graf p

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

CH

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

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

Itemized Deductions

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

OMB No. 1545-0074

2015
Attachment
Sequence No. 07

Your social security number

DONALD J. &	MEL	ANIA TROMP			
Medical		Caution: Do not include expenses reimbursed or paid by others.			
and	1	Medical and dental expenses (see instructions)	1	19,411.	
Dental	2	Enter amount from Form 1040, line 38 2 <31,756,435.>			
Expenses	3				
		January 2, 1951, multiply line 2 by 7.5% (.075) instead	3	0.	
	4	Subtract line 3 from line 1. If line 3 is more than line 1, enter -0-	0	4	19,411.
Taxes You	5	State and local (check only one box):	TT	4	17,111.
Paid		a X Income taxes, or SEE STATEMENT 15	5	5,139,693.	
		b General sales taxes		-,,	
	6	Real estate taxes (see instructions) SEE STATEMENT 19	6	968,463.	
	7	Personal property taxes	7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	8	Other tayon Liet time and amount.			
	0.55		8		
	9	Add lines 5 through 8	0	9	6 108 156
Interest	10	Home mortgage interest and points reported to you on Form 1098	10	9	6,108,156.
You Paid	11	Home mortgage interest not reported to you on Form 1098. If paid to the person	10		
		from whom you bought the home, see instructions and show that person's name, identifying no., and address			
		identifying no., and address			
Note:			32.3		
Your mortgage	12	Points not reported to you on Form 1098. See instructions for special rules	11		
interest deduction may	13	- 발표 전	12		
be limited (see	14	Mortgage insurance premiums (see instructions) Investment interest. Attach Form 4952 if required. (See instructions.) STMT 17	13	075 130	
instructions).	090		14	975,139.	0.75 4.00
Gifts to	15	Add lines 10 through 14	Т. Т	134 443	975,139.
Charity	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	134,442.	STMT 16
If you made a	17	Other than by cash or check. If any gift of \$250 or more, see instructions.		21 070 000	
gift and got a	10	You must attach Form 8283 if over \$500 SEE STATEMENT 18 Carryover from prior year	17	21,078,900.	
benefit for it, see instructions.	18	Carryover from prior year Add lines 16 through 18	18	20,760,811.	
Casualty and	. 19	Add lines 16 through 18		19	0.
Theft Losses	20	Casualty or that Isaa(as) Attack Form 1001 (Oct. in Lati			
		Casualty or theft loss(es). Attach Form 4684. (See instructions.)	Taga I	20	
Job Expenses and Certain	21	Unreimbursed employee expenses - job travel, union dues, job education, etc.			
Miscellaneous		Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶			
Deductions					=
	00	T	21	552 504	
	22	Tax preparation fees	22	573,581.	
	23	Other expenses - investment, safe deposit box, etc. List type and amount SEE STATEMENT 13			
			1	202 146	
	24	Add lines 21 through 22	23	293,146.	
	25	Add lines 21 through 23	24	866,727.	
		Enter amount from Form 1040, line 38		8	
	26 27	Multiply line 25 by 2% (.02)	26	0.	
0.1		Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-		27	866,727.
Other Miscellaneous	28	Other - from list in instructions. List type and amount ▶ SEE STATEMENT 14			
Deductions				Pi	
				28	28,449.
	29	Is Form 1040, line 38, over \$154,950?	1		
Tatal		X No. Your deduction is not limited. Add the amounts in the far right column			
Total Itomized		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.		29	7,997,882.
Itemized Deductions		Yes. Your deduction may be limited. See the Itemized Deductions			
Deductions		Worksheet in the instructions to figure the amount to enter.)		
	30	If you elect to itemize deductions even though they are less than your standard deduc-	ction,		
		check here		. •	

NAME

DONALD J. & MELANIA TRUMP

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

NAME

					50% of AGI		O. AGI	<31,756,435.
Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2014	Contributions			20,760,811.			Allowed	Curryovor
	Allowed							
	NOL Absorb.			15,487,353.				1
Less:	NOL Abs. CRP							
	Carryover			5,273,458.				5,273,458
	CRP C/O							
	Contributions		21,163,842.	49,500.				8
	Allowed	0.	0.	0.	0.	0.		
	NOL Absorb.		21,163,842.	49,500.			/	1
Less:	NOL Abs. CRP							
	Carryover					/		
	CRP C/O							
Charit	table contribution:	s to Schedule A, Li	ne 19	•••••				
								5,273,458.
						/		
								P ₁
						/		
					/			
					/			

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

Charitable Contributions Limitation

NAI	ME DONALD J. & MELANIA TRUMP	_
50%	% Contributions	-
	50% of AGI	.9
2.	Contributions qualifying for 50% limit 21,163,842.	1
3.	Allowable 50% contributions	0.
	6 Contributions	
4.	Remaining 50% limit (Line 1 - Line 3)	
5.	Less capital gain property - special 30% limits	
6.	Balance of 50% of AGI	
7.	30% of AGI	
8.	Contributions qualifying for 30% limit	
9.	Allowable 30% contributions (lesser of Line 6, 7 or 8)	0.
30%	6 Special Contributions	
	30% of AGI	
11.	Contributions qualifying for 30% special limit	
12.	Remaining 50% limit (line 1 less lines 3 and 9)	
13.	Allowable 30% special contribution (lesser of Line 10, 11 or 12)	0,
20%	6 Contributions	
14.	20% of AGI	
15.	30% of AGI	
16.	Allowed 30% regular contributions	
17.	Line 15 less line 16	
18.	Allowed 30% special contributions	
	Line 15 less line 18	
20.	Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)	
21.	Contributions subject to the 20% limitation	
22.	Allowable 20% contributions (lesser of Line 14, 17, 19, 20 or 21)	0.
	and 100% Conservation Real Property Contributions	
23.	Remaining 50% limit (line 1 less the sum of lines 3, 9, 13 and 22)	
24.	Conservation real property contribution subject to 50% limit	
25.	Allowable 50% conservation real property contribution (lesser of Line 23 or 24)	0.
26.	Remaining 100% of AGI	
	Conservation real property contribution subject to 100% limit	
28.	Allowable 100% conservation real property contribution (lesser of Line 26 or 27)	0.
29.	Total 2015 contributions allowed on Schedule A	
30.	Total prior year carryovers allowed on Schedule A	
31.	Total charitable contributions to Schedule A, Line 19	

SCHEDULE B

(Form 1040A or 1040)

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

Interest and Ordinary Dividends

Attach to Form 1040A or 1040.

