

C&E
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1040

U.S. Individual Income Tax Return

(99) 2016

OMB No. 1545-0074

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1822128048000-7

For the year Jan. 1-Dec. 31, 2016, or other tax year beginning 2016, ending 20 See separate instructions.

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

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

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below. Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund.

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

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

Exemptions 6a Yourself. If someone can claim you as a dependent, do not check box 6a 6b Spouse 6c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) If child under age 17 qualifying for child tax credit. Total number of exemptions claimed d 3

Income 7 Wages, salaries, tips, etc. Attach Form(s) W-2 7 978. 8a Taxable interest. Attach Schedule B if required 8a 8,994,141. 8b Tax-exempt interest. Do not include on line 8a 8b 2,831. 9a Ordinary dividends. Attach Schedule B if required 9a 337,938. 9b Qualified dividends 9b 292,068. 10 Taxable refunds, credits, or offsets of state and local income taxes STMT 4 STMT 5 10 0. 11 Alimony received 11 12 Business income or (loss). Attach Schedule C or C-EZ 12 8,797,393. 13 Capital gain or (loss). Attach Schedule D if required. If not required, check here 13 10,941,053. 14 Other gains or (losses). Attach Form 4797 14 -444,633. 15a IRA distributions 15a b Taxable amount 15b 77,808. 16a Pensions and annuities 16a b Taxable amount 16b -15,939,523. 17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E 17 18 Farm income or (loss). Attach Schedule F 18 19 Unemployment compensation 19 20a Social security benefits 20a b Taxable amount 20b 21 Other income. List type and amount SEE STATEMENT 1 21 -44,955,324. 22 Combine the amounts in the far right column for lines 7 through 21. This is your total income 22 -32,190,169.

Adjusted Gross Income 23 Educator expenses 23 24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ 24 25 Health savings account deduction. Attach Form 8889 25 26 Moving expenses. Attach Form 3903 26 27 Deductible part of self-employment tax. Attach Schedule SE 27 219,505. 28 Self-employed SEP, SIMPLE, and qualified plans 28 29 Self-employed health insurance deduction 29 30 Penalty on early withdrawal of savings 30 31a Alimony paid b Recipient's SSN 31a 32 32 33 Student loan interest deduction 33 34 Tuition and fees. Attach Form 8917 34 35 Domestic production activities deduction. Attach Form 8903 35 36 Add lines 23 through 35 36 219,505. 37 Subtract line 36 from line 22. This is your adjusted gross income 37 -32,409,674.

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IRS-AUSTIN, TEXAS

610001 11-30-16

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

Form 1040 (2016)

H

Tax and Credits

Standard Deduction for - People who check any box on line 39a or 39b of who can be claimed as a dependent, see instructions.

All others: Single or Married filing separately, \$6,300 Married filing jointly or Qualifying widow(er), \$12,600 Head of household, \$9,300

38 Amount from line 37 (adjusted gross income) 38 -32,409,674. 39a Check [X] You were born before January 2, 1952, [] Blind. Total boxes checked ... 39a 1 if: [] Spouse was born before January 2, 1952, [] Blind. 39b [] b If your spouse itemizes on a separate return or you were a dual-status alien, check here 40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) 40 8,158,717. 41 Subtract line 40 from line 38 41 -40,568,391. 42 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see inst. 42 12,150. 43 Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0- 43 0. 44 Tax. Check if any from: a [] Form(s) 8814 b [] Form 4972 c [] 44 0. 45 Alternative minimum tax. Attach Form 6251 45 2,234,725. 46 Excess advance premium tax credit repayment. Attach Form 8962 46 47 Add lines 44, 45, and 46 47 2,234,725. 48 Foreign tax credit. Attach Form 1116 if required 48 49 Credit for child and dependent care expenses. Attach Form 2441 49 50 Education credits from Form 8863, line 19 50 51 Retirement savings contributions credit. Attach Form 8880 51 52 Child tax credit. Attach Schedule 8812, if required 52 53 Residential energy credits. Attach Form 5695 53 54 Other credits from Form: a [X] 3800 b [] 8801 c [] 54 2,233,975. 55 Add lines 48 through 54. These are your total credits 55 2,233,975. 56 Subtract line 55 from line 47. If line 55 is more than line 47, enter -0- 56 750.

54A 2233975

Other Taxes

57 Self-employment tax. Attach Schedule SE 57 439,009. 58 Unreported social security and Medicare tax from Form: a [] 4137 b [] 8919 58 59 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required 59 60a Household employment taxes from Schedule H 60a 45,060. b First-time homebuyer credit repayment. Attach Form 5405 if required 60b 61 Health care: Individual responsibility (see instructions) Full-year coverage [X] 61 62 Taxes from: a [X] Form 8959 b [] Form 8960 c [] Inst.; enter code(s) 62 129,480. 63 Add lines 56 through 62. This is your total tax 63 614,299.

Payments

If you have a qualifying child, attach Schedule EIC.

64 Federal income tax withheld from Forms W-2 and 1099 64 168. 65 2016 estimated tax payments and amount applied from 2015 return 65 66a Earned income credit (EIC) 66a 66b Nontaxable combat pay election 66b 67 Additional child tax credit. Attach Schedule 8812 67 68 American opportunity credit from Form 8863, line 8 68 69 Net premium tax credit. Attach Form 8962 69 70 Amount paid with request for extension to file 70 1,000,000. 71 Excess social security and tier 1 RRTA tax withheld 71 72 Credit for federal tax on fuels. Attach Form 4136 72 16,849. 73 Credits from Form: a [] 2439 b [] Reserved c [] 8885 d [] 73 74 Add lines 64, 65, 66a, and 67 through 73. These are your total payments 74 1,017,017.

Refund

Direct deposit? See instructions.

75 If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid 75 402,718. 76a Amount of line 75 you want refunded to you. If Form 8888 is attached, check here 76a b Routing number [] c Type: [] Checking [] Savings d Account number [] 77 Amount of line 75 you want applied to your 2017 estimated tax 77 388,441.

Amount You Owe

78 Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions 78 79 Estimated tax penalty (see instructions) 79 14,277.

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see instructions)? [X] Yes. Complete below. [] No Designer's name DONALD BENDER Phone no. (516) 488-1200 Personal identification number (PIN) []

Sign Here

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

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Your signature [Signature] Date 10/10/17 Your occupation EXECUTIVE Daytime phone number Spouse's signature [Signature] Date 11/10/17 Spouse's occupation EXECUTIVE If the IRS sent you an Identity Protection PIN, enter it here []

Paid Preparer Use Only

Print/Type preparer's name DONALD BENDER Preparer's signature [Signature] Date 10/11/17 Check [] if self-employed PTIN Firm's name MAZARS USA LLP Firm's EIN 13 1459550 Phone no. (516) 488-1200

**SCHEDULE A
(Form 1040)**

Itemized Deductions

OMB No. 1545-0074

2016
Attachment
Sequence No. **07**

Department of the Treasury
Internal Revenue Service (99)

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

Your social security number

Name(s) shown on Form 1040

DONALD J. & MELANIA TRUMP

Medical and Dental Expenses		Caution: Do not include expenses reimbursed or paid by others.	
1	Medical and dental expenses (see instructions)	1	14,393.
2	Enter amount from Form 1040, line 38	2	-32,409,674.
3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3	0.
4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	4	14,393.
Taxes You Paid			
5	State and local (check only one box):	5	4,254,329.
a	<input checked="" type="checkbox"/> Income taxes, or	SEE STATEMENT 11	
b	<input type="checkbox"/> General sales taxes		
6	Real estate taxes (see instructions)	6	949,944.
7	Personal property taxes	7	
8	Other taxes. List type and amount	8	
9	Add lines 5 through 8	9	5,204,273.
Interest You Paid			
10	Home mortgage interest and points reported to you on Form 1098	10	
11	Home mortgage interest not reported to you on Form 1098. If paid to the person from whom you bought the home, see instructions and show that person's name, identifying no., and address	11	
12	Points not reported to you on Form 1098. See instructions for special rules	12	
13	Mortgage insurance premiums (see instructions)	13	
14	Investment interest. Attach Form 4952 if required. (See instructions.)	14	1,513,220. STMT 13
15	Add lines 10 through 14	15	1,513,220.
Gifts to Charity			
16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	1,191,210. STMT 12
17	Other than by cash or check. If any gift of \$250 or more, see instructions. You must attach Form 8283 if over \$500	17	
18	Carryover from prior year	18	5,273,458.
19	Add lines 16 through 18	19	0.
Casualty and Theft Losses			
20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)	20	
Job Expenses and Certain Miscellaneous Deductions			
21	Unreimbursed employee expenses - job travel, union dues, job education, etc. Attach Form 2106 or 2106-EZ if required. (See instructions.)	21	
22	Tax preparation fees	22	1,295,385.
23	Other expenses - investment, safe deposit box, etc. List type and amount SEE STATEMENT 9	23	91,859.
24	Add lines 21 through 23	24	1,387,244.
25	Enter amount from Form 1040, line 38	25	-32,409,674.
26	Multiply line 25 by 2% (0.02)	26	0.
27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	27	1,387,244.
Other Miscellaneous Deductions			
28	Other - from list in instructions. List type and amount SEE STATEMENT 10	28	39,587.
29	Is Form 1040, line 38, over \$155,650? <input checked="" type="checkbox"/> No. Your deduction is not limited. Add the amounts in the far right column for lines 4 through 28. Also, enter this amount on Form 1040, line 40. <input type="checkbox"/> Yes. Your deduction may be limited. See the Itemized Deductions Worksheet in the instructions to figure the amount to enter.	29	8,158,717.
30	If you elect to itemize deductions even though they are less than your standard deduction, check here		

Schedule A - Charitable Contributions Worksheet Page 1

NAME

DONALD J. & MELANIA TRUMP

				50% of AGI		0.	AGI	-32,409,674.
Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2006	Contributions							
	Less: Allowed ...							
	Less: NOL Abs. CRP							
	CRP C/O ...							
2007	Contributions							
	Less: Allowed ...							
	Less: NOL Abs. CRP							
	CRP C/O ...							
2008	Contributions							
	Less: Allowed ...							
	Less: NOL Abs. CRP							
	CRP C/O ...							
2009	Contributions							
	Less: Allowed ...							
	Less: NOL Abs. CRP							
	CRP C/O ...							
2010	Contributions							
	Less: Allowed ...							
	Less: NOL Abs. CRP							
	CRP C/O ...							
2011	Contributions							
	Less: Allowed ...							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover ...							
	CRP C/O ...							
2012	Contributions							
	Less: Allowed ...							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover ...							
	CRP C/O ...							
2013	Contributions							
	Less: Allowed ...							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover ...							
	CRP C/O ...							

Schedule A

Charitable Contributions Limitation

NAME DONALD J. & MELANIA TRUMP

50% Contributions

1. 50% of AGI	0.
2. Contributions qualifying for 50% limit	1,191,210.
3. Allowable 50% contributions	0.

30% Contributions

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

30% Special Contributions

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

20% Contributions

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

50% and 100% Conservation Real Property Contributions

23. Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)	
24. Conservation real property contribution subject to 50% limit	
25. Allowable 50% conservation real property contribution (lesser of Line 23 or 24)	0.
26. Remaining 100% of AGI	
27. Conservation real property contribution subject to 100% limit	
28. Allowable 100% conservation real property contribution (lesser of Line 26 or 27)	0.
29. Total 2016 contributions allowed on Schedule A	
30. Total prior year carryovers allowed on Schedule A	
31. Total charitable contributions to Schedule A, Line 19	

Schedule A - Charitable Contributions Worksheet Page 2

NAME

DONALD J. & MELANIA TRUMP

		50% of AGI				0.	AGI	-32,409,674.
Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2014	Contributions			5,273,458.				
	Less: Allowed ...							
	Less: NOL Absorb.			5,273,458.				
	Less: NOL Abs. CRP Carryover ...							
	CRP C/O ...							
2015	Contributions							
	Less: Allowed ...							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP Carryover ...							
	CRP C/O ...							
2016	Contributions		1,191,210.					
	Less: Allowed ...	0.	0.	0.	0.	0.		
	Less: NOL Absorb.		1,191,210.					
	Less: NOL Abs. CRP Carryover ...							
	CRP C/O ...							
Charitable contributions to Schedule A, Line 19								

Interest and Ordinary Dividends

▶ Attach to Form 1040A or 1040.

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

Name(s) shown on return

Your social security number

DONALD J. & MELANIA TRUMP

Part I

Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see instructions and list this interest first. Also, show that buyer's social security number and address ▶
 SEE STATEMENT 15
- 2 Add the amounts on line 1
- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815
- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040A, or Form 1040, line 8a ▶

		Amount
1		8,994,141.
2		8,994,141.
3		
4		8,994,141.

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

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

Part II

Ordinary Dividends

- 5 List name of payer ▶
 SEE STATEMENT 16
- 6 Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a ▶

		Amount
5		337,938.
6		337,938.

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

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

Part III

Foreign Accounts and Trusts

- You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.
- 7a At any time during 2016, did you have a financial interest in or signature authority over a financial account (such as a bank account, securities account, or brokerage account) located in a foreign country? See instructions. If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR), to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for filing requirements and exceptions to those requirements
 - b If you are required to file FinCEN Form 114, enter the name of the foreign country where the financial account is located ▶ UNITED KINGDOM, IRELAND, CHINA, SAINT MARTIN
 - 8 During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See instructions

Yes	No
X	
X	
	X

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

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

B Enter code from instructions: 713900

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

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

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

F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2016, check here

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	22900282 9,742,900.
2	Returns and allowances	2	175387
3	Subtract line 2 from line 1	3	8,742,900.
4	Cost of goods sold (from line 42)	4	1702330 1,702,330.
5	Gross profit. Subtract line 4 from line 3	5	9,674,098.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	237342
7	Gross income. Add lines 5 and 6	7	9,674,098.

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

8	Advertising	8	3,470.	18	Office expense	18	45127 5,696.
9	Car and truck expenses (see instructions)	9	18879 16,151.	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		20a	Vehicles, machinery, and equipment	20a	10,400.
12	Depletion	12		20b	Other business property	20b	3,162,654.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	223453 152,824.	21	Repairs and maintenance	21	595935 41,676.
14	Employee benefit programs (other than on line 19)	14	213607 53,391.	22	Supplies (not included in Part III)	22	126,332.
15	Insurance (other than health)	15	199,411.	23	Taxes and licenses	23	64,685.
16	Interest:			24	Travel, meals, and entertainment:		
16a	Mortgage (paid to banks, etc.)	16a		24a	Travel	24a	1996 1,110.
16b	Other	16b		24b	Deductible meals and entertainment (see instructions)	24b	38420 6,809.
17	Legal and professional services	17	53079 6,942.	25	Utilities	25	320315 251,265.
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	2,385,271	26	Wages (less employment credits)	26	4836519 4,426,883.
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Other expenses (from line 48)	27a	2128853 1,597,776.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	297,623.	32a	All investment is at risk.	32a	<input type="checkbox"/>
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.	32b		32b	Some investment is not at risk.	32b	<input type="checkbox"/>

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

Schedule C (Form 1040) 2016

Part III Cost of Goods Sold (see instructions)

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

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

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	535034 x 255,992.
36 Purchases less cost of items withdrawn for personal use	36	129,448.
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	385,440.
41 Inventory at end of year	41	264340 x 16,638.
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	68,802.

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

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

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
a Business _____ b Commuting _____ c Other _____

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

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

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

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

SEE STATEMENT 18	1,597,776.
48 Total other expenses. Enter here and on line 27a	48 1,597,776.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. **09**

Name of proprietor

DONALD J. TRUMP

Social security number (SSN)

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

REAL ESTATE DEVELOPMENT

B Enter code from instructions

531310

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

TRUMP LAS VEGAS DEVELOPMENT LLC

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

11-3668692

E Business address (including suite or room no.)

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

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

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2016, check here

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No

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

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	6,115,606.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	6,115,606.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	6,115,606.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	6,115,606.

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

8 Advertising	8		18 Office expense	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	573.
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17	82.	25 Utilities	25	
			26 Wages (less employment credits)	26	
			27 a Other expenses (from line 48)	27a	
			b Reserved for future use	27b	

28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	655.
29 Tentative profit or (loss). Subtract line 28 from line 7	29	6,114,951.

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

31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	6,114,951.
--	-----------	------------

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

32a All investment is at risk.
32b Some investment is not at risk.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

DONALD J. TRUMP

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

B Enter code from instructions

MANAGEMENT SERVICES

541600

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

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

DONALD J. TRUMP

E Business address (including suite or room no.)

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

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

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2016, check here

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	214,500.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	214,500.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	214,500.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 17	6	225,884.
7	Gross income. Add lines 5 and 6	7	440,384.

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		20a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		20b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	225,884.
16	Interest:			24	Travel, meals, and entertainment:		
16a	Mortgage (paid to banks, etc.)	16a		24a	Travel	24a	
16b	Other	16b		24b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
26				26	Wages (less employment credits)	26	
27a				27a	Other expenses (from line 48)	27a	
27b				27b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	225,884.	28		28	225,884.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	214,500.	29		29	214,500.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		30		30	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	214,500.	31		31	214,500.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a	<input type="checkbox"/> All investment is at risk.	32b	<input type="checkbox"/> Some investment is not at risk.		

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

Schedule C (Form 1040) 2016

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

DONALD J. TRUMP

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

REAL ESTATE DEVELOPMENT

B Enter code from instructions

▶ 531310

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

TRUMP LAS VEGAS DEVELOPMENT LLC

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

11-3668692

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

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

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

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2016, check here ▶

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No

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

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	2,038,536.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	2,038,536.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	2,038,536.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	2,038,536.

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

8 Advertising	8		18 Office expense	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15		23 Taxes and licenses	23	191.
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17	28.	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	219.	26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29	2,038,317.	27 a Other expenses (from line 48)	27a	
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . ● If a loss, you must go to line 32.	31	2,038,317.			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). ● If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . ● If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

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

Schedule C (Form 1040) 2016

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. 09

Name of proprietor DONALD J. TRUMP		Social security number (SSN)
A Principal business or profession, including product or service (see instructions) RESTAURANT	B Enter code from instructions 722513	
C Business name. If no separate business name, leave blank. TRUMP RESTAURANTS LLC	D Employer ID number (EIN), (see instr.) 20-0343943	
E Business address (including suite or room no.) City, town or post office, state, and ZIP code		
F Accounting method: (1) <input type="checkbox"/> Cash (2) <input checked="" type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H If you started or acquired this business during 2016, check here		<input type="checkbox"/>
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	1	4,122,012.
2 Returns and allowances	2	175,387.
3 Subtract line 2 from line 1	3	3,946,625.
4 Cost of goods sold (from line 42)	4	1,633,528.
5 Gross profit. Subtract line 4 from line 3	5	2,313,097.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	2,313,097.

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

8 Advertising	8	656.	18 Office expense	18	9,431.
9 Car and truck expenses (see instructions)	9	2,728.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	7,650.
12 Depletion	12		b Other business property	20b	119,784.
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	55,433.	21 Repairs and maintenance	21	157,383.
14 Employee benefit programs (other than on line 19)	14	22,700.	22 Supplies (not included in Part III)	22	18,262.
15 Insurance (other than health)	15	14,196.	23 Taxes and licenses	23	15,998.
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	886.
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	1,315.
17 Legal and professional services	17	21,479.	25 Utilities	25	68,391.
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26 Wages (less employment credits)	26	1,370,165.
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27 a Other expenses (from line 48)	27a	296,895.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . ● If a loss, you must go to line 32.	31	129,745.			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). ● If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . ● If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a <input type="checkbox"/> All investment is at risk.		
			32b <input type="checkbox"/> Some investment is not at risk.		

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

Schedule C (Form 1040) 2016

Part III Cost of Goods Sold (see instructions)

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

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

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	179,042.
36 Purchases less cost of items withdrawn for personal use	36	1,650,024.
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	1,829,066.
41 Inventory at end of year	41	195,538.
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	1,633,528.

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

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

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
 a Business _____ b Commuting _____ c Other _____

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

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

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

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

UNIFORM EXPENSE	49,467.
PAYROLL TAXES	132,800.
BANK CHARGES	84,259.
COMPUTER PAYROLL EXPENSE	10,463.
TELEPHONE	3,113.
COMPUTER SERVICES	6,216.
EXTERMINATING	8,792.
NYS FILING FEE	25.
AMORTIZATION	1,760.
48 Total other expenses. Enter here and on line 27a	48 296,895.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

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

B Enter code from instructions: 531310

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

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

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

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

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses: Yes No

H If you started or acquired this business during 2016, check here:

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions): Yes No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	86,005.
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	86,005.
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	86,005.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	86,005.

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	15,696.	21	Repairs and maintenance	21	52.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	23,309.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	3,055.	25	Utilities	25	659.
18				26	Wages (less employment credits)	26	
19				27 a	Other expenses (from line 48)	27a	30,345.
20				b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a			28		28	73,116.
29	Tentative profit or (loss). Subtract line 28 from line 7			29		29	12,889.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30		30	
31	Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. ● If a loss, you must go to line 32.			31		31	12,889.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). ● If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. ● If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk.	32b	<input type="checkbox"/> Some investment is not at risk.

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

Schedule C (Form 1040) 2016

Part III Cost of Goods Sold (see instructions)

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

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

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

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

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

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
 a Business _____ b Commuting _____ c Other _____

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

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

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

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

COMMON CHARGES	30,320.
NYS FILING FEE	25.
48 Total other expenses. Enter here and on line 27a	48 30,345.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. **09**

Name of proprietor: DONALD J. TRUMP
Social security number (SSN):
A Principal business or profession, including product or service (see instructions): GOLF
B Enter code from instructions: 713900
C Business name. If no separate business name, leave blank: TRUMP GOLF ACQUISITIONS LLC
D Employer ID number (EIN), (see instr.): 27-2412721
E Business address (including suite or room no.):
City, town or post office, state, and ZIP code:
F Accounting method: (1) Cash (2) Accrual (3) Other (specify) _____
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses: Yes No
H If you started or acquired this business during 2016, check here:
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions): Yes No
J If "Yes," did you or will you file required Forms 1099?: Yes No

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	
4	Cost of goods sold (from line 42)		4	
5	Gross profit. Subtract line 4 from line 3		5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 19		6	11,458.
7	Gross income. Add lines 5 and 6		7	11,458.

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

8	Advertising	8	18	Office expense	18	
9	Car and truck expenses (see instructions)	9	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	a	Vehicles, machinery, and equipment	20a	
12	Depletion	12	b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14	22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	23	Taxes and licenses	23	300.
16	Interest:		24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a	a	Travel	24a	
b	Other	16b	b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	25	Utilities	25	
			26	Wages (less employment credits)	26	
		55.	27 a	Other expenses (from line 48)	27a	
			b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a		28		28	355.
29	Tentative profit or (loss). Subtract line 28 from line 7		29		29	11,103.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30		30		30	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.		31		31	11,103.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.		32a	<input type="checkbox"/> All investment is at risk.	32a	
			32b	<input type="checkbox"/> Some investment is not at risk.	32b	

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

Schedule C (Form 1040) 2016

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. 09

Name of proprietor: **DONALD J. TRUMP**

Social security number (SSN):

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

B Enter code from instructions: **532290**

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

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

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

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

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses: Yes No

H If you started or acquired this business during 2016, check here:

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions): Yes No

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

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	580,723.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	580,723.
4 Cost of goods sold (from line 42)	4	
5 Gross profit. Subtract line 4 from line 3	5	580,723.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7 Gross income. Add lines 5 and 6	7	580,723.

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

8 Advertising	8		18 Office expense	18	
9 Car and truck expenses (see instructions)	9		19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	196,824.
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	49,340.
15 Insurance (other than health)	15		23 Taxes and licenses	23	3,009.
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	31,296.
17 Legal and professional services	17	1,438.	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28	525,215.	26 Wages (less employment credits)	26	39,471.
29 Tentative profit or (loss). Subtract line 28 from line 7	29	55,508.	27 a Other expenses (from line 48)	27a	203,837.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27 b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	55,508.			
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a	<input type="checkbox"/> All investment is at risk.	32b	<input type="checkbox"/> Some investment is not at risk.	

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

Schedule C (Form 1040) 2016

Part III Cost of Goods Sold (see instructions)

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

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

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

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

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

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
 a Business _____ b Commuting _____ c Other _____

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

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

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

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

FUEL EXPENSE	165,720.
TELEPHONE	5,297.
EQUIPMENT LEASES	32,820.
48 Total other expenses. Enter here and on line 27a	48 203,837.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. **09**

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

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

B Enter code from instructions: 531390

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

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

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

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

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2016, check here

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked	<input type="checkbox"/>	1	332034
2	Returns and allowances		2	
3	Subtract line 2 from line 1		3	332034
4	Cost of goods sold (from line 42)		4	380656
5	Gross profit. Subtract line 4 from line 3		5	
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)		6	
7	Gross income. Add lines 5 and 6		7	

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

8	Advertising	8	18	Office expense	18
9	Car and truck expenses (see instructions)	9	19	Pension and profit-sharing plans	19
10	Commissions and fees	10	20	Rent or lease (see instructions):	
11	Contract labor (see instructions)	11	20a	a Vehicles, machinery, and equipment	20a
12	Depletion	12	20b	b Other business property	20b
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21	Repairs and maintenance	21
14	Employee benefit programs (other than on line 19)	14	22	Supplies (not included in Part III)	22
15	Insurance (other than health)	15	23	Taxes and licenses	23 300.
16	Interest:		24	Travel, meals, and entertainment:	
a	Mortgage (paid to banks, etc.)	16a	24a	a Travel	24a
b	Other	16b	24b	b Deductible meals and entertainment (see instructions)	24b
17	Legal and professional services	17 7440 X55.	25	Utilities	25
27a			26	Wages (less employment credits)	26
27b			27a	Other expenses (from line 48)	27a 100
28	Total expenses before expenses for business use of home. Add lines 8 through 27a		27b	Reserved for future use	27b
29	Tentative profit or (loss). Subtract line 28 from line 7		28		28 28621 X55.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30		29		29 -355.
31	Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . ● If a loss, you must go to line 32.		30		
32	If you have a loss, check the box that describes your investment in this activity (see instructions). ● If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . ● If you checked 32b, you must attach Form 6198 . Your loss may be limited.		31		31 -355.
			32a	<input checked="" type="checkbox"/> All investment is at risk.	
			32b	<input type="checkbox"/> Some investment is not at risk.	

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

Schedule C (Form 1040) 2016

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. **09**

Name of proprietor: **DONALD J. TRUMP**

Social security number (SSN):

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

B Enter code from instructions: **531310**

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

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

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

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

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2016, check here

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No

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

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

Part II Expenses. Enter expenses for business use of your home only on line 30.			
8	Advertising	8	
9	Car and truck expenses (see instructions)	9	
10	Commissions and fees	10	
11	Contract labor (see instructions)	11	
12	Depletion	12	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	
14	Employee benefit programs (other than on line 19)	14	
15	Insurance (other than health)	15	
16	Interest:		
a	Mortgage (paid to banks, etc.)	16a	
b	Other	16b	
17	Legal and professional services	17	
18	Office expense	18	
19	Pension and profit-sharing plans	19	
20	Rent or lease (see instructions):		
a	Vehicles, machinery, and equipment	20a	
b	Other business property	20b	
21	Repairs and maintenance	21	
22	Supplies (not included in Part III)	22	
23	Taxes and licenses	23	607.
24	Travel, meals, and entertainment:		
a	Travel	24a	
b	Deductible meals and entertainment (see instructions)	24b	
25	Utilities	25	
26	Wages (less employment credits)	26	
27 a	Other expenses (from line 48)	27a	
b	Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	607.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	-607.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30	
31	Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . ● If a loss, you must go to line 32.	31	-607.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). ● If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . ● If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a	<input checked="" type="checkbox"/> All investment is at risk.
		32b	<input type="checkbox"/> Some investment is not at risk.

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

Schedule C (Form 1040) 2016

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. **09**

Name of proprietor: DONALD J. TRUMP
Social security number (SSN):
A Principal business or profession, including product or service (see instructions): AVIATION
B Enter code from instructions: 532290
C Business name. If no separate business name, leave blank. DJT OPERATIONS II LLC
D Employer ID number (EIN), (see instr.): 27-3212492
E Business address (including suite or room no.)
City, town or post office, state, and ZIP code
F Accounting method: (1) Cash (2) Accrual (3) Other (specify)
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses Yes No
H If you started or acquired this business during 2016, check here
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No
J If "Yes," did you or will you file required Forms 1099? Yes No

Part I Income

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

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	357.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	3,055.	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a			26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7			27 a	Other expenses (from line 48)	27a	25.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . ● If a loss, you must go to line 32.			28		28	3,437.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). ● If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . ● If you checked 32b, you must attach Form 6198 . Your loss may be limited.			29		29	-3,437.
				30		30	
				31		31	-3,437.
				32a	<input checked="" type="checkbox"/> All investment is at risk.	32a	
				32b	<input type="checkbox"/> Some investment is not at risk.	32b	

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

Schedule C (Form 1040) 2016

Part III Cost of Goods Sold (see instructions)

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

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

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

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

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

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
a Business _____ b Commuting _____ c Other _____

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

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

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

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

NYS FILING FEE	25.
48 Total other expenses. Enter here and on line 27a	48 25.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. **09**

Name of proprietor: DONALD J. TRUMP
Social security number (SSN):
A Principal business or profession, including product or service (see instructions): REAL ESTATE
B Enter code from instructions: 531390
C Business name. If no separate business name, leave blank: CHICAGO UNIT ACQUISTION LLC
D Employer ID number (EIN), (see instr.):
E Business address (including suite or room no.):
City, town or post office, state, and ZIP code:
F Accounting method: (1) Cash (2) Accrual (3) Other (specify):
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses: Yes No
H If you started or acquired this business during 2016, check here:
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions): Yes No
J If "Yes," did you or will you file required Forms 1099?: Yes No

Part I Income

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

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

8 Advertising	8	18 Office expense	18
9 Car and truck expenses (see instructions)	9	19 Pension and profit-sharing plans	19
10 Commissions and fees	10	20 Rent or lease (see instructions):	
11 Contract labor (see instructions)	11	a Vehicles, machinery, and equipment	20a
12 Depletion	12	b Other business property	20b
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21 Repairs and maintenance	21
14 Employee benefit programs (other than on line 19)	14	22 Supplies (not included in Part III)	22
15 Insurance (other than health)	15	23 Taxes and licenses	23 607.
16 Interest		24 Travel, meals, and entertainment:	
a Mortgage (paid to banks, etc.)	16a	a Travel	24a
b Other	16b	b Deductible meals and entertainment (see instructions)	24b
17 Legal and professional services	17 1,110.	25 Utilities	25
28 Total expenses before expenses for business use of home. Add lines 8 through 27a		26 Wages (less employment credits)	26
29 Tentative profit or (loss). Subtract line 28 from line 7		27 a Other expenses (from line 48)	27a
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30		b Reserved for future use	27b
31 Net profit or (loss). Subtract line 30 from line 29.		28 Total expenses before expenses for business use of home. Add lines 8 through 27a	28 1,717.
• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 .		29 Tentative profit or (loss). Subtract line 28 from line 7	29 -1,717.
• If a loss, you must go to line 32.		30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	
32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.		31 Net profit or (loss). Subtract line 30 from line 29.	31 -1,717.
		32a <input checked="" type="checkbox"/> All investment is at risk.	
		32b <input type="checkbox"/> Some investment is not at risk.	

