro
	* AMT NET INCOME	<760.>				And the second of the Second S	
ď	TRUMP PHOENIX DEVELOPM						
	ENT LLC						
	* REGULAR INCOME	<355.>					
	* AMT NET INCOME	<355.>			The Albert Cole wheel all the any Alberta (Park) and Alberta (Alberta) and	A SECTION OF THE PROPERTY OF T	
r.	TRUMP GOLF MANAGEMENT						
	pro						
	* REGULAR INCOME	<55.>					
	* AMT NET INCOME	<555.v					
-U	TIHT HOLDING COMPANY L						
	LC						A COMMENT OF THE PROPERTY AND ADDRESS OF THE PARTY OF THE
	* REGULAR INCOME	27,763.					
	* AMT NET INCOME	27,763.					
CALLEGERA							
		CONTRACTOR OF THE CONTRACTOR O					No. 18 folial state a daministrative momentum france.

11							
Name(s) DONALD J.) J. & MELANIA TRUMP						Social Security Number
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Ů	CHICAGO UNIT ACQUISTIO N LLC						
	* REGULAR INCOME	<1,719.>					
	* AMT NET INCOME	<1,719.>					
C-	DONALD J TRUMP						
	* REGULAR INCOME	<1,084.>					
	* AMT NET INCOME	<1,084.>		THE STATE OF THE PARTY OF THE P			
-5	TRUMP ICE LLC	L L					
	* * The Court All States All Stat	V. 100, C00					
	AMI NET INCOME	<.766,665					
<u>ن</u>	DJT OPERATIONS II LLC		ON LOOKING CONTRACTOR SANCTORY CONTRACTOR				And the state of t
	* REGULAR INCOME	<2,380.>					
	* AMT NET INCOME	<2,380.>					
<u>ر</u> -	TRUMP GOLF ACQUISITION						A sharidan taka A sharilla musus manan labada A
	S LIC						
	* REGULAR INCOME	32,841.	KONTOTONIO CINCOLORO (KANORIA LIBRATILIBARIA INTERNATIONALIA	ALT MODERN CONTRACTOR IN THE REAL OF THE STANDARD STANDAR		OVARIOS PRINCIPALIS PRINCIPAL CARRENTO CARLLINGS SPRINCIPAL	
	* AMT NET INCOME	32,841.					
ı E	RITZ CARLTON						
	* REGULAR INCOME	<8,756.>				A POLICE AND PORTION OF A CONTINUE OF A CONT	
	* AMT NET INCOME	<8,756.>					
Constitution of the Consti		The second secon	The state of the s				

		ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	RT		
Name(s)	(5)						Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Farm		11 18 18 18 18 18 18 18 18 18 18 18 18 1			Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
ρ	OL SIT DOS 105 CANTOR						
1	>N						
	* REGULAR INCOME	<839.>		And a second		Account to the second of the s	
100 May 100 Ma	* AMT NET INCOME	<839.>			AND REAL TO COMMUNICATE AND MAKE AND MA		
E	APARTMENT - NEW YORK N						
	EW YORK						
	* REGULAR INCOME	<7,508.>		Principal Control of the Control of	Service of the company of the compan		
	* AMT NET INCOME	<7,508.>					And to the second section of the second seco
i Ei	ВООК						
	* REGULAR INCOME	2,198,621.	AMPRIMENT OF THE WAS A THOUGH A PARTICLE OF THE TAIL TO CALLETT FOR				
	* AMT NET INCOME	2,198,621.					
EI EI	TRUMP CARIBBEAN LLC -						
	ROYALTY INCOME		NOT PRESENTED TO SECURITY OF THE RESERVE OF THE RES	NOTWING AND COLORS NAMED OF STREET OF STREET OF STREET STREET STREET, STREET STREET STREET, STREET STREET, STREET STREET, STREET STREET, STREET STREET, STREET	ndas marking in entreproperation and a succession of the marking and a succession of the succession of		As the first section of the first of the first section of the first sect
		<263.>					
TOTAL PROPERTY OF THE PARTY OF	* AMT NET INCOME	<263.>		Design to the second se	Supplied the Assessment of the	The second secon	policities of the first the forest the first t
ш -	TRUMP BRAZIL LLC - ROY						
	ALTY INCOME						
	* REGULAR INCOME	<410.>					NATURALI STATUTUR TO THE STATUTUR STATU
	* AMT NET INCOME	<410.>					
Section 2007							
90 (1) 90 (2) 90 (2) 90 (2) 90 (2) 90 (2)							

		ALTERNAT	IIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	TF.		
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form					Adjustment		
Nаme	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Ħ	TRUMP LAUDERDALE DEVEL OPMENT LIC - ROYALTY I						
	* REGULAR INCOME	<126,424.>					
	* AMT NET INCOME	<126,424.>					
Ħ	TRUMP LAUDERDALE DEVEL						
	* REGULAR INCOME	<199.>					
发生	* AMT NET INCOME	<199.>					
EŽ	TRUMP WORLD PUBLICATIO						
	NS * PECITIAE INCOME	. 30					
		<25.>					
<u>–</u>	WEST PALM OPERATIONS L						
	rc						
	* REGULAR INCOME * AMT NET INCOME	<26,466.> <26,466.>					
	** TOTAL ADJ & PREF **			423,531.	<2033762>		9,507.
2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							

AMT Depletion Taxable Income Limitation for Independent Producers and Royalty Owners