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

OMB No. 1545-0074

2015

Attachment

Your social security number

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

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

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

Schedu	lle C (Form 1040) 2015 DONALD J. TRUMP			Page 2			
	III Cost of Goods Sold (see instructions)						
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c	Other	(attach explanati	on)			
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	No			
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	1					
36	Purchases less cost of items withdrawn for personal use	36	36				
37	Cost of labor. Do not include any amounts paid to yourself	37					
38	Materials and supplies	38					
39	Other costs	39					
40	Add lines 35 through 39	40					
41	Inventory at end of year	41					
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4						
Part	IN Information on Your Vehicle. Complete this part only if you are claiming car or truc	k exp	enses on lir	no Q and			
	are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	find	out if you m	ust file			
43	When did you place your vehicle in service for business purposes? (month, day, year)						
44	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:						
a	Business b Commuting c Other _						
45	Was your vehicle available for personal use during off-duty hours?			No			
46	Do you (or your spouse) have another vehicle available for personal use?	********	Yes	☐ No			
47 a	Do you have evidence to support your deduction? If "Yes," is the evidence written?			No			
Part	Other Expenses. List below business expenses not included on lines 8-26 or line 30.		Yes	No			
LICENS	SES & PERMITS			300.			
releph	IONE			31,064.			
EQUIPM	MENT LEASES			97,248.			
NONDED	OUCTIBLE EXPENSES	, , , , , , , , , , , , , , , , , , ,	<	717,691.>			
SECTIO	ON 274 LIMITATION		<	306,460.>			
		_					
48	Total other expenses. Enter here and on line 27a	48		395 539.>			

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

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

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1085.

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

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name	of proprietor						Social sec	urity number (SSN)	
DON	ALD J. TRUMP							/	
A	Principal business or profession, includ	ding produ	ıct or service (see instru	ctions)			B Enter odde from instructions 812990		
C	Business name. If no separate business	s name, le	ave blank.				D Employer ID number (EIN), (see instr.)		
DONA	ALD J TRUMP								
E	Business address (including suite or ro					/	/		
	City, town or post office, state, and ZIP		1			/			
F	Accounting method: (1) X Ca		Accrual (3)			/			
G H	Did you "materially participate" in the op					1			
n I	If you started or acquired this business Did you make any payments in 2015 th				The standard of the same of th				
J	If "Yes," did you or will you file required					/		Yes X No	
THE REAL PROPERTY.	rt I Income	TOTTIS I	199:		/	***********		Yes No	
1	Gross receipts or sales. See instruction	s for line	1 and check the box if th	is incom	e was reported to you on Form W-2		T		
	and the "Statutory employee" box on tha					>	1	100,000.	
2	Returns and allowances						2		
3	Subtract line 2 from line 1			**********			3	100,000.	
4	Cost of goods sold (from line 42)				/		4		
5	Gross profit. Subtract line 4 from line 3				/		5	100,000.	
6	Other income, including federal and sta	te gasolin	e or fuel tax credit or ref	und (see	instructions)		6		
7	Gross income. Add lines 5 and 6				/		7	100,000.	
Pa	TII Expenses. Enter exper	ises fo	r business use of	your h	nome only/on line 30.				
8	Advertising	8		18	Office expense		18		
9	Car and truck expenses			19	Pension and profit-sharing plans		19		
	(see instructions)	9		20	Rent or Jease (see instructions):				
10	Commissions and fees			a	Vehicles, machinery, and equipment		20a		
11	Contract labor (see instructions)			b	Other business property		20b		
12	Depletion 170	12		21	Repairs and maintenance		21		
13	Depreciation and section 179			22	Supplies (not included in Part III)		22		
	expense deduction (not included in Part III) (see instructions)	10		23	Taxes and licenses		23		
14	Employee benefit programs (other	13		24/	Travel, meals, and entertainment:				
17	than on line 19)	14		a h	Travel Deductible meals and	* * * * * * * * * * * * * *	24a		
15	Insurance (other than health)	15		/ "	entertainment (see instructions)		0.46		
16	Interest:	Manager		25	Utilities		24b 25		
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)		26		
b	Other	16b			Other expenses (from line 48)		27a		
17	Legal and professional services	17		b	Reserved for future use		27b		
28	Total expenses before expenses for but	siness use	of home. Add lines 8 th			•	28	0.	
29	Tentative profit or (loss). Subtract line 2	8 from lin	ie 7				29	100,000.	
30	Expenses for business use of your home	e. Do not	report these expenses el	sewhere.	. Attach Form 8829				
	unless using the simplified method (see		, ,						
	Simplified method filers only: enter the		are footage of: (a) your	home: _					
	and (b) the part of your home used for I								
	Use the Simplified Method Worksheet in		1	ount to e	nter on line 30		30		
31	Net profit or (loss). Subtract line 30 fro					2			
• If a profit, enter on both Form 1040, line 12 (or form 1040NR, line 13) and on Schedule SE, line 2.									
	(If you checked the box on line 1, see in	structions	n. Estates and trusts, en	ter on F o	orm 1041, line 3.	P	31	100,000.	
20	If a loss, you must go to line 32. If you have a loss, shock the box that do			ationta d)			
32	If you have a loss, check the box that de If you checked 32a, enter the loss on						0.7	All investment	
	(If you checked the box on line 1, see th					2.	32a	is at risk. Some investment	
1724	If you checked 32b, you must attach				onto on Form 1041, line 3.		32b	is not at risk.	

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

Profit or Loss From Business
(Sole Proprietorship)
Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