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

Schedule C (Form 1040) 2016

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. 09

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

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

B Enter code from instructions: 423990

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

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

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

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

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2016, check here

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	332,034.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	332,034.
4	Cost of goods sold (from line 42)	4	380,656.
5	Gross profit. Subtract line 4 from line 3	5	-48,622.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	-48,622.

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

8	Advertising	8	17,358.	18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14	57.	22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	553.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	3,110.	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27 a	Other expenses (from line 48)	27a	25.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . ● If a loss, you must go to line 32.	31					
32	If you have a loss, check the box that describes your investment in this activity (see instructions). ● If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . ● If you checked 32b, you must attach Form 6198 . Your loss may be limited.						

32a All investment is at risk.
32b Some investment is not at risk.

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

Schedule C (Form 1040) 2016

Part III Cost of Goods Sold (see instructions)

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

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

35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	
36 Purchases less cost of items withdrawn for personal use	36	380,656.
37 Cost of labor. Do not include any amounts paid to yourself	37	
38 Materials and supplies	38	
39 Other costs	39	
40 Add lines 35 through 39	40	380,656.
41 Inventory at end of year	41	
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	380,656.

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

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

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
a Business _____ b Commuting _____ c Other _____

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

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

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

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

NYS FILING FEE		25.
48 Total other expenses. Enter here and on line 27a	48	25.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. **09**

Name of proprietor DONALD J. TRUMP		Social security number (SSN)
A Principal business or profession, including product or service (see instructions) REAL ESTATE DEVELOPMENT		B Enter code from instructions 531390
C Business name. If no separate business name, leave blank. TRUMP PHOENIX DEVELOPMENT LLC		D Employer ID number (EIN), (see instr.) 20-0238198
E Business address (including suite or room no.) City, town or post office, state, and ZIP code		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) _____		
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H If you started or acquired this business during 2016, check here		<input type="checkbox"/>
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

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

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		20a	a Vehicles, machinery, and equipment	20a	
12	Depletion	12		20b	b Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	357.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		24a	a Travel	24a	
b	Other	16b		24b	b Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	55.	25	Utilities	25	
18				26	Wages (less employment credits)	26	
19				27a	a Other expenses (from line 48)	27a	
20				27b	b Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a			28		28	412.
29	Tentative profit or (loss). Subtract line 28 from line 7			29		29	-412.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30		30	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.			31		31	-412.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.			32a	<input checked="" type="checkbox"/> All investment is at risk.	32b	<input type="checkbox"/> Some investment is not at risk.

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

Schedule C (Form 1040) 2016

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. **09**

Name of proprietor
DONALD J. TRUMP

Social security number (SSN)

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

B Enter code from instructions
713900

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

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

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

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

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2016, check here

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No

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

Part I Income

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

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

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

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

Schedule C (Form 1040) 2016

Part III Cost of Goods Sold (see instructions)

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

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

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

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

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

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
 a Business _____ b Commuting _____ c Other _____

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

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

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

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

NYS FILING FEE	25.
48 Total other expenses. Enter here and on line 27a	48 25.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. **09**

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

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

B Enter code from instructions: 531310

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

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

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

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

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses: Yes No

H If you started or acquired this business during 2016, check here:

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions): Yes No

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

Part I Income

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

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

8	Advertising	8	18	Office expense	18	
9	Car and truck expenses (see instructions)	9	19	Pension and profit-sharing plans	19	
10	Commissions and fees	10	20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11	a	Vehicles, machinery, and equipment	20a	
12	Depletion	12	b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14	22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	23	Taxes and licenses	23	114.
16	Interest:		24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a	a	Travel	24a	
b	Other	16b	b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7		27 a	Other expenses (from line 48)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30		b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . PAL ● If a loss, you must go to line 32.		28		28	114.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). ● If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . ● If you checked 32b, you must attach Form 6198 . Your loss may be limited.		29		29	-114.
			30		30	
			31		31	-114.
			32a	<input checked="" type="checkbox"/> All investment is at risk.	32a	
			32b	<input type="checkbox"/> Some investment is not at risk.	32b	

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

Schedule C (Form 1040) 2016

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. **09**

Name of proprietor: DONALD J. TRUMP

Social security number (SSN):

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

B Enter code from instructions: **541600**

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

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

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

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

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2016, check here

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No

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

Part I Income

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

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

8	Advertising	8		18	Office expense	18	
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		a	Vehicles, machinery, and equipment	20a	
12	Depletion	12		b	Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15		23	Taxes and licenses	23	57.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		a	Travel	24a	
b	Other	16b		b	Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17		25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28		26	Wages (less employment credits)	26	
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27 a	Other expenses (from line 48)	27a	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . ● If a loss, you must go to line 32.	31		28		28	57.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). ● If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . ● If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a	<input checked="" type="checkbox"/>	29		29	-57.
		32b	<input type="checkbox"/>	30		30	
				31		31	-57.

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

Schedule C (Form 1040) 2016

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. **09**

Name of proprietor: DONALD J. TRUMP
Social security number (SSN):
A Principal business or profession, including product or service (see instructions): MORTGAGE BROKER
B Enter code from instructions: 541940
C Business name. If no separate business name, leave blank: TRUMP REALTY SERVICES LLC
D Employer ID number (EIN), (see instr.): 13-4116884
E Business address (including suite or room no.):
City, town or post office, state, and ZIP code:
F Accounting method: (1) Cash (2) Accrual (3) Other (specify):
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses: Yes No
H If you started or acquired this business during 2016, check here:
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions): Yes No
J If "Yes," did you or will you file required Forms 1099?: Yes No

Part I Income

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

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

8	Advertising	8	18	Office expense	18
9	Car and truck expenses (see instructions)	9	19	Pension and profit-sharing plans	19
10	Commissions and fees	10	20	Rent or lease (see instructions):	
11	Contract labor (see instructions)	11	20a	a Vehicles, machinery, and equipment	20a
12	Depletion	12	20b	b Other business property	20b
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13	21	Repairs and maintenance	21
14	Employee benefit programs (other than on line 19)	14	22	Supplies (not included in Part III)	22 57.
15	Insurance (other than health)	15	23	Taxes and licenses	23 657.
16	Interest:		24	Travel, meals, and entertainment:	
a	Mortgage (paid to banks, etc.)	16a	24a	a Travel	24a
b	Other	16b	24b	b Deductible meals and entertainment (see instructions)	24b
17	Legal and professional services	17 55.	25	Utilities	25
27a			26	Wages (less employment credits)	26
27b			27a	a Other expenses (from line 48)	27a 25.
27b			27b	b Reserved for future use	27b
28	Total expenses before expenses for business use of home. Add lines 8 through 27a		28		28 794.
29	Tentative profit or (loss). Subtract line 28 from line 7		29		29 -794.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30		30		30
31	Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . ● If a loss, you must go to line 32.		31		31 -794.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). ● If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . ● If you checked 32b, you must attach Form 6198 . Your loss may be limited.		32a	<input checked="" type="checkbox"/> All investment is at risk.	
			32b	<input type="checkbox"/> Some investment is not at risk.	

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

Schedule C (Form 1040) 2016

Part III Cost of Goods Sold (see instructions)

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

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

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

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

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

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
 a Business _____ b Commuting _____ c Other _____

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

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

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

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

NYS FILING FEE	25.
48 Total other expenses. Enter here and on line 27a	48 25.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. 09

Name of proprietor

Social security number (SSN)

DONALD J. TRUMP

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

B Enter code from instructions
532290

C Business name. If no separate business name, leave blank.
DT ENDEAVOR I LLC

D Employer ID number (EIN), (see instr.)
35-2555712

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

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

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2016, check here

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	1057379 680,886.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	1057379 680,886.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	680,886.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	680,886.

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

8	Advertising	8		18	Office expense	18	1581
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		20a	a Vehicles, machinery, and equipment	20a	58,823.
12	Depletion	12		20b	b Other business property	20b	
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	350,642. 34,523.
14	Employee benefit programs (other than on line 19)	14		22	Supplies (not included in Part III)	22	32,438.
15	Insurance (other than health)	15	83801 66,974.	23	Taxes and licenses	23	4,907.
16	Interest:			24	Travel, meals, and entertainment:		
16a	a Mortgage (paid to banks, etc.)	16a		24a	a Travel	24a	3523
16b	b Other	16b		24b	b Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	5089 3,961.	25	Utilities	25	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	1057379	26	Wages (less employment credits)	26	197,660. 68,604.
29	Tentative profit or (loss). Subtract line 28 from line 7	29		27a	Other expenses (from line 48)	27a	259,290. 210,656.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		27b	Reserved for future use	27b	
31	Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . ● If a loss, you must go to line 32.	31		32a	<input type="checkbox"/> All investment is at risk.	32a	
32	If you have a loss, check the box that describes your investment in this activity (see instructions). ● If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . ● If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32b		32b	<input type="checkbox"/> Some investment is not at risk.	32b	

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

Schedule C (Form 1040) 2016

Part III Cost of Goods Sold (see instructions)

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

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

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

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

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

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
 a Business _____ b Commuting _____ c Other _____

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

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

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

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

FUEL EXPENSE	188,767.
LICENSES & PERMITS	744.
TELEPHONE	21,145.
48 Total other expenses. Enter here and on line 27a	210,656.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. **09**

Name of proprietor

Social security number (SSN)

DONALD J. TRUMP

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

B Enter code from instructions
532290

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

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

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

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

G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses Yes No

H If you started or acquired this business during 2016, check here

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No

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

Part I Income

1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked <input type="checkbox"/>	1	376,493.
2	Returns and allowances	2	
3	Subtract line 2 from line 1	3	376,493.
4	Cost of goods sold (from line 42)	4	
5	Gross profit. Subtract line 4 from line 3	5	376,493.
6	Other income, including federal and state gasoline or fuel tax credit or refund (see instructions)	6	
7	Gross income. Add lines 5 and 6	7	376,493.

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

8	Advertising	8		18	Office expense	18	1,581.
9	Car and truck expenses (see instructions)	9		19	Pension and profit-sharing plans	19	
10	Commissions and fees	10		20	Rent or lease (see instructions):		
11	Contract labor (see instructions)	11		20a	a Vehicles, machinery, and equipment	20a	
12	Depletion	12		20b	b Other business property	20b	59,367.
13	Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	Repairs and maintenance	21	116,119.
14	Employee benefit programs (other than on line 19)	14	56.	22	Supplies (not included in Part III)	22	
15	Insurance (other than health)	15	16,827.	23	Taxes and licenses	23	202.
16	Interest:			24	Travel, meals, and entertainment:		
a	Mortgage (paid to banks, etc.)	16a		24a	a Travel	24a	3,523.
b	Other	16b		24b	b Deductible meals and entertainment (see instructions)	24b	
17	Legal and professional services	17	1,128.	25	Utilities	25	
18				26	Wages (less employment credits)	26	129,056.
19				27a	a Other expenses (from line 48)	27a	48,634.
20				27b	b Reserved for future use	27b	
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	28	376,493.	28		28	376,493.
29	Tentative profit or (loss). Subtract line 28 from line 7	29	0.	29		29	0.
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30	30		30		30	
31	Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3 . • If a loss, you must go to line 32.	31	0.	31		31	0.
32	If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2 . (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3 . • If you checked 32b, you must attach Form 6198 . Your loss may be limited.	32a	<input type="checkbox"/> All investment is at risk.	32b	<input type="checkbox"/> Some investment is not at risk.		

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

Schedule C (Form 1040) 2016

Part III Cost of Goods Sold (see instructions)

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

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

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

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

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

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:
 a Business _____ b Commuting _____ c Other _____

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

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

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

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

AUTO EXPENSES	420.
DUES AND SUBSCRIPTIONS	1,079.
TELEPHONE	1,151.
TEMPORARY HELP	11,027.
MOVING & STORAGE	962.
LANDING FEES	8,282.
MISCELLANEOUS FEES	814.
FUEL	23,585.
MAINTENANCE AND CLEANING	1,314.
48 Total other expenses. Enter here and on line 27a	48 48,634.

**SCHEDULE C
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2016
Attachment
Sequence No. **09**

Name of proprietor DONALD J. TRUMP		Social security number (SSN)
A Principal business or profession, including product or service (see instructions) AVIATION		B Enter code from instructions ▶ 532290
C Business name. If no separate business name, leave blank. DJT OPERATIONS I LLC		D Employer ID number (EIN), (see instr.) 27-3212458
E Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code _____		
F Accounting method: (1) <input checked="" type="checkbox"/> Cash (2) <input type="checkbox"/> Accrual (3) <input type="checkbox"/> Other (specify) ▶ _____		
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
H If you started or acquired this business during 2016, check here		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
J If "Yes," did you or will you file required Forms 1099?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part I Income

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

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

8 Advertising	8		18	
9 Car and truck expenses (see instructions)	9		19	
10 Commissions and fees	10		20	
11 Contract labor (see instructions)	11		20a	
12 Depletion	12		20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21	
14 Employee benefit programs (other than on line 19)	14		22	
15 Insurance (other than health)	15		23	
16 Interest:			24	
a Mortgage (paid to banks, etc.)	16a		24a	
b Other	16b		24b	
17 Legal and professional services	17		25	
			26	
			27a	
			27b	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a			28	0.
29 Tentative profit or (loss). Subtract line 28 from line 7			29	0.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____ Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30			30	
31 Net profit or (loss). Subtract line 30 from line 29. ● If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. ● If a loss, you must go to line 32.			31	0.
32 If you have a loss, check the box that describes your investment in this activity (see instructions). ● If you checked 32a, enter the loss on both Form 1040, line 12 , (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. ● If you checked 32b, you must attach Form 6198. Your loss may be limited.			32a	<input type="checkbox"/> All investment is at risk. 32b <input type="checkbox"/> Some investment is not at risk.

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

Schedule C (Form 1040) 2016

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

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

OMB No. 1545-0074

2016
Attachment
Sequence No. 12

Name(s) shown on return

Your social security number

DONALD J. & MELANIA TRUMP

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	37,237,653.	37,820,284.		<582,631.>
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	325,000.	324,760.	240.	480.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	10,760,315.	10,807,840.		<47,525.>
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			5	<126,708.>
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2			7	<756,384.>

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

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

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

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	25,478,203.	23,308,236.		2,169,967.
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	7,218,764.	6,742,778.		475,986.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	43,075,527.	45,750,033.		<2,674,506.>
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824			11	11,884,132.
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	<158,240.>
13 Capital gain distributions			13	98.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2			15	11,697,437.

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

Schedule D (Form 1040) 2016

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. <p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions</p> <p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions SEE STATEMENT 26</p> <p>20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input checked="" type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> <p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of:</p> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p>	<p>16</p> <p>18</p> <p>19</p> <p>21</p>	<p>10,941,053.</p> <p>796,160.</p> <p>()</p>
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Sales and Other Dispositions of Capital Assets

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

Name(s) shown on return

Social security number or taxpayer identification no.

DONALD J. & MELANIA TRUMP

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2.
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)	
						(f) Code(s)	(g) Amount of adjustment		
	INL BK RECON & DEVELOP	03/03/16	12/15/16	225,000.	224,928.	D	72.	144.	
	CITIGROUP	02/09/16	06/09/16	100,000.	99,832.	D	168.	336.	
2	Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶					325,000.	324,760.	240.	480.

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

Sales and Other Dispositions of Capital Assets

Department of the Treasury
Internal Revenue Service

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

Name(s) shown on return

Social security number or
taxpayer identification no.

DONALD J. & MELANIA TRUMP

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	US T NTS DTD 11/15/13	02/06/15	01/05/16	26,151.	26,800.			<649.>
	US T NTS DTD 11/15/13	02/18/15	01/05/16	104,605.	106,004.			<1,399.>
	US T NTS DTD 09/15/13	05/12/16	09/15/16	100,000.	100,188.			<188.>
	ENERGY TRANSFER PARTNERS	VARIOUS	02/16/16	27,261.	47,601.			<20,340.>
	ENERGY TRANSFER PARTNERS	VARIOUS	07/12/16	29,629.	18,911.			10,718.
	US T BILLS DTD 11/12/15	04/14/16	05/12/16	119,982.	119,982.			0.
	US T BILLS DTD 12/17/15	05/17/16	06/16/16	599,890.	599,890.			0.
	US T BILLS DTD 2/4/16	11/02/16	12/22/16	299,733.	299,733.			0.
	US T BILLS DTD 3/31/16	08/22/16	09/29/16	599,851.	599,851.			0.
	US T BILLS DTD 5/5/16	09/14/16	11/03/16	499,825.	499,825.			0.
	US T BILLS DTD 7/14/16	12/14/16	12/22/16	499,814.	499,814.			0.
	US T BILLS DTD 7/28/16	12/07/16	12/22/16	599,694.	599,694.			0.
	US T BILLS DTD 8/11/16	12/15/16	12/22/16	649,557.	649,557.			0.
	US T NTS DTD 09/15/13	06/02/16	09/15/16	100,000.	100,133.			<133.>
	US T NTS DTD 3/15/14	11/03/16	12/23/16	500,293.	500,586.			<293.>
	US T NTS	09/29/16	12/15/16	500,000.	500,410.			<410.>
	US T NTS DTD 2/15/06	11/18/15	02/03/16	600,797.	606,328.			<5,531.>
	US T NTS DTD 09/15/13	10/07/15	09/15/16	350,000.	351,764.			<1,764.>
	US T NTS DTD 4/15//13	04/21/15	04/15/16	120,000.	120,028.			<28.>
	US T NTS DTD 4/15//13	04/21/15	03/11/16	469,982.	470,146.			<164.>
	US T NTS DTD 4/15//13	04/21/15	03/11/16	10,000.	10,002.			<2.>
	US T NTS DTD 4/15/14	11/18/16	12/23/16	400,391.	400,453.			<62.>
	US T NTS DTD 3/15/13	11/18/15	02/22/16	365,014.	365,214.			<200.>
	US T NTS DTD 3/15/13	04/24/16	02/22/16	235,009.	235,367.			<358.>
	US T NTS DTD 3/15/13	04/24/15	02/16/16	50,004.	50,078.			<74.>
	US T NTS DTD 3/15/13	11/18/15	02/23/16	235,009.	235,138.			<129.>
	US T NTS DTD 09/30/11	09/28/15	01/08/16	601,336.	603,656.			<2,320.>
	US T NTS DTD 8/31/09	09/25/15	08/31/16	600,000.	614,625.			<14,625.>
	US T NTS DTD 3/31/15	12/15/16	12/23/16	499,980.	499,902.			78.
	US T NTS DTD 10/31/11	06/17/16	10/31/16	600,000.	601,406.			<1,406.>
	US T NTS DTD 11/15/13	02/02/15	01/05/16	26,151.	27,344.			<1,193.>
	US T NTS DTD 11/15/13	01/06/15	01/05/16	156,908.	161,121.			<4,213.>
2	Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶			10,760,315.	10,807,840.			<47,525.>

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



Sales and Other Dispositions of Capital Assets

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

Name(s) shown on return

Social security number or
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DONALD J. & MELANIA TRUMP

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)	
						(f) Code(s)	(g) Amount of adjustment		
	US T NTS DTD 5/15/07	09/10/15	01/05/16	157,242.	159,574.			<2,332.>	
	US T NTS DTD 5/15/07	08/04/15	01/05/16	26,207.	26,715.			<508.>	
2	Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶								

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification no.

DONALD J. & MELANIA TRUMP

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Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1. **Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

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

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	BARON GROWTH FUND INST CLASS	VARIOUS	01/27/16	638,589.	509,066.			129,523.
	US T NTS DTD 7/31/16	04/02/15	06/30/16	300,304.	304,465.			<4,161.>
	AMERICAN EXPRESS	10/10/12	01/05/16	151,656.	158,113.			<6,457.>
	AMGEN INC DTD 5/15/12	05/15/12	01/05/16	151,081.	149,463.			1,618.
	FMCC DTD 6/12/12	09/16/13	01/05/16	151,204.	152,652.			<1,448.>
	GENERAL ELEC CAP CORP	10/16/13	01/05/16	84,484.	82,134.			2,350.
	GEORGIA POWER	11/13/13	01/05/16	160,437.	165,915.			<5,478.>
	INTEL CORP	02/26/13	01/05/16	150,283.	150,513.			<230.>
	IBM CORP DTD 11/1/11	10/25/12	01/05/16	25,381.	26,584.			<1,203.>
	IBM CORP DTD 11/1/11	07/19/13	01/05/16	50,763.	50,105.			658.
	US T BDS DTD 5/15/19	06/19/12	01/05/16	52,807.	56,973.			<4,166.>
	US T BDS DTD 5/15/19	09/19/13	01/05/16	52,807.	53,906.			<1,099.>
	UNITED TECHNOLOGIES CORP	10/25/12	01/05/16	102,424.	107,032.			<4,608.>
	US T NTS DTD 6/30/09	04/02/15	05/17/16	602,133.	621,610.			<19,477.>
	US T NTS DTD 5/15/08	11/20/14	01/05/16	53,207.	54,650.			<1,443.>
	US T NTS DTD 8/15/12	01/08/13	01/05/16	48,803.	49,135.			<332.>
	US T NTS DTD 8/15/12	10/28/14	01/05/16	48,803.	48,668.			135.
	US T NTS DTD 8/15/12	11/06/14	01/05/16	24,401.	24,208.			193.
	US T NTS DTD 8/15/12	11/24/14	01/05/16	73,204.	72,827.			377.
	BARON REAL ESTATE FUND INST	VARIOUS	01/27/16	460,852.	253,857.			206,995.
	BARON SMALL CAP FUND INST CLASS	VARIOUS	01/27/16	892,421.	765,885.			126,536.
	BARON ASSET FUND INST CLASS	VARIOUS	01/27/16	604,887.	584,805.			20,082.
	BARON PARTNERS FUND INST CLASS	10/29/10	01/27/16	817,058.	500,000.			317,058.
	WACHOVIA CORP	05/10/12	01/05/16	162,268.	176,539.			<14,271.>
	US T NTS DTD 5/15/08	05/29/13	01/05/16	53,207.	56,975.			<3,768.>
	US T NTS DTD 7/31/16	04/02/15	08/01/16	300,000.	304,465.			<4,465.>
	ENERGY TRANSFER PARTNERS	VARIOUS	02/16/16	405,300.	630,264.			<224,964.>
	US T NTS DTD 5/15/06	04/02/15	05/16/16	600,000.	631,969.			<31,969.>
2	Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶			7,218,764.	6,742,778.			475,986.

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

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification no.

DONALD J. & MELANIA TRUMP

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- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS
[X] (F) Long-term transactions not reported to you on Form 1099-B

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Rows include XANTHUS FUND, PAULSON ADVANTAGE PLUS LP, PAULSON CREDIT, OPPORTUNITIES LP, PAULSON PARTNERS LP, AG ELEVEN PARTNERS LP, AG DIVERSIFIED INCOME, FUND PLUS LP, THE OBSIDIAN FUND LLC, and a Totals row at the bottom.

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

**SCHEDULE D
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Capital Gains and Losses

▶ Attach to Form 1040 or Form 1040NR.

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

OMB No. 1545-0074

2016
Attachment
Sequence No. **12**

Name(s) shown on return

Your social security number

DONALD J. & MELANIA TRUMP

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	37,237,653.	37,820,284.		<582,631.>
1b Totals for all transactions reported on Form(s) 8949 with Box A checked	325,000.	324,760.	240.	480.
2 Totals for all transactions reported on Form(s) 8949 with Box B checked	10,760,315.	10,807,840.		<47,525.>
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824			4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 SEE STATEMENT 32			5	<126,708.>
6 Short-term capital loss carryover. Enter the amount, if any, from line 8 of your Capital Loss Carryover Worksheet in the instructions			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h). If you have any long-term capital gains or losses, go to Part II below. Otherwise, go to Part III on page 2			7	<756,384.>

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	25,478,203.	23,308,236.		2,169,967.
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked	7,218,764.	6,742,778.		475,986.
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	43,075,527.	45,750,033.		<2,674,506.>
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824 SEE STATEMENT 31 SEE STATEMENT 27			11	11,884,132.
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1			12	<158,240.>
13 Capital gain distributions SEE STATEMENT 28			13	98.
14 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions			14	()
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to Part III on page 2			15	11,697,437.

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

Schedule D (Form 1040) 2016

Part III Summary

<p>16 Combine lines 7 and 15 and enter the result</p> <ul style="list-style-type: none"> • If line 16 is a gain, enter the amount from line 16 on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below. • If line 16 is a loss, skip lines 17 through 20 below. Then go to line 21. Also be sure to complete line 22. • If line 16 is zero, skip lines 17 through 21 below and enter -0- on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 22. <p>17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.</p> <p>18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet in the instructions</p> <p>19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet in the instructions <small>SEE STATEMENT 33</small></p> <p>20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. <input checked="" type="checkbox"/> No. Complete the Schedule D Tax Worksheet in the instructions. Don't complete lines 21 and 22 below.</p> <p>21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) } <p>Note: When figuring which amount is smaller, treat both amounts as positive numbers.</p> <p>22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.</p> </p>	<p>16</p> <p>18</p> <p>19</p> <p>21</p>	<p>10,941,053.</p> <p>796,160.</p> <p>()</p>
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Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Form 8949

Department of the Treasury
Internal Revenue Service

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

2016

Attachment
Sequence No. **12A**

Name(s) shown on return

Social security number or
taxpayer identification no.

DONALD J. & MELANIA TRUMP

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

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

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

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

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

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	INL BK RECON & DEVELOP	03/03/16	12/15/16	225,000.	224,928.	D	72.	144.
	CITIGROUP	02/09/16	06/09/16	100,000.	99,832.	D	168.	336.

2	Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked) ▶	325,000.	324,760.		240.	480.
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Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

Sales and Other Dispositions of Capital Assets

Form 8949

Department of the Treasury Internal Revenue Service

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

2016

Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no.

DONALD J. & MELANIA TRUMP

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

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

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

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

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

Table with 8 columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Includes 20 rows of transaction data and a Totals row.

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

Sales and Other Dispositions of Capital Assets

OMB No. 1545-0074

Form 8949

Department of the Treasury Internal Revenue Service

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

2016 Attachment Sequence No. 12A

Name(s) shown on return

Social security number or taxpayer identification no.

DONALD J. & MELANIA TRUMP

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

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

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

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

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

Table with 7 main columns: (a) Description of property, (b) Date acquired, (c) Date sold or disposed of, (d) Proceeds (sales price), (e) Cost or other basis, (f) Code(s), (g) Amount of adjustment, (h) Gain or (loss). Includes two rows of data for US T NTS DTD 5/15/07.

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

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

ALTERNATIVE MINIMUM TAX

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification no.

DONALD J. & MELANIA TRUMP

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1. **Note:** You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

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

- (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (F) Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
						(f) Code(s)	(g) Amount of adjustment	
	BARON GROWTH FUND INST							
	CLASS	VARIOUS	01/27/16	638,589.	509,066.			129,523.
	US T NTS DTD 7/31/16	04/02/15	06/30/16	300,304.	304,465.			<4,161.>
	AMERICAN EXPRESS	10/10/12	01/05/16	151,656.	158,113.			<6,457.>
	AMGEN INC DTD 5/15/12	05/15/12	01/05/16	151,081.	149,463.			1,618.
	FMCC DTD 6/12/12	09/16/13	01/05/16	151,204.	152,652.			<1,448.>
	GENERAL ELEC CAP CORP	10/16/13	01/05/16	84,484.	82,134.			2,350.
	GEORGIA POWER	11/13/13	01/05/16	160,437.	165,915.			<5,478.>
	INTEL CORP	02/26/13	01/05/16	150,283.	150,513.			<230.>
	IBM CORP DTD 11/1/11	10/25/12	01/05/16	25,381.	26,584.			<1,203.>
	IBM CORP DTD 11/1/11	07/19/13	01/05/16	50,763.	50,105.			658.
	US T BDS DTD 5/15/19	06/19/12	01/05/16	52,807.	56,973.			<4,166.>
	US T BDS DTD 5/15/19	09/19/13	01/05/16	52,807.	53,906.			<1,099.>
	UNITED TECHNOLOGIES CORP	10/25/12	01/05/16	102,424.	107,032.			<4,608.>
	US T NTS DTD 6/30/09	04/02/15	05/17/16	602,133.	621,610.			<19,477.>
	US T NTS DTD 5/15/08	11/20/14	01/05/16	53,207.	54,650.			<1,443.>
	US T NTS DTD 8/15/12	01/08/13	01/05/16	48,803.	49,135.			<332.>
	US T NTS DTD 8/15/12	10/28/14	01/05/16	48,803.	48,668.			135.
	US T NTS DTD 8/15/12	11/06/14	01/05/16	24,401.	24,208.			193.
	US T NTS DTD 8/15/12	11/24/14	01/05/16	73,204.	72,827.			377.
	BARON REAL ESTATE FUND							
	INST	VARIOUS	01/27/16	460,852.	253,857.			206,995.
	BARON SMALL CAP FUND INST							
	CLASS	VARIOUS	01/27/16	892,421.	765,885.			126,536.
	BARON ASSET FUND INST							
	CLASS	VARIOUS	01/27/16	604,887.	584,805.			20,082.
	BARON PARTNERS FUND INST							
	CLASS	10/29/10	01/27/16	817,058.	500,000.			317,058.
	WACHOVIA CORP	05/10/12	01/05/16	162,268.	176,539.			<14,271.>
	US T NTS DTD 5/15/08	05/29/13	01/05/16	53,207.	56,975.			<3,768.>
	US T NTS DTD 7/31/16	04/02/15	08/01/16	300,000.	304,465.			<4,465.>
	ENERGY TRANSFER PARTNERS	VARIOUS	02/16/16	405,300.	630,264.			<224,964.>
	US T NTS DTD 5/15/06	04/02/15	05/16/16	600,000.	631,969.			<31,969.>
2	Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)			7,218,764.	6,742,778.			475,986.