Nam	e DONALD J. & MELANIA TRUMP		SSN		
1.	Adjusted regular taxable income:				
	a Adjusted total taxable income or loss (Form 6251, lines 1 through 8) b Oil and gas depletion (regular tax) c Net operating loss deduction included in line 1a above		<32,779,43	84.>	
	c Net operating loss deduction included in line 1a above		105,157,8	325.	
	d AMT cost depletion			8.)	72,378,391.
2.	Alternative minimum taxable income (AMTI) before adjustments: a Non-oil and gas AMT depletion adjustment				
	b Other AMT tax preference and adjustment items (without IDC)		***************		<1,450,402.>
3.	AMTI for oil and gas limitation before AMT net operating loss deduction		******************	· · · · · · · · · · · · · · · · · · ·	70,927,989.
4.	AMT tentative % depletion deduction before ATNOLD (65% of line 3) (carries to ATNOLD worksheet)	*******	*******		
5.	AMTI after tentative % depletion deduction. Subtract line 4 from line 3		***************************************		70,927,989.
6.	ATNOLD available (from ATNOLD worksheet)		***************************************		47,096,428.
7.	AMTI after ATNOLD for oil and gas depletion limitation. Subtract line 6 from line 3				23,831,561.
	Tentative Depletion for ATNOLD				
1.	Oil and gas depletion (regular tax)	-		8.	
2.	AMT cost depletion	(8.)	
3.	AMT tentative % depletion	()	
4.	Tentative AMT depletion adjustment				0.
5.	Non-oil gas AMT depletion adjustment				
6.	Total AMT depletion adjustment for "Worksheet for ATNOLD Carryover"				

U.S. and Foreign Source Income Summary

NAME

DONALD J. & MELANIA TRUMP

		_	FORE	IGN
INCOME TYPE	TOTAL	U.S.	GENERAL	PASSIVE
Compensation	14,141.	14,141.		
Dividends/Distributions STMT 156	1,729,897.	1,580,779.		149,118.
Interest	9,393,096.	9,393,096.		* 000
Capital Gains	38,000,330.	38,000,330.		
Business/Profession	15,319,737.	15,319,737.		
Rent/Royalty	3,266,452.	3,266,452.		
State/Local Refunds				
Partnership/S Corporation STMT 157	213,855,375.	161,355,024.	50,309,680.	2,190,671.
Trust/Estate	1,194.	1,194.		
Other Income	34,929,438.	34,929,438.		
Gross Income	316,509,660.	263,860,191.	50,309,680.	2,339,789.
4				
Less:				
Section 911 Exclusion				
Capital Losses	2,164,877.	2,164,877.		
Capital Gains Tax Adjustment				
Total Income - Form 1116	314,344,783.	261,695,314.	50,309,680.	2,339,789.
Deductions;				
Business/Profession Expenses	197 072 551	124 004 076	50 004 040	1967 BY 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Rent/Royalty Expenses	187,073,551. 1,417,559.	134,094,876.	52,934,212.	44,463.
Partnership/S Corporation Losses		1,417,559.	1 000 074	100 000
Trust/Estate Losses	52,431,495. 2,294.	50,368,591.	1,866,974.	195,930.
Capital Losses	2,234.	2,294.		14
Non-capital Losses				
Individual Retirement Account				
Moving Expenses				
Self-employment Tax Deduction	19,594.	19,594.		
Self-employment Health Insurance	15,551.	15,554.		
Keogh Contributions				
Alimony				
Forfeited Interest				
Foreign Housing Deduction				
Other Adjustments	105,157,825.	105,157,825.		
Capital Gains Tax Adjustment		,,		8
Total Deductions	346,102,318.	291,060,739.	54,801,186.	240,393.
Adjusted Gross Income	<31,757,535.>	<29,365,425.>	<4,491,506.>	2,099,396.
Less Itemized Deductions:			•	
Specifically Allocated				
Home Mortgage Interest				
Other Interest	075 120	025 420		
Ratably Allocated	975,139.	975,139.	4 445	(<u>20</u> 11) (246)
Total Adjustments to Adjust 100 1	7,022,743.	5,854,703.	1,116,199.	51,841.
Taxable Income Before Exemptions	7,997,882.	6,829,842.	1,116,199.	51,841.
Taxable Income Before Exemptions	<39,755,417.>	<36,195,267.>	<5,607,705.>	2,047,555.

Allocation of Itemized Deductions

NAME

DONALD J. & MELANIA TRUMP

	Total Itemized	Itemized Deductions After Sec. 68		Form 1116	
	Deductions	Reduction	Specifically U.S.	Specifically Foreign	Ratable
Taxes	6,108,156.	6,108,156.			6,108,156
Interest - Not Including Investment Interest					
Contributions					
Miscellaneous Deductions Subject to 2%	866,727.	866,727.			866,727
Other Miscellaneous Deductions - Not Including Gambling Losses	28,449.	28,449.			28,449
Foreign Adjustment					
Total Itemized Deductions Subject to Sec. 68	7,003,332.	7,003,332.			
Add Itemized Deductions Not Subject to Sec. 68:					
Medical/Dental	19,411.	19,411.			19,411
Investment Interest	975,139.	975,139.	975,139.		
Casualty Losses					
Gambling Losses					
Foreign Adjustment					
Total Itemized Deductions	7,997,882.				
Total Allowed on Schedule A		7,997,882.	975,139.		7,022,743