	or proprietor			1	Social sec	urity number (SSN)
DON.	ALD J. TRUMP				-	
A SPE	Principal business or profession, includional KING ENGAGEMENT	ng product or service (see instr	uctions)	I	B Enter co	ode from instructions 812990
C	Business name. If no separate business	name, leave blank.		1) Employ	er ID pumber (EIN), (see instr.)
DON.	ALD J TRUMP					
E	Business address (including suite or roo	m no.) 🕨			/	
	City, town or post office, state, and ZIP c	ode			_/	
F	Accounting method: (1) X Cas	h (2) Accrual (3)	Other (specify)		/	
G	Did you "materially participate" in the ope	ration of this business during 2	2015? If "No," see instructions for limit on losses	/	/ 	X Yes No
Н	If you started or acquired this business d	luring 2015, check here		/		
1	Did you make any payments in 2015 that	would require you to file Form	(s) 1099? (see instructions)	/		Yes X No
J	If "Yes," did you or will you file required F	orms 1099?		<i></i>		Yes No
_	rt I Income		/			
1			his income was reported to you on Form W-2			
	and the "Statutory employee" box on that	231131111111	·····		1	150,000.
2					2	
3	Subtract line 2 from line 1	*****************************	<i>J</i>		3	150,000.
4	Cost of goods sold (from line 42)				4	
5	Gross profit. Subtract line 4 from line 3	***************************************			5	150,000.
6	Other income, including federal and state	gasoline or fuel tax credit or re	efund (see instructions)		6	
7 Pa	til Expenses. Enter expens			🕨	7	150,000.
8			f your home only on line 30.			
	Advertising	8	18 Office expense		18	
9	Car and truck expenses		19 Pension and profit-sharing plans		19	
10	(see instructions)	9	20 Rent or lease (see instructions):		250	
10	Commissions and fees	10	a Vehicles, machinery, and equipment		20a	
11	Contract labor (see instructions)	11	b Other business property		20b	
12 13	Depletion Depreciation and section 179	12	21 Repairs and maintenance		21	
10	expense deduction (not included in		22 Supplies (not included in Part III)		22	
	Part III) (see instructions)	10	23 Taxes and licenses		23	
14	Employee benefit programs (other	13	Travel, meals, and entertainment:		200162	
14	than on line 19)	14	a Travel	*****	24a	
15	Insurance (other than health)	14	b Deductible meals and			
16	Interest:	15 /	entertainment (see instructions)		24b	
a	Mortgage (paid to banks, etc.)	16a /	25 Utilities 26 Wages (less employment credits)		25	
b	Other	16b	26 Wages (less employment credits) 27 a Other expenses (from line 48)		26	
17		17 /	b Reserved for future use		27a	
28	Total expenses before expenses for busi				27b	0.
29	Tentative profit or (loss). Subtract line 28	/	unough 27a		28	150,000.
30	Expenses for business use of your home.		elsewhere Attach Form 8820	**********	29	150,000.
	unless using the simplified method (see i	,	oisewhore. Attach Form 6025			
	Simplified method filers only: enter the	. ,	r home:			
	and (b) the part of your home used for bu					
	Use the Simplified Method Worksheet in		30			
31	Net profit or (loss). Subtract line 30 from	1			30	
	• If a profit, enter on both Form 1040, lin)				
	(If you checked the box on line 1, see inst		31	150,000.		
	 If a loss, you must go to line 32. 	(- Torni Torri, iniv U.		01	250,000.
32	If you have a loss, check the box that des	cribes your investment in this a	activity (see instructions).	j		
			orm 1040NR, line 13) and on Schedule SE, line 2	,	32a	All investment
	(If you checked the box on line 1, see the	line 31 instructions). Estates ar	nd trusts, enter on Form 1041. line 3	}	32b	is at risk. Some investment is not at risk.
	If you checked 32b, you must attach F			J		and attion.

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

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

Name	of proprietor						5	Social se	curity number (SSN)		
DON.	ALD J. TRUMP										
A SPE.	Principal business or profession, including ENGAGEMENT	20.00		uctions)			E	B Enter code from instructions 812990			
C DON	Business name. If no separate business ALD J TRUMP	name, leave b	lank.				1	D Employer ID number (EIN) (see instr.)			
E	Business address (including suite or roc City, town or post office, state, and ZIP of								/		
F	Accounting method: (1) X Cas		Accrual (3)	Oth	ner (specify)						
G	Did you "materially participate" in the ope		business during 2	015? If "I	No." see instructions for limit	on losses					
Н	If you started or acquired this business	during 2015, c							Tes No		
1	Did you make any payments in 2015 tha	t would requir	e you to file Form((s) 1099?	(see instructions)			/	Yes X No		
J	If "Yes," did you or will you file required	Forms 1099?						/	Yes No		
Pa	rti income						1				
1	Gross receipts or sales. See instructions			his incorr	ne was reported to you on Fo	rm W-2	/				
	and the "Statutory employee" box on that					>		_1	50,000.		
2	Returns and allowances							2			
3	Subtract line 2 from line 1							3	50,000.		
4	Cost of goods sold (from line 42)							4			
5	Gross profit. Subtract line 4 from line 3	***************************************					* + * *	5	50,000.		
6	Other income, including federal and state							6			
Pa	rt II Expenses. Enter expen	ass for bu		c		<u> </u>		7	50,000.		
8			siness use of	1 00000							
9	Advertising Car and truck expenses	8		18	Office expense			18			
3	(see instructions)	9		19	Pension and profit-sharin	g plans	****	19			
10	Commissions and fees	10		20	Rent or lease (see instruc	tions):					
11	Contract labor (see instructions)	11		a b	, , , , , , , , , , , , , , , , , , , ,	equipment		20a			
12	Depletion	12		21	- more additional property	**************		20b			
13	Depreciation and section 179	12		22	Repairs and maintenance Supplies (not included in	Dort III\		21			
	expense deduction (not included in			23	Taxes and licenses	-art III)		22			
	Part III) (see instructions)	13		24	Travel, meals, and enterta	inment		23			
14	Employee benefit programs (other			a				24a	46,162.		
	than on line 19)	14		b	Deductible meals and			244	40,102.		
15	Insurance (other than health)	15		1 /	entertainment (see instruc	tions)		24b			
16	Interest:			25	Utilities			25			
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment	credits)		26			
b	Other	16b	/	27 a	Other expenses (from line	48)		27a			
17	Legal and professional services	17	/		Reserved for future use			27b			
28	Total expenses before expenses for bus		ome. Add lings 8 t			***************************************		28	46,162.		
29	Tentative profit or (loss). Subtract line 28				***************************************			29	3,838.		
30	Expenses for business use of your home		these expenses e	Isewhere	. Attach Form 8829						
	unless using the simplified method (see										
	Simplified method filers only: enter the		otage of: (a) your	home: _							
	and (b) the part of your home used for bi	The state of the s	/								
0.4	Use the Simplified Method Worksheet in		is to figure the am	ount to e	nter on line 30			30			
31	Net profit or (loss). Subtract line 30 from			2000 10			`				
	• If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.										
	 If a loss, you must go to line 32. 	u ucuons). Est	ates and trusts, er	iter on F	orm 1041, line 3.		7	31	3,838.		
32	If you have a loss, check the box that des	orihae vour in	restment in this -	otivity /	an instructions))				
32	• If you checked 32a, enter the loss on b					In OF 15 0		0.0	All investment		
	(If you checked the box on line 1, see the	line 31 instru	ctions) Estates an	ini 10401 id trijete	enter on Form 1041 Una 0	e ot, iiie 2.	>	32a	is at risk, Some investment		
	(If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.								32b is not at risk.		