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

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

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

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

OMB No. 1545-0074

2016

Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Your social security number

DONALD J. & MELANIA TRUMP

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

A Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

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

A ENERGY TRANSFER PARTNERS LP - Royalty

B

C

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

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4	4.		
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14	4732	3609	
15 Supplies	15			
16 Taxes	16			
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶	19			
20 Total expenses. Add lines 5 through 19	20			
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	4.		
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22			
23a Total of all amounts reported on line 3 for all rental properties	23a		75,634.	
b Total of all amounts reported on line 4 for all royalty properties	23b		2,877,187.	
c Total of all amounts reported on line 12 for all properties	23c		8,782.	
d Total of all amounts reported on line 18 for all properties	23d		55,987.	
e Total of all amounts reported on line 20 for all properties	23e		1,115,714.	
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			2,114,912.
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			(277,805.)
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			1,837,107.

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

Schedule E (Form 1040) 2016

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2016
Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

DONALD J. & MELANIA TRUMP

Part I Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use

Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40.

- A** Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

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

A PALM BEACH, FL 33480
B PALM BEACH, FL 33480
C 1, NY

1b Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
		A	B	C
A 1		366		<input type="checkbox"/>
B 1		366		<input type="checkbox"/>
C 1		366		<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3		75,634.	
4 Royalties received	4			
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8		7,563.	
9 Insurance	9	4,610.	2,382.	
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12	5,992.	2,790.	
13 Other interest	13			
14 Repairs	14	4,732.	3,609.	
15 Supplies	15			
16 Taxes	16	142,402.	40,638.	57.
17 Utilities	17	18,463.	15,772.	
18 Depreciation expense or depletion	18	42,627.	13,360.	
19 Other (list) ▶ STMT 35 STMT 36 STMT 37	19	14,175.	5,784.	25.
20 Total expenses. Add lines 5 through 19	20	233,001.	91,898.	82.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-233,001.	-16,264.	-82.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	233,001.	16,264.	82.
23a Total of all amounts reported on line 3 for all rental properties	23a			
23b Total of all amounts reported on line 4 for all royalty properties	23b			
23c Total of all amounts reported on line 12 for all properties	23c			
23d Total of all amounts reported on line 18 for all properties	23d			
23e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			

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

Schedule E (Form 1040) 2016

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074

2016

Attachment Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

Your social security number

DONALD J. & MELANIA TRUMP

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

- A** Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

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

A	
B	
C	

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

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4	256,927.	2,477,732.	
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8		315,000.	
9 Insurance	9			
10 Legal and other professional fees	10			
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16			253.
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶ STMT 38 STMT 39	19	256,927.	86,391.	
20 Total expenses. Add lines 5 through 19	20	256,927.	401,391.	253.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	0.	2,076,341.	-253.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22			253.)
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			

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

Schedule E (Form 1040) 2016

SCHEDULE E
(Form 1040)

Supplemental Income and Loss

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

OMB No. 1545-0074

2016
Attachment
Sequence No. **13**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name(s) shown on return

Your social security number

DONALD J. & MELANIA TRUMP

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

- A** Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

1a Physical address of each property (street, city, state, ZIP code)					
A					
B					
C					
1b	Type of Property (from list below)	2 For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	Fair Rental Days	Personal Use Days	QJV
A	6		A		<input type="checkbox"/>
B	6		B		<input type="checkbox"/>
C	1		C	366	<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4		142,500.	
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10		92,145.	
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	300.	139.	196.
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶ STMT 41 STMT 42	19		11,673.	714.
20 Total expenses. Add lines 5 through 19	20	300.	103,957.	910.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-300.	38,543.	-910.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	300.		910.
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			

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

Schedule E (Form 1040) 2016

SCHEDULE E
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

2016
Attachment
Sequence No. **13**

Name(s) shown on return

Your social security number

DONALD J. & MELANIA TRUMP

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

A Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No
B If "Yes," did you or will you file required Forms 1099? Yes No

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

1b	Type of Property (from list below)	2	Fair Rental Days	Personal Use Days	QJV
A	1	For each rental real estate property listed above, report the number of fair rental and personal use days. Check the QJV box only if you meet the requirements to file as a qualified joint venture. See instructions.	A	366	<input type="checkbox"/>
B	6		B		<input type="checkbox"/>
C	1		C	366	<input type="checkbox"/>

Type of Property:

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

Income:	Properties:	A	B	C
3 Rents received	3			
4 Royalties received	4		24.	
Expenses:				
5 Advertising	5			
6 Auto and travel (see instructions)	6			
7 Cleaning and maintenance	7			
8 Commissions	8			
9 Insurance	9			
10 Legal and other professional fees	10	55.		55.
11 Management fees	11			
12 Mortgage interest paid to banks, etc. (see instructions)	12			
13 Other interest	13			
14 Repairs	14			
15 Supplies	15			
16 Taxes	16	9.		139.
17 Utilities	17			
18 Depreciation expense or depletion	18			
19 Other (list) ▶ STMT 44 STMT 45	19	25.		26,712.
20 Total expenses. Add lines 5 through 19	20	89.		26,906.
21 Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198	21	-89.	24.	-26,906.
22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions)	22	89.		26,906.
23a Total of all amounts reported on line 3 for all rental properties	23a			
b Total of all amounts reported on line 4 for all royalty properties	23b			
c Total of all amounts reported on line 12 for all properties	23c			
d Total of all amounts reported on line 18 for all properties	23d			
e Total of all amounts reported on line 20 for all properties	23e			
24 Income. Add positive amounts shown on line 21. Do not include any losses	24			
25 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here	25			
26 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2	26			

LHA For Paperwork Reduction Act Notice, see the separate instructions. Schedule E (Form 1040) 2016

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

Your social security number

DONALD J. & MELANIA TRUMP

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

Part II Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See instructions.

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

Table with 5 columns: (a) Name, (b) Enter P for partnership; S for S corporation, (c) Check if foreign partnership, (d) Employer identification number, (e) Check if any amount is not at risk. Row A: SEE STATEMENT 47

Table with 5 columns: (f) Passive loss allowed, (g) Passive income from Schedule K-1, (h) Nonpassive loss from Schedule K-1, (i) Section 179 expense deduction from Form 4562, (j) Nonpassive income from Schedule K-1. Totals: 74,310,980, 11,559,240, 31,479,807, 72,167,043. Total partnership and S corporation income or (loss): -17,776,630.

Part III Income or Loss From Estates and Trusts

Table with 2 columns: (a) Name, (b) Employer identification number. Row A: SEE STATEMENT 48

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

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

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

Part V Summary * ENTIRE DISPOSITION OF PASSIVE ACTIVITY

Table with 2 columns: Description, Amount. Row 40: Net farm rental income or (loss) from Form 4835. Row 41: Total income or (loss). Row 42: Reconciliation of farming and fishing income. Row 43: Reconciliation for real estate professionals.

Schedule E

Publicly Traded Partnerships

Name of Activity: ENERGY TRANSFER PARTNERS LP

Activity net income	1,024.	
Activity net loss	-19.	
Prior year unallowed losses	-277,030.	
Net income (loss)	-276,025.	100% DISPOSITION
Total loss allowed from the PTP for 2016	277,049.	
Disallowed losses from this PTP		

Form or Schedule	Gain/Loss	Prior Year Carryover	Net Gain/Loss	Unallowed Loss	Allowed Loss
SCH E	1,024.	273,363.	-272,339.		272,339.
FORM 4797	-19.	3,667.	-3,686.		3,686.
	1,005.	277,030.	-276,025.		276,025.

Alternative Minimum Tax

Activity net income	1,067.	
Activity net loss	-19.	
Prior year unallowed losses	-275,094.	
Net income (loss)	-274,046.	100% DISPOSITION
Total loss allowed from the PTP for 2016	275,113.	
Disallowed losses from this PTP		
Alternative minimum tax adjustment	1,979.	

Form or Schedule	Gain/Loss	Prior Year Carryover	Net Gain/Loss	Unallowed Loss	Allowed Loss
SCH E	1,067.	271,427.	-270,360.		270,360.
FORM 4797	-19.	3,667.	-3,686.		3,686.
	1,048.	275,094.	-274,046.		274,046.



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

Social security number of person with **self-employment** income

DONALD J. TRUMP

Section B - Long Schedule SE

Part I Self-Employment Tax

Note. If your only income subject to self-employment tax is **church employee income**, see instructions. Also see instructions for the definition of church employee income.

A If you are a minister, member of a religious order, or Christian Science practitioner **and** you filed Form 4361, but you had \$400 or more of **other** net earnings from self-employment, check here and continue with Part I

1a Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Form 1065), box 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see instructions)	1a	
b If you received social security retirement or disability benefits, enter the amount of Conservation Reserve Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 1065), box 20, code Z	1b	
2 Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), box 14, code A (other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and members of religious orders, see instructions for types of income to report on this line. See instructions for other income to report. Note. Skip this line if you use the nonfarm optional method (see instructions) SEE STATEMENT 49	2	15,848,092.
3 Combine lines 1a, 1b, and 2	3	15,848,092.
4a If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount from line 3 Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line 1b, see instructions.	4a	14,635,713.
b If you elect one or both of the optional methods, enter the total of lines 15 and 17 here	4b	
c Combine lines 4a and 4b. If less than \$400, stop ; you do not owe self-employment tax. Exception. If less than \$400 and you had church employee income , enter -0- and continue	4c	14,635,713.
5a Enter your church employee income from Form W-2. See instructions for definition of church employee income	5a	
b Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-	5b	
6 Add lines 4c and 5b	6	14,635,713.
7 Maximum amount of combined wages and self-employment earnings subject to social security tax or the 6.2% portion of the 7.65% railroad retirement (tier 1) tax for 2016	7	118,500.00
8a Total social security wages and tips (total of boxes 3 and 7 on Form(s) W-2) and railroad retirement (tier 1) compensation. If \$118,500 or more, skip lines 8b through 10, and go to line 11	8a	978.
b Unreported tips subject to social security tax (from Form 4137, line 10)	8b	
c Wages subject to social security tax (from Form 8919, line 10)	8c	
d Add lines 8a, 8b, and 8c	8d	978.
9 Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11	9	117,522.
10 Multiply the smaller of line 6 or line 9 by 12.4% (0.124)	10	14,573.
11 Multiply line 6 by 2.9% (0.029)	11	424,436.
12 Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or Form 1040NR, line 55	12	439,009.
13 Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on Form 1040, line 27, or Form 1040NR, line 27	13	219,505.

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

Farm Optional Method. You may use this method **only** if (a) your gross farm income¹ was not more than \$7,560, or (b) your net farm profits² were less than \$5,457.

14 Maximum income for optional methods	14	5,040.00
15 Enter the smaller of: two-thirds (2/3) of gross farm income ¹ (not less than zero) or \$5,040. Also include this amount on line 4b above	15	

Nonfarm Optional Method. You may use this method **only** if (a) your net nonfarm profits³ were less than \$5,457 and also less than 72.189% of your gross nonfarm income,⁴ and (b) you had net earnings from self-employment of at least \$400 in 2 of the prior 3 years. **Caution.** You may use this method no more than five times.

16 Subtract line 15 from line 14	16	
17 Enter the smaller of: two-thirds (2/3) of gross nonfarm income ⁴ (not less than zero) or the amount on line 16. Also include this amount on line 4b above	17	

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

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

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

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

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

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

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

OMB No. 1545-0121

2016

Attachment
Sequence No. **19**

Name

Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

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

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

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	OTHER COUNTRIES	AZERBAIJAN	PANAMA	
1a Gross income from sources within country shown above and of the type checked above:				
	339,083.		422,151.	761234
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	27,985.			
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	6,645,497.	6,645,497.	6,645,497.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	6,645,497.	6,645,497.	6,645,497.	
d Gross foreign source income	339,083.		422,151.	
e Gross income from all sources	172,229,279.	172,229,279.	172,229,279.	
f Divide line 3d by line 3e	.00197	.00000	.00245	
g Multiply line 3c by line 3f	13,092.		16,303.	
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	41,077.		16,303.	5380
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				755854

Part II Foreign Taxes Paid or Accrued

Country	Foreign taxes paid or accrued									
	In foreign currency				In U.S. dollars					
	Taxes withheld at source on:				Taxes withheld at source on:					
(h) <input checked="" type="checkbox"/> Paid									(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
(i) <input type="checkbox"/> Accrued										
(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties	(q) Interest			
A					691.			7,394.	8,085.	
B										
C										
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2									8	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2016)

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	8,085.	
10	Carryback or carryover (attach detailed computation) SEE STATEMENT 52	10	8,596.	
11	Add lines 9 and 10	11	16,681.	
12	Reduction in foreign taxes	12		
13	Taxes reclassified under high tax kickout	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		16,681.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	1,520,887.	
16	Adjustments to line 15	16	-1,520,887.	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17		
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption	18		
19	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		
20	Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39	20		
21	Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions. Multiply line 20 by line 19 (maximum amount of credit)	21		
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV	22		0.

Part IV Summary of Credits From Separate Parts III

23	Credit for taxes on passive category income	23		
24	Credit for taxes on general category income	24		
25	Credit for taxes on certain income re-sourced by treaty	25		
26	Credit for taxes on lump-sum distributions	26		
27	Add lines 23 through 26	27		0.
28	Enter the smaller of line 20 or line 27	28		0.
29	Reduction of credit for international boycott operations	29		
30	Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30		0.

Foreign Tax Credit
 (Individual, Estate, or Trust)

OMB No. 1545-0121

2016
 Attachment
 Sequence No. **19**

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

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

Name: **DONALD J. & MELANIA TRUMP**

Identifying number as shown on page 1 of your tax return: _____

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

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

f Resident of (name of country) ▶ **UNITED STATES**

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	INDIA	CANADA	QATAR	
1a Gross income from sources within country shown above and of the type checked above:		858,558.		1a 1,619,792.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				<input type="checkbox"/>
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement) <small>SEE STATEMENT 51</small>			8,408.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	6,645,497.	6,645,497.	6,645,497.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	6,645,497.	6,645,497.	6,645,497.	
d Gross foreign source income		858,558.		
e Gross income from all sources	172,229,279.	172,229,279.	172,229,279.	
f Divide line 3d by line 3e	.00000	.00498	.00000	
g Multiply line 3c by line 3f		33,117.		
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5		33,117.	8,408.	6 98,905.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 1,520,887.

Part II Foreign Taxes Paid or Accrued SEE STATEMENT 50

Country	Foreign taxes paid or accrued							(s) Total foreign taxes paid or accrued (add cols. (o) through (r))			
	In foreign currency				In U.S. dollars						
	Taxes withheld at source on:				Taxes withheld at source on:						
	(h) <input checked="" type="checkbox"/> Paid					(n) Other foreign taxes paid or accrued				(r) Other foreign taxes paid or accrued	
	(i) <input type="checkbox"/> Accrued										
	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest			
A											
B											
C											

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8 8,085.

LHA For Paperwork Reduction Act Notice, see instructions.

Foreign Tax Credit
 (Individual, Estate, or Trust)

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

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

Name **DONALD J. & MELANIA TRUMP** Identifying number as shown on page 1 of your tax return

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

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

f Resident of (name of country) ▶ **UNITED STATES**

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	CANADA	KOREA, SOUTH	UNITED KINGDOM	
1a Gross income from sources within country shown above and of the type checked above:				
	5,462,223.		11,964,980.	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				<input type="checkbox"/>
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	930,576.	100.	24,143,235.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	6,645,497.	6,645,497.	6,645,497.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	6,645,497.	6,645,497.	6,645,497.	
d Gross foreign source income	5,462,223.		11,964,980.	
e Gross income from all sources	172,229,279.	172,229,279.	172,229,279.	
f Divide line 3d by line 3e	.03171	.00000	.06947	
g Multiply line 3c by line 3f	210,778.		461,651.	
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	1,141,354.	100.	24,604,886.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency				In U.S. dollars				
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties		
A	05/27/16								247,378.	247,378.
B										
C										

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

8

Form **1116**

Foreign Tax Credit

(Individual, Estate, or Trust)

OMB No. 1545-0121

2016

Attachment Sequence No. **19**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name

Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

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

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

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	CHINA	DOMINICAN REPUBLIC	PANAMA	
1a Gross income from sources within country shown above and of the type checked above:			913,053.	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions):				
2 Expenses definitely related to the income on line 1a (attach statement)	3,887,451.	34,803.	370,205.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	6,645,497.	6,645,497.	6,645,497.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	6,645,497.	6,645,497.	6,645,497.	
d Gross foreign source income			913,053.	
e Gross income from all sources	172,229,279.	172,229,279.	172,229,279.	
f Divide line 3d by line 3e	.00000	.00000	.00530	
g Multiply line 3c by line 3f			35,223.	
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	3,887,451.	34,803.	405,428.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

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

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

8

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2016)



Foreign Tax Credit
 (Individual, Estate, or Trust)

OMB No. 1545-0121

2016
 Attachment
 Sequence No. **19**

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

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

Name: **DONALD J. & MELANIA TRUMP**

Identifying number as shown on page 1 of your tax return

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

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

f Resident of (name of country) ▶ **UNITED STATES**

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	UNITED ARAB EMIRATES	PUERTO RICO	CANADA	
1a Gross income from sources within country shown above and of the type checked above:	41,251.	1,930.	6,288,301.	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)	<input type="checkbox"/>			
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	166,383.	296.	210,420.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	6,645,497.	6,645,497.	6,645,497.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	6,645,497.	6,645,497.	6,645,497.	
d Gross foreign source income	41,251.	1,930.	6,288,301.	
e Gross income from all sources	172,229,279.	172,229,279.	172,229,279.	
f Divide line 3d by line 3e	.00024	.00001	.03651	
g Multiply line 3c by line 3f	1,600.	59.	242,610.	
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	167,983.	355.	453,030.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued (j) Date paid or accrued	Foreign taxes paid or accrued							(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency			(n) Other foreign taxes paid or accrued	In U.S. dollars				
		(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest		
A										
B										
C								622,227.	622,227.	

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116**

Foreign Tax Credit
(Individual, Estate, or Trust)

OMB No. 1545-0121

2016
Attachment
Sequence No. **19**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name

Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

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

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

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	PHILIPPINES	GRENADA	INDIA	
1a Gross income from sources within country shown above and of the type checked above:				
	10,879.		3,533,001.	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	3,117.	341.	751,817.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	6,645,497.	6,645,497.	6,645,497.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	6,645,497.	6,645,497.	6,645,497.	
d Gross foreign source income	10,879.		3,533,001.	
e Gross income from all sources	172,229,279.	172,229,279.	172,229,279.	
f Divide line 3d by line 3e	.00006	.00000	.02051	
g Multiply line 3c by line 3f	398.		136,322.	
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	3,515.	341.	888,139.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency				In U.S. dollars				
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties		
A									1,019.	1,019.
B										
C									381,748.	381,748.

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

8

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2016)

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

2016

Attachment
Sequence No. **19**

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

Name

Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

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

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

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	GEORGIA	ISRAEL	AZERBAIJAN	
1a Gross income from sources within country shown above and of the type checked above:			64.	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				<input type="checkbox"/>
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	4,901.	9,732.	37,392.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	6,645,497.	6,645,497.	6,645,497.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	6,645,497.	6,645,497.	6,645,497.	
d Gross foreign source income			64.	
e Gross income from all sources	172,229,279.	172,229,279.	172,229,279.	
f Divide line 3d by line 3e	.00000	.00000	.00000	
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	4,901.	9,732.	37,392.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:				(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued
(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest			
A										
B										
C										

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

8

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2016)

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

Foreign Tax Credit
(Individual, Estate, or Trust)

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

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

OMB No. 1545-0121

2016
Attachment
Sequence No. **19**

Name

Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

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

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

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	BRAZIL	SAINT MARTIN	MEXICO	
1a Gross income from sources within country shown above and of the type checked above:		1,010,648.		1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	195,842.	1,885,754.	4,907.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	6,645,497.	6,645,497.	6,645,497.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	6,645,497.	6,645,497.	6,645,497.	
d Gross foreign source income		1,010,648.		
e Gross income from all sources	172,229,279.	172,229,279.	172,229,279.	
f Divide line 3d by line 3e	.00000	.00587	.00000	
g Multiply line 3c by line 3f		38,973.		
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	195,842.	1,924,727.	4,907.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							
		In foreign currency				In U.S. dollars			
		Taxes withheld at source on:				(n) Other foreign taxes paid or accrued	Taxes withheld at source on:		
	(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(o) Dividends		(p) Rents and royalties	(q) Interest	
A									
B									
C									

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

8

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2016).

Foreign Tax Credit

(Individual, Estate, or Trust)

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

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

Name

Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

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

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

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	QATAR	INDONESIA	IRELAND	
1a Gross income from sources within country shown above and of the type checked above:		730,213.	7,762,717.	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				<input type="checkbox"/>
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	364.	648,301.	10,303,521.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	6,645,497.	6,645,497.	6,645,497.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	6,645,497.	6,645,497.	6,645,497.	
d Gross foreign source income		730,213.	7,762,717.	
e Gross income from all sources	172,229,279.	172,229,279.	172,229,279.	
f Divide line 3d by line 3e	.00000	.00424	.04507	
g Multiply line 3c by line 3f		28,185.	299,516.	
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	364.	676,486.	10,603,037.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency				In U.S. dollars				
		(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties	(q) Interest		
A										
B								1,736.	1,736.	
C										

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

8

LHA For Paperwork Reduction Act Notice, see instructions.



Foreign Tax Credit
 (Individual, Estate, or Trust)

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

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

Name

Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

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

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

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	TURKEY ST. VINCENT AND THE GR			
1a Gross income from sources within country shown above and of the type checked above:				
	888,815.			1a 38,608,075.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement) <small>SEE STATEMENT 54</small>	153,879.	323.		
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	6,645,497.	6,645,497.		
b Other deductions (attach statement)				
c Add lines 3a and 3b	6,645,497.	6,645,497.		
d Gross foreign source income	888,815.			
e Gross income from all sources	172,229,279.	172,229,279.		
f Divide line 3d by line 3e	.00516	.00000		
g Multiply line 3c by line 3f	34,272.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	188,151.	323.		6 45,233,247.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 -6,625,172.

Part II Foreign Taxes Paid or Accrued

SEE STATEMENT 53

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

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ **8** 1,254,108.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2016)

Part III Figuring the Credit			
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	1,254,108.
10	Carryback or carryover (attach detailed computation) SEE STATEMENT 55	10	8,091,785.
11	Add lines 9 and 10	11	9,345,893.
12	Reduction in foreign taxes	12	
13	Taxes reclassified under high tax kickout	13	
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	9,345,893.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	-6,625,172.
16	Adjustments to line 15	16	1,520,887.
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	-5,104,285.
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	
20	Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39 Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.	20	
21	Multiply line 20 by line 19 (maximum amount of credit)	21	
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV	22	0.

Part IV Summary of Credits From Separate Parts III			
23	Credit for taxes on passive category income	23	
24	Credit for taxes on general category income	24	
25	Credit for taxes on certain income re-sourced by treaty	25	
26	Credit for taxes on lump-sum distributions	26	
27	Add lines 23 through 26	27	
28	Enter the smaller of line 20 or line 27	28	
29	Reduction of credit for international boycott operations	29	
30	Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30	

Form **1116**

Foreign Tax Credit
(Individual, Estate, or Trust)

2016
Attachment
Sequence No. **19**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name

Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

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

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

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	OTHER COUNTRIES	AZERBAIJAN	PANAMA	
1a Gross income from sources within country shown above and of the type checked above:				
	239,433.		422,151.	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	27,985.			
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	53,980.	53,980.	53,980.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	53,980.	53,980.	53,980.	
d Gross foreign source income	339,083.		422,151.	
e Gross income from all sources	172,229,279.	172,229,279.	172,229,279.	
f Divide line 3d by line 3e	.00197	.00000	.00245	
g Multiply line 3c by line 3f	106.		132.	
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	28,091.		132.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued								
		In foreign currency				In U.S. dollars				
		Taxes withheld at source on:				(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest	
A						691.				7,394.
B										
C										

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

8

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2016)

Foreign Tax Credit

(Individual, Estate, or Trust)

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

2016

Attachment Sequence No. **19**

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

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

Name

Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

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

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

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	INDIA	CANADA	QATAR	
1a Gross income from sources within country shown above and of the type checked above:		858,558.		1a 1,520,142.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)			8,408.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	53,980.	53,980.	53,980.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	53,980.	53,980.	53,980.	
d Gross foreign source income		858,558.		
e Gross income from all sources	172,229,279.	172,229,279.	172,229,279.	
f Divide line 3d by line 3e	.00000	.00498	.00000	
g Multiply line 3c by line 3f		269.		
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5		269.	8,408.	6 36,900.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 1,483,242.

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued						(s) Total foreign taxes paid or accrued (add cols. (o) through (r))				
		In foreign currency			In U.S. dollars							
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends		(p) Rents and royalties	(q) Interest	(r) Other foreign taxes paid or accrued	
A												
B												
C												
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2											8 8,085.	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2016)

ALTERNATIVE MINIMUM TAX

Part III Figuring the Credit			
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	8,085.
10	Carryback or carryover (attach detailed computation) SEE STATEMENT 64	10	17,192.
11	Add lines 9 and 10	11	25,277.
12	Reduction in foreign taxes	12	
13	Taxes reclassified under high tax kickout	13	
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14	25,277.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	1,483,242.
16	Adjustments to line 15	16	-1,483,242.
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions.	18	
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19	
20	Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39 Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.	20	5,259,735.
21	Multiply line 20 by line 19 (maximum amount of credit)	21	
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV	22	0.
Part IV Summary of Credits From Separate Parts III			
23	Credit for taxes on passive category income	23	
24	Credit for taxes on general category income	24	3,025,010.
25	Credit for taxes on certain income re-sourced by treaty	25	
26	Credit for taxes on lump-sum distributions	26	
27	Add lines 23 through 26	27	3,025,010.
28	Enter the smaller of line 20 or line 27	28	3,025,010.
29	Reduction of credit for international boycott operations	29	
30	Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30	3,025,010.

Foreign Tax Credit

(Individual, Estate, or Trust)

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

2016

Attachment Sequence No. 19

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

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

Name

Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

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

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

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	CANADA	KOREA, SOUTH	UNITED KINGDOM	
1a Gross income from sources within country shown above and of the type checked above:				
	5,462,223.		11,964,980.	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	930,576.	100.	24,143,235.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	53,980.	53,980.	53,980.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	53,980.	53,980.	53,980.	
d Gross foreign source income	5,462,223.		11,964,980.	
e Gross income from all sources	172,229,279.	172,229,279.	172,229,279.	
f Divide line 3d by line 3e	.03171	.00000	.06947	
g Multiply line 3c by line 3f	1,712.		3,750.	
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	932,288.	100.	24,146,985.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued						(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))
		In foreign currency			In U.S. dollars				
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends		
A	05/27/16							247,378.	247,378.
B									
C									

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

8

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2016)

Form **1116**

Foreign Tax Credit

(Individual, Estate, or Trust)

2016

Attachment Sequence No. **19**

Department of the Treasury
Internal Revenue Service (99)

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

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

Name

Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

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

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

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	CHINA	DOMINICAN REPUBLIC	PANAMA	
1a Gross income from sources within country shown above and of the type checked above:			913,053.	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				<input type="checkbox"/>
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	3,887,451.	34,803.	370,205.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	53,980.	53,980.	53,980.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	53,980.	53,980.	53,980.	
d Gross foreign source income			913,053.	
e Gross income from all sources	172,229,279.	172,229,279.	172,229,279.	
f Divide line 3d by line 3e	.00000	.00000	.00530	
g Multiply line 3c by line 3f			286.	
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	3,887,451.	34,803.	370,491.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

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

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

8

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2016)

Form 1116

Foreign Tax Credit (Individual, Estate, or Trust)

2016

Department of the Treasury Internal Revenue Service (99)

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

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

Attachment Sequence No. 19

Name

Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

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

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

f Resident of (name of country) UNITED STATES

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

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

Table with columns: Foreign Country or U.S. Possession (A, B, C), Total (Add cols. A, B, and C.). Rows include: Enter the name of the foreign country or U.S. possession (UNITED ARAB EMIRATES, PUERTO RICO, CANADA), Gross income from sources within country shown above and of the type checked above, Deductions and losses (Caution: See instructions.), Expenses definitely related to the income on line 1a, Pro rata share of other deductions not definitely related, Pro rata share of interest expense, Losses from foreign sources.

Part II Foreign Taxes Paid or Accrued

Table for Foreign taxes paid or accrued. Columns: Country, Credit is claimed for taxes (you must check one), In foreign currency (Taxes withheld at source on: Dividends, Rents and royalties, Interest), In U.S. dollars (Taxes withheld at source on: Dividends, Rents and royalties, Interest), (r) Other foreign taxes paid or accrued, (s) Total foreign taxes paid or accrued (add cols. (o) through (r)).

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2016)

Foreign Tax Credit

(Individual, Estate, or Trust)

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

2016

Attachment Sequence No. **19**

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

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

Name

Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

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

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

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	PHILIPPINES	GRENADA	INDIA	
1a Gross income from sources within country shown above and of the type checked above:	10,879.		3,533,001.	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>				
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	3,117.	341.	751,817.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	53,980.	53,980.	53,980.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	53,980.	53,980.	53,980.	
d Gross foreign source income	10,879.		3,533,001.	
e Gross income from all sources	172,229,279.	172,229,279.	172,229,279.	
f Divide line 3d by line 3e	.00006	.00000	.02051	
g Multiply line 3c by line 3f	3.		1,107.	
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	3,120.	341.	752,924.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 ▶				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one)		Foreign taxes paid or accrued						(s) Total foreign taxes paid or accrued (add cols. (o) through (r))	
	(h) <input checked="" type="checkbox"/> Paid	(i) <input type="checkbox"/> Accrued	In foreign currency			In U.S. dollars				
			(k) Dividends	(l) Rents and royalties	(m) Interest	(n) Other foreign taxes paid or accrued	(o) Dividends	(p) Rents and royalties		(q) Interest
A									1,019.	1,019.
B										
C									381,748.	381,748.