Foreign Tax Credit Carryover Statement (Page 1 of 2)

NAME

DONALD J. & MELANIA TRUMP

_			
Forei	an Inc	nme C	ategory
10101	gn mo	UIII U	alcyuly

GENERAL LIMITATION INCOME

Regu	lar	2010	2011	2012	2013	2014	2015
1.	Foreign tax paid/accrued						465,747.
2.	FTC carryback to 2015						
	for amended returns						
3.	Reduction in foreign				\$100 CONT. 1. P. L		
	taxes						
4.	Foreign tax available			(中国4.0%)	李子		465,747.
5.	Maximum credit allowable						0.
6.	Unused foreign tax (+)						•
	or excess of limit (-)	2,010,500.	346,519.	363,405.	1,002,346.	550,298.	465,747.
7.	Foreign tax carryback						
8.	Foreign tax carryforward						
9.	Foreign tax or excess						
	limit remaining	2,010,500.	346,519.	363,405.	1,002,346.	550,298.	465,747.
	Total foreign taxes from all a	vailable years to be carri	ed to next year				8,178,055.

		2005	2006	2007	2008	2009
1.	Foreign tax paid/accrued					
2.	FTC carryback to 2015					
	for amended returns					
3.	Reduction in foreign					
	taxes					
4.	Foreign tax available					
5.	Maximum credit allowable					
6.	Unused foreign tax (+)			20 - 20 - 197 - 197 - 198 - 198 - 198 - 198 - 198 - 198 - 198 - 198 - 198 - 198 - 198 - 198 - 198 - 198 - 198 -		
	or excess of limit (-)	86,270.	180,130.	1,154,408.	617,258.	1,401,174.
7.	Foreign tax carryback					
8.	Foreign tax carryforward			44 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
9.	Foreign tax or excess					
	limit remaining	86,270.	180,130.	1,154,408.	617,258.	1,401,174.

Foreign Tax Credit Carryover Statement (Page 2 of 2)

NAME

DONALD J. & MELANIA TRUMP

Foreign Income Category

GENERAL LIMITATION INCOME

TMA		2010	2011	2012	2013	2014	2015
1.	Foreign tax paid/accrued						465,747.
2.	FTC carryback to 2015		THE STREET				
	for amended returns						
3.	Reduction in foreign					Medical Color	
	taxes						
4.	Foreign tax available						465,747.
5.	Maximum credit allowable						2,604,165.
6.	Unused foreign tax (+)						
	or excess of limit (-)		301,483.	401,786.	1,312,596.	578,448.	<2,138,418.>
7.	Foreign tax carryback						
8.	Foreign tax carryforward		301,483.	401,786.	120,142.		2,138,418.
9.	Foreign tax or excess						
	limit remaining				1,192,454.	578,448.	
	Total foreign taxes from all ava	ilable years to be ca	rried to next year				1,770,902.

		2005	2006	2007	2008	2009
1.	Foreign tax paid/accrued					
2.	FTC carryback to 2015					
	for amended returns					
3.	Reduction in foreign					
	taxes					
4.	Foreign tax available					
5.	Maximum credit allowable					
6.						
	or excess of limit (-)	86,270.	130.	586,927.	617,258.	24,422.
7.	Foreign tax carryback					
8.		86,270.	130.	586,927.	617,258.	24,422.
9.	Foreign tax or excess					,
	limit remaining					

Foreign Tax Credit Carryover Statement (Page 1 of 2)

NAME

DONALD J. & MELANIA TRUMP

Fore	: I.			0 - 1	·	
rore	100 11	າຕດ	me	1.21	en	nrv

PASSIVE INCOME

Regula	<u>ar</u>	2010	2011	2012	2013	2014	2015
1.	Foreign tax paid/accrued			医肾生性皮肤 。		10 T	8,596.
2.	FTC carryback to 2015	4.054 (1966)			美华美国第一大型总数的 65		100 4 110000 10000
	for amended returns						
	Reduction in foreign taxes						
4.	Foreign tax available						8,596.
5.	Maximum credit allowable				TO THE STATE OF		0.
	Unused foreign tax (+) or excess of limit (-)					1.39-10.00.000 (0.456-15-00.000.000.000.000.000.000.000.000.000	8,596.
7.	Foreign tax carryback						-,,
8.	Foreign tax carryforward						
	Foreign tax or excess						
	limit remaining						8,596.
	Total foreign taxes from all a	vailable years to be car	ried to next year				8,596.

	2005	2006	2007	2008	2009
1. Foreign tax paid/accrued					
2. FTC carryback to 2015					
for amended returns					
3. Reduction in foreign					
taxes					
4. Foreign tax available					
5. Maximum credit allowable					
6. Unused foreign tax (+)					
or excess of limit (-)	DAMES ON A STATE OF THE STATE O				
7. Foreign tax carryback					
8. Foreign tax carryforward			MARKAGE STATE OF THE STATE OF T		THE RESERVE OF THE PARTY OF THE
9. Foreign tax or excess					
limit remaining					

Foreign Tax Credit Carryover Statement (Page 2 of 2)

NAME

DONALD J. & MELANIA TRUMP

Foreign	Income	Category
---------	--------	----------

PASSIVE INCOME

AMT		2010	2011	2012	2013	2014	2015
1.	Foreign tax paid/accrued			强"(The Table 19			17,192.
2.	FTC carryback to 2015		建设的 是否				
	for amended returns						
3.	Reduction in foreign taxes						
4.	Foreign tax available						17,192.
5.	Maximum credit allowable						0.
6.	Unused foreign tax (+) or excess of limit (-)						17,192.
7.	Foreign tax carryback						
8.	Foreign tax carryforward						
9.	Foreign tax or excess						
	limit remaining						17,192.
	Total foreign taxes from all a	vailable years to be ca	arried to next year				17,192.