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

					Social sei	curity number (SSN)	
	LD J. TRUMP				euroesea		
A	Principal business or profession, including	product or service (see instru	ctions)	E	B Enter code from instructions		
	ESTATE				531310		
C	Business name. If no separate business name HOLDING COMPANY LLC	me, leave blank.		1		rer ID number (EIN), (see instr.)	
_					2	0-2249347	
E	Business address (including suite or room City, town or post office, state, and ZIP cod		10022		/		
F	Accounting method: (1) X Cash				$-\!\!\!/-$		
G					/		
Н	If you started or acquired this business dur		15? If "No," see instructions for limit on losses			personal district of the second	
ī	Did you make any payments in 2015 that w		s) 10002 (can instructions)				
J			s) 1099? (see instructions)				
Par	t I Income	113 1000:	/	<i>/</i>		X Yes No	
1		line 1 and check the box if the	is income was reported to you on Form W-2		Г		
	and the "Statutory employee" box on that fo	V 000 B			1	88,632.	
2		************			2	00,002.	
3					3	88,632.	
4	Cost of goods sold (from line 42)				4	, , , , , ,	
5	Gross profit. Subtract line 4 from line 3				5	88,632.	
6		asoline or fuel tax credit or ref	und (see instructions)	**********	6	, , , , , , ,	
7	Gross income. Add lines 5 and 6			>	7	88,632.	
Par	t II Expenses. Enter expense	s for business use of	your home only on line 30.			,	
8		8	18 Office expense		18		
9	Car and truck expenses		19 Pension and profit-sharing plans		19		
	(see instructions)	9	20 Rent or Jease (see instructions):		Size!		
10	Commissions and fees	10	a Vehicles, machinery, and equipment		20a		
11	Contract labor (see instructions)	11	b Other business property		20b		
12	Depletion	12	21 Repairs and maintenance		21		
13	Depreciation and section 179		22 Supplies (not included in Part III)		22		
	expense deduction (not included in		23 / Taxes and licenses		23	14,470.	
	Part III) (see instructions)	13 15,696.	24 Travel, meals, and entertainment:				
14	Employee benefit programs (other		a Travel		24a		
	than on line 19)	14	b Deductible meals and				
15	Insurance (other than health)	15	entertainment (see instructions)		24b		
16	Interest:		25 Utilities		25	646.	
a	Mortgage (paid to banks, etc.)	6a /	26 Wages (less employment credits)	***********	26		
b		6b /	27 a Other expenses (from line 48)		27a	27,002.	
17	Legal and professional services	17 3/,055.	b Reserved for future use	******	27b		
28	Total expenses before expenses for busine	ss use of home. Add lines 8 th	nrough 27a	▶	28	60,869.	
29	Tentative profit or (loss). Subtract line 28 fr				29	27,763.	
30	Expenses for business use of your home. D	,	lsewhere. Attach Form 8829				
	unless using the simplified method (see ins	' /					
	Simplified method filers only: enter the tot						
	and (b) the part of your home used for busi						
	Use the Simplified Method Worksheet in the		ount to enter on line 30		30		
31	Net profit or (loss). Subtract line 30 from li	,		~			
	• If a profit, enter on both Form 1040, line						
	(If you checked the box on line 1, see instru	¢tions). Estates and trusts, en	ter on Form 1041, line 3.	}	31	27,763.	
	 If a loss, you must go to line 32. 			J			
32	If you have a loss, check the box that descri)			
			rm 1040NR, line 13) and on Schedule SE, line 2	2.	32a	All investment is at risk.	
	(If you checked the box on line 1, see the lin			ľ	32b	Some investment is not at risk,	
	 If you checked 32b, you must attach Form 	n 6198. Your loss may be lim	ited.	J			

	e C (Form 1040) 2015 DONALD J. TRUMP	_	:	Page 2
100000	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c	Other (a	attach explanatio	on)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or tructure are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	k exp	enses on lir out if you m	ne 9 and ust file
43	When did you place your vehicle in service for business purposes? (month, day, year)			
44	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:			
	Business b Commuting c Other _			
45	Was your vehicle available for personal use during off-duty hours?		Yes	No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	No
47 a b	Do you have evidence to support your deduction? If "Yes," is the evidence written?		Yes Yes	No No
Part	V Other Expenses. List below business expenses not included on lines 8-26 or line 30		1.00	110
COMMOI	N CHARGES			26,977.
NYS F	ILING FEE			25.
×	U			
		T		
48	Total other expenses. Enter here and on line 27a	40		27 002