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

Form **1116** (2016)

Foreign Tax Credit

(Individual, Estate, or Trust)

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

2016

Attachment Sequence No. 19

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

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

Name **DONALD J. & MELANIA TRUMP** Identifying number as shown on page 1 of your tax return

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

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

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	GEORGIA	ISRAEL	AZERBAIJAN	
1a Gross income from sources within country shown above and of the type checked above:				
			64.	1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				<input type="checkbox"/>
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	4,901.	9,732.	37,392.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	53,980.	53,980.	53,980.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	53,980.	53,980.	53,980.	
d Gross foreign source income			64.	
e Gross income from all sources	172,229,279.	172,229,279.	172,229,279.	
f Divide line 3d by line 3e	.00000	.00000	.00000	
g Multiply line 3c by line 3f				
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	4,901.	9,732.	37,392.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

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

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

8

Foreign Tax Credit

(Individual, Estate, or Trust)

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

2016

Attachment Sequence No. **19**

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

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

Name

Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

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

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

f Resident of (name of country) ▶ UNITED STATES

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

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

	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
g Enter the name of the foreign country or U.S. possession	BRAZIL	SAINT MARTIN	MEXICO	
1a Gross income from sources within country shown above and of the type checked above:		1,010,648.		1a
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)				<input type="checkbox"/>
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	195,842.	1,885,754.	4,907.	
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	53,980.	53,980.	53,980.	
b Other deductions (attach statement)				
c Add lines 3a and 3b	53,980.	53,980.	53,980.	
d Gross foreign source income		1,010,648.		
e Gross income from all sources	172,229,279.	172,229,279.	172,229,279.	
f Divide line 3d by line 3e	.00000	.00587	.00000	
g Multiply line 3c by line 3f		317.		
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	195,842.	1,886,071.	4,907.	6
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7

Part II Foreign Taxes Paid or Accrued

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued							
		In foreign currency				In U.S. dollars			
		Taxes withheld at source on:				(n) Other foreign taxes paid or accrued	Taxes withheld at source on:		
(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties	(m) Interest		(o) Dividends	(p) Rents and royalties	(q) Interest		
A									
B									
C									

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

8

LHA For Paperwork Reduction Act Notice, see instructions.

Form **1116** (2016)

Foreign Tax Credit

(Individual, Estate, or Trust)

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

Form 1116

Department of the Treasury Internal Revenue Service (99)

2016

Attachment Sequence No. 19

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

Name

Identifying number as shown on page 1 of your tax return

DONALD J. & MELANIA TRUMP

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

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

f Resident of (name of country) UNITED STATES

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

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

Table with columns for Foreign Country or U.S. Possession (A, B, C) and Total. Rows include: 1a Gross income from sources within country shown above and of the type checked above; Deductions and losses (Caution: See instructions.); 2 Expenses definitely related to the income on line 1a; 3 Pro rata share of other deductions not definitely related; 4 Pro rata share of interest expense; 5 Losses from foreign sources; 6 Add lines 2, 3g, 4a, 4b, and 5; 7 Subtract line 6 from line 1a.

Part II Foreign Taxes Paid or Accrued

Table for Foreign taxes paid or accrued. Columns: Country, Credit is claimed for taxes (you must check one), In foreign currency, In U.S. dollars. Rows A, B, C. Includes sub-columns for Taxes withheld at source on: (k) Dividends, (l) Rents and royalties, (m) Interest, (n) Other foreign taxes paid or accrued, (o) Dividends, (p) Rents and royalties, (q) Interest, (r) Other foreign taxes paid or accrued, (s) Total foreign taxes paid or accrued.

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

LHA For Paperwork Reduction Act Notice, see instructions.



Foreign Tax Credit

(Individual, Estate, or Trust)

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

2016

Attachment Sequence No. 19

Form **1116**

Department of the Treasury
Internal Revenue Service (99)

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

Name: **DONALD J. & MELANIA TRUMP**

Identifying number as shown on page 1 of your tax return

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

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

f Resident of (name of country) ▶ **UNITED STATES**

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

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

g Enter the name of the foreign country or U.S. possession	Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
	A	B	C	
TURKEY		ST. VINCENT AND THE GR		
1a Gross income from sources within country shown above and of the type checked above:	888,815.			1a 38,608,075.
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions)	<input type="checkbox"/>			
Deductions and losses (Caution: See instructions.):				
2 Expenses definitely related to the income on line 1a (attach statement)	153,879.	323.		
3 Pro rata share of other deductions not definitely related:				
a Certain itemized deductions or standard deduction	53,980.	53,980.		
b Other deductions (attach statement)				
c Add lines 3a and 3b	53,980.	53,980.		
d Gross foreign source income	888,815.			
e Gross income from all sources	172,229,279.	172,229,279.		
f Divide line 3d by line 3e	.00516	.00000		
g Multiply line 3c by line 3f	279.			
4 Pro rata share of interest expense:				
a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)				
b Other interest expense				
5 Losses from foreign sources				
6 Add lines 2, 3g, 4a, 4b, and 5	154,158.	323.		6 43,755,761.
7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2				7 -5,147,686.

Part II Foreign Taxes Paid or Accrued

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

8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8 1,254,108.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Figuring the Credit

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I	9	1,254,108.	
10	Carryback or carryover (attach detailed computation) SEE STATEMENT 65	10	1,770,902.	
11	Add lines 9 and 10	11	3,025,010.	
12	Reduction in foreign taxes	12		
13	Taxes reclassified under high tax kickout	13		
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	14		3,025,010.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I	15	-5,147,686.	
16	Adjustments to line 15	16	16,379,029.	
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 18 through 22. However, if you are filing more than one Form 1116, you must complete line 20.)	17	11,231,343.	
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Estates and trusts: Enter your taxable income without the deduction for your exemption SEE STATEMENT 66	18	18,798,241.	
19	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions. Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	19		.59747
20	Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a; or the total of Form 990-T, lines 36, 37, and 39 Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instructions.	20		5,259,735.
21	Multiply line 20 by line 19 (maximum amount of credit)	21		3,142,534.
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 through 27 and enter this amount on line 28. Otherwise, complete the appropriate line in Part IV	22		3,025,010.

Part IV Summary of Credits From Separate Parts III

23	Credit for taxes on passive category income	23		
24	Credit for taxes on general category income	24		
25	Credit for taxes on certain income re-sourced by treaty	25		
26	Credit for taxes on lump-sum distributions	26		
27	Add lines 23 through 26	27		
28	Enter the smaller of line 20 or line 27	28		
29	Reduction of credit for international boycott operations	29		
30	Subtract line 29 from line 28. This is your foreign tax credit . Enter here and on Form 1040, line 48; Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a	30		

**SCHEDULE H
(Form 1040)**

Department of the Treasury
Internal Revenue Service (99)

Household Employment Taxes

(For Social Security, Medicare, Withheld Income, and Federal Unemployment (FUTA) Taxes)

▶ **Attach to Form 1040, 1040NR, 1040-SS, or 1041.**

▶ **Information about Schedule H and its separate instructions is at www.irs.gov/scheduleh.**

OMB No. 1545-1971

2016
Attachment
Sequence No. **44**

Name of employer

Social security number

Employer identification number

DONALD J. TRUMP

13-3440039

Calendar year taxpayers having no household employees in 2016 don't have to complete this form for 2016.

A Did you pay **any one** household employee cash wages of \$2,000 or more in 2016? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.)

- Yes.** Skip lines B and C and go to line 1.
 No. Go to line B.

B Did you withhold federal income tax during 2016 for any household employee?

- Yes.** Skip line C and go to line 7.
 No. Go to line C.

C Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2015 or 2016 to **all** household employees? (**Don't** count cash wages paid in 2015 or 2016 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Don't file this schedule.
 Yes. Skip lines 1-9 and go to line 10.

Part I Social Security, Medicare, and Federal Income Taxes

1	Total cash wages subject to social security tax	1	155,543.	
2	Social security tax. Multiply line 1 by 12.4% (0.124)	2		19,287.
3	Total cash wages subject to Medicare tax	3	155,543.	
4	Medicare tax. Multiply line 3 by 2.9% (0.029)	4		4,511.
5	Total cash wages subject to Additional Medicare Tax withholding	5		
6	Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009)	6		
7	Federal income tax withheld, if any	7		21,125.
8	Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7	8		44,923.

9 Did you pay **total** cash wages of \$1,000 or more in **any** calendar **quarter** of 2015 or 2016 to **all** household employees? (**Don't** count cash wages paid in 2015 or 2016 to your spouse, your child under age 21, or your parent.)

- No. Stop.** Include the amount from line 8 above on Form 1040, line 60a. If you're not required to file Form 1040, see the line 9 instructions.
 Yes. Go to line 10.

Part II Federal Unemployment (FUTA) Tax

	Yes	No
10 Did you pay unemployment contributions to only one state? If you paid contributions to a credit reduction state, see instructions and check "No."	X	
11 Did you pay all state unemployment contributions for 2016 by April 18, 2017? Fiscal year filers see instructions	X	
12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?	X	

Next: If you checked the "Yes" box on **all** the lines above, complete Section A.
If you checked the "No" box on **any** of the lines above, skip Section A and complete Section B.

Section A

13 Name of the state where you paid unemployment contributions	NY	
14 Contributions paid to your state unemployment fund	14	553.
15 Total cash wages subject to FUTA tax	15	22,885.
16 FUTA tax. Multiply line 15 by 0.6% (0.006). Enter the result here, skip Section B, and go to line 25	16	137.

Section B

17 Complete all columns below that apply (if you need more space, see instructions):

(a) Name of state	(b) Taxable wages (as defined in state act)	(c) State experience rate period		(d) State experience rate	(e) Multiply col. (b) by 0.054	(f) Multiply col. (b) by col. (d)	(g) Subtract col. (f) from col. (e). If zero or less, enter -0-	(h) Contributions paid to state unemployment fund
		From	To					

18 Totals	18	
19 Add columns (g) and (h) of line 18	19	
20 Total cash wages subject to FUTA tax (see the line 15 instructions)	20	
21 Multiply line 20 by 6.0% (0.060)	21	
22 Multiply line 20 by 5.4% (0.054)	22	
23 Enter the smaller of line 19 or line 22 (Employers in a credit reduction state must use the worksheet and check here)	23	<input type="checkbox"/>
24 FUTA tax. Subtract line 23 from line 21. Enter the result here and go to line 25	24	

Part III Total Household Employment Taxes

25 Enter the amount from line 8. If you checked the "Yes" box on line C of page 1, enter -0-	25	44,923.
26 Add line 16 (or line 24) and line 25	26	45,060.

27 Are you required to file Form 1040?
 Yes. Stop. Include the amount from line 26 above on Form 1040, line 60a. **Don't** complete Part IV below.
 No. You may have to complete Part IV. See instructions for details.

Part IV Address and Signature - Complete this part only if required. See the line 27 instructions.

Address (number and street) or P.O. box if mail isn't delivered to street address _____ Apt., room, or suite no. _____

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

Under penalties of perjury, I declare that I have examined this schedule, including accompanying statements, and to the best of my knowledge and belief, it is true, correct, and complete. No part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Employer's signature _____ Date _____

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name	Firm's EIN			
	Firm's address	Phone no.			

Form **4952**

Department of the Treasury
Internal Revenue Service (99)

Investment Interest Expense Deduction

▶ Information about Form 4952 and its instructions is at www.irs.gov/form4952.
▶ Attach to your tax return.

OMB No. 1545-0191

2016
Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

Part I Total Investment Interest Expense

1 Investment interest expense paid or accrued in 2016 (see instructions) SEE STATEMENT 67	1	1,513,220.
2 Disallowed investment interest expense from 2015 Form 4952, line 7	2	
3 Total investment interest expense. Add lines 1 and 2	3	1,513,220.

Part II Net Investment Income

4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) STMT 68	4a	9,160,118.	
b Qualified dividends included on line 4a	4b	292,068.	
c Subtract line 4b from line 4a	4c		8,868,050.
d Net gain from the disposition of property held for investment	4d		
e Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e		
f Subtract line 4e from line 4d	4f		
g Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g		
h Investment income. Add lines 4c, 4f, and 4g	4h		8,868,050.
5 Investment expenses (see instructions) SEE STATEMENT 69	5		796,887.
6 Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6		8,071,163.

Part III Investment Interest Expense Deduction

7 Disallowed investment interest expense to be carried forward to 2017. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8 Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions STMT 70	8	1,513,220.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4952** (2016)

Form **4952**

Investment Interest Expense Deduction

OMB No. 1545-0191

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Form 4952 and its instructions is at www.irs.gov/form4952.
▶ Attach to your tax return.

2016
Attachment
Sequence No. **51**

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

Part I Total Investment Interest Expense

1	Investment interest expense paid or accrued in 2016 (see instructions)	SEE STATEMENT 71	1	1,513,220.
2	Disallowed investment interest expense from 2015 Form 4952, line 7		2	
3	Total investment interest expense. Add lines 1 and 2		3	1,513,220.

Part II Net Investment Income

4a	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment)	4a	9,165,720.		
b	Qualified dividends included on line 4a	4b	297,670.		
c	Subtract line 4b from line 4a			4c	8,868,050.
d	Net gain from the disposition of property held for investment	4d			
e	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)	4e			
f	Subtract line 4e from line 4d			4f	
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)			4g	
h	Investment income. Add lines 4c, 4f, and 4g			4h	8,868,050.
5	Investment expenses (see instructions)			5	39,587.
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-			6	8,828,463.

Part III Investment Interest Expense Deduction

7	Disallowed investment interest expense to be carried forward to 2017. Subtract line 6 from line 3. If zero or less, enter -0-	7	0.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions	8	1,513,220.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4952** (2016)

REGULAR FORM 4952, LINE 8	1,513,220.
LESS RECOMPUTED FORM 4952, LINE 8	1,513,220.
INTEREST ADJUSTMENT - FORM 6251, LINE 8	



Additional Medicare Tax

2016

Attachment
Sequence No. 71

Department of the Treasury
Internal Revenue Service

▶ If any line does not apply to you, leave it blank. See separate instructions.

▶ Attach to Form 1040, 1040NR, 1040-PR, or 1040-SS.

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

Name(s) shown on return DONALD J. & MELANIA TRUMP	Your social security number _____
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Part I Additional Medicare Tax on Medicare Wages

1 Medicare wages and tips from Form W-2, box 5. If you have more than one Form W-2, enter the total of the amounts from box 5	1	978.		
2 Unreported tips from Form 4137, line 6	2			
3 Wages from Form 8919, line 6	3			
4 Add lines 1 through 3	4	978.		
5 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	5	250,000.		
6 Subtract line 5 from line 4. If zero or less, enter -0-	6			0.
7 Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter here and go to Part II	7			

Part II Additional Medicare Tax on Self-Employment Income

8 Self-employment income from Schedule SE (Form 1040), Section A, line 4, or Section B, line 6. If you had a loss, enter -0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8	14,635,713.		
9 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	9	250,000.		
10 Enter the amount from line 4	10	978.		
11 Subtract line 10 from line 9. If zero or less, enter -0-	11	249,022.		
12 Subtract line 11 from line 8. If zero or less, enter -0-	12			14,386,691.
13 Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.009). Enter here and go to Part III	13			129,480.

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

14 Railroad retirement (RRTA) compensation and tips from Form(s) W-2, box 14 (see instructions)	14			
15 Enter the following amount for your filing status: Married filing jointly \$250,000 Married filing separately \$125,000 Single, Head of household, or Qualifying widow(er) \$200,000	15			
16 Subtract line 15 from line 14. If zero or less, enter -0-	16			
17 Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 16 by 0.9% (0.009). Enter here and go to Part IV	17			

Part IV Total Additional Medicare Tax

18 Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions) and go to Part V	18			129,480.
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Part V Withholding Reconciliation

19 Medicare tax withheld from Form W-2, box 6. If you have more than one Form W-2, enter the total of the amounts from box 6	19	14.		
20 Enter the amount from line 1	20	978.		
21 Multiply line 20 by 1.45% (0.0145). This is your regular Medicare tax withholding on Medicare wages	21	14.		
22 Subtract line 21 from line 19. If zero or less, enter -0-. This is your Additional Medicare Tax withholding on Medicare wages	22			0.
23 Additional Medicare Tax withholding on railroad retirement (RRTA) compensation from Form W-2, box 14 (see instructions)	23			
24 Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include this amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR, 1040-PR, and 1040-SS filers, see instructions)	24			

Passive Activity Loss Limitations

▶ See separate instructions.

▶ Attach to Form 1040 or Form 1041.

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

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

Part I 2016 Passive Activity Loss Caution: Complete Worksheets 1, 2, and 3 before completing Part I.

Rental Real Estate Activities With Active Participation (For the definition of active participation, see **Special Allowance for Rental Real Estate Activities** in the instructions.)

1a Activities with net income (enter the amount from Worksheet 1, column (a))	1a	
b Activities with net loss (enter the amount from Worksheet 1, column (b))	1b	(277,163.)
c Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()
d Combine lines 1a, 1b, and 1c	1d	-277,163.

Commercial Revitalization Deductions From Rental Real Estate Activities

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

All Other Passive Activities

3a Activities with net income (enter the amount from Worksheet 3, column (a))	3a	96,831,970.
b Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(31,795,226.)
c Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3c	()
d Combine lines 3a, 3b, and 3c	3d	65,036,744.

4 Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include this form with your return; all losses are allowed, including any prior year unallowed losses entered on line 1c, 2b, or 3c. Report the losses on the forms and schedules normally used	4	64,759,581.
--	----------	-------------

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

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

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

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

5 Enter the smaller of the loss on line 1d or the loss on line 4	5	
6 Enter \$150,000. If married filing separately, see instructions	6	
7 Enter modified adjusted gross income, but not less than zero (see instructions)	7	
Note: If line 7 is greater than or equal to line 6, skip lines 8 and 9, enter -0- on line 10. Otherwise, go to line 8.		
8 Subtract line 7 from line 6	8	
9 Multiply line 8 by 50% (0.5). Do not enter more than \$25,000. If married filing separately, see instructions	9	
10 Enter the smaller of line 5 or line 9	10	
If line 2c is a loss, go to Part III. Otherwise, go to line 15.		

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

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

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

Part IV Total Losses Allowed

15 Add the income, if any, on lines 1a and 3a and enter the total	15	
16 Total losses allowed from all passive activities for 2016. Add lines 10, 14, and 15. See instructions to find out how to report the losses on your tax return	16	

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 1a)	(b) Net loss (line 1b)	(c) Unallowed loss (line 1c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 1				
Total. Enter on Form 8582, lines 1a, 1b, and 1c		-277,163.			

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

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

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

Name of activity	Current year		Prior years	Overall gain or loss	
	(a) Net income (line 3a)	(b) Net loss (line 3b)	(c) Unallowed loss (line 3c)	(d) Gain	(e) Loss
	SEE ATTACHED STATEMENT FOR WORKSHEET 3				
Total. Enter on Form 8582, lines 3a, 3b, and 3c	96,831,970.	-31,795,226.			

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

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

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

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

Passive Activity Credit Limitations

(Rev. January 2012)
Department of the Treasury
Internal Revenue Service

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

Attachment
Sequence No. **89**

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

Part I Passive Activity Credits

Caution: If you have credits from a publicly traded partnership, see Publicly Traded Partnerships (PTPs) in the instructions.

Credits From Rental Real Estate Activities With Active Participation (Other Than Rehabilitation Credits and Low-Income Housing Credits) (See Lines 1a through 1c in the instructions.)			
1a	Credits from Worksheet 1, column (a)	1a	
b	Prior year unallowed credits from Worksheet 1, column (b)	1b	
c	Add lines 1a and 1b	1c	
Rehabilitation Credits From Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990) (See Lines 2a through 2c in the instructions.)			
2a	Credits from Worksheet 2, column (a)	2a	
b	Prior year unallowed credits from Worksheet 2, column (b)	2b	
c	Add lines 2a and 2b	2c	
Low-Income Housing Credits for Property Placed in Service After 1989 (See Lines 3a through 3c in the instructions.)			
3a	Credits from Worksheet 3, column (a)	3a	
b	Prior year unallowed credits from Worksheet 3, column (b)	3b	
c	Add lines 3a and 3b	3c	
All Other Passive Activity Credits (See Lines 4a through 4c in the instructions.)			
4a	Credits from Worksheet 4, column (a)	4a	260,795.
b	Prior year unallowed credits from Worksheet 4, column (b)	4b	1,031,320.
c	Add lines 4a and 4b	4c	1,292,115.
5	Add lines 1c, 2c, 3c, and 4c	5	1,292,115.
6	Enter the tax attributable to net passive income (see instructions)	6	0.
7	Subtract line 6 from line 5. If line 6 is more than or equal to line 5, enter -0- and see instructions	7	1,292,115.

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

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

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

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

LHA For Paperwork Reduction Act Notice, see instructions.

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

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

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

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

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

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

Part V Passive Activity Credit Allowed

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

Part VI Election To Increase Basis of Credit Property

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

39 Name of passive activity disposed of ▶ _____

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

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

Form **8846**

Department of the Treasury
Internal Revenue Service

**Credit for Employer Social Security and Medicare Taxes
Paid on Certain Employee Tips**

▶ Attach to your tax return.

▶ Information about Form 8846 and its instructions is at www.irs.gov/form8846.

OMB No. 1545-0123

2016

Attachment
Sequence No. **98**

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

Note: Claim this credit **only** for employer social security and Medicare taxes paid by a food or beverage establishment where tipping is customary for providing food or beverages. See the instructions for line 1.

1	Tips received by employees for services on which you paid or incurred employer social security and Medicare taxes during the tax year (see instructions)	1	237,185.
2	Tips not subject to the credit provisions (see instructions)	2	
3	Creditable tips. Subtract line 2 from line 1	3	237,185.
4	Multiply line 3 by 7.65% (0.0765). If you had any tipped employees whose wages (including tips) exceeded \$118,500, see instructions and check here <input type="checkbox"/>	4	18,145.
5	Credit for employer social security and Medicare taxes paid on certain employee tips from partnerships and S corporations	5	355,835.
6	Add lines 4 and 5. Partnerships and S corporations, report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 4f	6	373,980.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8846** (2016)

Form **5471**

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

OMB No. 1545-0704

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

▶ For more information about Form 5471, see www.irs.gov/form5471
Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning _____, and ending _____

Attachment
Sequence No. **121**

Name of person filing this return DONALD J. TRUMP Number, street, and room or suite no. (or P.O. box number if mail is not delivered to street address) City or town, state, and ZIP code NEW YORK, NY 10022 Filer's tax year beginning JAN 1, 2016, and ending DEC 31, 2016	A Identifying number B Category of filer (See instructions. Check applicable box(es)): 1 (repealed) 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5 <input checked="" type="checkbox"/> C Enter the total percentage of the foreign corporation's voting stock you owned at the end of its annual accounting period _____ % D Check if any excepted specified foreign financial assets are reported on this form (see instructions) <input type="checkbox"/> E Person(s) on whose behalf this information return is filed:
---	--

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Shareholder	Officer	Director

Important: Fill in all applicable lines and schedules. All information must be in English. All amounts must be stated in U.S. dollars unless otherwise indicated.

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

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

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

Schedule A Stock of the Foreign Corporation		
(a) Description of each class of stock	(b) Number of shares issued and outstanding	
	(i) Beginning of annual accounting period	(ii) End of annual accounting period

Form **8865**

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

OMB No. 1545-1668

Department of the Treasury
Internal Revenue Service

▶ **Attach to your tax return.**
▶ **Information about Form 8865 and its separate instructions is at www.irs.gov/form8865.**
Information furnished for the foreign partnership's tax year beginning **JAN 1**, 2016, and ending **DEC 31**, 2016

2016
Attachment Sequence No. **118**

Name of person filing this return
DONALD J. & MELANIA TRUMP

Filer's identifying number

Filer's address (if you are not filing this form with your tax return)

A Category of filer (see Categories of Filers in the instructions and check applicable box(es):
1 2 3 4

B Filer's tax year beginning **JAN 1**, 2016, and ending **DEC 31**, 2016

C Filer's share of liabilities: Nonrecourse \$ **691,219**. Qualified nonrecourse financing \$ **Other** \$

D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

Name _____ EIN _____
Address _____

E Check if any excepted specified foreign financial assets are reported on this form (see instructions)

F Information about certain other partners (see instructions)

(1) Name	(2) Address	(3) Identifying number	(4) Check applicable box(es)		
			Category 1	Category 2	Constructive owner

G1 Name and address of foreign partnership
**TRUMP INTERNATIONAL GOLF CLUB
SCOTLAND LIMITED
C/O TRUMP ORGANIZATION
NEW YORK, NY 10022**

2(a) EIN (if any)
98-0485744

2(b) Reference ID number

3 Country under whose laws organized
UNITED KINGDOM

4 Date of organization 10/21/2005	5 Principal place of business UNITED KINGDOM	6 Principal business activity code number 713900	7 Principal business activity AMUSEMENT & REC	8a Functional currency UK POUNDS	8b Exchange rate (see instr.) .812000
--	---	---	--	---	--

H Provide the following information for the foreign partnership's tax year:

1 Name, address, and identifying number of agent (if any) in the United States

2 Check if the foreign partnership must file:
 Form 1042 Form 8804 Form 1065 or 1065-B
Service Center where Form 1065 or 1065-B is filed:

3 Name and address of foreign partnership's agent in country of organization, if any

4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different
**TRUMP ORGANIZATION C/O JEFF MCCONNEY
NEW YORK, NY 10022**

5 Were any special allocations made by the foreign partnership? Yes No

6 Enter the no. of Forms 8858, Info Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return

7 How is this partnership classified under the law of the country in which it is organized? PRIVATE LIMITED CO

8a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that is a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 8b. Yes No

b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)? Yes No

9 Does this partnership meet **both** of the following requirements?
• The partnership's total receipts for the tax year were less than \$250,000 and
• The value of the partnership's total assets at the end of the tax year was less than \$1 million.
If "Yes," **do not** complete Schedules L, M-1, and M-2. Yes No

Sign Here Only If You Are Filing This Form Separately and Not With Your Tax Return.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

Signature of general partner or limited liability company member _____ Date _____

Paid Preparer Use Only

Print/Type preparer's name DONALD BENDER	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name MAZARS USA LLP	Firm's EIN 13-1459550		Phone no. (516) 488-1200	
Firm's address WOODBURY, NY 11797-2003				

Schedule A **Constructive Ownership of Partnership Interest.** Check the boxes that apply to the filer. If you check box **b**, enter the name, address, and U.S. taxpayer identifying number (if any) of the person(s) whose interest you constructively own. See instructions.
a Owns a direct interest **b** Owns a constructive interest

Name	Address	Identifying number (if any)	Check if foreign person	Check if direct partner

Schedule A-1 **Certain Partners of Foreign Partnership** (see instructions)

Name	Address	Identifying number (if any)	Check if foreign person

Does the partnership have any other foreign person as a direct partner? Yes No

Schedule A-2 **Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

Name	Address	EIN (if any)	Total ordinary income or loss	Check if foreign partnership

Schedule B **Income Statement - Trade or Business Income**

Caution: Include **only** trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.

Income	1 a Gross receipts or sales	1a		
	b Less returns and allowances	1b		1c
	2 Cost of goods sold			2
	3 Gross profit. Subtract line 2 from line 1c			3
	4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)			4
	5 Net farm profit (loss) (attach Schedule F (Form 1040))			5
	6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)			6 -14,864.
7 Other income (loss) (attach statement)		STATEMENT 81	7 3,534,819.	
8 Total income (loss). Combine lines 3 through 7			8 3,519,955.	
Deductions <small>(see instructions for limitations)</small>	9 Salaries and wages (other than to partners) (less employment credits)			9
	10 Guaranteed payments to partners			10
	11 Repairs and maintenance			11
	12 Bad debts			12
	13 Rent			13
	14 Taxes and licenses			14
	15 Interest			15
	16 a Depreciation (if required, attach Form 4562)	16a	1,526,266.	
	b Less depreciation reported elsewhere on return	16b		16c 1,526,266.
	17 Depletion (Do not deduct oil and gas depletion.)			17
	18 Retirement plans, etc.			18
	19 Employee benefit programs			19
	20 Other deductions (attach statement)		STATEMENT 82	20 4,904,519.
	21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20			21 6,430,785.
	22 Ordinary business income (loss) from trade or business activities. Subtract line 21 from line 8			22 -2,910,830.

Schedule K Partners' Distributive Share Items

		Total amount	
Income (Loss)	1 Ordinary business income (loss) (page 2, line 22)	1	-2,910,830.
	2 Net rental real estate income (loss) (attach Form 8825)	2	
	3 a Other gross rental income (loss)	3a	
	b Expenses from other rental activities (attach statement)	3b	
	c Other net rental income (loss). Subtract line 3b from line 3a	3c	
	4 Guaranteed payments	4	
	5 Interest income	5	
	6 Dividends: a Ordinary dividends	6a	
	b Qualified dividends	6b	
	7 Royalties	7	
	8 Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
9 a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
b Collectibles (28%) gain (loss)	9b		
c Unrecaptured section 1250 gain (attach statement)	9c		
10 Net section 1231 gain (loss) (attach Form 4797)	10		
11 Other income (loss) (see instructions) Type ▶	11		
Deductions	12 Section 179 deduction (attach Form 4562)	12	
	13 a Contributions	13a	
	b Investment interest expense	13b	
	c Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)	
d Other deductions (see instructions) Type ▶	13d		
Self-Employment	14 a Net earnings (loss) from self-employment	14a	
	b Gross farming or fishing income	14b	
	c Gross nonfarm income	14c	
Credits	15 a Low-income housing credit (section 42(j)(5))	15a	
	b Low-income housing credit (other)	15b	
	c Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
	d Other rental real estate credits (see instructions) Type ▶	15d	
	e Other rental credits (see instructions) Type ▶	15e	
	f Other credits (see instructions) Type ▶	15f	
Foreign Transactions	16 a Name of country or U.S. possession ▶ UNITED KINGDOM		
	b Gross income from all sources	16b	3,534,819.
	c Gross income sourced at partner level	16c	
	Foreign gross income sourced at partnership level		
	d Passive category ▶ e General category ▶ 3,534,819. f Other (att. stmt.) ▶	16f	
	Deductions allocated and apportioned at partner level		
	g Interest expense ▶ h Other ▶	16h	
	Deductions allocated and apportioned at partnership level to foreign source income		
	i Passive category ▶ j General category ▶ 6,376,959. k Other (att. stmt.) ▶	16k	
	l Total foreign taxes (check one): <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	16l	
m Reduction in taxes available for credit (attach statement)	16m		
n Other foreign tax information (attach statement)			
Alternative Minimum Tax (AMT) Items	17 a Post-1986 depreciation adjustment	17a	
	b Adjusted gain or loss	17b	
	c Depletion (other than oil and gas)	17c	
	d Oil, gas, and geothermal properties - gross income	17d	
	e Oil, gas, and geothermal properties - deductions	17e	
	f Other AMT items (attach statement)	17f	
Other Information	18 a Tax-exempt interest income	18a	
	b Other tax-exempt income	18b	
	c Nondeductible expenses	18c	
	19 a Distributions of cash and marketable securities	19a	196,628.
	b Distributions of other property	19b	
	20 a Investment income	20a	
b Investment expenses	20b		
c Other items and amounts (attach statement)			

Schedule L		Balance Sheets per Books. (Not required if Item H9, page 1, is answered "Yes.")			
Assets		Beginning of tax year		End of tax year	
		(a)	(b)	(c)	(d)
1	Cash		193,651.		187,252.
2a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories		279,716.		168,333.
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)	STMT 85	76,957.		10,559.
7a	Loans to partners (or persons related to partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets		30,881,684.		25,779,116.
b	Less accumulated depreciation		5,390,892.	25,490,792.	5,796,486.
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)		13,797,216.		11,469,361.
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
13	Other assets (attach statement)	STMT 84	6,490,588.		12,907,113.
14	Total assets		46,328,920.		44,725,248.
Liabilities and Capital					
15	Accounts payable		483,679.		307,034.
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement)	STMT 83	389,652.		384,185.
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)				
b	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach statement)	STMT 86	127,156.		45,331.
21	Partners' capital accounts		45,328,433.		43,988,698.
22	Total liabilities and capital		46,328,920.		44,725,248.