		2005	2006	2007	2008	2009
1. Fore	ign tax paid/accrued					
2. FTC	carryback to 2015					
for a	mended returns					
3. Redu	uction in foreign					
taxes	S					
1. Fore	ign tax available					
. Max	imum credit allowable					
. Unus	sed foreign tax (+)					
or ex	ccess of limit (-)					
	ign tax carryback					
. Fore	ign tax carryforward					
. Fore	ign tax or excess					
limit	remaining					

Form 1116	Foreign Tax Preference Items		
NAME			
DONALD J. & MELANIA TRUMP			
Alternative minimum tax deductions allocation:			
16 2 1 1 1 1 12		47,860.	
Other deductions not directly allocated		0.	
Total alternative minimum tax adjustments		47,860.	
Total foreign source income	52,649,469.		
Total foreign source income Total gross income	316,509,660.		
Ratio of foreign source income to gross income		.166344	
Total foreign source deductions		7,963.	
Total deductions allocated to foreign income class:			
General limitation income			7,609.
Passive income			354.
Section 901(j) income			
Income re-sourced by treaty			

Form 1116	Foreign Wages, Salaries, Busine	ess and Profession Income	
NAME			
DONALD J. & MELANIA TRUMP			
Wages and Salaries:			
	Source	Amount	
Total Foreign Wages and Salaries			
Business and Profession Income:			
· · · · · · · · · · · · · · · · · · ·	Source	Amount	
SEE STATEMENT 159			
DEB DIMILIFIENT 139			
Total Foreign Business and Brafassian In			
rotal roteigh business and Profession in	come	7,351,696.	
Reduction for Foreign Earned Income Exc	Jusion/Deduction:		
Total Foreign Wages and Salaries	ion.		
or origin carriou micorne exclusion/Deduct	1011		
Percent Applicable to Foreign Wages and	Salaries		
	4		
Reduction Amount			
wages and Salaries included on Form 11	16, line 1		
oreign Earned Income Exclusion/Deducti	on		
Percent Applicable to Foreign Business an	d Profession Income		
Reduction Amount			
Business and Profession Income Included	on Form 1116, line 1		7,351,696.

Form 1116	Foreign Wages, Salaries, Business and Profess	ion Income	
NAME			
DONALD J. & MELANIA	TRUMP		
Wages and Salaries:			-
***	Source	Amount	
· · · · · · · · · · · · · · · · · · ·			
Total Foreign Wages and Sala	ries		
Total Foreign Wages and Oala	1103		
Business and Profession Incor	me:		
	0		
	Source	Amount	
TRUMP SCOTLAND MEMBE	ER INC	46,098.	
TRUMP INTERNATIONAL	GOLF CLUB SCOTLAND LTD	4,563,658.	
TURNBERRY SCOTLAND M		179,543.	
DJT HOLDINGS LLC (TU	JRNBERRY SCOTLAND LLC)	17,597,013.	
Total Foreign Business and Pro	ofession Income	22,386,312.	
Reduction for Foreign Earned I	Income Exclusion/Deduction;		
Total Foreign Wages and Salar	ries		
Foreign Earned Income Exclus	ion/Deduction		
Percent Applicable to Foreign V	Nages and Salaries		
Reduction Amount			

Wages and Salaries Included o	on Form 1116, line 1		
Foreign Farned Income Evaluation	ofession Income		
Percent Applicable to Foreign F	ion/Deduction Business and Profession Income		
	Sacritory and Protocoloff Income		
Reduction Amount			
Business and Profession Incor	me Included on Form 1116, line 1		22,386,312.

Form 1116	Foreign Wages, Salaries, Busine	ess and Profession Income	
NAME			
DONALD J. & MELANIA TRUM	P		
Wages and Salaries:			
	Source	Amount	
Total Foreign Wages and Salaries			
Total Foreign Wages and Salaries			
Business and Profession Income:			
No. 100 100 100 100 100 100 100 100 100 10	Source	Amount	
EXCEL VENTURE I LLC		700 554	
		782,551.	
		8	
		-	
Total Foreign Business and Professio	n Income	782,551.	
Reduction for Foreign Earned Income	Exclusion/Deduction:		
9	Exolution Deduction.		
Total Foreign Wages and Salaries			
roreign Earned Income Exclusion/De-	duction		
Percent Applicable to Foreign Wages	and Salaries		
Paduation Amount			
reduction Amount			
Wages and Salaries Included on Form	1116, line 1		
Total Foreign Business and Profession	n Income		
To eight Latrieu micome Exclusion/Dec	uction		
Percent Applicable to Foreign Busines	s and Profession Income		
Reduction Amount			
moduotion Amount			
Business and Profession Income Incl	uded on Form 1116, line 1		782,551.
	AND THE PROPERTY OF THE PROPER	***************************************	102,001.