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name	of proprietor						Social sec	urity number (SSN)	
DON	ALD J. TRUMP								
A GOL	Principal business or profession, includes	ing product or	service (see instru	uctions)			B Enter code from instructions 713900		
С	Business name. If no separate business	name, leave b	lank.				D Employe	er/D number (EIN), (see instr.)	
TRU	MP GOLF ACQUISITIONS LLC							-2412721	
Е	Business address (including suite or ro-	om no.) 🕨 🤇	C/O WEISERMAZ	ARS		-	1		
	City, town or post office, state, and ZIP	code v	OODBURY, NY	11797			/		
F	Accounting method: (1) X Ca	sh (2)	Accrual (3)	Oth	er (specify) >		/		
G	Did you "materially participate" in the op	eration of this	business during 2	015? If "N	lo," see instructions for lim	nit on losses	<i>/</i>	Yes X No	
Н	If you started or acquired this business	during 2015, (check here			/	1	▶ □	
L	Did you make any payments in 2015 that	at would requi	e you to file Form(s) 1099?	(see instructions)			Yes X No	
J	If "Yes," did you or will you file required	Forms 1099?						Yes No	
Pa	rt I Income					/			
1	Gross receipts or sales. See instructions			nis incom	e was reported to you on I	orm W/2			
	and the "Statutory employee" box on tha					/ ▶□] 1		
2	Returns and allowances				*******************************		2		
3	Subtract line 2 from line 1			*******		/	3		
4	Cost of goods sold (from line 42)				/		4		
5	Gross profit. Subtract line 4 from line 3				/		5		
6	Other income, including federal and stat	e gasoline or t	uel tax credit or re	fund (see	instructions) SEE STA	TEMENT 25	. 6	33,246.	
7	Gross income. Add lines 5 and 6					<u></u>	> 7	33,246.	
-	rt II Expenses. Enter exper	ises for bu	isiness use of	f your l					
8	Advertising	8		18	Office expense		. 18		
9	Car and truck expenses			19	Pension and profit-shari	ng plans	. 19		
	(see instructions)	9		20	Rent of lease (see instru			- 1000 - 1000 - 1000	
10	Commissions and fees	10		a	Vehicles, machinery, and	d equipment	20a		
11	Contract labor (see instructions)	11		b	/		20b		
12	Depletion	12		21	Repairs and maintenanc	е	21		
13	Depreciation and section 179			22	/Supplies (not included in				
	expense deduction (not included in			23/	Taxes and licenses			300.	
	Part III) (see instructions)	13		2/4	Travel, meals, and enter				
14	Employee benefit programs (other			/ a	Travel		24a	50.	
	than on line 19)	14		/ b					
15	Insurance (other than health)	15	/	1	entertainment (see instr	uctions)	24b		
16	Interest:		/	25	Utilities		25		
a	Mortgage (paid to banks, etc.)	16a	/	26	Wages (less employmer	t credits)	26		
b	Other	16b		27 a	Other expenses (from lin	ne 48)	27a		
17	Legal and professional services	17	/ 55.		Reserved for future use		. 27b		
28	Total expenses before expenses for bus	siness use of h	ome. Aød lines 8 t	hrough 2	7a		≥ 28	405.	
29	Tentative profit or (loss). Subtract line 2				**************************		29	32,841.	
30	Expenses for business use of your home	e. Do not repoi	t these expenses e	Isewhere	. Attach Form 8829				
	unless using the simplified method (see	,							
	Simplified method filers only: enter the	total square f	ootage of: (a) your	home: _					
	and (b) the part of your home used for b	ousiness: /							
	Use the Simplified Method Worksheet in	the instructio	ns to figure the am	ount to e	nter on line 30		30		
31	Net profit or (loss). Subtract line 30 fro								
	• If a profit, enter on both Form 1040, I	ine 12 (or For	m 1040NR, line 13	3) and or	Schedule SE, line 2.				
	(If you checked the box on line 1, see in	structions). Es	tates and trusts, er	nter on F	orm 1041, line 3.		31	32,841.	
	 If a loss, you must go to line 32. 								
32	If you have a loss, check the box that de								
	• If you checked 32a, enter the loss on I	ooth Form 104	40, line 12, (or Fo	rm 10401	NR, line 13) and on Sched	lule SE, line 2.	32a	All investment is at risk.	
	(If you checked the box on line 1, see th	e line 31 instru	ictions). Estates ar	d trusts,	enter on Form 1041, line	3.	32b	Some investment is not at risk.	
	If you checked 32b, you must attach I				•				

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

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

	le C (Form 1040) 2015 DONALD J. TRUMP			/ Page 2
LANDOUS AVAILABLE OF	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c	Other (attach explanatio	n)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are/claiming car or truc	k exp	enses on lin	e 9 and
	are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	find o	out if you mu	ust file
43	When did you place your vehicle in service for business purposes? (month, day, year)			
44	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:			
а	Business b Commuting c Other _			
45	Was your vehicle available for personal use during off-duty hours?	•••••	Yes	No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	No
D	Do you have evidence to support your deduction? If "Yes," is the evidence written?		Yes Yes	No No
Part	V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
SEE	STATEMENT 26		<1	50,866.>
48	Total other expenses. Enter here and on line 27a	40	_1	50 866 -

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

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

Profit or Loss From Business
(Sole Proprietorship)
Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

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

	e C (Form 1040) 2015 DONALD J. TRUMP			Page 2
	III Cost of Goods Sold (see instructions)			300000000000000000000000000000000000000
33	Method(s) used to value closing inventory: a Cost b X Lower of cost or market c	Other (attach explanatio	on)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	X No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation			255,992.
36	Purchases less cost of items withdrawn for personal use	36		103,630.
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		359,622.
41	Inventory at end of year	41		285,472.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		74,150.
	Information on Your Vehicle. Complete this part only if you are claiming car or truck are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	k exp	enses on lir out if you m	ne 9 and
43	When did you place your vehicle in service for business purposes? (month, day, year)			
44	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:			
a	Business b Commuting c Other _			
45	Was your vehicle available for personal use during off-duty hours?		Yes	No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	No
47 a b	Do you have evidence to support your deduction? If "Yes," is the evidence written?		Yes Yes	No No
Part	Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
SEE	STATEMENT 24		1	,301,846.
SURGE VENTOS				
48	Total other expenses. Enter here and on line 27a	48	1	301 846

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

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

2015
Attachment
Sequence No. 09

Name of proprietor Social security number (SSN) DONALD J. TRUMP Principal business or profession, including product or service (see instructions) R Enter code from instructions RESTAURANT 722513 C Business name. If no separate business name, leave blank. n Employer ID number (EIN), (see instr.) TRUMP RESTAURANTS LLC 20-0343943 E Business address (including suite or room no.) NEW YORK, NY 10022 City, town or post office, state, and ZIP code F Accounting method: (1) Cash (2) X Accrual (3) Other (specify) Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses G If you started or acquired this business during 2015, check here Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) Yes If "Yes," did you or will you file required Forms 1099? X Yes No Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 13370 and the "Statutory employee" box on that form was checked 3;304,403. 91369 2 Returns and allowances 2 X191,369. Subtract line 2 from line 1 4682001 3 3,113,034. Cost of goods sold (from line 42) 17 4 1,437,091. Gross profit. Subtract line 4 from line 3 5 1,675,943. 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 6 7 1,675,943. Part II Expenses. Enter expenses for business use of your home only on line 30. 10642 Advertising 1,074. Office expense 8 18 X10 592. 18 Car and truck expenses Pension and profit-sharing plans 19 (see instructions) 6.548. 9 20 Rent or lease (see instructions): Commissions and fees 10 10 a Vehicles, machinery, and equipment 4,068. 20a 11 Contract labor (see instructions) 11 b Other business property 97,701. 20b 12 Depletion 12 Repairs and maintenance 21 104,286. 21 13 Depreciation and section 179 1867853 Supplies (not included in Part III) 22 22 expense deduction (not included in Taxes and licenses 23 23 14.045. Part III) (see instructions) X39,101. 13 24 Travel, meals, and entertainment: 14 Employee benefit programs (other a Travel 2,197. 24a than on line 19) 26.010. 14 b Deductible meals and Insurance (other than health) 8,148. 15 15 entertainment (see instructions) 2,736. 24b 16 Utilities 25 76,520. 25 Mortgage (paid to banks, etc.) 16a Wages (less employment credits) 1,333,767. 26 16b 27 a Other expenses (from line 48) 12 297,695. 27a Legal and professional services 17 17 19,512. b Reserved for future use 27b Total expenses before expenses for business use of home. Add lines 8 through 27a 28 X2,044,000. 28 29 Tentative profit or (loss). Subtract line 28 from line 7 29 <368.057.> Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 30 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 30 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. PAL 31 <368,057.> • If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. All investment is at risk. 32a (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. Some investment is not at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