Schedule M Balance Sheets for Interest Allocation

	(a) Beginning of tax year	(b) End of tax year
1 Total U.S. assets	531.	
2 Total foreign assets:		
a Passive category	46,328,389.	44,725,248.
b General category		
c Other (attach statement)		

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return. (Not required if Item H9, page 1, is answered "Yes.")

1 Net income (loss) per books		6 Income recorded on books this year not included on Schedule K, lines 1 through 11 (itemize):	
2 Income included on Schedule K, lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11 not recorded on books this year (itemize):		a Tax-exempt interest \$	
3 Guaranteed payments (other than health insurance)		7 Deductions included on Schedule K, lines 1 through 13d, and 16l not charged against book income this year (itemize):	
4 Expenses recorded on books this year not included on Schedule K, lines 1 through 13d, and 16l (itemize):		a Depreciation \$	
a Depreciation \$			
b Travel and entertainment \$		8 Add lines 6 and 7	
5 Add lines 1 through 4		9 Income (loss). Subtract line 8 from line 5	

Schedule M-2 Analysis of Partners' Capital Accounts. (Not required if Item H9, page 1, is answered "Yes.")

1 Balance at beginning of year	42,417,603.	6 Distributions: a Cash	43,673,417.
2 Capital contributed:		b Property	
a Cash	45,244,512.	7 Other decreases (itemize):	
b Property			
3 Net income (loss) per books		8 Add lines 6 and 7	43,673,417.
4 Other increases (itemize):		9 Balance at end of year. Subtract line 8 from line 5	
5 Add lines 1 through 4	87,662,115.		43,988,698.

Schedule N Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales of inventory				
2 Sales of property rights (patents, trademarks, etc.)				
3 Compensation received for technical, managerial, engineering, construction, or like services				
4 Commissions received				
5 Rents, royalties, and license fees received				
6 Distributions received				
7 Interest received				
8 Other				
9 Add lines 1 through 8				
10 Purchases of inventory				
11 Purchases of tangible property other than inventory				
12 Purchases of property rights (patents, trademarks, etc.)				
13 Compensation paid for technical, managerial, engineering, construction, or like services				
14 Commissions paid				
15 Rents, royalties, and license fees paid				
16 Distributions paid				
17 Interest paid				
18 Other				
19 Add lines 10 through 18				
20 Amounts borrowed (enter the maximum loan balance during the year). See instructions				
21 Amounts loaned (enter the maximum loan balance during the year). See instructions				

Statement of Specified Foreign Financial Assets

Information about Form 8938 and its separate instructions is at www.irs.gov/form8938.

2016

Department of the Treasury
Internal Revenue Service

Attach to your tax return.

Attachment
Sequence No. **175**

For calendar year **2016** or tax year beginning _____ and ending _____

If you have attached continuation statements, check here Number of continuation statements _____

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

2 TIN _____

3 Type of filer
a Specified individual **b** Partnership **c** Corporation **d** Trust

4 If you checked box 3a, skip this line 4. If you checked box 3b or 3c, enter the name and TIN of the specified individual who closely holds the partnership or corporation. If you checked box 3d, enter the name and TIN of the specified person who is a current beneficiary of the trust. (See instructions for definitions and what to do if you have more than one specified individual or specified person to list.)
a Name _____ **b** TIN _____

Part I Foreign Deposit and Custodial Accounts Summary

1 Number of Deposit Accounts (reported in Part V) _____

2 Maximum Value of All Deposit Accounts \$ _____

3 Number of Custodial Accounts (reported in Part V) _____

4 Maximum Value of All Custodial Accounts \$ _____

5 Were any foreign deposit or custodial accounts closed during the tax year? Yes No

Part II Other Foreign Assets Summary

1 Number of Foreign Assets (reported in Part VI) _____

2 Maximum Value of All Assets (reported in Part VI) \$ _____

3 Were any foreign assets acquired or sold during the tax year? Yes No

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)

(a) Asset Category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
1 Foreign Deposit and Custodial Accounts	1a Interest	\$		
	1b Dividends	\$		
	1c Royalties	\$		
	1d Other income	\$		
	1e Gains (losses)	\$		
	1f Deductions	\$		
	1g Credits	\$		
2 Other Foreign Assets	2a Interest	\$		
	2b Dividends	\$		
	2c Royalties	\$		
	2d Other income	\$		
	2e Gains (losses)	\$		
	2f Deductions	\$		
	2g Credits	\$		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

1. Number of Forms 3520 _____ 2. Number of Forms 3520-A _____ 3. Number of Forms 5471 _____ 1

4. Number of Forms 8621 _____ 5. Number of Forms 8865 _____ 1

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 in Part V, attach a continuation statement for each additional account (see instructions).

1 Type of account Deposit Custodial

2 Account number or other designation _____

3 Check all that apply
a Account opened during tax year **b** Account closed during tax year
c Account jointly owned with spouse **d** No tax item reported in Part III with respect to this asset

4 Maximum value of account during tax year \$ _____

5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.

(a) Foreign currency in which account is maintained	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
---	--	--

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions) (continued)

7a Name of financial institution in which account is maintained _____ b Global Intermediary Identification Number (GIIN) (Optional) _____

8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no. _____

9 City or town, state or province, and country (including postal code) _____

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

If you have more than one asset to report in Part VI, attach a continuation statement for each additional asset (see instructions).

1 Description of asset _____ 2 Identifying number or other designation _____

3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
 a Date asset acquired during tax year, if applicable _____
 b Date asset disposed of during tax year, if applicable _____
 c Check if asset jointly owned with spouse d Check if no tax item reported in Part III with respect to this asset

4 Maximum value of asset during tax year (check box that applies)
 a \$0 - \$50,000 b \$50,001 - \$100,000 c \$100,001 - \$150,000 d \$150,001 - \$200,000
 e If more than \$200,000, list value _____ \$

5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.

(a) Foreign currency in which asset is denominated _____	(b) Foreign currency exchange rate used to convert to U.S. dollars _____	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service _____
--	--	--

7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
 a Name of foreign entity _____ b GIIN (Optional) _____
 c Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate
 d Mailing address of foreign entity. Number, street, and room or suite no. _____
 e City or town, state or province, and country (including postal code) _____

8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
Note. If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty (see instructions).
 a Name of issuer or counterparty _____
 Check if information is for Issuer Counterparty
 b Type of issuer or counterparty (1) Individual (2) Partnership (3) Corporation (4) Trust (5) Estate
 c Check if issuer or counterparty is a U.S. person Foreign person
 d Mailing address of issuer or counterparty. Number, street, and room or suite no. _____
 e City or town, state or province, and country (including postal code) _____

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2016
Attachment
Sequence No. 179

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return. SCHEDULE C- 36

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

Name(s) shown on return DONALD J. & MELANIA TRUMP	Business or activity to which this form relates TRUMP RESTAURANTS LLC	Identifying number
--	--	--------------------

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	15,221.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	387.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	35,443.
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 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction	
19a	3-year property	10,300.	3 YRS.	HY	200DB	3,433.	
b	5-year property						
c	7-year property	4,919.	7 YRS.	HY	200DB	703.	
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property		25 yrs.		S/L		
h	Residential rental property	/	27.5 yrs.	MM	S/L		
		/	27.5 yrs.	MM	S/L		
i	Nonresidential real property	6 / 16	17,650.	39 yrs.	MM	S/L	246.
		/		MM	S/L		

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	55,433.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

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

Section B - Information on Use of Vehicles

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

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year:					
43 Amortization of costs that began before your 2016 tax year					43
					1,760.
44 Total. Add amounts in column (f). See the instructions for where to report					44
					1,760.

Depreciation and Amortization
(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return. SCHEDULE C- 25

▶ 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

WOLLMAN RINK OPERATIONS LLC

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

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2015 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	6,736.
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	16,917.

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2016	17	127,631.
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 2016 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		3,732.	5 YRS.	HY	200DB	746.
c 7-year property						
d 10-year property						
e 15-year property		3,003.	15 YRS.	HY	150DB	150.
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/	STATEMENT 113		MM	S/L	644.

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

20a	Class life				S/L	
b	12-year		12 yrs.		S/L	
c	40-year	/	40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	152,824.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with columns for percentage and other details

27 Property used 50% or less in a qualified business use: Table with columns for percentage and S/L status

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

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

Table for Section B with rows 30-36 and columns (a)-(f) for Vehicle use. Includes questions about commuting miles, personal use, and availability.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

Table for Section C with rows 37-41 and columns Yes/No. Includes questions about written policies and employee use.

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

Part VI Amortization

Table for Part VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2016 tax year:

43 Amortization of costs that began before your 2016 tax year 43 217.

44 Total. Add amounts in column (f). See the instructions for where to report 44 217.

General Business Credit

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

OMB No. 1545-0895

2016
 Attachment
 Sequence No. **22**

Identifying number

DONALD J. & MELANIA TRUMP

Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)
 (See instructions and complete Part(s) III before Parts I and II)

1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked	2	
3	Enter the applicable passive activity credits allowed for 2016 (see instructions)	3	
4	Carryforward of general business credit to 2016. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach	4	15,068,133.
5	Carryback of general business credit from 2017. Enter the amount from line 2 of Part III with box D checked	5	
6	Add lines 1, 3, 4, and 5	6	15,068,133.

Part II Allowable Credit

7	Regular tax before credits: <ul style="list-style-type: none"> Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return 	7	0.
8	Alternative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 35 Corporations. Enter the amount from Form 4626, line 14 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 	8	2,234,725.
9	Add lines 7 and 8	9	2,234,725.
10a	Foreign tax credit	10a	
b	Certain allowable credits (see instructions)	10b	750.
c	Add lines 10a and 10b	10c	750.
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	2,233,975.
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-	12	0.
13	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions)	13	
14	Tentative minimum tax: <ul style="list-style-type: none"> Individuals. Enter the amount from Form 6251, line 33 Corporations. Enter the amount from Form 4626, line 12 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 	14	2,234,725.
15	Enter the greater of line 13 or line 14	15	2,234,725.
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	0.
17	Enter the smaller of line 6 or line 16 C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.	17	0.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2016)

Part II Allowable Credit (Continued)

Note: If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (.75) (see instructions)	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked	23	
24	Enter the applicable passive activity credit allowed for 2016 (see instructions)	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	2,233,975.
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	2,233,975.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	26,367,381.
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked	32	260,795.
33	Enter the applicable passive activity credits allowed for 2016 (see instructions)	33	
34	Carryforward of business credit to 2016. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2017. Enter the amount from line 5 of Part III with box D checked (see instructions)	35	
36	Add lines 30, 33, 34, and 35	36	26,367,381.
37	Enter the smaller of line 29 or line 36	37	2,233,975.
38	Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return. <ul style="list-style-type: none"> • Individuals. Form 1040, line 54, or Form 1040NR, line 51 • Corporations. Form 1120, Schedule J, Part I, line 5c • Estates and trusts. Form 1041, Schedule G, line 2b 	38	2,233,975.

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

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

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

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

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	0.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	26,254,147.
b Work opportunity (Form 5884)	4b	49.
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	373,980.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	26,628,176.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	26,628,176.

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Identifying number

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

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

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

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	1.
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	1.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	1.

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Identifying number

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

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

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

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	65-0567671 10,024.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	10,024.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	10,024.

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

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

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

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

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(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	13-3818196 10.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	10.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	10.

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Identifying number

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

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

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

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount	
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b Reserved	1b		
c Increasing research activities (Form 6765)	1c		
d Low-income housing (Form 8586, Part I only)	1d		
e Disabled access (Form 8826) (see instructions for limitation)	1e		
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g Indian employment (Form 8845)	1g		
h Orphan drug (Form 8820)	1h		
i New markets (Form 8874)	1i		
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m Low sulfur diesel fuel production (Form 8896)	1m		
n Distilled spirits (Form 8906)	1n		
o Nonconventional source fuel (carryforward only)	1o		
p Energy efficient home (Form 8908)	1p		
q Energy efficient appliance (carryforward only)	1q		
r Alternative motor vehicle (Form 8910)	1r		
s Alternative fuel vehicle refueling property (Form 8911)	1s		
t Reserved	1t		
u Mine rescue team training (Form 8923)	1u		
v Agricultural chemicals security (carryforward only)	1v		
w Employer differential wage payments (Form 8932)	1w		
x Carbon dioxide sequestration (Form 8933)	1x		
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z Qualified plug-in electric vehicle (carryforward only)	1z		
aa New hire retention (carryforward only)	1aa		
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a Investment (Form 3468, Part III) (attach Form 3468)	4a		
b Work opportunity (Form 5884)	4b		
c Biofuel producer (Form 6478)	4c		
d Low-income housing (Form 8586, Part II)	4d		
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-1445354	1,578.
g Qualified railroad track maintenance (Form 8900)	4g		
h Small employer health insurance premiums (Form 8941)	4h		
i Increasing research activities (Form 6765)	4i		
j Reserved	4j		
z Other	4z		
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	1,578.	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	1,578.	

Name(s) shown on return

Identif

DONALD J. & MELANIA TRUMP

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

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

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

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(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	27-4162256 259,916.
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162256 3,125.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	263,041.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	263,041.

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

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

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

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

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

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

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308 5,604.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	5,604.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	5,604.

Name(s) shown on return

Identify

DONALD J. & MELANIA TRUMP

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

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

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

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(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	661.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	661.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	661.

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Identifying number

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

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

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

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

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	45-2671826 262,541.
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	262,541.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	262,541.



Name(s) shown on return

DONALD J. & MELANIA TRUMP

Identifying number

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

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

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

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

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b Reserved	1b		
c Increasing research activities (Form 6765)	1c		
d Low-income housing (Form 8586, Part I only)	1d		
e Disabled access (Form 8826) (see instructions for limitation)	1e		
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g Indian employment (Form 8845)	1g		
h Orphan drug (Form 8820)	1h		
i New markets (Form 8874)	1i		
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m Low sulfur diesel fuel production (Form 8896)	1m		
n Distilled spirits (Form 8906)	1n		
o Nonconventional source fuel (carryforward only)	1o		
p Energy efficient home (Form 8908)	1p		
q Energy efficient appliance (carryforward only)	1q		
r Alternative motor vehicle (Form 8910)	1r		
s Alternative fuel vehicle refueling property (Form 8911)	1s		
t Reserved	1t		
u Mine rescue team training (Form 8923)	1u		
v Agricultural chemicals security (carryforward only)	1v		
w Employer differential wage payments (Form 8932)	1w		
x Carbon dioxide sequestration (Form 8933)	1x		
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z Qualified plug-in electric vehicle (carryforward only)	1z		
aa New hire retention (carryforward only)	1aa		
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a Investment (Form 3468, Part III) (attach Form 3468)	4a		
b Work opportunity (Form 5884)	4b		
c Biofuel producer (Form 6478)	4c		
d Low-income housing (Form 8586, Part II)	4d		
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	45-3815157	57.
g Qualified railroad track maintenance (Form 8900)	4g		
h Small employer health insurance premiums (Form 8941)	4h		
i Increasing research activities (Form 6765)	4i		
j Reserved	4j		
z Other	4z		
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5		57.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		57.

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Identifying number

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

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

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

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a 27-4162308	25,731,689.
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f 27-4162308	89,261.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	25,820,950.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	25,820,950.

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

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

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

- A General Business Credit From a Non-Passive Activity
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- C General Business Credit Carryforwards
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- F Reserved
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Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.

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

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	65-0750446 2,914.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	2,914.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	2,914.

Name(s) shown on return

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DONALD J. & MELANIA TRUMP

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

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

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(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)		
b Reserved		
c Increasing research activities (Form 6765)		
d Low-income housing (Form 8586, Part I only)		
e Disabled access (Form 8826) (see instructions for limitation)		
f Renewable electricity, refined coal, and Indian coal production (Form 8835)		
g Indian employment (Form 8845)		
h Orphan drug (Form 8820)		
i New markets (Form 8874)		
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)		
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)		
l Biodiesel and renewable diesel fuels (attach Form 8864)		
m Low sulfur diesel fuel production (Form 8896)		
n Distilled spirits (Form 8906)		
o Nonconventional source fuel (carryforward only)		
p Energy efficient home (Form 8908)		
q Energy efficient appliance (carryforward only)		
r Alternative motor vehicle (Form 8910)		
s Alternative fuel vehicle refueling property (Form 8911)		
t Reserved		
u Mine rescue team training (Form 8923)		
v Agricultural chemicals security (carryforward only)		
w Employer differential wage payments (Form 8932)		
x Carbon dioxide sequestration (Form 8933)		
y Qualified plug-in electric drive motor vehicle (Form 8936)		
z Qualified plug-in electric vehicle (carryforward only)		
aa New hire retention (carryforward only)		
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))		
zz Other. Enhanced oil recovery (Form 8830) and certain other credits		
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I		
3 Enter the amount from Form 8844 here and on the applicable line of Part II		
4a Investment (Form 3468, Part III) (attach Form 3468)		
b Work opportunity (Form 5884)		
c Biofuel producer (Form 6478)		
d Low-income housing (Form 8586, Part II)		
e Renewable electricity, refined coal, and Indian coal production (Form 8835)		
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)		18,145.
g Qualified railroad track maintenance (Form 8900)		
h Small employer health insurance premiums (Form 8941)		
i Increasing research activities (Form 6765)		
j Reserved		
z Other		
5 Add lines 4a through 4z and enter here and on the applicable line of Part II		18,145.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II		18,145.

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Identifying number

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

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

- A General Business Credit From a Non-Passive Activity
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(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
---------------------------	--	----------------------------------

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	13-4137259 17,989.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	17,989.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	17,989.

Name(s) shown on return

Identifying

DONALD J. & MELANIA TRUMP

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

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

- A General Business Credit From a Non-Passive Activity
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- C General Business Credit Carryforwards
- D General Business Credit Carrybacks
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- F Reserved
- G Eligible Small Business Credit Carryforwards
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(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
---------------------------	--	----------------------------------

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	26-4187508 53.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	53.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	53.

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

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

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

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

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount	
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b Reserved	1b		
c Increasing research activities (Form 6765)	1c		
d Low-income housing (Form 8586, Part I only)	1d		
e Disabled access (Form 8826) (see instructions for limitation)	1e		
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g Indian employment (Form 8845)	1g		
h Orphan drug (Form 8820)	1h		
i New markets (Form 8874)	1i		
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k		
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l		
m Low sulfur diesel fuel production (Form 8896)	1m		
n Distilled spirits (Form 8906)	1n		
o Nonconventional source fuel (carryforward only)	1o		
p Energy efficient home (Form 8908)	1p		
q Energy efficient appliance (carryforward only)	1q		
r Alternative motor vehicle (Form 8910)	1r		
s Alternative fuel vehicle refueling property (Form 8911)	1s		
t Reserved	1t		
u Mine rescue team training (Form 8923)	1u		
v Agricultural chemicals security (carryforward only)	1v		
w Employer differential wage payments (Form 8932)	1w		
x Carbon dioxide sequestration (Form 8933)	1x		
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z Qualified plug-in electric vehicle (carryforward only)	1z		
aa New hire retention (carryforward only)	1aa		
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a Investment (Form 3468, Part III) (attach Form 3468)	4a		
b Work opportunity (Form 5884)	4b		
c Biofuel producer (Form 6478)	4c		
d Low-income housing (Form 8586, Part II)	4d		
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-8202438	97.
g Qualified railroad track maintenance (Form 8900)	4g		
h Small employer health insurance premiums (Form 8941)	4h		
i Increasing research activities (Form 6765)	4i		
j Reserved	4j		
z Other	4z		
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	97.	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	97.	

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

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

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

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- C General Business Credit Carryforwards
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- E Reserved
- F Reserved
- G Eligible Small Business Credit Carryforwards
- H Reserved

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(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	13-3956174 49.
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	49.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	49.

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Identif

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

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

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

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

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

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

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-2802479 9,572.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	9,572.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	9,572.

Name(s) shown on return

Identify

DONALD J. & MELANIA TRUMP

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

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

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

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308 5,228.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	5,228.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	5,228.

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

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

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

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

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

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

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

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308 9,965.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	9,965.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	9,965.

Name(s) shown on return

Identif. #

DONALD J. & MELANIA TRUMP

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

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

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

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

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308 175,874.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	175,874.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	175,874.

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Identifying number

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

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

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

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308 10,875.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	10,875.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	10,875.

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

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

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

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

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308 12,401.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	12,401.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	12,401.

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Identifying number

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

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

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

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
Note: On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4657718 205.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	205.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	205.

Name(s) shown on return

Identify

DONALD J. & MELANIA TRUMP

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

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

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

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

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

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Identifying number

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

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

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

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

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

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

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	45-3714434 127.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	127.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	127.

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

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

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

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

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	46-1085876 111.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	111.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	111.

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Identifying number

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

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

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

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

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

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	26-3467517 102.
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	102.
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	102.

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

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

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

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

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

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

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

1a Investment (Form 3468, Part II only) (attach Form 3468)	1a	
b Reserved	1b	
c Increasing research activities (Form 6765)	1c	
d Low-income housing (Form 8586, Part I only)	1d	
e Disabled access (Form 8826) (see instructions for limitation)	1e	
f Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	
g Indian employment (Form 8845)	1g	
h Orphan drug (Form 8820)	1h	
i New markets (Form 8874)	1i	
j Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	
k Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k	
l Biodiesel and renewable diesel fuels (attach Form 8864)	1l	
m Low sulfur diesel fuel production (Form 8896)	1m	
n Distilled spirits (Form 8906)	1n	
o Nonconventional source fuel (carryforward only)	1o	
p Energy efficient home (Form 8908)	1p	
q Energy efficient appliance (carryforward only)	1q	
r Alternative motor vehicle (Form 8910)	1r	
s Alternative fuel vehicle refueling property (Form 8911)	1s	
t Reserved	1t	
u Mine rescue team training (Form 8923)	1u	
v Agricultural chemicals security (carryforward only)	1v	
w Employer differential wage payments (Form 8932)	1w	
x Carbon dioxide sequestration (Form 8933)	1x	
y Qualified plug-in electric drive motor vehicle (Form 8936)	1y	
z Qualified plug-in electric vehicle (carryforward only)	1z	
aa New hire retention (carryforward only)	1aa	
bb General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb	
zz Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	15,068,133.
2 Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	15,068,133.
3 Enter the amount from Form 8844 here and on the applicable line of Part II	3	
4a Investment (Form 3468, Part III) (attach Form 3468)	4a	
b Work opportunity (Form 5884)	4b	
c Biofuel producer (Form 6478)	4c	
d Low-income housing (Form 8586, Part II)	4d	
e Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	
f Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	
g Qualified railroad track maintenance (Form 8900)	4g	
h Small employer health insurance premiums (Form 8941)	4h	
i Increasing research activities (Form 6765)	4i	
j Reserved	4j	
z Other	4z	
5 Add lines 4a through 4z and enter here and on the applicable line of Part II	5	
6 Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	15,068,133.

Credit for Federal Tax Paid on Fuels

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

Name (as shown on your income tax return)

Taxpayer identification number

DONALD J. & MELANIA TRUMP

Caution: Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 or 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 or 14), claimant certifies that a certificate has not been provided to the credit card issuer.

1 Nontaxable Use of Gasoline

Note: CRN is credit reference number.

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Off-highway business use	\$.183	91799	\$ 16,799.	362
b	Use on a farm for farming purposes	.183			
c	Other nontaxable use (see Caution above line 1)	.183			
d	Exported	.184			

2 Nontaxable Use of Aviation Gasoline

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use in commercial aviation (other than foreign trade)	\$.15		\$	354
b	Other nontaxable use (see Caution above line 1)	.193			324
c	Exported	.194			412
d	LUST tax on aviation fuels used in foreign trade	.001			433

3 Nontaxable Use of Undyed Diesel Fuel

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

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

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Nontaxable use STATEMENT 56 2	\$.243	204	\$ 50.	360
b	Use on a farm for farming purposes	.243			
c	Use in trains	.243			
d	Use in certain intercity and local buses (see Caution above line 1)	.17			
e	Exported	.244			

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

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

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

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Nontaxable use taxed at \$.244	\$.243		\$	346
b	Use on a farm for farming purposes	.243			
c	Use in certain intercity and local buses (see Caution above line 1)	.17			
d	Exported	.244			
e	Nontaxable use taxed at \$.044	.043			
f	Nontaxable use taxed at \$.219	.218			

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

5 Kerosene Used in Aviation (see **Caution** above line 1)

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244	\$.200		\$	417
b	Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219	.175			355
c	Nontaxable use (other than use by state or local government) taxed at \$.244	.243			346
d	Nontaxable use (other than use by state or local government) taxed at \$.219	.218			369
e	LUST tax on aviation fuels used in foreign trade	.001			433

6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel **Registration No.** ►

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

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

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use by a state or local government	\$.243	\$	360
b	Use in certain intercity and local buses	.17		350

7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation) **Registration No.** ►

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

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

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use by a state or local government	\$.243	\$	346
b	Sales from a blocked pump	.243		
c	Use in certain intercity and local buses	.17		

8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation **Registration No.** ►

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a	Use in commercial aviation (other than foreign trade) taxed at \$.219	\$.175		\$	355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244	.200			417
c	Nonexempt use in noncommercial aviation	.025			418
d	Other nontaxable uses taxed at \$.244	.243			346
e	Other nontaxable uses taxed at \$.219	.218			369
f	LUST tax on aviation fuels used in foreign trade	.001			433

9 Reserved

Registration No. ►

	(b) Rate	(c) Gallons of alcohol	(d) Amount of credit	(e) CRN
a Reserved				
b Reserved				

10 Biodiesel or Renewable Diesel Mixture Credit

Registration No. ►

Biodiesel mixtures. Claimant produced a mixture by mixing biodiesel with diesel fuel. The biodiesel used to produce the mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller. **Renewable diesel mixtures.** Claimant produced a mixture by mixing renewable diesel with liquid fuel (other than renewable diesel). The renewable diesel used to produce the renewable diesel mixture was derived from biomass process, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975, D396, or other equivalent standard approved by the IRS. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller, both of which have been edited as discussed in the Instructions for Form 4136. See the instructions for line 10 for information about renewable diesel used in aviation.

	(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of credit	(e) CRN
a Biodiesel (other than agri-biodiesel) mixtures	\$ 1.00		\$	388
b Agri-biodiesel mixtures	\$ 1.00			390
c Renewable diesel mixtures	\$ 1.00			307

11 Nontaxable Use of Alternative Fuel

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).

	(a) Type of use	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
a Liquefied petroleum gas (LPG)		\$.183		\$	419
b "P Series" fuels		.183			420
c Compressed natural gas (CNG)		.183			421
d Liquefied hydrogen		.183			422
e Fischer-Tropsch process liquid fuel from coal (including peat)		.243			423
f Liquid fuel derived from biomass		.243			424
g Liquefied natural gas (LNG)		.243			425
h Liquefied gas derived from biomass		.183			435

12 Alternative Fuel Credit

Registration No. ►

	(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
a Liquefied petroleum gas (LPG)	\$.50		\$	426
b "P Series" fuels	.50			427
c Compressed natural gas (CNG)	.50			428
d Liquefied hydrogen	.50			429
e Fischer-Tropsch process liquid fuel from coal (including peat)	.50			430
f Liquid fuel derived from biomass	.50			431
g Liquefied natural gas (LNG)	.50			432
h Liquefied gas derived from biomass	.50			436
i Compressed gas derived from biomass	.50			437

13 Registered Credit Card Issuers

Registration No. ►

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Diesel fuel sold for the exclusive use of a state or local government	\$.243		\$	360
b Kerosene sold for the exclusive use of a state or local government	.243			346
c Kerosene for use in aviation sold for the exclusive use of a state or local government taxed at \$.219	.218			369

14 Nontaxable Use of a Diesel-Water Fuel Emulsion

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions).

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Nontaxable use		\$.197		\$	309
b Exported		.198			306

15 Diesel-Water Fuel Emulsion Blending

Registration No. ►

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
Blender credit	\$.046		\$	310

16 Exported Dyed Fuels and Exported Gasoline Blendstocks

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001	\$.001		\$	415
b Exported dyed kerosene	.001			416

17 Total income tax credit claimed. Add lines 1 through 16, column (d). Enter here and on Form 1040, line 72; Form 1120, Schedule J, line 19b; Form 1120S, line 23c; Form 1041, line 24g; or the proper line of other returns. ►	17	\$	16,849.
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Name(s) shown on tax return. Do not enter name and identifying number if shown on page 1.

Identifying number

DONALD J. & MELANIA TRUMP

SECTION B - Business and Income-Producing Property

Part I Casualty or Theft Gain or Loss (Use a separate Part I for each casualty or theft.)

19 Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft. See instructions if claiming a loss due to a Ponzi-type investment scheme and Section C is not completed.

Property A CASUALTY FROM K-1 - DJT HOLDINGS MANAGING MEMBER LLC

Property B

Property C

Property D

Table with columns for Properties A, B, C, D and rows 20-28 for cost, insurance, gain, and loss calculations.