Form 1116	Foreign Wages, Salaries, Busin	ess and Profession Income	
NAME			
DONALD J. & MELANIA	TRUMP		
Wages and Salaries:			_
	Source	Amount	
-			
Total Foreign Wages and Salar	ies		
rotarrorogn rragos and cular			
Business and Profession Incom	e:		
	Source	Amount	
PAULSON ADVANTAGE PLI		5,288.	
PAULSON CREDIT OPPOR	PUNITIES LP	298.	
PAULSON PARTNERS LP	NAME OF THE PARTY	14,567.	
AG ELEVEN PARTNERS LI		2,580.	
AG DIVERSIFIED CREDIT		97,098.	
MIDOCEAN CREDIT OPPOR		35,657.	
	NICHTII TOND III	76.	
Total Foreign Business and Pro	fession Income	155,564.	
Reduction for Foreign Earned In	ncome Exclusion/Deduction;		
T.1.15 ' W 10.1 '			
Total Foreign Wages and Salari	es		
Percent Applicable to Foreign M	on/Deduction		
r credit Applicable to roleigh W	ages and Salaries		
Reduction Amount			
Wages and Salaries Included or	Form 1116, line 1		
Total Foreign Business and Pro	ession Income		
Totalgit Lattieu Hicottie Exclusio	U/Deauction		
Percent Applicable to Foreign B	usiness and Profession Income	-	
Reduction Amount			
	- F. J. J. J F 1440 W 1		
MODUL HOUSSHOLL DITP ecallican	e Included on Form 1116, line 1		155,564.

Form 1116	Foreign Wages, Salaries, Busines	s and Profession Income	
NAME			
DONALD J. & MELANIA TRUMP			
Wages and Salaries:			
	Source	Amount	
The same of the sa			
Total Foreign Wages and Salaries			
Business and Profession Income:			
business and i rolession meome.			
	Source	* * * * * * * * * * * * * * * * * * *	
	Oduce	Amount	
PAULSON ADVANTAGE PLUS LP		5 289	
PAULSON CREDIT OPPORTUNITIE	S LP	5,288.	
PAULSON PARTNERS LP		14,567.	
ADVANTAGE ADVISERS XANTHUS	FUND LLC	2,580.	
AG ELEVEN PARTNERS LP		97,098.	
AG DIVERSIFIED CREDIT STRAT	EGIES FUND LP	35,657.	
MIDOCEAN CREDIT OPPORTUNITY	FUND LP	76.	
100			
Total Foreign Business and Profession Inc	ome	155,564.	
Reduction for Foreign Earned Income Excl	usian/Dadustian		
ricadellon for Foreign Carned Income Excl	usion/Deduction:		
Total Foreign Woose and Colorina			
Foreign Farnad Income Evolution/Deducti			
Percent Applicable to Foreign Worse and 6	on		
ercent Applicable to Foreigh Wages and S	Salaries		
Reduction Amount			
Wages and Salaries Included on Form 111	6. line 1		
Total Foreign Business and Profession Inc	ome		
or origin Larried Theorne Lychasion/Deanell	111		
Percent Applicable to Foreign Business and	d Profession Income		
Reduction Amount			
Business and Profession Income Included	on Form 1116, line 1		155,564.

Form 1116	Foreign Wages, Salar	ies, Business and Professi	on Income	
NAME				
DONALD J. & MELANIA TRU	JMP			
Wages and Salaries:				
	Source		Amount	
	Courte		Amount	
			Water Control of the	2
				•
Total Foreign Wages and Salaries				
				•
Business and Profession Income:				
Dusiness and Froression income.				
	Source		Amount	
				<u> </u>
				-
				•
				•
Total Foreign Business and Profess	ion Income			_
Reduction for Foreign Earned Incor	ne Exclusion/Deduction;			
Total Foreign Wages and Salaries	N-J1			e .
Percent Applicable to Foreign Wage	Deduction as and Salaries		e e	
1 P				
Reduction Amount				
Wages and Salaries Included on Fo	rm 1116, line 1			
Total Foreign Business and Profess	ion Income			
Percent Applicable to Foreign Busin	less and Profession Income			
11				
Reduction Amount	***************************************			
Rusiness and Profession Income Is	icluded on Form 1116 line 1			
Paginess and Linic22Inii ilicniii6 il	iciaaca on roith 1116, line 1			