Schedule C (Form 1040) 2015 DONALD J. TRUMP			Page :
Part III Cost of Goods Sold (see instructions) 33 Method(s) used to			
	Other (attach explanatio	n)
Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	X No
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35	[4]	162,405.
36 Purchases less cost of items withdrawn for personal use	36	1	,453,728.
37 Cost of labor. Do not include any amounts paid to yourself	37		
38 Materials and supplies	38		
39 Other costs	39		
40 Add lines 35 through 39	40	1	,616,133.
41 Inventory at end of year	41		179,042.
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42	1	,437,091.
Part IV Information on Your Vehicle. Complete this part only if you are claiming car or truck are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	exp	enses on lin	e 9 and
When did you place your vehicle in service for business purposes? (month, day, year)			5/11 - 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:			
a Business b Commuting c Other			
45 Was your vehicle available for personal use during off-duty hours?		Yes	No
Do you (or your spouse) have another vehicle available for personal use?		Yes	No
47 a Do you have evidence to support your deduction?		Yes	No
b If "Yes," is the evidence written?		Yes	No
Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.		1	
JNIFORM EXPENSE			40,836.
PAYROLL TAXES			150,424.
BANK CHARGES			69,609.
COMPUTER PAYROLL EXPENSE			9,708.
PELEPHONE			3,292.
COMPUTER SERVICES			13,343.
DUES AND SUBSCRIPTIONS			869.
EXTERMINATING			7,829.
YS FILING FEE			25.
AMORTIZATION			1,760.
48 Total other expenses. Enter here and on line 27a	48		297,695.

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

Profit or Loss From Business

(Sole Proprietorship)

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

20,15 Attachment Sequence No. 09

Name of proprietor Social security number (SSN) DONALD J. TRUMP Principal business or profession, including product or service (see instructions) B Enter code from instructions AVIATION 532290 C Business name. If no separate business name, leave blank. loyer ID number (EIN), (see instr. DJT OPERATIONS I LLC 27-3212458 E Business address (including suite or room no.) ▶ C/O WEISERMAZARS City, town or post office, state, and ZIP code WOODBURY, NY 11797 Accounting method: (1) X Cash (2) Accrual (3) Other (specify) G Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses Yes X No If you started or acquired this business during 2015, check here Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) X Yes If "Yes," did you or will you file required Forms 1099? X Yes No Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 1,276,051. 2 Returns and allowances 2 3 Subtract line 2 from line 1 1,276,051. 3 Cost of goods sold (from line 42) 4 5 Gross profit. Subtract line 4 from line 3 5 1,276,051. Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 6 1,276,051. 7 Part II | Expenses. Enter expenses for business use of your home only on line 30. Advertising Øffice expense 8 18 50 9 Car and truck expenses 19 Pension and profit-sharing plans 19 (see instructions) 9 20 Rent or lease (see instructions): 10 Commissions and fees 10 Vehicles, machinery, and equipment 20a 11 Contract labor (see instructions) 11 b Other business property 20b 12 Depletion 12 Repairs and maintenance 21 13 Depreciation and section 179 Supplies (not included in Part III) 22 22 expense deduction (not included in Taxes and licenses 23 23 3.022. Part III) (see instructions) 752 1 828 13 24 Travel, meals, and entertainment: 14 Employee benefit programs (other a Travel 24a than on line 19) 14 b Deductible meals and 15 Insurance (other than health) 15 entertainment (see instructions) 24b 16 25 25 a Mortgage (paid to banks, etc.) 16a Wages (less employment credits) 26 26 Other 16b 27 a Other expenses (from line 48) <434,486.> 27a 2,934. 17 Legal and professional services 17 b Reserved for future use 27b Total expenses before expenses for business, use of home. Add lines 8 through 27a 28 28 1,400,272. 29 Tentative profit or (loss). Subtract line 28 from line 7 29 <124,221.> Expenses for business use of your home, no not report these expenses elsewhere. Attach Form 8829 30 unless using the simplified method (see/instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 30 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. PAL 31 <124,221.> • If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. Some investment is not at risk. 32b • If you checked 32b, you must attach Form 6198. Your loss may be limited.

	le C (Form 1040) 2015 DONALD J. TRUMP			Page :
	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c	Other (attach explanatio	on)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37	/	
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or truck are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	exp	enses on lin out if you m	e 9 and ust file
43	When did you place your vehicle in service for business purposes? (month, day, year)			
44	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:			
a	Business b Commuting c Other			
45	Was your vehicle available for personal use during off-duty hours?			No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	No
47 a b	Do you have evidence to support your deduction? If "Yes," is the evidence written?		Yes Yes	No No
Part	V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			110
SECTIO	ON 274 LIMITATION		</td <td>134,511.></td>	134,511.>
NYS FI	LING FEE			25.
48	Total other expenses. Enter here and on line 27a	48	<4	134,486.>

Department of the Treasury Internal Revenue Service (99) **Profit or Loss From Business**

(Sole Proprietorship)

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

2015 Attachment Sequence No. 09

Name of proprietor Social security number (SSN) DONALD J. TRUMP Principal business or profession, including product or service (see instructions) R Enter code from instructions SALES Business name. If no separate business name, leave blank. D Employer ID number (EIN), (see instr. TRUMP ICE LLC 20-0956212 E Business address (including suite or room no.) City, town or post office, state, and ZIP code NEW YORK, NY 10022 F Accounting method: (1) X Cash (2) Accrual (3) Other (specify) ▶ Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses G Yes X No If you started or acquired this business during 2015, check here Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) X Yes No If "Yes," did you or will you file required Forms 1099? X Yes No Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 292,916. 2 Returns and allowances 2 Subtract line 2 from line 1 3 292,916. 4 Cost of goods sold (from line 42) 338,292. 4 Gross profit. Subtract line 4 from line 3 5 <45,376.> 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 6 <45,376.> 7 Part II | Expenses. Enter expenses for business use of your home only on line 30. Advertising 9,150. 8 18 Office expense Car and truck expenses 19 Pension and profit-sharing plans 19 (see instructions) 9 20 Rent or Jease (see instructions): 10 Commissions and fees 10 a Vehicles, machinery, and equipment 20a Contract labor (see instructions) 11 b Other business property 11 20b 12 Depletion Repairs and maintenance 12 21 21 13 Depreciation and section 179 22 Supplies (not included in Part III) 22 expense deduction (not included in Taxes and licenses 23 1,909. 23 Part III) (see instructions) 13 Travel, meals, and entertainment: 14 Employee benefit programs (other Travel 24a than on line 19) 14 b Deductible meals and 15 Insurance (other than health) 15 entertainment (see instructions) 24b 16 Interest: Utilities 25 25 a Mortgage (paid to banks, etc.) 16a Wages (less employment credits) 26 26 Other 16b 27 a Other expenses (from line 48) 27a 4,132. Legal and professional services 5,000. 17 17 b Reserved for future use 27b Total expenses before expenses for business use of home Add lines 8 through 27a 28 20,191. 28 29 Tentative profit or (loss). Subtract line 28 from line 7 <65,567.> 29 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 30 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business? Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 30 31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, lipe 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. PAT. 31 <65,567.> If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. X All investment is at risk. 32a (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. Some investment is not at risk. 32b If you checked 32b, you must attach Form 6198. Your loss may be limited.