Part II Summary of Gains and Losses (from separate Parts I)

Summary table with columns for (a) Identify casualty or theft, (b) Losses from casualties or thefts, and (c) Gains from casualties or thefts.

Casualty or Theft of Property Held One Year or Less

Table for line 29 and 30: Casualty or Theft of Property Held One Year or Less.

Table for line 31 and 32: Net gain or loss and amount from income-producing property.

Casualty or Theft of Property Held More Than One Year

Table for line 33 and 34: Casualty or theft gains from Form 4797.

Table for line 35: Total losses.

Table for line 36: Total gains.

Table for line 37: Add amounts on line 35.

Table for line 38a: Net gain or loss for partnerships.

Table for line 38b: Amount from income-producing property for partnerships.

Table for line 39: Net gain or loss for all other entities.

Note: Partnerships, enter the amount from line 38a, 38b, or line 39 on Form 1065, Schedule K, line 11. S corporations, enter the amount from line 38a or 38b on Form 1120S, Schedule K, line 10.

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

Identifying number

DONALD J. & MELANIA TRUMP

SECTION B - Business and Income-Producing Property

Part I Casualty or Theft Gain or Loss (Use a separate Part I for each casualty or theft.)

19 Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft. See instructions if claiming a loss due to a Ponzi-type investment scheme and Section C is not completed.

Property A CASUALTY FROM K-1 - DJT HOLDINGS LLC - LFB ACQUISITION LL

Property B

Property C

Property D

Table with 5 columns: Line number, Description, A, B, C, D. Rows 20-28 detailing cost, insurance, gain, and loss for Property A.

Part II Summary of Gains and Losses (from separate Parts I)

Table for Summary of Gains and Losses. Columns: (a) Identify casualty or theft, (b) Losses from casualties or thefts (Trade/business/rental vs Income-producing/employee), (c) Gains from casualties or thefts includible in income. Rows 29-32.

Casualty or Theft of Property Held More Than One Year

Table for Casualty or Theft of Property Held More Than One Year. Rows 33-39 detailing gains, losses, and net gain/loss calculations.

Note: Partnerships, enter the amount from line 38a, 38b, or line 39 on Form 1065, Schedule K, line 11. S corporations, enter the amount from line 38a or 38b on Form 1120S, Schedule K, line 10.

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

Identifying number

DONALD J. & MELANIA TRUMP

SECTION B - Business and Income-Producing Property

Part I Casualty or Theft Gain or Loss (Use a separate Part I for each casualty or theft.)

19 Description of properties (show type, location, and date acquired for each property). Use a separate line for each property lost or damaged from the same casualty or theft. See instructions if claiming a loss due to a Ponzi-type investment scheme and Section C is not completed.

Property A CASUALTY FROM K-1 - LFB AQUISITION MEMBER CORP
 Property B
 Property C
 Property D

		Properties			
		A	B	C	D
20	Cost or adjusted basis of each property	20	1,188.		
21	Insurance or other reimbursement (whether or not you filed a claim). <i>Note: If line 20 is more than line 21, skip line 22.</i>	21			
22	Gain from casualty or theft. If line 21 is more than line 20, enter the difference here and on line 29 or line 34, column (c), except as provided in the instructions for line 33. Also, skip lines 23 through 27 for that column. See the instructions for line 4 if line 21 includes insurance or other reimbursement you did not claim, or you received payment for your loss in a later tax year	22			
23	Fair market value before casualty or theft	23			
24	Fair market value after casualty or theft	24			
25	Subtract line 24 from line 23	25			
26	Enter the smaller of line 20 or line 25. <i>Note: If the property was totally destroyed by casualty or lost from theft, enter on line 26 the amount from line 20.</i>	26	1,188.		
27	Subtract line 21 from line 26. If zero or less, enter -0-	27	1,188.		
28	Casualty or theft loss. Add the amounts on line 27. Enter the total here and on line 29 or line 34 (see instructions)	28			1,188.

Part II Summary of Gains and Losses (from separate Parts I)

(b) Losses from casualties or thefts

(a) Identify casualty or theft

(i) Trade, business, rental or royalty property

(ii) Income-producing and employee property

(c) Gains from casualties or thefts includible in income

Casualty or Theft of Property Held One Year or Less

29		()	()	
30	Totals. Add the amounts on line 29	30	()	()
31	Combine line 30, columns (b)(i) and (c). Enter the net gain or (loss) here and on Form 4797, line 14. If Form 4797 is not otherwise required, see instructions	31		
32	Enter the amount from line 30, column (b)(ii) here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 28, or Form 1040NR, Schedule A, line 14, and enter the amount from property used as an employee on Schedule A (Form 1040), line 23, or Form 1040NR, Schedule A, line 9. Estates and trusts, partnerships, and S corporations, see instructions	32		

Casualty or Theft of Property Held More Than One Year

33	Casualty or theft gains from Form 4797, line 32	33		
34	SEE SECTION B, PART I		(118,804.)	()
35	Total losses. Add amounts on line 34, columns (b)(i) and (b)(ii)	35	(118,804.)	()
36	Total gains. Add lines 33 and 34, column (c)	36		
37	Add amounts on line 35, columns (b)(i) and (b)(ii)	37		118,804.
38	If the loss on line 37 is more than the gain on line 36: a Combine line 35, column (b)(i) and line 36, and enter the net gain or (loss) here. Partnerships (except electing large partnerships) and S corporations, see the note below. All others, enter this amount on Form 4797, line 14. If Form 4797 is not otherwise required, see instructions	38a		-118,804.
	b Enter the amount from line 35, column (b)(ii) here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 28, or Form 1040NR, Schedule A, line 14, and enter the amount from property used as an employee on Schedule A (Form 1040), line 23, or Form 1040NR, Schedule A, line 9. Estates and trusts, enter on the "Other deductions" line of your tax return. Partnerships (except electing large partnerships) and S corporations, see the note below. Electing large partnerships, enter on Form 1065-B, Part II, line 11	38b		
39	If the loss on line 37 is less than or equal to the gain on line 36, combine lines 36 and 37 and enter here. Partnerships (except electing large partnerships), see the note below. All others, enter this amount on Form 4797, line 3	39		

Note: Partnerships, enter the amount from line 38a, 38b, or line 39 on Form 1065, Schedule K, line 11.
 S corporations, enter the amount from line 38a or 38b on Form 1120S, Schedule K, line 10.

Form **4797**

Department of the Treasury
Internal Revenue Service

Name(s) shown on return

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

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

OMB No. 1545-0184

2016

Attachment
Sequence No. **27**

DONALD J. & MELANIA TRUMP

Identifying number

1 Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S
(or substitute statement) that you are including on line 2, 10, or 20

1

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From
Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
2 SEE STATEMENT 57						11884132

3	Gain, if any, from Form 4684, line 39	3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5	
6	Gain, if any, from line 32, from other than casualty or theft	6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.	7	11,884,132.
8	Nonrecaptured net section 1231 losses from prior years. See instructions	8	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9	

Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): SEE STATEMENT 58		268,226.			-325,829.
----	---	--	----------	--	--	-----------

11	Loss, if any, from line 7	11	()
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	-118,804.
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	-444,633.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18a	
		18b	-444,633.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2016)

* ENTIRE DISPOSITION OF ACTIVITY

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

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

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

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

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

(see instructions)

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

At-Risk Limitations

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

Name(s) shown on return

Identifying number

DONALD J. TRUMP

Description of activity (see page 2 of the instructions)

ULTIMATE AIR CORP 13-3747981

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	-8,723.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	12246 X 8,723.

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8	10a	
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	16	
b	<input type="checkbox"/> The end of your prior year	17	
17	Add lines 15 and 16		
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	18	
b	<input type="checkbox"/> The end of your prior year		
19a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	0.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	() 0.

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

At-Risk Limitations

OMB No. 1545-0712

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

Attachment
 Sequence No. **31**

Name(s) shown on return

Identifying number

DONALD J. TRUMP

Description of activity (see page 2 of the instructions)

TRUMP LAS OLAS MEMBER CORP 20-3002512

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	-2,474.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	-2,474.

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8	10a	
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	16	
b	<input type="checkbox"/> The end of your prior year		
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	18	
b	<input type="checkbox"/> The end of your prior year		
19a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	0.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	(0.)

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

At-Risk Limitations

OMB No. 1545-0712

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

Attachment
Sequence No. **31**

Name(s) shown on return

Identifying number

DONALD J. TRUMP

Description of activity (see page 2 of the instructions)

RESTAURANT 40 MEMBER CORP 45-4146506

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	-1,049.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	-1,049.

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10 a	Subtract line 9 from line 8	10a	
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	16	
b	<input type="checkbox"/> The end of your prior year		
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	18	
b	<input type="checkbox"/> The end of your prior year		
19 a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	0.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	(0.)

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

Alternative Minimum Tax - Individuals

Department of the Treasury
Internal Revenue Service (99)

▶ Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.
▶ Attach to Form 1040 or Form 1040NR.

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

Your social security number

DONALD J. & MELANIA TRUMP

Part I Alternative Minimum Taxable Income

1	If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	-40,568,391.
2	Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4, or 2.5% (0.025) of Form 1040, line 38. If zero or less, enter -0-	2	0.
3	Taxes from Schedule A (Form 1040), line 9	3	5,204,273.
4	Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5	Miscellaneous deductions from Schedule A (Form 1040), line 27	5	1,387,244.
6	If Form 1040, line 38, is \$155,650 or less, enter -0-. Otherwise, see instructions	6	0.
7	Tax refund from Form 1040, line 10 or line 21	7	
8	Investment interest expense (difference between regular tax and AMT)	8	
9	Depletion (difference between regular tax and AMT)	9	
10	Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	73,376,129.
11	Alternative tax net operating loss deduction	11	-16,291,863.
12	Interest from specified private activity bonds exempt from the regular tax	12	
13	Qualified small business stock, see instructions	13	
14	Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15	Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	8,806.
16	Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17	Disposition of property (difference between AMT and regular tax gain or loss)	17	
18	Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) STMT 63	18	-438,813.
19	Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 62	19	-686,699.
20	Loss limitations (difference between AMT and regular tax income or loss)	20	
21	Circulation costs (difference between regular tax and AMT)	21	
22	Long-term contracts (difference between AMT and regular tax income)	22	
23	Mining costs (difference between regular tax and AMT)	23	
24	Research and experimental costs (difference between regular tax and AMT)	24	
25	Income from certain installment sales before January 1, 1987	25	
26	Intangible drilling costs preference	26	
27	Other adjustments, including income-based related adjustments	27	
28	Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is more than \$247,450, see instructions.)	28	21,990,686.

Part II Alternative Minimum Tax (AMT)

29	Exemption. (If you were under age 24 at the end of 2016, see instructions.) IF your filing status is... AND line 28 is not over... THEN enter on line 29... Single or head of household \$119,700 \$53,900 Married filing jointly or qualifying widow(er) 159,700 83,800 Married filing separately 79,850 41,900 If line 28 is over the amount shown above for your filing status, see instructions.	29	0.
30	Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	21,990,686.
31	• If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter. • If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here. • All others: If line 30 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 30 by 26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result.	31	5,259,735.
32	Alternative minimum tax foreign tax credit (see instructions)	32	3,025,010.
33	Tentative minimum tax. Subtract line 32 from line 31	33	2,234,725.
34	Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure that tax without using Schedule J before completing this line (see instructions)	34	
35	AMT. Subtract line 34 from line 33. If zero or less, enter -0-. Enter here and on Form 1040, line 45	35	2,234,725.

Part III Tax Computation Using Maximum Capital Gains Rates

Complete Part III only if you are required to do so by line 31 or by the Foreign Earned Income Tax Worksheet in the instructions.

36 Enter the amount from Form 6251, line 30. If you are filing Form 2555 or 2555-EZ, enter the amount from line 3 of the worksheet in the instructions for line 31	36	21,990,686.
37 Enter the amount from line 6 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 13 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	37	10,442,563.
38 Enter the amount from Schedule D (Form 1040), line 19 (as figured for the AMT, if necessary) (see instructions). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	38	796,160.
39 If you did not complete a Schedule D Tax Worksheet for the regular tax or the AMT, enter the amount from line 37. Otherwise, add lines 37 and 38, and enter the smaller of that result or the amount from line 10 of the Schedule D Tax Worksheet (as figured for the AMT, if necessary). If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	39	11,238,723.
40 Enter the smaller of line 36 or line 39	40	11,238,723.
41 Subtract line 40 from line 36	41	10,751,963.
42 If line 41 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 41 by 26% (0.26). Otherwise, multiply line 41 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result	42	3,006,824.
43 Enter: <ul style="list-style-type: none"> • \$75,300 if married filing jointly or qualifying widow(er), • \$37,650 if single or married filing separately, or • \$50,400 if head of household. 	43	75,300.
44 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 14 of the Schedule D Tax Worksheet in the instructions for Schedule D (Form 1040), whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter	44	0.
45 Subtract line 44 from line 43. If zero or less, enter -0-	45	75,300.
46 Enter the smaller of line 36 or line 37	46	10,442,563.
47 Enter the smaller of line 45 or line 46. This amount is taxed at 0%	47	75,300.
48 Subtract line 47 from line 46	48	10,367,263.
49 Enter: <ul style="list-style-type: none"> • \$415,050 if single • \$233,475 if married filing separately • \$466,950 if married filing jointly or qualifying widow(er) • \$441,000 if head of household 	49	466,950.
50 Enter the amount from line 45	50	75,300.
51 Enter the amount from line 7 of the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44, or the amount from line 19 of the Schedule D Tax Worksheet, whichever applies (as figured for the regular tax). If you did not complete either worksheet for the regular tax, enter the amount from Form 1040, line 43; if zero or less, enter -0-. If you are filing Form 2555 or Form 2555-EZ, see instructions for the amount to enter	51	
52 Add line 50 and line 51	52	75,300.
53 Subtract line 52 from line 49. If zero or less, enter -0-	53	391,650.
54 Enter the smaller of line 48 or line 53	54	391,650.
55 Multiply line 54 by 15% (0.15)	55	58,748.
56 Add lines 47 and 54	56	466,950.
If lines 56 and 36 are the same, skip lines 57 through 61 and go to line 62. Otherwise, go to line 57.		
57 Subtract line 56 from line 46	57	9,975,613.
58 Multiply line 57 by 20% (0.20)	58	1,995,123.
If line 38 is zero or blank, skip lines 59 through 61 and go to line 62. Otherwise, go to line 59.		
59 Add lines 41, 56, and 57	59	21,194,526.
60 Subtract line 59 from line 36	60	796,160.
61 Multiply line 60 by 25% (0.25)	61	199,040.
62 Add lines 42, 55, 58, and 61	62	5,259,735.
63 If line 36 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 36 by 26% (0.26). Otherwise, multiply line 36 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing separately) from the result	63	6,153,666.
64 Enter the smaller of line 62 or line 63 here and on line 31. If you are filing Form 2555 or 2555-EZ, do not enter this amount on line 31. Instead, enter it on line 4 of the worksheet in the instructions for line 31	64	5,259,735.

Reportable Transaction Disclosure Statement

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

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

Identifying number

DONALD J. & MELANIA TRUMP

Number, street, and room or suite no.

City or town, state, and ZIP code

NEW YORK, NY 10022

A If you are filing more than one Form 8886 with your tax return, sequentially number each Form 8886 and enter the statement number for this Form 8886 ▶ Statement number 1 of 1

B Enter the form number of the tax return to which this form is attached or related ▶ 1040

Enter the year of the tax return identified above ▶ 2016

Is this Form 8886 being filed with an amended tax return? ▶ Yes No

C Check the box(es) that apply (see instructions). Initial year filer Protective disclosure

1a Name of reportable transaction

SECTION 988 LOSS

1b Initial year participated in transaction

N/A TAXPAYER PARTICIPATED THROUGH PTSHP

1c Reportable transaction or tax shelter registration number

2 Identify the type of reportable transaction. Check all boxes that apply (see instructions).

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

3 If you checked box 2a or 2e, enter the published guidance number for the listed transaction or transaction of interest ▶ N/A

4 Enter the number of "same as or substantially similar" transactions reported on this form ▶ 1

5 If you participated in this reportable transaction through a partnership, S corporation, trust, and foreign entity, check the applicable boxes and provide the information below for the entity(s) (see instructions). (Attach additional sheets, if necessary.)

- a** Type of entity ▶ Partnership Trust Partnership Trust
 S corporation Foreign S corporation Foreign

b Name
 ▶ PAULSON CREDIT OPPORTUNITES MASTER II L

c Employer identification number (EIN), if known ▶ 98-0516727

d Date Schedule K-1 received from entity (enter "none" if Schedule K-1 not received) ▶ 04/05/2017

6 Enter below the name and address of each individual or entity to whom you paid a fee with regard to the transaction if that individual or entity promoted, solicited, or recommended your participation in the transaction, or provided tax advice related to the transaction. (Attach additional sheets, if necessary.)

a	Name	Identifying number (if known)	Fees paid \$
	Number, street, and room or suite no.		

Number, street, and room or suite no.

City or town, State, and ZIP code

b	Name	Identifying number (if known)	Fees paid \$
	Number, street, and room or suite no.		

Number, street, and room or suite no.

City or town, State, and ZIP code

7 Facts

a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions).

- | | | | |
|---|---|--|--------------------------------------|
| <input type="checkbox"/> Deductions | <input type="checkbox"/> Exclusions from gross income | <input type="checkbox"/> Absence of adjustments to basis | <input type="checkbox"/> Tax Credits |
| <input type="checkbox"/> Capital loss | <input type="checkbox"/> Nonrecognition of gain | <input type="checkbox"/> Deferral | |
| <input checked="" type="checkbox"/> Ordinary loss | <input type="checkbox"/> Adjustments to basis | <input type="checkbox"/> Other _____ | |

b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for all affected years. Include facts of each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include in your description your participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a description of any tax result protection with respect to the transaction.

SEE STATEMENT 109

8 Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es) (see instructions). Include their name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its country of incorporation or existence. For each individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary.

a Type of individual or entity: Tax-exempt Foreign Related

Name	Identifying number
Address	
Description	

b Type of individual or entity: Tax-exempt Foreign Related

Name	Identifying number
Address	
Description	

Domestic Production Activities Deduction

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

Name(s) as shown on return

Identifying number

DONALD J. & MELANIA TRUMP

	(a)	(b)
	Oil-related production activities	All activities
1 Domestic production gross receipts (DPGR)	7,280.	45,072.
2 Allocable cost of goods sold. If you are using the small business simplified overall method, skip lines 2 and 3	8,117.	41,975.
3 Enter deductions and losses allocable to DPGR (see instructions)	8,487.	10,932.
4 If you are using the small business simplified overall method, enter the amount of cost of goods sold and other deductions or losses you ratably apportion to DPGR. All others, skip line 4		
5 Add lines 2 through 4	16,604.	52,907.
6 Subtract line 5 from line 1	-9,324.	-7,835.
7 Qualified production activities income from estates, trusts, and certain partnerships and S corporations (see instructions) SEE STATEMENT 110		691.
8 Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10	-9,324.	-7,144.
9 Amount allocated to beneficiaries of the estate or trust (see instructions)		
10a Oil-related qualified production activities income. Estates and trusts, subtract line 9, column (a), from line 8, column (a), all others, enter amount from line 8, column (a). If zero or less, enter -0- here	0.	
b Qualified production activities income. Estates and trusts, subtract line 9, column (b), from line 8, column (b), all others, enter amount from line 8, column (b). If zero or less, enter -0- here, skip lines 11 through 21, and enter -0- on line 22		0.
11 Income limitation (see instructions):		
• Individuals, estates, and trusts. Enter your adjusted gross income figured without the domestic production activities deduction		
• All others. Enter your taxable income figured without the domestic production activities deduction (tax-exempt organizations, see instructions)		
12 Enter the smaller of line 10b or line 11. If zero or less, enter -0- here, skip lines 13 through 21, and enter -0- on line 22		
13 Enter 9% of line 12		
14a Enter the smaller of line 10a or line 12		
b Reduction for oil-related qualified production activities income. Multiply line 14a by 3%		
15 Subtract line 14b from line 13		
16 Form W-2 wages (see instructions)		
17 Form W-2 wages from estates, trusts, and certain partnerships and S corporations (see instructions)		
18 Add lines 16 and 17. Estates and trusts, go to line 19, all others, skip line 19 and go to line 20		
19 Amount allocated to beneficiaries of the estate or trust (see instructions)		
20 Estates and trusts, subtract line 19 from line 18, all others, enter amount from line 18		
21 Form W-2 wage limitation. Enter 50% of line 20		
22 Enter the smaller of line 15 or line 21		0.
23 Domestic production activities deduction from cooperatives. Enter deduction from Form 1099-PATR, box 6		
24 Expanded affiliated group allocation (see instructions)		
25 Domestic production activities deduction. Combine lines 22 through 24 and enter the result here and on Form 1040, line 35; Form 1120, line 25; or the applicable line of your return		0.

Investment Credit

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

▶ Information about Form 3468 and its separate instructions is at www.irs.gov/form3468.

Name(s) shown on return

Identifying number

DONALD J. & MELANIA TRUMP

Part I Information Regarding the Election To Treat the Lessee as the Purchaser of Investment Credit Property

If you are claiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4, 1990) election, provide the following information. If you acquired more than one property as a lessee, attach a statement showing the information below.

- 1 Name of lessor _____
- 2 Address of lessor _____
- 3 Description of property _____
- 4 Amount for which you were treated as having acquired the property _____ ▶ \$

Part II Qualifying Advanced Coal Project Credit, Qualifying Gasification Project Credit, and Qualifying Advanced Energy Project Credit

5 Qualifying advanced coal project credit (see instructions):		
a	Qualified investment in integrated gasification combined cycle property placed in service during the tax year for projects described in section 48A(d)(3)(B)(i) \$ _____ x 20% (0.20) 5a	
b	Qualified investment in advanced coal-based generation technology property placed in service during the tax year for projects described in section 48A(d)(3)(B)(ii) \$ _____ x 15% (0.15) 5b	
c	Qualified investment in advanced coal-based generation technology property placed in service during the tax year for projects described in section 48A(d)(3)(B)(iii) \$ _____ x 30% (0.30) 5c	
d	Total. Add lines 5a, 5b, and 5c	5d
6 Qualifying gasification project credit (see instructions):		
a	Qualified investment in qualified gasification property placed in service during the tax year for which credits were allocated or reallocated after October 3, 2008, and that includes equipment that separates and sequesters at least 75% of the project's carbon dioxide emissions \$ _____ x 30% (0.30) 6a	
b	Qualified investment in property other than in a above placed in service during the tax year \$ _____ x 20% (0.20) 6b	
c	Total. Add lines 6a and 6b	6c
7 Qualifying advanced energy project credit (see instructions):		
	Qualified investment in advanced energy project property placed in service during the tax year \$ _____ x 30% (0.30) 7	
8	Reserved	8
9	Enter the applicable unused investment credit from cooperatives (see instructions)	9
10	Add lines 5d, 6c, 7, and 9. Report this amount on Form 3800, Part III, line 1a	10

LHA For Paperwork Reduction Act Notice, see separate instructions.

Part III Rehabilitation Credit and Energy Credit

<p>11 Rehabilitation credit (see instructions for requirements that must be met):</p> <p>a Check this box if you are electing under section 47(d)(5) to take your qualified rehabilitation expenditures into account for the tax year in which paid (or, for self-rehabilitated property, when capitalized). See instructions. Note: This election applies to the current tax year and to all later tax years. You may not revoke this election without IRS consent <input type="checkbox"/></p> <p>b Enter the dates on which the 24- or 60-month measuring period begins <u>SEE STATEMENT 112</u> and ends _____</p> <p>c Enter the adjusted basis of the building as of the beginning date above (or the first day of your holding period, if later) \$ _____</p> <p>d Enter the amount of the qualified rehabilitation expenditures incurred, or treated as incurred, during the period on line 11b above \$ _____ Enter the amount of qualified rehabilitation expenditures and multiply by the percentage shown:</p> <p>e Pre-1936 buildings \$ _____ x 10% (0.10)</p> <p>f Certified historic structures \$ <u>131,270,734.</u> x 20% (0.20)</p> <p>For properties identified on line 11f, complete lines 11g and 11h.</p> <p>g Enter the assigned NPS project number or the pass-through entity's employer identification number (see instructions) <u>STATEMENT 111</u></p> <p>h Enter the date that the NPS approved the Request for Certification of Completed Work (see instructions) _____</p> <p>i Rehabilitation credit from an electing large partnership (Schedule K-1 (Form 1065-B), box 9) _____</p>			
		11e	
		11f	26,254,147.
<p>12 Energy credit:</p> <p>a Basis of property using geothermal energy or solar energy (acquired before January 1, 2006, and the basis attributable to construction, reconstruction, or erection by the taxpayer before January 1, 2006) placed in service during the tax year (see instructions) \$ _____ x 10% (0.10)</p> <p>b Basis of property using solar illumination or solar energy placed in service during the tax year that was acquired after December 31, 2005, and the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31, 2005 (see instructions) \$ _____ x 30% (0.30) Qualified fuel cell property (see instructions):</p> <p>c Basis of property placed in service during the tax year that was acquired after December 31, 2005, and before October 4, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31, 2005, and before October 4, 2008 \$ _____ x 30% (0.30)</p> <p>d Applicable kilowatt capacity of property on line 12c (see instructions) _____ x \$1,000</p> <p>e Enter the lesser of line 12c or line 12d _____</p> <p>f Basis of property placed in service during the tax year that was acquired after October 3, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after October 3, 2008 \$ _____ x 30% (0.30)</p> <p>g Applicable kilowatt capacity of property on line 12f (see instructions) _____ x \$3,000</p> <p>h Enter the lesser of line 12f or line 12g _____ Qualified microturbine property (see instructions):</p> <p>i Basis of property placed in service during the tax year that was acquired after December 31, 2005, and the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31, 2005 \$ _____ x 10% (0.10)</p> <p>j Kilowatt capacity of property on line 12i _____ x \$200</p> <p>k Enter the lesser of line 12i or line 12j _____</p>		12a	
		12b	
		12c	
		12d	
		12e	
		12f	
		12g	
		12h	
		12i	
		12j	
		12k	

Part III Rehabilitation Credit and Energy Credit (continued)

Combined heat and power system property (see instructions): Caution: You cannot claim this credit if the electrical capacity of the property is more than 50 megawatts or 67,000 horsepower.		
i Basis of property placed in service during the tax year that was acquired after October 3, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after October 3, 2008 \$ _____ x 10% (0.10)		12i
m If the electrical capacity of the property is measured in: • Megawatts, divide 15 by the megawatt capacity. Enter 1.0 if the capacity is 15 megawatts or less. • Horsepower, divide 20,000 by the horsepower. Enter 1.0 if the capacity is 20,000 horsepower or less		12m
n Multiply line 12i by line 12m		12n
Qualified small wind energy property (see instructions): o Basis of property placed in service during the tax year that was acquired after October 3, 2008, and before January 1, 2009, and the basis attributable to the construction, reconstruction, or erection by the taxpayer after October 3, 2008, and before January 1, 2009 ... \$ _____ x 30% (0.30)		12o
p Enter the smaller of line 12o or \$4,000		12p
q Basis of property placed in service during the tax year that was acquired after December 31, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31, 2008 \$ _____ x 30% (0.30)		12q
Geothermal heat pump systems (see instructions): r Basis of property placed in service during the tax year that was acquired after October 3, 2008, and the basis attributable to construction, reconstruction, or erection by the taxpayer after October 3, 2008 \$ _____ x 10% (0.10)		12r
Qualified investment credit facility property (see instructions): s Basis of property (other than wind facility property and the construction of which began after 2016) placed in service during the tax year \$ _____ x 30% (0.30)		12s
t Basis of wind facility property placed in service during the tax year and the construction of which begins during 2017 \$ _____ x 24% (0.24)		12t
13 Enter the applicable unused investment credit from cooperatives (see instructions)		13
14 Add lines 11e, 11f, 11i, 12a, 12b, 12e, 12h, 12k, 12n, 12p, 12q, 12r, 12s, 12t, and 13. Report this amount on Form 3800, Part III, line 4a		14

26,254,147.

Form 6251 - AMT Charitable Contributions Worksheet Page 1

AGI -32,409,674.
50% of AGI -16,204,837.

DONALD J. & MELANIA TRUMP

Year	Description	100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2006	Contributions							
	Less: Allowed							
	Less: NOL Abs. CRP CRP c/o							
2007	Contributions							
	Less: Allowed							
	Less: NOL Abs. CRP CRP c/o							
2008	Contributions							
	Less: Allowed							
	Less: NOL Abs. CRP CRP c/o							
2009	Contributions							
	Less: Allowed							
	Less: NOL Abs. CRP CRP c/o							
2010	Contributions							
	Less: Allowed							
	Less: NOL Abs. CRP CRP c/o							
2011	Contributions							
	Less: Allowed							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Lost c/o							
2012	Contributions							
	Less: Allowed							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover ...							
2013	Contributions							
	Less: Allowed							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP							
	Carryover ...							
2014	Contributions			20,760,811.				
	Less: Allowed							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP and MWD							
	Carryover ...			20,760,811.				20,760,811.
	CRP c/o							

Form 6251 - AMT Charitable Contributions Worksheet Page 2

Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2015	Contributions		4,871,979.	49,500.				
	Less: Allowed							
	Less: NOL Absorb. NOL Abs. CRP and MWD							
	Less: Carryover ...		4,871,979.	49,500.				4,921,479.
	CRP c/o							
2016	Contributions		1,191,210.					
	Less: Allowed							
	Less: NOL Absorb. NOL Abs. CRP and MWD		1,191,210.					
	Less: Carryover ...							1,191,210.
	CRP c/o							
AMT charitable contributions								26,873,500.
Less: Charitable contributions allowed under regular tax calculation								
Charitable contributions adjustment to Form 6251, line 27								

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment					Social Security Number
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	
Form Name	Description	Income					
K1-	MAR-A-LAGO CLUB, LLC	7,340,880.					
	* REGULAR INCOME						
	DEPR ADJ	-532,849.					
	* AMT NET INCOME	6,808,031.					
K1-	MAR-A-LAGO CLUB, INC.	7,817.					
	* REGULAR INCOME						
	DEPR ADJ	-533.					
	* AMT NET INCOME	7,284.					
K1-	DJT HOLDINGS MANAGING MEMBER LLC						
	* REGULAR INCOME	-694,038.					
	DEPR ADJ	-5,696.					
	* AMT NET INCOME	-699,734.					
K1-	DJT HOLDINGS TRUMP END FAVOR 12 LLC						
	* REGULAR INCOME	-8,267,821.					
	DEPR ADJ	157,058.					
	* AMT NET INCOME	-8,110,763.					
K1-	TRUMP INTERNATIONAL GO LF CLUB LLC						
	* REGULAR INCOME	2,777,186.					
	DEPR ADJ	-56,792.					
	* AMT NET INCOME	2,720,394.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP						
K1-	TRUMP INTERNATIONAL GO					
	LF CLUB INC					
	* REGULAR INCOME	28.				
	DEPR ADJ	-1.		-1.		
	* AMT NET INCOME	27.		-1.		
E-	ENERGY TRANSFER PARTNE					
	RS LP - PTP					
	* REGULAR INCOME	-272,339.				
	AMT ADJUSTMENTS	1,979.			1,979.	
	* AMT NET INCOME	-270,360.				
C-	TRUMP RESTAURANTS LLC					
	* REGULAR INCOME	129,745.				
	AMT DEPR ADJ	2,483.			2,483.	
	* AMT NET INCOME	132,228.			2,483.	
C-	DUT OPERATIONS I LLC					
	* REGULAR INCOME	0.				
	AMT DEPR ADJ	-8,447.			-8,447.	
	* AMT NET INCOME	-8,447.			-8,447.	
E-	1094 S. OCEAN AVENUE -					
	1094 S. OCEAN AVENUE,					
	* REGULAR INCOME	-233,001.				
	AMT DEPR ADJ	13,242.			13,242.	
	* AMT NET INCOME	-219,759.			13,242.	