Form 1116	Pro	Rata Share of All	ocated Losses		
NAME					
DONALD J. & MELANIA TRUMP Allocation of Losses from Other Categories					
7 modulon of Losses from other dategories					
INCOME CLASSIFICATION		INCOME	LOSS	ALLOCATED LOSS	LOSS NOT
Passive income		2,047,555.		2,047,555.	ALLOCATED
Income re-sourced by treaty				, , , , , , , , , , , , , , , , , , , ,	
General limitation income			5,607,705.		3,560,150
Totals	9-	2,047,555.	5,607,705.	2,047,555.	3,560,150
Allocation of U.S. Losses					
INCOME CLASSIFICATION		REMAINING INCOME	U.S.	ALLOCATED	LOSS NOT
Passive income		INCOME	LOSS	LOSS	ALLOCATED
Income re-sourced by treaty					
General limitation income					
Totals	-				
Recapture of Prior Year Overall Foreign Loss					
P		REMAINING	OVERALL BRIDE VEAR	DEGARTURES	
INCOME CLASSIFICATION		INCOME	OVERALL PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income					
Income re-sourced by treaty General limitation income					
Totals	=				
Recapture percentage	-				
Recapture of Separate Limitation Loss Accour	nts				
INCOME CLASSIFICATION		REMAINING INCOME	PRIOR YEAR LOSS	RECHARACTERIZED LOSS	LOSS NOT
Passive income				L033	RECHARACTERIZED
Income re-sourced by treaty					
General limitation income	_		22,662.		22,662
Totals			22,662.		22,662
Recapture of Overall Domestic Loss Prior to 20	012				
INCOME CLASSIFICATION		U.S. TAXABLE INCOME LIMIT	PRIOR YEAR	RECAPTURED	LOSS NOT
Passive income		TINGOINE LIMIT	LOSS	LOSS	RECAPTURED
Income re-sourced by treaty					
General limitation income		0.	2,486,985.		2,486,985
Totals	_	0.	2,486,985.		2,486,985
Recapture of Overall Domestic Loss					, , , , , , , , , , , , , , , , , , , ,
		U.S. TAXABLE	PRIOR YEAR	RECAPTURED	1,000,1:07
INCOME CLASSIFICATION		INCOME LIMIT	LOSS	LOSS	LOSS NOT RECAPTURED
Passive income					
Income re-sourced by treaty General limitation income		Sel.			
Totals	-	0.	53,553.		53,553.
(A)(CARACTER (A)		0.	53,553.		53,553.
Adjustments to Form 1116, Line 15	As VEDE				
NC. CLASSIFICATION CATEGORIES	U.S. LOSSES	PRIOR YEAR OVERALL	RECAPTURE OF LOSS ACCOUNTS	DOMESTIC RECAPTURE	FORM 1116, LINE 10
Passive <2,047,555.>	-	- to the lea	2330 100001110	— TEOM TOIL	<2,047,555.>
Re-sourced by treaty					75,011,000.5
General limitation 2,047,555.					2,047,555.

Foreign Taxes Name of partnership/corporation Employer identification number TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LIMITED a Name of foreign country or U.S. possession UNITED KINGDOM Total gross income sourced at shareholder/partner level Total gross income sourced at corporate/partnership level: (1) Passive category (2) General category 4,609,756. (3) Section 901(j) income (4) Income re-sourced by freaty (5) Other income d Deductions allocated and apportioned at shareholder/partner level: (1) Interest expense (2) Other e Deductions allocated and apportioned at corporate/partnership level: (1) Passive category (2) General category 7,490,031. (3) Section 901(j) income (4) Income re-sourced by treaty

Total foreign taxes - Paid Accrued

(5) Other income

Reduction in taxes available for credit

Qualified Production Activity Income Schedule

	Domestic Production		Directly Allocable Expenses	Mocable		Interest E	Interest Expense Allocation/ Apportionment	ocation/ nt		Qualified
Description	Gross Receipts (DPGR)	DPGR Ratio	Costs of Goods Sold	Other Costs	Apportioned Expenses	Allocable Assets	Assets	Interest Expense	Total Qualified Expenses	Production Activity Income
THE OBSIDIAN FUND LLC	82,766.	399097	73 330.	6 962.	0				80 292	2 474
REGENCY ENERGY PARTNERS LP	1,627.		1,526.	488.	0				2 014	
GENCY ENERGY PARTNERS LP	<1,627.>	0	<1.	<488.>					-2 014	.1-
ENERGY TRANSFER PARTNERS LP	43,141.	1	4	2 087.					43 141	000
MIDOCEAN CREDIT OPPORTUNITY FUND LP	82,766.	.664163	73,330.	6 962.					80 292	2, 474
TOTAL	208,673.	1	196,211.	16,011.	0				203,725.	
TOTAL FROM OHALTETED ACTIVITIES	200 673			770	c					
THE WOLLTED ACTIVED	200,073	1	130,211.	16,011.	0				203,725.	4,948
					The second secon					

(Rev. December 2014) Department of the Treasury Internal Revenue Service Name(s) shown on your income lax return

Noncash Charitable Contributions

Attach to your tax return if you claimed a total deduction of over \$500 for all contributed property.

► Information about Form 8283 and its separate instructions is at www.irs.gov/form8283.

OMB No. 1545-0908

Attachment Sequence No 155

Identifying number 13-3863672

Seven Springs, LLC

Note. Figure the amount of your contribution deduction before completing this form. See your tax return instructions