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.

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

OMB No. 1545-0074 Attachment Sequence No. 09

Name	of proprietor					s	ocial secu	rity number (SSN)		
DONA	ALD J. TRUMP									
A		an produc	et or carvica /con instru	otions)		-	Enter and	to from Instruction		
	A Principal business or profession, including product or service (see instructions) ANAGEMENT SERVICES B Enter code from instructions 541600									
C	Business name. If no separate business i	name, lea	ve blank.			Г) Employer	ID number (EIN), (see instr.)		
610										
E										
	City, town or post office, state, and ZIP code NEW YORK, NY 10022									
F	Accounting method: (1) X Cash	h (2)	Accrual (3)	Oth	er (specify) 🕨			-==		
G	Did you "materially participate" in the ope	ration of								
Н	If you started or acquired this business d									
l J	Did you make any payments in 2015 that					/		Yes X No		
	If "Yes," did you or will you file required F	OTTIS TO	J9!			<i></i>		Yes No		
1	Gross receipts or sales. See instructions	for line 1	and check the box if th	is incom	e was reported to you on Form W-2					
	and the "Statutory employee" box on that				was reperiod to you on rorm w	ightharpoons	1			
2	Returns and allowances						2			
3							3			
4	Cost of goods sold (from line 42)						4			
5	Gross profit. Subtract line 4 from line 3						5			
6	Other income, including federal and state	gasoline	or fuel tax credit or ref	und (see	instructions)	*********	6			
7	Gross income. Add lines 5 and 6				/		7			
	t II Expenses. Enter expens		business use of	your h						
8	Advertising	8		18	Office expense		18			
9	Car and truck expenses			19	Pension and profit-sharing plans		19			
40	(see instructions)	9		20	Rent of lease (see instructions):					
10	Commissions and fees	10		a	Vehicles, machinery, and equipment		20a	~~~		
11	Contract labor (see instructions)	11		b	Other business property		20b			
12 13	Depletion Depreciation and section 179	12		21	Repairs and maintenance		21			
10	expense deduction (not included in			22/	Supplies (not included in Part III)		22			
	Part III) (see instructions)	13		23'	Taxes and licenses Travel, meals, and entertainment;		23			
14	Employee benefit programs (other	10		/24 a			24a			
	than on line 19)	14	/	b	Deductible meals and		244			
15	Insurance (other than health)	15	/	1	entertainment (see instructions)		24b			
16	Interest:			25	Utilities		25			
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)		26			
b	Other	16b	ø,699.	27 a	Other expenses (from line 48)		27a			
17	Legal and professional services	17	/	b	Reserved for future use		27b			
28	Total expenses before expenses for busi		/	rough 27	7a	▶	28	6,699.		
29	Tentative profit or (loss). Subtract line 28						29	<6,699.>		
30	Expenses for business use of your home.			lsewhere.	. Attach Form 8829					
	unless using the simplified method (see i									
	Simplified method filers only: enter the		are footage of: (a) your	home: _						
	and (b) the part of your home used for bu	/					1000			
21	Use the Simplified Method Worksheet in Net profit or (loss). Subtract line 30 from	/	ictions to figure the am	ount to e	nter on line 30		30			
31	• If a profit, enter on both Form 1040, lin	1	Form 1040ND line 12) and an	Cahadula CF 15- 0)				
	(If you checked the box on line 1, see ins							-6 600		
	• If a loss, you must go to line 32.	u uctions,	,. Lotates and trusts, en	tel oli F(JIIII 1041, IIIIE 3.	ſ	31	<6,699.>		
32	If you have a loss, check the box that des	cribes vo	ur investment in this ar	tivity (co	e instructions)	7				
-	• If you checked 32a, enter the loss on b						32a	X All investment		
	(If you checked the box on line 1, see the						32b	Some investment		
	If you checked 32h you must attach F						020	is not at risk.		

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

Profit or Loss From Business
(Sole Proprietorship)
Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074 Attachment Sequence No. 09