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	Social Security Number
Form Name	Description	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20							
E-	124 WOODBRIDGE - 124 WOODBRIDGE ROAD, PALM B											
	* REGULAR INCOME					-16,264.						
	* AMT DEPR ADJ					3,568.						
	* AMT NET INCOME					-12,696.						
4797	TRUMP EQUITABLE FIFTH AVENUE CO											
	* REGULAR INCOME					-78,210.						
	* AMT NET INCOME					-78,210.						
4797	TRUMP CPS LLC											
	* REGULAR INCOME					2,651,666.						
	* AMT NET INCOME					2,651,666.						
4797	OCEAN AIR INVESTORS LL											
	* REGULAR INCOME					18,831.						
	* AMT NET INCOME					18,831.						
4797	OAKDALE INVESTORS LLC											
	* REGULAR INCOME					8,765.						
	* AMT NET INCOME					8,765.						

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP							
4797	TIPPERARY REALTY CORP						
	* REGULAR INCOME	-78.					
	* AMT NET INCOME	-78.					
4797	TRUMP CFS CORP						
	* REGULAR INCOME	2,654.					
	* AMT NET INCOME	2,654.					
4797	TRUMP TOWER MANAGING M						
	EMBER INC						
	* REGULAR INCOME	-791.					
	* AMT NET INCOME	-791.					
4797	THE OBSIDIAN FUND LLC						
	* REGULAR INCOME	-21.					
	* AMT NET INCOME	-21.					
4797	THE OBSIDIAN FUND LLC						
	* REGULAR INCOME	-877,010.					
	* AMT NET INCOME	-877,010.					
4797	AG DIVERSIFIED CREDIT STRATEGIES FUND LP						
	* REGULAR INCOME	226,794.					
	* AMT NET INCOME	226,794.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment					Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
4797	MIDCOAST CREDIT OPPORTUNITY FUND LP						
	* REGULAR INCOME	56,161.					
	* AMT NET INCOME	56,161.					
4797	TRUMP PARK AVENUE LLC						
	(TRUMP DELMONICO LL						
	* REGULAR INCOME	4,818,091.					
	* AMT NET INCOME	4,818,091.					
4797	TRUMP PARK AVENUE LLC						
	- ACQUISITION						
	* REGULAR INCOME	4,467,084.					
	* AMT NET INCOME	4,467,084.					
K1-	TRUMP EQUITABLE FIFTH AVENUE CO						
	* REGULAR INCOME	17,669,579.					
	AMT ADJUSTMENTS	-25,322.			-25,322.		
	* AMT NET INCOME	17,644,257.			-25,322.		
K1-	THE EAST 61 ST. COMPAN Y						
	* REGULAR INCOME	-80,213.					
	AMT ADJUSTMENTS	27.			27.		
	* AMT NET INCOME	-80,186.			27.		

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP						
K1-	THE EAST 61 ST. COMPAN					
	Y					
	* REGULAR INCOME	-699.				
	AMT ADJUSTMENTS	27.			27.	
	* AMT NET INCOME	-672.			27.	
K1-	PARK BRIAR ASSOCIATES					
	LLC					
	* REGULAR INCOME	76,566.				
	AMT ADJUSTMENTS	1,038.			1,038.	
	* AMT NET INCOME	77,604.			1,038.	
K1-	40 WALL DEVELOPMENT AS					
	SOC, LLC					
	* REGULAR INCOME	6,460,549.				
	AMT ADJUSTMENTS	20,095.			20,095.	
	* AMT NET INCOME	6,480,644.			20,095.	
K1-	HUDSON WATERFRONT ASSO					
	C V, L.P.					
	* REGULAR INCOME	242,239.				
	AMT ADJUSTMENTS	5.			5.	
	* AMT NET INCOME	242,244.			5.	

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP							
K1-	TIPPERARY REALTY CORP						
	* REGULAR INCOME	15,947.					
	AMT ADJUSTMENTS	-25.			-25.		
	* AMT NET INCOME	15,922.			-25.		
K1-	PLAZA CONSULTING CORP						
	* REGULAR INCOME	-1,388.					
	* AMT NET INCOME	-1,388.					
K1-	TRUMP PROJECT MANAGEM						
	ENT CORP						
	* REGULAR INCOME	-9,958.					
	* AMT NET INCOME	-9,958.					
K1-	TRUMP'S CASTLE MANAGEM						
	ENT CORP.						
	* REGULAR INCOME	-621.					
	* AMT NET INCOME	-621.					
K1-	TRAVEL ENTERPRISES MAN						
	AGEMENT INC						
	* REGULAR INCOME	-11,631.					
	* AMT NET INCOME	-11,631.					

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Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251 Other Adjustment
	DONALD J. & MELANIA TRUMP					
K1-	TRUMP ICE INC.					
	* REGULAR INCOME	-116.				
	* AMT NET INCOME	-116.				
K1-	HELICOPTER AIR SERVICE					
	S INC					
	* REGULAR INCOME	-941.				
	* AMT NET INCOME	-941.				
K1-	PARC CONSULTING INC					
	* REGULAR INCOME	1,422.				
	* AMT NET INCOME	1,422.				
K1-	TRUMP CENTRAL PARK WES					
	T CORP					
	* REGULAR INCOME	52,276.				
	* AMT NET INCOME	52,276.				
K1-	TRUMP EMPIRE STATE, IN					
	C.					
	* REGULAR INCOME	-373.				
	* AMT NET INCOME	-373.				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	
Form Name	Description	Income					
K1-	FIFTY-SEVEN MANAGEMENT CORP						
	* REGULAR INCOME	68,609.					
	* AMT NET INCOME	68,609.					
K1-	TRUMP VILLAGE CONSTRUCTION CORP						
	* REGULAR INCOME	339.					
	AMT ADJUSTMENTS	5.		5.			
	* AMT NET INCOME	344.		5.			
K1-	TRUMP CPS CORP						
	* REGULAR INCOME	-72.					
	AMT ADJUSTMENTS	-59.		-59.			
	* AMT NET INCOME	-131.		-59.			
K1-	DEVELOPMENT MEMBER INC						
	* REGULAR INCOME	-18.					
	* AMT NET INCOME	-18.					
K1-	FIRST MEMBER INC						
	* REGULAR INCOME	-216.					
	AMT ADJUSTMENTS	31.		31.			
	* AMT NET INCOME	-185.		31.			

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Name(s)		Social Security Number					
DONALD J. & MELANIA TRUMP							
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP VILLAGE CONST CO						
	RP-DJTT GR TR						
	* REGULAR INCOME	84,305.					
	AMT ADJUSTMENTS	1,291.			1,291.		
	* AMT NET INCOME	85,596.			1,291.		
K1-	B1 PINE NOTE HOLDER IN						
	C						
	* REGULAR INCOME	-59.					
	* AMT NET INCOME	-59.					
K1-	TRUMP TOWER MANAGING M						
	EMBER INC						
	* REGULAR INCOME	90,655.					
	* AMT NET INCOME	90,655.					
K1-	TRUMP 845 UN MGR CORP						
	* REGULAR INCOME	-1,354.					
	* AMT NET INCOME	-1,354.					
K1-	BEACH HAVEN APARTMENTS						
	#1 INC DJTT GR TR						
	* REGULAR INCOME	32,695.					
	* AMT NET INCOME	32,695.					

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Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20 Other Adjustment
DONALD J. & MELANIA TRUMP						
K1-	SHORE HAVEN APARTMENTS					
	* INC DUTY GR TR	81,998.				
	* REGULAR INCOME	81,998.				
	* AMT NET INCOME	81,998.				
K1-	DONALD J TRUMP ELIZABE					
	TH TRUST					
	* REGULAR INCOME	0.				
	FORM 1041, LINE 16	1,817.				
	* AMT NET INCOME	1,817.				1,817.
K1-	DONALD J TRUMP FRED					
	TRUST					
	* REGULAR INCOME	0.				
	FORM 1041, LINE 16	3,326.				
	* AMT NET INCOME	3,326.				3,326.
K1-	ELIZABETH TRUMP GRANDC					
	HILDREN - DONALD					
	* REGULAR INCOME	0.				
	FORM 1041, LINE 16	3,663.				
	* AMT NET INCOME	3,663.				3,663.

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Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP							
K1-	TRUMP MANAGEMENT INC						
	* REGULAR INCOME	6,397.					
	* AMT NET INCOME	6,397.					
K1-	TRUMP DELMONICO LLC						
	* REGULAR INCOME	-5,137.					
	* AMT NET INCOME	-5,137.					
K1-	TRUMP TORONTO DEVELOPM ENT INC						
	* REGULAR INCOME	-2,809.					
	* AMT NET INCOME	-2,809.					
K1-	VH PROPERTY CORP						
	* REGULAR INCOME	-690,428.					
	AMT ADJUSTMENTS	373.			373.		
	* AMT NET INCOME	-690,055.			373.		
K1-	STARRETT CITY ASSOCIAT ES						
	* REGULAR INCOME	421,172.					
	AMT ADJUSTMENTS	57,128.			57,128.		
	* AMT NET INCOME	478,300.			57,128.		

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Name(s)		Social Security Number						
DONALD J. & MELANIA TRUMP								
Form Name	Description	Income	Adjustment					
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	
K1-	TRUMP PRODUCTIONS LLC							
	* REGULAR INCOME	139,842.						
	* AMT NET INCOME	139,842.						
K1-	TRUMP PRODUCTIONS MANA							
	GING MEMBER INC							
	* REGULAR INCOME	-1,231.						
	* AMT NET INCOME	-1,231.						
K1-	TRUMP INTERNATIONAL HO							
	TELS MANAGEMENT LLC							
	* REGULAR INCOME	-3,881,254.						
	* AMT NET INCOME	-3,881,254.						
K1-	TIHM MEMBER CORP							
	* REGULAR INCOME	-4,260.						
	* AMT NET INCOME	-4,260.						
K1-	TIHT MEMBER LLC							
	* REGULAR INCOME	-2,023.						
	* AMT NET INCOME	-2,023.						
K1-	TIHT COMMERCIAL LLC							
	* REGULAR INCOME	424,886.						
	* AMT NET INCOME	424,886.						

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Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20 Other Adjustment
DONALD J. & MELANIA TRUMP						
K1-	TRUMP LAS OLAS LLC					
	* REGULAR INCOME	-656.				
	* AMT NET INCOME	-656.				
K1-	TRUMP INTERNATIONAL GO					
	LF CLUB SCOTLAND LTD					
	* REGULAR INCOME	-2,881,722.				
	* AMT NET INCOME	-2,881,722.				
K1-	BAYROCK- TRUMP SOHO MEMBER LLC					
	* REGULAR INCOME	-1,646.				
	* AMT NET INCOME	-1,646.				
K1-	TRUMP FOLLIES LLC					
	* REGULAR INCOME	-136.				
	* AMT NET INCOME	-136.				
K1-	809 NORTH CANON MEMBER CORP					
	* REGULAR INCOME	-2,183.				
	* AMT NET INCOME	-2,183.				

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Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP							
K1-	TRUMP FLORIDA MANAGER CORP						
	* REGULAR INCOME	-603.					
	* AMT NET INCOME	-603.					
K1-	THE TRUMP MARKS REAL E STATE CORP						
	* REGULAR INCOME	-509.					
	* AMT NET INCOME	-509.					
K1-	TRUMP MARKS REAL ESTAT E LLC						
	* REGULAR INCOME	-17,061.					
	* AMT NET INCOME	-17,061.					
K1-	TRUMP MARKS PANAMA LLC						
	* REGULAR INCOME	446,141.					
	* AMT NET INCOME	446,141.					
K1-	TRUMP MARKS PHILADELPH IA LLC						
	* REGULAR INCOME	-2,289.					
	* AMT NET INCOME	-2,289.					

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Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP							
K1-	TRUMP MARKS HOLLYWOOD LLC						
	* REGULAR INCOME	-2,537.					
	* AMT NET INCOME	-2,537.					
K1-	TRUMP MARKS WAIKIKI LL C						
	* REGULAR INCOME	678,613.					
	* AMT NET INCOME	678,613.					
K1-	TRUMP MARKS DUBAI LLC						
	* REGULAR INCOME	-2,232.					
	* AMT NET INCOME	-2,232.					
K1-	TRUMP MARKS PALM BEACH LLC						
	* REGULAR INCOME	-2,232.					
	* AMT NET INCOME	-2,232.					
K1-	TRUMP MARKS SOHO LLC						
	* REGULAR INCOME	-1,960.					
	* AMT NET INCOME	-1,960.					

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Name(s)		Social Security Number	
DONALD J. & MELANIA TRUMP			
Form Name	Description	Income	Adjustment
			Form 6251, Line 17 Form 6251, Line 18 Form 6251, Line 19 Form 6251, Line 20 Form 6251 Other Adjustment
K1-	TRUMP MARKS WHITE PLAI		
	NS LLC		
	* REGULAR INCOME	-2,264.	
	* AMT NET INCOME	-2,264.	
K1-	TRUMP MARKS WESTCHESTE		
	R LLC		
	* REGULAR INCOME	-2,314.	
	* AMT NET INCOME	-2,314.	
K1-	TRUMP MARKS STAMFORD L		
	LC		
	* REGULAR INCOME	364,845.	
	* AMT NET INCOME	364,845.	
K1-	TRUMP MARKS NEW ROCHEL		
	LE LLC		
	* REGULAR INCOME	9,547.	
	* AMT NET INCOME	9,547.	
K1-	TRUMP MARKS CANOUAN LL		
	C		
	* REGULAR INCOME	-4,065.	
	* AMT NET INCOME	-4,065.	

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Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP							
K1-	TRUMP MARKS JERSEY CIT						
	Y LLC						
	* REGULAR INCOME	-2,343.					
	* AMT NET INCOME	-2,343.					
K1-	TRUMP MARKS HOLLYWOOD						
	CORP						
	* REGULAR INCOME	-413.					
	* AMT NET INCOME	-413.					
K1-	TRUMP MARKS SUNNY ISLE						
	S I LLC						
	* REGULAR INCOME	254,061.					
	* AMT NET INCOME	254,061.					
K1-	TRUMP MARKS SUNNY ISLE						
	S II LLC						
	* REGULAR INCOME	-2,234.					
	* AMT NET INCOME	-2,234.					
K1-	TRUMP MARKS WAIKIKI CO						
	RP						
	* REGULAR INCOME	6,473.					
	* AMT NET INCOME	6,473.					

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Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP							
K1-	TRUMP MARKS CANOUAN CO						
	RP						
	* REGULAR INCOME	-323.					
	* AMT NET INCOME	-323.					
K1-	TRUMP MARKS DUBAI CORP						
	* REGULAR INCOME	-352.					
	* AMT NET INCOME	-352.					
K1-	TRUMP MARKS SOHO LICEN						
	SE CORP						
	* REGULAR INCOME	-120.					
	* AMT NET INCOME	-120.					
K1-	TRUMP MARKS WESTCHESTE						
	R CORP						
	* REGULAR INCOME	-303.					
	* AMT NET INCOME	-303.					
K1-	TRUMP MARKS STAMFORD C						
	ORP						
	* REGULAR INCOME	3,355.					
	* AMT NET INCOME	3,355.					

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Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP							
K1-	TRUMP MARKS JERSEY CIT						
	Y CORP						
	* REGULAR INCOME	-411.					
	* AMT NET INCOME	-411.					
K1-	TRUMP MARKS SUNNY ISLE						
	S I MEMBER CORP						
	* REGULAR INCOME	2,236.					
	* AMT NET INCOME	2,236.					
K1-	TRUMP MARKS MORTGAGE C						
	ORP						
	* REGULAR INCOME	-287.					
	* AMT NET INCOME	-287.					
K1-	TRUMP MARKS EGYPT LLC						
	* REGULAR INCOME	-353.					
	* AMT NET INCOME	-353.					
K1-	TRUMP MARKS EGYPT CORP						
	* REGULAR INCOME	-336.					
	* AMT NET INCOME	-336.					

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Name(s)		Social Security Number					
DONALD J. & MELANIA TRUMP							
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS PUERTO RIC						
	O I LLC						
	* REGULAR INCOME	-2,232.					
	* AMT NET INCOME	-2,232.					
K1-	TRUMP MARKS PUERTO RIC						
	O I MEMBER CORP						
	* REGULAR INCOME	-276.					
	* AMT NET INCOME	-276.					
K1-	TRUMP MARKS PHILADELPH						
	IA CORP						
	* REGULAR INCOME	-410.					
	* AMT NET INCOME	-410.					
K1-	TRUMP MARKS LAS VEGAS						
	LLC						
	* REGULAR INCOME	-2,232.					
	* AMT NET INCOME	-2,232.					
K1-	TRUMP MARKS LAS VEGAS						
	CORP						
	* REGULAR INCOME	-248.					
	* AMT NET INCOME	-248.					

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Name(s)		Social Security Number				
DONALD J. & MELANIA TRUMP						
Form Name	Description	Income	Adjustment			
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251 Other Adjustment
K1-	TRUMP MARKS MAGAZINE C					
	ORP					
	* REGULAR INCOME	-118.				
	* AMT NET INCOME	-118.				
K1-	TRUMP MARKS MAGAZINE L					
	LC					
	* REGULAR INCOME	-1,030.				
	* AMT NET INCOME	-1,030.				
K1-	TRUMP MARKS NEW ROCHEL					
	LE CORP					
	* REGULAR INCOME	-186.				
	* AMT NET INCOME	-186.				
K1-	TRUMP MARKS PALM BEACH					
	CORP					
	* REGULAR INCOME	-360.				
	* AMT NET INCOME	-360.				
K1-	TRUMP GOLF COCO BEACH					
	LLC					
	* REGULAR INCOME	-33,261.				
	* AMT NET INCOME	-33,261.				

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Name(s)		Social Security Number						
DONALD J. & MELANIA TRUMP								
Form Name	Description	Income	Adjustment					
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	
K1-	TRUMP GOLF COCO BEACH MEMBER CORP							
	* REGULAR INCOME	-561.						
	* AMT NET INCOME	-561.						
K1-	TRUMP MARKS WHITE PLAI NS CORP							
	* REGULAR INCOME	-360.						
	* AMT NET INCOME	-360.						
K1-	TRUMP MARKS FT. LAUDER DALE MEMBER CORP							
	* REGULAR INCOME	-283.						
	* AMT NET INCOME	-283.						
K1-	TRUMP MARKS PANAMA COR P							
	* REGULAR INCOME	4,119.						
	* AMT NET INCOME	4,119.						
K1-	TRUMP MARKS TORONTO LL C							
	* REGULAR INCOME	-408.						
	* AMT NET INCOME	-408.						

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Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20 Other Adjustment
K1-	THE TRUMP FOLLIES MEMBERS INC					
	* REGULAR INCOME	-117.				
	* AMT NET INCOME	-117.				
K1-	TRUMP MARKS TAMPA CORP					
	* REGULAR INCOME	-284.				
	* AMT NET INCOME	-284.				
K1-	TRUMP NATIONAL GOLF CLUB					
	* REGULAR INCOME	-1,161,432.				
	AMT ADJUSTMENTS	-8,194.			-8,194.	
	* AMT NET INCOME	-1,169,626.			-8,194.	
K1-	TRUMP MARKS PHILIPPINE S					
	* REGULAR INCOME	768,108.				
	* AMT NET INCOME	768,108.				
K1-	TRUMP MARKS PHILIPPINE S CORP					
	* REGULAR INCOME	7,479.				
	* AMT NET INCOME	7,479.				

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Name(s)		Adjustment				Income	Social Security Number
Form Name	Description	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20		
	DONALD J. & MELANIA TRUMP						
K1-	TRUMP MARKS ISTANBUL I						
	I LLC						
	* REGULAR INCOME					727,233.	
	* AMT NET INCOME					727,233.	
K1-	TRUMP MARKS ISTANBUL I						
	I CORP						
	* REGULAR INCOME					6,959.	
	* AMT NET INCOME					6,959.	
K1-	UNIT 2502 ENTERPRISES						
	CORP						
	* REGULAR INCOME					-356.	
	* AMT NET INCOME					-356.	
K1-	UNIT 2502 ENTERPRISES						
	LLC						
	* REGULAR INCOME					-1,893.	
	* AMT NET INCOME					-1,893.	
K1-	TRUMP MARKS MATTRESS I						
	LC						
	* REGULAR INCOME					66,740.	
	* AMT NET INCOME					66,740.	

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Name(s)		Social Security Number						
DONALD J. & MELANIA TRUMP								
Form Name	Description	Income	Adjustment					
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	
K1-	TRUMP MARKS MATTRESS M EMBER CORP							
	* REGULAR INCOME	337.						
	* AMT NET INCOME	337.						
K1-	TRUMP JETS LLC							
	* REGULAR INCOME	-1,005.						
	* AMT NET INCOME	-1,005.						
K1-	SENTIENT JETS MEMBER C ORP							
	* REGULAR INCOME	-365.						
	* AMT NET INCOME	-365.						
K1-	TRUMP MARKS ATLANTA LL C							
	* REGULAR INCOME	-2,178.						
	* AMT NET INCOME	-2,178.						
K1-	TRUMP MARKS PUERTO RIC O II LLC							
	* REGULAR INCOME	-2,932.						
	* AMT NET INCOME	-2,932.						

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Name(s)		Adjustment				Income	Social Security Number
Form Name	Description	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20		
DONALD J. & MELANIA TRUMP							
K1-	TRUMP MARKS PUERTO RIC O II MEMBER CORP						
	* REGULAR INCOME					-385.	
	* AMT NET INCOME					-385.	
K1-	TRUMP CANOUAN ESTATE L LC						
	* REGULAR INCOME					-408.	
	* AMT NET INCOME					-408.	
K1-	TRUMP CANOUAN ESTATE M EMBER CORP						
	* REGULAR INCOME					-341.	
	* AMT NET INCOME					-341.	
K1-	TRUMP MARKS TORONTO LP						
	* REGULAR INCOME					-2,239.	
	* AMT NET INCOME					-2,239.	
K1-	TRUMP FLORIDA MANAGEME NT LLC						
	* REGULAR INCOME					-406.	
	* AMT NET INCOME					-406.	

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Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP							
K1-	EMBER CORP						
	* REGULAR INCOME	-6,657.					
	* AMT NET INCOME	-6,657.					
K1-	DSN LICENSING LLC (FKA TRUMP MARKS NETWORK L						
	* REGULAR INCOME	-975.					
	* AMT NET INCOME	-975.					
K1-	GOLF PRODUCTIONS LLC						
	* REGULAR INCOME	-50,430.					
	* AMT NET INCOME	-50,430.					
K1-	TRUMP TORONTO MEMBER C ORP						
	* REGULAR INCOME	-360.					
	* AMT NET INCOME	-360.					
K1-	TRUMP NATIONAL GOLF CL UB WASHINGTON DC						
	* REGULAR INCOME	-2,019.					
	* AMT NET INCOME	-2,019.					

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Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP							
K1-	MELANIA MARKS ACCESSOR						
	IES LLC						
	* REGULAR INCOME	-576.					
	* AMT NET INCOME	-576.					
K1-	TRUMP ACQUISITION LLC						
	* REGULAR INCOME	-353.					
	* AMT NET INCOME	-353.					
K1-	MELANIA MARKS ACCESSOR						
	IES MEMBER CORP						
	* REGULAR INCOME	-56.					
	* AMT NET INCOME	-56.					
K1-	TRUMP MARKS ATLANTA ME						
	MBER CORP						
	* REGULAR INCOME	-297.					
	* AMT NET INCOME	-297.					
K1-	TRUMP HOME MARKS MEMBE						
	R CORP						
	* REGULAR INCOME	-92.					
	* AMT NET INCOME	-92.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP							
K1-	TRUMP HOME MARKS LLC	18,588.					
	* REGULAR INCOME	18,588.					
	* AMT NET INCOME	18,588.					
K1-	TRUMP DEVELOPMENT SERV						
	ICES LLC						
	* REGULAR INCOME	-2,411.					
	* AMT NET INCOME	-2,411.					
K1-	TRUMP SALES & LEASING						
	CHICAGO LLC						
	* REGULAR INCOME	-1,700.					
	* AMT NET INCOME	-1,700.					
K1-	TRUMP MARKS MENSWEAR L						
	LC						
	* REGULAR INCOME	120,874.					
	* AMT NET INCOME	120,874.					
K1-	TRUMP INTERNATIONAL GO						
	LF CLUB LLC						
	* REGULAR INCOME	-283,894.					
	* AMT NET INCOME	-283,894.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP FERRY POINT MEMBER CORP						
	* REGULAR INCOME	2,715.					
	* AMT NET INCOME	2,715.					
K1-	TRUMP PANAMA HOTEL MANAGEMENT MEMBER CORP						
	* REGULAR INCOME	3,217.					
	* AMT NET INCOME	3,217.					
K1-	TRUMP SALES & LEASING CHICAGO MEMBER CORP						
	* REGULAR INCOME	-297.					
	* AMT NET INCOME	-297.					
K1-	GOLF PRODUCTIONS MEMBER CORP						
	* REGULAR INCOME	-846.					
	* AMT NET INCOME	-846.					
K1-	TIHH MEMBER CORP						
	* REGULAR INCOME	15,263.					
	* AMT NET INCOME	15,263.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP							
K1-	TRUMP CHICAGO HOTEL MA NAGER LLC						
	* REGULAR INCOME	1,514,203.					
	* AMT NET INCOME	1,514,203.					
K1-	PANAMA OCEAN CLUB MANA GEMENT LLC						
	* REGULAR INCOME	-408.					
	* AMT NET INCOME	-408.					
K1-	TRUMP MARKS CHICAGO LL C						
	* REGULAR INCOME	-2,232.					
	* AMT NET INCOME	-2,232.					
K1-	TRUMP CHICAGO COMMERCIAL MANAGER LLC						
	* REGULAR INCOME	917,150.					
	* AMT NET INCOME	917,150.					
K1-	TRUMP INTERNATIONAL DEVELOPMENT LLC						
	* REGULAR INCOME	-297.					
	* AMT NET INCOME	-297.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number						
DONALD J. & MELANIA TRUMP								
Form Name	Description	Income	Adjustment					
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251, Other Adjustment	
K1-	TRUMP AC CASINO MARKS LLC							
	* REGULAR INCOME	-2,339.						
	* AMT NET INCOME	-2,339.						
K1-	TRUMP CLASSIC CARS LLC							
	* REGULAR INCOME	-1,229.						
	* AMT NET INCOME	-1,229.						
K1-	TRUMP CAROUSEL LLC							
	* REGULAR INCOME	188,955.						
	* AMT NET INCOME	188,955.						
K1-	TRUMP CHICAGO RESIDENTIAL MANAGER LLC							
	* REGULAR INCOME	420,891.						
	* AMT NET INCOME	420,891.						
K1-	TRUMP PANAMA CONDOMINIUM MANAGEMENT LLC							
	* REGULAR INCOME	120,328.						
	* AMT NET INCOME	120,328.						

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20 Other Adjustment
	DONALD J. & MELANIA TRUMP					
K1-	TRUMP MARKS CHICAGO MEMBER CORP					
	* REGULAR INCOME	-303.				
	* AMT NET INCOME	-303.				
K1-	TRUMP CHICAGO COMMERCIAL MEMBER CORP					
	* REGULAR INCOME	8,123.				
	* AMT NET INCOME	8,123.				
K1-	TRUMP MARKS MUMBAI LLC					
	* REGULAR INCOME	-2,178.				
	* AMT NET INCOME	-2,178.				
K1-	DJT HOLDINGS LLC					
	* REGULAR INCOME	-5,501,264.				
	AMT ADJUSTMENTS	-494,059.			-494,059.	
	* AMT NET INCOME	-5,995,323.			-494,059.	
K1-	TRUMP MARKS FINE FOODS MEMBER CORP					
	* REGULAR INCOME	-978.				
	* AMT NET INCOME	-978.				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s) DONALD J. & MELANIA TRUMP		Description	Income	Adjustment			Social Security Number
				Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	
K1-	TRUMP CLASSIC CARS MEM BER CORP						
	* REGULAR INCOME		-605.				
	* AMT NET INCOME		-605.				
K1-	PAULSON ADVANTAGE PLUS LP						
	* REGULAR INCOME		-25,956.				
	* AMT NET INCOME		-25,956.				
K1-	PAULSON CREDIT OPPORTU NITIES LP						
	* REGULAR INCOME		-57,529.				
	* AMT NET INCOME		-57,529.				
K1-	PAULSON PARTNERS LP						
	* REGULAR INCOME		-40,210.				
	* AMT NET INCOME		-40,210.				
K1-	DJT HOLDINGS LLC - TRU MP SCOTSBOROUGH SQUARE						
	* REGULAR INCOME		-34,821.				
	* AMT NET INCOME		-34,821.				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number				
DONALD J. & MELANIA TRUMP						
Form Name	Description	Income	Adjustment			
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20 Other Adjustment
K1-	DJT HOLDINGS LLC - TRU					
	MP WINE MARKS LLC					
	* REGULAR INCOME	-16,211.				
	* AMT NET INCOME	-16,211.				
K1-	DJT HOLDINGS LLC - TNG					
	C PINE HILL LLC					
	* REGULAR INCOME	-2,242,400.				
	AMT ADJUSTMENTS	-8,454.				
	* AMT NET INCOME	-2,250,854.		-8,454.		
				-8,454.		
K1-	DJT HOLDINGS LLC - TNG					
	C DUTCHESS COUNTY LLC					
	* REGULAR INCOME	-630,411.				
	AMT ADJUSTMENTS	-7,646.				
	* AMT NET INCOME	-638,057.		-7,646.		
				-7,646.		
K1-	DJT HOLDINGS LLC - TRU					
	MP NATIONAL GOLF CLUB					
	* REGULAR INCOME	-175,828.				
	AMT ADJUSTMENTS	-14,609.				
	* AMT NET INCOME	-190,437.		-14,609.		
				-14,609.		