Sec	3.00	o or orring itt	IIIOI IOI VI	MINGH VOU	Clairle	I A DA	CHICTIC	nn of 4	5 111111 6	List in	this section on Also list pub	ly ite	ms (c
Pa		ities even if the nation on Dona	acauction	1 13 111016 11	Idli DO.L	JUU (SE	e inst	ruction	121				
1	(a) N	ame and address of the		(b) If donated check the be	property i	s a vehic	le (see in ehicle id	nstruction	s), (For	(c) De	escription of denated p le, enter the year, make scurities, enter the com the number of shares.)	, model pany na	, and ime and
Α					TTT		TT						
В							777				The state of the s		
С													
D		The second secon								-		***************************************	
E		The state of the s								***************************************	MARKET CONTRACTOR OF THE STATE		
Note	. If the amount	you claimed as a	deduction	for an item i	s \$500 o	rless	Volude Volude	L L	l l		columns (e), (f), a		
	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How	acquired donor	(g) (Donor's o	cost	(h) F	air market v	alue	(i) Method used to the fair marke	determ	
Α							T			7	the fall marke	value	
B		-											
C					ļ								
E					<u> </u>								
Par	entire ir contribu	ution listed in Pa	art I; also a	ttach the r	equired	piete i I statei	ment	sa thro	ough 3c struction	if con	e if you gave leanditions were pl	ss the	an an on a
2a	Enter the lette	r from Part I that es to more than o	identifies th	e property	for which	2 400 0	210 10	ss than	an entire	intere	st ▶		
b	Total amount	claimed as a ded	uction for the	he property	listed in	Part I:	(1)		tax year		<u> </u>		
С		dress of each orge organization ale organization (donee)		to which an	y such c	ontribu	utlon v	vas ma	de in a pi	rior ye	ar (complete only	if diffe	erent
	Address (number,	street, and room or su	vite no.)						-				-
	Cily or town, state	, and ZIP code											
d	For tangible p	roperty, enter the	place whe	re the prope	erty is lo	cated c	or kent	>	***************************************			· · · · · ·	
е	Name of any p	person, other than	n the done	e organizatio	on, havir	ng actu	al pos	session	of the p	ropert	уЪ		······································
3a	Is there a res	triction, either te	mporary or	permanen	t, on the	e done	e's riç	ght to i	use or di	spose	of the donated	Yes	No
ь	the property, in designate the p	o anyone (other cooperative fund no anyone fund the right person having such	than the do draising) the to vote dor th income,	onee organi e right to the nated securi possession	zation o e income ities, to a , or right	r anoth e from acquire to acq	ner org the do the pr	janizati nated p operty	on partic property of by purcha	ipating or to that ase or	with the donee ne possession of		
	io more a restr	iction limiting the	uonated pr	operty for a	particul	ar use?							-