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP							
K1-	TRUMP VIRGINIA ACQUISITIONS LLC						
	* REGULAR INCOME	-2,366,907.					
	* AMT NET INCOME	-2,366,907.					
K1-	TRUMP MARKS BATUMI LLC						
	* REGULAR INCOME	-2,234.					
	* AMT NET INCOME	-2,234.					
K1-	TRUMP DRINKS ISRAEL LLC						
	* REGULAR INCOME	-4,599.					
	* AMT NET INCOME	-4,599.					
K1-	TRUMP BOOKS LLC						
	* REGULAR INCOME	-1,925.					
	* AMT NET INCOME	-1,925.					
K1-	PARAMOUNT RPV HOLDINGS LLC						
	* REGULAR INCOME	-1,841.					
	* AMT NET INCOME	-1,841.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP							
K1-	DJT LAND HOLDINGS MEMB ER CORP						
	* REGULAR INCOME	-280.					
	* AMT NET INCOME	-280.					
K1-	TRUMP WINE MARKS MEMBE R CORP						
	* REGULAR INCOME	-502.					
	* AMT NET INCOME	-502.					
K1-	TRUMP SCOTSBOROUGH SQU ARE MEMBER CORP						
	* REGULAR INCOME	-792.					
	* AMT NET INCOME	-792.					
K1-	TRUMP VIRGINIA LOT 5 M ANAGER CORP						
	* REGULAR INCOME	-1,452.					
	* AMT NET INCOME	-1,452.					
K1-	TAG AIR INC						
	* REGULAR INCOME	37,525.					
	* AMT NET INCOME	37,525.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20 Other Adjustment
DONALD J. & MELANIA TRUMP						
K1-	TRUMP VINEYARD ESTATES MANAGER CORP					
	* REGULAR INCOME	-9,329.				
	AMT ADJUSTMENTS	206.			206.	
	* AMT NET INCOME	-9,123.			206.	
K1-	PARAMOUNT RPV HOLDINGS MANAGER CORP					
	* REGULAR INCOME	-629.				
	* AMT NET INCOME	-629.				
K1-	TRUMP EU MARKS MEMBER CORP					
	* REGULAR INCOME	-359.				
	* AMT NET INCOME	-359.				
K1-	TRUMP WORLD PRODUCTION S MANAGER CORP					
	* REGULAR INCOME	-997.				
	* AMT NET INCOME	-997.				
K1-	DJT HOLDINGS LLC TRUMP VINEYARD ESTATE LLC					
	* REGULAR INCOME	-882,272.				
	AMT ADJUSTMENTS	20,175.			20,175.	
	* AMT NET INCOME	-862,097.			20,175.	

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Income	Social Security Number
Form Name	Description	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20		
DONALD J. & MELANIA TRUMP							
K1-	DJT HOLDINGS LLC TRUMP						
	VIRGINIA LOT 5 LLC						
	* REGULAR INCOME					-88,349.	
	* AMT NET INCOME					-88,349.	
K1-	TRUMP VIRGINIA ACQUISITIONS MANAGER CORP						
	* REGULAR INCOME					-23,908.	
	* AMT NET INCOME					-23,908.	
K1-	4 SHADOW TREE LANE MEMBER CORP						
	* REGULAR INCOME					127.	
	* AMT NET INCOME					127.	
K1-	DT APP WARRANT HOLDING MANAGING MEMBER CORP						
	* REGULAR INCOME					-248.	
	* AMT NET INCOME					-248.	
K1-	DT INDIA VENTURE MANAGING MEMBER CORP						
	* REGULAR INCOME					-284.	
	* AMT NET INCOME					-284.	

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number						
DONALD J. & MELANIA TRUMP								
Form Name	Description	Income	Adjustment					
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	
K1-	DT MARKS BAKU MANAGING MEMBER CORP							
	* REGULAR INCOME	-410.						
	* AMT NET INCOME	-410.						
K1-	DT MARKS RIO MEMBER CO RP							
	* REGULAR INCOME	-303.						
	* AMT NET INCOME	-303.						
K1-	POKER VENTURE MANAGING MEMBER CORP							
	* REGULAR INCOME	-341.						
	* AMT NET INCOME	-341.						
K1-	TP-CFD MANAGER CORP							
	* REGULAR INCOME	-189.						
	* AMT NET INCOME	-189.						
K1-	TRUMP MARKS BATUMI MANAGING MEMBER CORP							
	* REGULAR INCOME	-410.						
	* AMT NET INCOME	-410.						

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
	DONALD J. & MELANIA TRUMP						
K1-	TRUMP CHICAGO RETAIL M						
	ANAGER LCC						
	* REGULAR INCOME	-603.					
	* AMT NET INCOME	-603.					
K1-	MELANIA MARKS SKINCARE						
	LLC						
	* REGULAR INCOME	-810.					
	* AMT NET INCOME	-810.					
K1-	DJT HOLDINGS TNCG CHAR						
	LOTTE LLC						
	* REGULAR INCOME	1,385,398.					
	AMT ADJUSTMENTS	-3,457.			-3,457.		
	* AMT NET INCOME	1,381,941.			-3,457.		
K1-	DJT HOLDINGS - WHITE C						
	COURSE LLC						
	* REGULAR INCOME	-3,344.					
	* AMT NET INCOME	-3,344.					
K1-	DJT HOLDINGS JUPITER G						
	OLF CLUB						
	* REGULAR INCOME	-1,674,182.					
	AMT ADJUSTMENTS	-192,234.			-192,234.		
	* AMT NET INCOME	-1,866,416.			-192,234.		

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP						
K1-	THC DEVELOPMENT BRAZIL LLC					
	* REGULAR INCOME	-297.				
	* AMT NET INCOME	-297.				
K1-	DT HOME MARKS INTERNAT IONAL LLC					
	* REGULAR INCOME	452,797.				
	* AMT NET INCOME	452,797.				
K1-	THC RIO MANAGER LLC					
	* REGULAR INCOME	-95,742.			60.	
	AMT ADJUSTMENTS	60.			60.	
	* AMT NET INCOME	-95,682.				
K1-	DT MARKS PRODUCTS INTE RNATIONAL LLC					
	* REGULAR INCOME	-2,413.				
	* AMT NET INCOME	-2,413.				
K1-	THC CENTRAL RESERVATIO NS LLC					
	* REGULAR INCOME	-25,625.				
	* AMT NET INCOME	-25,625.				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number						
DONALD J. & MELANIA TRUMP								
Form Name	Description	Income	Adjustment					
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	
K1-	THC DEVELOPMENT BRAZIL MANAGING MEMBER							
	* REGULAR INCOME	-362.						
	* AMT NET INCOME	-362.						
K1-	DT DUBAI GOLF MANAGER MEMBER CORP							
	* REGULAR INCOME	-1,660.						
	* AMT NET INCOME	-1,660.						
K1-	DT MARKS VANCOUVER MEM BER CORP							
	* REGULAR INCOME	57,679.						
	* AMT NET INCOME	57,679.						
K1-	THC RIO MANAGING MEMBE R CORP							
	* REGULAR INCOME	-2,099.						
	AMT ADJUSTMENTS	1.			1.			
	* AMT NET INCOME	-2,098.			1.			
K1-	DT MARKS DUBAI MEMBER CORP							
	* REGULAR INCOME	-378.						
	* AMT NET INCOME	-378.						

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP							
K1-	TRUMP HOTEL MANAGEMENT CORP						
	* REGULAR INCOME	-800.					
	* AMT NET INCOME	-800.					
K1-	EID VENTURE I CORPORAT ION						
	* REGULAR INCOME	-584.					
	* AMT NET INCOME	-584.					
K1-	DT MARKS WORLI MEMBER CORP						
	* REGULAR INCOME	8,348.					
	* AMT NET INCOME	8,348.					
K1-	DT HOME MARKS INTERNAT IONAL MEMBER CORP						
	* REGULAR INCOME	3,960.					
	* AMT NET INCOME	3,960.					
K1-	THC MIAMI RESTAURANT H OSPITALITY MEMBER						
	* REGULAR INCOME	-337.					
	* AMT NET INCOME	-337.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP							
K1-	THC SALES & MARKETING MEMBER CORP	868.					
	* REGULAR INCOME	868.					
	* AMT NET INCOME	868.					
K1-	THC VANCOUVER MANAGEME NT CORP						
	* REGULAR INCOME	-7,293.					
	* AMT NET INCOME	-7,293.					
K1-	THE CARIBUSINESS RE CO RP						
	* REGULAR INCOME	-225.					
	* AMT NET INCOME	-225.					
K1-	TW VENTURE I MANAGING MEMBER CORP						
	* REGULAR INCOME	-315.					
	* AMT NET INCOME	-315.					
K1-	HUDSON WATERFRONT ASSO CIATES V LP						
	* REGULAR INCOME	1,959,403.					
	* AMT NET INCOME	1,959,403.					

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Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
	DONALD J. & MELANIA TRUMP						
K1-	HUDSON WATERFRONT ASSO C III LP						
	* REGULAR INCOME	3,664,987.					
	* AMT NET INCOME	3,664,987.					
K1-	TRUMP 845 UN GP LLC						
	* REGULAR INCOME	302,813.					
	* AMT NET INCOME	302,813.					
K1-	DJT HOLDINGS LLC - TRU MP INT'L HOTEL & TOWER						
	* REGULAR INCOME	-3,446.					
	AMT ADJUSTMENTS	-14,106.			-14,106.		
	* AMT NET INCOME	-17,552.			-14,106.		
K1-	DJT HOLDINGS MANAGING MEMBER LLC						
	* REGULAR INCOME	-10,191.					
	* AMT NET INCOME	-10,191.					
K1-	845 UN LIMITED PARTNER SHIP - 845 LP LLC						
	* REGULAR INCOME	454,627.					
	* AMT NET INCOME	454,627.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Income	Social Security Number
Form Name	Description	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20		
	DONALD J. & MELANIA TRUMP						
K1-	TRUMP PARK AVENUE LLC						
	(TRUMP DELMONICO LLC)						
	* REGULAR INCOME	-367,066.					
	* AMT NET INCOME	-367,066.					
K1-	TRUMP PARK AVENUE LLC						
	- ACQUISITION						
	* REGULAR INCOME	-532,060.					
	* AMT NET INCOME	-532,060.					
K1-	D B PACE ACQUISITION M						
	EMBER CORP						
	* REGULAR INCOME	-1,899.					
	* AMT NET INCOME	-1,899.					
K1-	DT CONNECT II MEMBER C						
	ORP						
	* REGULAR INCOME	-7,200.					
	AMT ADJUSTMENTS	-33.		-33.			
	* AMT NET INCOME	-7,233.		-33.			
K1-	DT DUBAI II GOLF MANAG						
	ER MEMBER CORP						
	* REGULAR INCOME	-419.					
	* AMT NET INCOME	-419.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number				
DONALD J. & MELANIA TRUMP						
Form Name	Description	Income	Adjustment			
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251 Other Adjustment
K1-	DT MARKS GURGAON MANAG ING MEMBER CORP					
	* REGULAR INCOME	7,662.				
	* AMT NET INCOME	7,662.				
K1-	DT MARKS PUNE II MANAG ING MEMBER CORP					
	* REGULAR INCOME	-601.				
	* AMT NET INCOME	-601.				
K1-	DT MARKS QATAR MEMBER CORP					
	* REGULAR INCOME	-322.				
	* AMT NET INCOME	-322.				
K1-	PINE HILL DEVELOPMENT MANAGING MEMBER					
	* REGULAR INCOME	-1,189.				
	* AMT NET INCOME	-1,189.				
K1-	THC BAKU HOTEL MANAGER SERVICE MEMBER					
	* REGULAR INCOME	-253.				
	* AMT NET INCOME	-253.				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
	DONALD J. & MELANIA TRUMP						
K1-	THC BAKU SERVICES MEMBER CORP	-1,070.					
	* REGULAR INCOME	-1,070.					
	* AMT NET INCOME	-1,070.					
K1-	THC CHINA-TECHNICAL SERVICES MANAGER CORP	-229.					
	* REGULAR INCOME	-229.					
	* AMT NET INCOME	-229.					
K1-	THC QATAR HOTEL MANAGEMENT MEMBER CORP	-254.					
	* REGULAR INCOME	-254.					
	* AMT NET INCOME	-254.					
K1-	THC SERVICES SHENZHEN MEMBER CORP	-229.					
	* REGULAR INCOME	-229.					
	* AMT NET INCOME	-229.					
K1-	THC VENTURE I MANAGING MEMBER CORP	-280.					
	* REGULAR INCOME	-280.					
	* AMT NET INCOME	-280.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number						
DONALD J. & MELANIA TRUMP								
Form Name	Description	Income	Adjustment					
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	
K1-	THC VENTURE II MANGING MEMBER CORP							
	* REGULAR INCOME	-228.						
	* AMT NET INCOME	-228.						
K1-	TUTT VENTURE MEMBER CO RP							
	* REGULAR INCOME	12,554.						
	* AMT NET INCOME	12,554.						
K1-	TNGC CHARLOTTE MANAGER CORP							
	* REGULAR INCOME	13,910.						
	AMT ADJUSTMENTS	-35.						
	* AMT NET INCOME	13,875.						
K1-	TNGC JUPITER MANAGINF MEMBER CORP							
	* REGULAR INCOME	903.						
	* AMT NET INCOME	903.						
K1-	TRUMP NATIONAL GOLF CLUB COLTS NECK MEMBER C							
	* REGULAR INCOME	-11,957.						
	AMT ADJUSTMENTS	-83.						
	* AMT NET INCOME	-12,040.						

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP						
K1-	THC CHINA TECHNICAL SERVICES LLC					
	* REGULAR INCOME	-353.				
	* AMT NET INCOME	-353.				
K1-	DT MARKS PUNE II LLC					
	* REGULAR INCOME	-353.				
	* AMT NET INCOME	-353.				
K1-	THC VENTURE II LLC					
	* REGULAR INCOME	-297.				
	* AMT NET INCOME	-297.				
K1-	D B PACE ACQUISITION LLC					
	* REGULAR INCOME	-156,081.				
	* AMT NET INCOME	-156,081.				
K1-	DT MARKS GURGAON LLC					
	* REGULAR INCOME	786,442.				
	* AMT NET INCOME	786,442.				
K1-	DT MARKS QATAR LLC					
	* REGULAR INCOME	-4,204.				
	* AMT NET INCOME	-4,204.				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20 Other Adjustment
DONALD J. & MELANIA TRUMP						
K1-	THC BAKU HOTEL MANAGER SERVICES LLC					
	* REGULAR INCOME	-2,772.				
	* AMT NET INCOME	-2,772.				
K1-	THC BAKU SERVICES LLC					
	* REGULAR INCOME	-26,924.				
	* AMT NET INCOME	-26,924.				
K1-	THC QATAR HOTEL MANAGER LLC					
	* REGULAR INCOME	-2,826.				
	* AMT NET INCOME	-2,826.				
K1-	THC SERVICES SHENZHEN LLC					
	* REGULAR INCOME	-403.				
	* AMT NET INCOME	-403.				
K1-	THC SHENZHEN HOTEL MANAGER LLC					
	* REGULAR INCOME	-403.				
	* AMT NET INCOME	-403.				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
DONALD J. & MELANIA TRUMP							
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TW VENTURE II MANAGING MEMBER CORP						
	* REGULAR INCOME	-25,894.					
	* AMT NET INCOME	-25,894.					
K1-	MOBILE PAYROLL CONSTRU CTION LLC						
	* REGULAR INCOME	-1,554.					
	* AMT NET INCOME	-1,554.					
K1-	DT MARKS BALI LLC						
	* REGULAR INCOME	-311,971.					
	* AMT NET INCOME	-311,971.					
K1-	DT MARKS LIDO LLC						
	* REGULAR INCOME	-313,572.					
	* AMT NET INCOME	-313,572.					
K1-	DT JEDDAH TECHNICAL SE RVICES MANAGER LLC						
	* REGULAR INCOME	-1,091.					
	* AMT NET INCOME	-1,091.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number						
DONALD J. & MELANIA TRUMP								
Form Name	Description	Income	Adjustment					
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251, Line 20 Other Adjustment	
K1-	EID VENTURE I LLC							
	* REGULAR INCOME	-2,406.						
	* AMT NET INCOME	-2,406.						
K1-	DT TOWER KOLKATA LLC							
	* REGULAR INCOME	729,559.						
	* AMT NET INCOME	729,559.						
K1-	DT MARKS PUNE MANAGING MEMBER CORP							
	* REGULAR INCOME	-229.						
	* AMT NET INCOME	-229.						
K1-	THC SHENZHEN HOTEL MANAGER MEMBER CORP							
	* REGULAR INCOME	-279.						
	* AMT NET INCOME	-279.						
K1-	THC JEDDAH HOTEL MANAGER MEMBER CORP							
	* REGULAR INCOME	-793.						
	* AMT NET INCOME	-793.						

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
DONALD J. & MELANIA TRUMP							
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	MOBILE PAYROLL CONSTRU CTION MANAGER CO						
	* REGULAR INCOME	-241.					
	* AMT NET INCOME	-241.					
K1-	JUPITER GOLF CLUB MANA GING MEMBER CORP						
	* REGULAR INCOME	-17,457.					
	AMT ADJUSTMENTS	-1,961.			-1,961.		
	* AMT NET INCOME	-19,418.			-1,961.		
K1-	DTW VENTURE MANAGING M EMBER CORP						
	* REGULAR INCOME	-280.					
	* AMT NET INCOME	-280.					
K1-	DT TOWER KOLKATA MANAG ING MEMBER CORP						
	* REGULAR INCOME	6,366.					
	* AMT NET INCOME	6,366.					
K1-	DT TOWER GURGAON MANAG ING MEMBER CORP						
	* REGULAR INCOME	9,311.					
	* AMT NET INCOME	9,311.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Form Name	Description	Income				
K1-	DT MARKS LIDO MEMBER C					
	ORP					
	* REGULAR INCOME	-4,081.				
	* AMT NET INCOME	-4,081.				
K1-	DT MARKS BALI MEMBER C					
	ORP					
	* REGULAR INCOME	-3,988.				
	* AMT NET INCOME	-3,988.				
K1-	DT LIDO TECHNICAL SERV					
	ICES MANAGER MEMBER CO					
	* REGULAR INCOME	1,344.				
	* AMT NET INCOME	1,344.				
K1-	DT LIDO HOTEL MANAGER					
	MEMBER CORP					
	* REGULAR INCOME	-1,004.				
	* AMT NET INCOME	-1,004.				
K1-	DT LIDO GOLF MANAGER M					
	EMBER CORP					
	* REGULAR INCOME	-1,014.				
	* AMT NET INCOME	-1,014.				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number				
DONALD J. & MELANIA TRUMP						
Form Name	Description	Income	Adjustment			
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251 Other Adjustment
K1-	C DEVELOPMENT VENTURES MEMBER CORP					
	* REGULAR INCOME	-463.				
	* AMT NET INCOME	-463.				
K1-	DT VENTURE I MEMBER CO RP					
	* REGULAR INCOME	-244.				
	* AMT NET INCOME	-244.				
K1-	DT VENTURE II MEMBER C ORP					
	* REGULAR INCOME	-287.				
	* AMT NET INCOME	-287.				
K1-	DT TOWER I MEMBER CORP					
	* REGULAR INCOME	-291.				
	* AMT NET INCOME	-291.				
K1-	DT TOWER II MEMBER CORP					
	* REGULAR INCOME	-248.				
	* AMT NET INCOME	-248.				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Form Name	Description	Income				
K1-	DT ENDEAVOR I MEMBER C ORP					
	* REGULAR INCOME	-244.				
	* AMT NET INCOME	-244.				
K1-	HUDSON WATERFRONT ASSO CIATES IV LP					
	* REGULAR INCOME	-395,734.				
	* AMT NET INCOME	-395,734.				
K1-	DT TOWER GURGAON LLC					
	* REGULAR INCOME	-2,658.				
	* AMT NET INCOME	-2,658.				
K1-	THC JEDDAH HOTEL MANAG ER LLC					
	* REGULAR INCOME	-1,043.				
	* AMT NET INCOME	-1,043.				
K1-	DT TOWER II LLC					
	* REGULAR INCOME	-411.				
	* AMT NET INCOME	-411.				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Form Name	Description	Income				
K1-	EID VENTURE II LLC					
	* REGULAR INCOME	-2,467.				
	* AMT NET INCOME	-2,467.				
K1-	C. DEVELOPMENT VENTURE					
	S LLC					
	* REGULAR INCOME	-13,347.				
	* AMT NET INCOME	-13,347.				
K1-	DT TOWER I LLC					
	* REGULAR INCOME	-411.				
	* AMT NET INCOME	-411.				
K1-	DTM OPERATIONS LLC					
	* REGULAR INCOME	658,337.				
	* AMT NET INCOME	658,337.				
K1-	DTM OPERATIONS MANAGI					
	NG MEMBER CORP					
	* REGULAR INCOME	6,308.				
	* AMT NET INCOME	6,308.				
K1-	DJT HOLDINGS LLC - DT					
	CONNECT II LLC					
	* REGULAR INCOME	-683,639.				
	AMT ADJUSTMENTS	-3,241.		-3,241.		
	* AMT NET INCOME	-686,880.		-3,241.		

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	
Form Name	Description	Income					
K1-	TTTT VENTURE LLC - DT						
	LIDO GOLF MANGER LLC						
	* REGULAR INCOME	-2,810.					
	* AMT NET INCOME	-2,810.					
K1-	TTTT VENTURE LLC - DT						
	LIDO HOTEL MANGER LLC						
	* REGULAR INCOME	-926.					
	* AMT NET INCOME	-926.					
K1-	TTTT VENTURE LLC - DT B						
	ALI GOLF MANGER LLC						
	* REGULAR INCOME	-2,875.					
	* AMT NET INCOME	-2,875.					
K1-	TTTT VENTURE LLC - DT						
	BALI HOTEL MANGER LLC						
	* REGULAR INCOME	-950.					
	* AMT NET INCOME	-950.					
K1-	TTTT VENTURE LLC - DT						
	BALI TECHNICAL SERVICE						
	* REGULAR INCOME	46,006.					
	* AMT NET INCOME	46,006.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP							
C-	DONALD J. TRUMP						
	* REGULAR INCOME	214,500.					
	* AMT NET INCOME	214,500.					
C-	TRUMP ORGANIZATION LLC						
	* REGULAR INCOME	-57.					
	* AMT NET INCOME	-57.					
C-	TRUMP REALTY SERVICES LLC						
	* REGULAR INCOME	-794.					
	* AMT NET INCOME	-794.					
C-	WOLLMAN RINK OPERATION S LLC						
	* REGULAR INCOME	297,623.					
	* AMT NET INCOME	297,623.					
C-	TRUMP CHICAGO DEVELOPM ENT LLC						
	* REGULAR INCOME	-114.					
	* AMT NET INCOME	-114.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number				
DONALD J. & MELANIA TRUMP						
Form Name	Description	Income	Adjustment			
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251 Other Adjustment
C-	TRUMP LAS VEGAS DEVELOPMENT LLC					
	* REGULAR INCOME	2,038,317.				
	* AMT NET INCOME	2,038,317.				
C-	TRUMP PHOENIX DEVELOPMENT LLC					
	* REGULAR INCOME	-412.				
	* AMT NET INCOME	-412.				
C-	TRUMP GOLF MANAGEMENT LLC					
	* REGULAR INCOME	-25.				
	* AMT NET INCOME	-25.				
C-	TIHT HOLDING COMPANY LLC					
	* REGULAR INCOME	12,889.				
	* AMT NET INCOME	12,889.				
C-	CHICAGO UNIT ACQUISITION LLC					
	* REGULAR INCOME	-1,717.				
	* AMT NET INCOME	-1,717.				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
C-	TRUMP ICE LLC						
	* REGULAR INCOME	-69,725.					
	* AMT NET INCOME	-69,725.					
C-	DJT OPERATIONS II LLC						
	* REGULAR INCOME	-3,437.					
	* AMT NET INCOME	-3,437.					
C-	TRUMP GOLF ACQUISITION S LLC						
	* REGULAR INCOME	11,103.					
	* AMT NET INCOME	11,103.					
C-	DJT OPERATIONS CX LLC						
	* REGULAR INCOME	55,508.					
	* AMT NET INCOME	55,508.					
C-	THC HOTEL DEVELOPMENT LLC						
	* REGULAR INCOME	-355.					
	* AMT NET INCOME	-355.					
C-	TRUMP C DEVELOPMENT LL C						
	* REGULAR INCOME	-607.					
	* AMT NET INCOME	-607.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number					
DONALD J. & MELANIA TRUMP							
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
C-	TRUMP LAS VEGAS DEVELOPMENT LLC						
	* REGULAR INCOME	6,114,951.					
	* AMT NET INCOME	6,114,951.					
E-	TRUMP 106 CPS LLC - 10						
	* REGULAR INCOME	-82.					
	* AMT NET INCOME	-82.					
E-	BOOK						
	* REGULAR INCOME	2,076,341.					
	* AMT NET INCOME	2,076,341.					
E-	TRUMP CARIBBEAN LLC						
	* REGULAR INCOME	-253.					
	* AMT NET INCOME	-253.					
E-	TRUMP BRAZIL LLC						
	* REGULAR INCOME	-300.					
	* AMT NET INCOME	-300.					
E-	TRUMP LAUDERDALE DEVELOPMENT LLC						
	* REGULAR INCOME	38,543.					
	* AMT NET INCOME	38,543.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
DONALD J. & MELANIA TRUMP							
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
E-	TRUMP LAUDERDALE DEVELOPMENT #2 LLC						
	* REGULAR INCOME	-910.					
	* AMT NET INCOME	-910.					
E-	TRUMP WORLD PUBLICATIONS						
	* REGULAR INCOME	-89.					
	* AMT NET INCOME	-89.					
E-	WEST PALM OPERATIONS LLC						
	* REGULAR INCOME	-26,906.					
	* AMT NET INCOME	-26,906.					
	** TOTAL ADJ & PREF **			-438,813.	-686,699.		8,806.

Form **4797**

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

2016

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

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

Attachment
Sequence No. **27**

Name(s) shown on return
DONALD J. TRUMP

Identifying number

1 Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) 1

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

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

3 Gain, if any, from Form 4684, line 39 3

4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4

5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5

6 Gain, if any, from line 32, from other than casualty or theft 6

7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: 7

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

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

8 Nonrecaptured net section 1231 losses from prior years. See instructions 8

9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 9

Part II Ordinary Gains and Losses

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

FURNITURE & FIXTURES	VARIES	01 01 16	36,484.	82,822.	134,170.	-14,864.

11 Loss, if any, from line 7 11 ()

12 Gain, if any, from line 7 or amount from line 8, if applicable 12

13 Gain, if any, from line 31 13 0.

14 Net gain or (loss) from Form 4684, lines 31 and 38a 14

15 Ordinary gain from installment sales from Form 6252, line 25 or 36 15

16 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16

17 Combine lines 10 through 16 17 -14,864.

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

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

b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14 18b

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

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

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

30	Total gains for all properties. Add property columns A through D, line 24	30	0.
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	0.

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

(see instructions.)

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

NAME OF FOREIGN PARTNERSHIP :

TRUMP INTERNATIONAL GOLF CLUB

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

2016

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

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

Name(s) shown on return

DONALD J. & MELANIA TRUMP

Business or activity to which this form relates

TRUMP INTERNATIONAL GOLF CLUB SCOTLAND

Identifying number

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

Form 4562 Part I: Lines 1-13. Includes sections for Maximum amount, Total cost, Threshold cost, Reduction in limitation, Dollar limitation, Description of property, Listed property, Total elected cost, Tentative deduction, Carryover of disallowed deduction, Business income limitation, Section 179 expense deduction, and Carryover of disallowed deduction to 2017.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

Form 4562 Part II: Lines 14-16. Includes sections for Special depreciation allowance, Property subject to section 168(f)(1) election, and Other depreciation (including ACRS).

Part III MACRS Depreciation (Don't include listed property.) (See instructions.)

Section A

Form 4562 Part III Section A: Lines 17-18. Includes sections for MACRS deductions for assets placed in service in tax years beginning before 2016 and a checkbox for electing to group assets.

Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 3-year, 5-year, 7-year, 10-year, 15-year, 20-year, 25-year property, Residential rental property, and Nonresidential real property.

Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include Class life 12-year and 40-year.

Part IV Summary (See instructions.)

Form 4562 Part IV: Lines 21-23. Includes sections for Listed property, Total, and For assets shown above and placed in service during the current year.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

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

Section B - Information on Use of Vehicles

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

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2016 tax year:					
	:	:			
43 Amortization of costs that began before your 2016 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Foreign Taxes

Name of partnership/corporation TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LIMITED		Employer identification number 98-0485744
a	Name of foreign country or U.S. possession	UNITED KINGDOM
b	Total gross income sourced at shareholder/partner level	
c	Total gross income sourced at corporate/partnership level:	
	(1) Passive category	
	(2) General category	3,534,819.
	(3) Section 901(j) income	
	(4) Income re-sourced by treaty	
	(5) Other income	
d	Deductions allocated and apportioned at shareholder/partner level:	
	(1) Interest expense	
	(2) Other	
e	Deductions allocated and apportioned at corporate/partnership level:	
	(1) Passive category	
	(2) General category	6,376,959.
	(3) Section 901(j) income	
	(4) Income re-sourced by treaty	
	(5) Other income	
f	Total foreign taxes - <input type="checkbox"/> Paid <input type="checkbox"/> Accrued	
g	Reduction in taxes available for credit	