Name of charitable organization (donee) North American Land Trust Address (number, street, and room or sultage) City or town, state, and ZIP code Chadds Ford, PA 19317 Title Date 3/29/16	-	m 8283 (Rev. 12-2014) ne(s) shown on your inc	come tax return							Ide	Pag entifying number	ge 2
similar items] for which you claimed a deduction of more than \$5,000 per item or group (except contributions of public tracked securities reported in Section A). Provide a separate form for each property donated unless it is part of a group similar items. An appraisal is generally required for property listed in Section B. See instructions. Part I Information on Donated Property—To be completed by the taxpayer and/or the appraiser. 4 Check the box that describes the type of property donated: a	Sev	en Springs, LLC									13-3863672	
A Conservation Easement IRC 170(b) in a count of by discontinuous and physical contribution of less than \$20,000 g Collectibles** Glarage of Contribution of Conservation Contribution of Contribution Contri	Sed	similar ite traded se	ems) for which you claimed curities reported in Section	a c	leduction of m Provide a sep	ore ara	than \$5,000 per i	tem rope	or group (excep erty donated unl	ot co ess i	ntributions of publ	icly
a	P	art I Inforn	nation on Donated Prop	perl	y-To be cor	np	leted by the taxp	aye	r and/or the ap	prai	ser.	-
coher primits robjects. **Collectibles involved orders, stamps, books, gens, jewelny, sports memorabilla, dolls, etc., but not ait as defined above. **Note. In certain cases, you must attach a qualified appraisal of the property. See instructions. **Book of the separate statement of the property (if you need physical currillism of the property at the time of the gift. **A Conservation Easement IRC 170(h) in \$ **S21,100,000 **A Conservation Easement IRC 170(h) in \$ **S21,100,000 **B Westchoster County, New York, 159,65 acres; **C Control Number: \$53453361 **D Recorded on December 24, 2015 **(d) Date accurred by donor (no., yr.) \$ **C Control Number: \$53453361 **D Recorded on December 24, 2015 **(d) Date accurred by donor (no., yr.) \$ **C Control Number: \$5300 or less. \$ **Entire Property **C C C Control Number: \$5300 or less. \$ **Entire Property **C C C C C C C C C C C C C C C C C C	4	a ☐ Art* (contrib	oution of \$20,000 or more) onservation Contribution	d [Art* (contribution) Other Real Est				h Intellectual		5 A. C.	
6 (a) Description of denated property of the unered more space, attend a separate statement of the property was donated, give a kind summary of the overall more space, attend a separate statement of the property at the time of the gift market value market value of the property at the time of the gift market value of the property at the time of the gift market value of the property at the time of the gift market value of the property at the time of the gift market value of the property at the time of the gift market value of the property at the time of the gift market value of the property of the pro	othe	er similar objects. ollectibles include coins	, stamps, books, gems, jewelry, sp	orts	memorabilla, dolls,	etc	, but not art as defined			cripts,	, historical memorabilia,	and
B Westchester County, New York, 158.65 acres C Control Number: 553453561 C Control Number: 553453561 (d) Date acquired (e) How acquired by donor (from, yr) (e) How acquired by donor (from, yr) (f) Donor's cost or (g) For bargain sales, enter (g) For bargain sales (g) For bargain sales (g) For bargain sales (g) For bargain sales (g)	***************************************	(a) Description	of donated property (if you need	JIBIS	(b) If tangible p	rop	erty was donated, give a			rall		
Control Number: 553453861 Discorded on December 24, 2015 (d) Date acquired by donor (mo., yr.) (e) How acquired by donor (mo., yr.) A 12/29/95 Purchase AR - \$35,000,000 B Entire Property C D Entire Property C D D Taxpayer (Donor) Statement—List each item included in Part I above that the appraisal identifies as have a value of \$500 or less. See instructions. I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than \$ (per item). Enter identifying letter from Part I and describe the specific item. See instructions. Date Part III Declaration of Appraiser I declare that I the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than \$ (per item). Enter identifying letter from Part I and describe the specific item. See instructions. Date Part III Declaration of Appraiser I declare that I am not the donor, the done, a party to the transaction in which this donor acquired the property, employed by, or related to any of the foregoing person married to any person who is related to amy of the longoing persons. And, if regularly used by the donor, done, or party to the fareaction in a declare that I perform appraisable on a regular back; and that because of my qualifications as described in the appraisal see were not based on a percentage of the appraisable serve one to based on a percentage of the appraisable serve one to based on a percentage of the appraisable performs. Also, I declare that I perform appraisable can are appraisable to missibility and that because of my qualifications as described in the qualified appraisal or this form \$255 may subject me to the peraisy curies section \$70(0) (adding and abelting the understatement of the year of property value. I certify that the appraisal beaw one to based on a percentage of the appraisable and abeliang the understatement of the based on a percentage of the appraisable or the form of the form \$255 may subj	A	Conservation Eas	ement IRC 170(h) in				-				\$21,100,000	
Decorded on December 24, 2015 (g) Date acquired by donor (g) For bargain sales, enter Sae instructions (g) For bargain sales, enter Sae instructions (g) For bargain sales, enter Sae instructions (g) Amount received (g) Am		Westchester Cour	nty, New York, 158,55 acres									
(g) Date acquired by donor (mo., yr.) A 12/28/95 Purchase A/B - \$35,000,000 B Entire Property C D Taxpayer (Donor) Statement — List each item included in Part I above that the appraisal identifies as have a value of \$500 or less. See instructions. I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraisad value of not more than \$ (per item). Enter identifying letter from Part I and describe the specific item. See instructions. I declare that in an not the dence, the done, a party to the transaction in which the donor acquired the property. One of the foregoing parsons. And, if regularly used by the donor, done, or party to the foregoing parsons. And, if regularly used by the donor, done, or party to the foregoing parsons. And, if regularly used by the donor, done, or party to the foregoing parsons. And, if regularly used by the donor, done, or party to the foregoing parsons. And, if regularly used by the donor, done, or party to the foregoing parsons. And, if regularly used by the donor, done, or party to the foregoing parsons and the party of the party and party to the party of the par												
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NY, NY 10104-6178 Part IV Donee Acknowledgment — To be completed by the charitable organization. This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date ▶ Recorded on December 24, 2015 Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or portion thereof) within 3 years after the date of receipt, it will file Form 8282, Donee Information Return, with the IRS and give the donor a copy of form. This acknowledgment does not represent agreement with the claimed fair market value. Does the organization intend to use the property for an unrelated use? ▶ Yes ✓ Name of charitable organization (donee) North American Land Trust 23-2698266 City or town, state, and ZIP code Chadds Ford, PA 19317 Title Date 3 / 2.9 / 1.6	valu valu unde subs Sig He	ed, I certify that the appri- e as described in the qui- erstand that I may be sub- stantial or gross valuation in Signature >	aisal fees were not based on a percei alified appraisal or this Form 8283 ms ject to a penalty under section 5695A misstatement results from my apprais	itage ly sul lf I kr al, I a	of the appraised project me to the pena low, or reasonably a filling that I have not I	open ilty u houk been	ty value, Furthermore, I ur inder section 6701(n) (aid d know, that my appraisal i barred from presenting e	ing ar is to i	land that a false or frau not abetting the undersi be used in connection of or testimony by the	idulent taleme with a Office	I overstatement of the pro- int of tax liability, in addit- return or claim for refund of of Professional Responsibi- tifying number	perty lion, I and a lity.
Part IV Donee Acknowledgment — To be completed by the charitable organization. This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as descripted in Section B, Part I, above on the following date ▶ Recorded on December 24, 2015 Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or portion thereof) within 3 years after the date of receipt, it will file Form 8282, Donee Information Return, with the IRS and give the donor a copy of form. This acknowledgment does not represent agreement with the claimed fair market value. Does the organization intend to use the property for an unrelated use? ▶ Yes ✓ Name of charitable organization (donee) North American Land Trust 23-2698266 City or town, state, and ZIP code Chadds Ford, PA 19317 Title Date 3 / 2.9 / 1.6	City	or town, state, and ZIF	r code					***************************************			1. 767736	_
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Authorized signature Date 3/29/16							Control of the contro		P code		version and residence of the control	-
Andrew L. Johnson, Vice President	Auti	norized eignature	harol				Title		[3/29/16 Form 8283 (Rev. 12-2	

Statement to Form 8283 Noncash Charitable Contributions

Pursuant to the Instructions for Form 8283, Seven Springs, LLC provides the following:

- 1. The conservation purposes furthered by its donation of a conservation easement over 158 acres of land, includes among others: preservation of the eased property as (i) a relatively natural habitat of fish, wildlife, or plants or similar ecosystem, (ii) open space which provides scenic enjoyment to the general public and yields a significant public benefit, and (iii) open space which will advance clearly delineated governmental conservation policies and yield a public benefit.
- 2. The donation was not made in order to receive a permit of other approval from a local or other governing authority. The donation was not required by a contract.

For additional information, please see the Appraisal of Real Property dated March 15, 2016, which is attached to this tax return.