	and a proposed		Social se	ecurity number (SSN)	
DON.	NALD J. TRUMP				
A REA	Principal business or profession, including product or service (see instructions) AL ESTATE MANAGEMENT	B Enter code from instructions 531310			
C	Business name. If no separate business name, leave blank.		D Emplo	yer ID number (EIN), (see instr.)	
TRUI	UMP 767 MANAGEMENT LLC	13/4016770			
Е	Business address (including suite or room no.)		/_		
_	City, town or post office, state, and ZIP code NEW YORK, NY 10022		/		
F	Accounting method: (1) X Cash (2) Accrual (3) Other (specify)		L		
G H	Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit	on losses	, 	X Yes No	
1	If you started or acquired this business during 2015, check here		******		
J	Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) If "Yes," did you or will you file required Forms 1099?			Yes X No	
	art I Income	/		Yes No	
1	Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Fo	rm W 6	T		
	and the "Statutory employee" box on that form was checked		٦ .		
2	Returns and allowances		2		
3	Subtract line 2 from line 1	<i>/</i>	3		
4	Cost of goods sold (from line 42)		4		
5	Gross profit. Subtract line 4 from line 3		E		
6	Other income, including lederal and state gasoline or fuel tax credit or refund (see instructions)		6		
7	Gross income. Add lines 5 and 6		7		
Pai	only on line 3	30.			
8	Advertising 8 18 Office expense		18		
9	Car and truck expenses 19 Pension and profit-sharing	plans	19		
	(see instructions) 9 20 Rent or lease (see instruct				
10	Commissions and feesaVehicles, machinery, and e	equipment	20a		
11	Contract labor (see instructions) 11 b Other business property		20b		
12	Depletion 12 21 / Repairs and maintenance		21 -		
13	Depreciation and section 179 22 Supplies (not included in F	Part III)	22		
	expense deduction (not included in 23 Taxes and licenses		23		
4.4	Part III) (see instructions) 13 24 Travel, meals, and entertain				
14	Employee benefit programs (other	**********	24a		
15	than on line 19) 14				
16					
a	/ EU Othices		25		
b		realts)			
		48)	27a		
28	Total avnances before avnances for husiness use of home Add lines 8 th and 97		27b	10 013	
29	Tentative profit or (loss) Subtract line 28 from line 7		28	10,813.	
30	Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829	************************	29	<10,013.×	
	unless using the simplified method (see instructions).				
	Simplified method filers only: enter the total square footage of: (a) your home:				
	and (b) the part of your home used for business:	-			
	Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30		30		
31	Net profit or (loss), Subtract line 30 from line 29.				
	 If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.)			
	(If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.	>	31	<10,813.>	
	• If a loss, you must go to line 32.	J			
32	If you have a loss, check the box that describes your investment in this activity (see instructions).)			
	 If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedul 	e SE, line 2.	32a	X All investment is at risk.	
	(If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.	· ·	32b	Some investment is not at risk.	
	 If you checked 32b, you must attach Form 6198. Your loss may be limited. 	J			

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

Profit or Loss From Business
(Sole Proprietorship)
Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

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

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

Profit or Loss From Business

(Sole Proprietorship)

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

2015 Attachment Sequence No. 09

Name of proprietor Social security number DONALD J. TRUMP Principal business or profession, including product or service (see instructions) B Enter code from instructions MORTGAGE BROKER 541940 Business name. If no separate business name, leave blank. TRUMP REALTY SERVICES LLC 13-4116884 Business address (including suite or room no.) City, town or post office, state, and ZIP code NEW YORK, NY 10022 (1) X Cash (2) Accrual (3) Other (specify) Accounting method: Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses Yes X No H If you started or acquired this business during 2015, check here Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) Yes X If "Yes," did you or will you file required Forms 1099? Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 1 Returns and allowances 2 Subtract line 2 from line 1 3 Cost of goods sold (from line 42) 4 4 Gross profit. Subtract line 4 from line 3 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 6 Part II | Expenses. Enter expenses for business use of your home only on line 30. Advertising Office expense 18 9 Car and truck expenses 19 Pension and profit-sharing plans 19 (see instructions) 9 Rent or lease (see instructions): 20 Commissions and fees 10 Vehicles, machinery, and equipment 10 20a Contract labor (see instructions) 11 11 Other business property 20b Depletion 12 12 Repairs and maintenance 21 13 Depreciation and section 179 Supplies (not included in Part III) 22 expense deduction (not included in Taxes and licenses 23 574. 23 Part III) (see instructions) 13 24 Travel, meals, and entertainment: Employee benefit programs (other a Travel 24a than on line 19) 14 Deductible meals and 15 Insurance (other than health) 15 entertainment (see instructions) 24b 16 Interest: Utilities 25 a Mortgage (paid to banks, etc.) 16a 26 Wages (less employment credits) 26 27 a Other expenses (from line 48) 16b 25. 27a 17 Legal and professional services 17 b Reserved for future use 27b Total expenses before expenses for business use of home. Add lines 8 through 27a 28 599. 28 29 Tentative profit or (loss). Subtract line 28 from line 7, <599.> 29 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 30 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. PAL <599.> 31 • If a loss, you must go to line 32. 32 If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. 32a (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited.

	e C (Form 1040) 2015 DONALD J. TRUMP			Page 2
	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c	Other (a	attach explanation	1)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36	/	
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38	/	
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	IV Information on Your Vehicle. Complete this part only if you are claiming car or truc	кехр	enses on lin	e 9 and
	are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	find o	out if you mu	ust file
43	When did you place your vehicle in service for business purposes? (month, day, year)			
44	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:			
a	Business b Commuting c Other _			
45	Was your vehicle available for personal use during off-duty hours?		Yes	No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	No No
47 a	Do you have evidence to support your deduction? If "Yes," is the evidence written?		Yes Yes	No No
Part	Other Expenses. List below business expenses not included on lines 8-26 or line 30.	********	1 103	140
NYS F	LING FEE			25.
-				
				- 1088/11(
		Т		
48	Total other expenses. Enter here and on line 27a	48		25.

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

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

Name	of proprietor						Socia	I security number (SSN)	1
DONA	ALD J. TRUMP								/
A REAI	Principal business or profession, includ ESTATE DEVELOPMENT	B Ent	B Enter code from instructions 531319						
С	Business name. If no separate business	D Employer ID number (EIN), (see instr.)							
TRUM	MP CHICAGO DEVELOPMENT LLC		30-0050040						
Ε	Business address (including suite or room no.) ▶								
	City, town or post office, state, and ZIP		CHICAGO, IL						
E	Accounting method: (1) X Cas	sh (2)	Accrual (3)	Oth	er (specify) 🕨 💶 — — — —			/	_
G	Did you "materially participate" in the op	eration of t	his business during 20	015? If "N	o," see instructions for limit on	losses		Yes X N	0
Н	If you started or acquired this business							/▶□	
1	Did you make any payments in 2015 that	t would re	quire you to file Form(s) 1099?	(see instructions)		/	Yes X N	0
Pa	If "Yes," did you or will you file required rt I Income	Forms 109	9?				/	Yes N	lo
1		for line 1	and about the boy if th	1. 1					
91	Gross receipts or sales. See instructions and the "Statutory employee" box on tha					/			
2							$ \frac{1}{2}$ $\frac{1}{2}$ $\frac{1}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$		
3	Returns and allowances Subtract line 2 from line 1							2	
4	Subtract line 2 from line 1 Cost of goods sold (from line 42)		**************************************				- 3	3	
5	Gross profit. Subtract line 4 from line 3							4	_
6	Other income, including federal and stat	e gasoline	or fuel tay credit or ref	und (caa	instructions)	/	. 5		
7					mstructions)		6		_
	rt II Expenses. Enter expen	ses for	business use of	vour h	nome only on line 30		- 1		_
8	Advertising	8		18	Office expense		1	Q	_
9	Car and truck expenses			19	Pension and profit-sharing pla	ins	1		
	(see instructions)	9		20	Rent or lease (see instruction			3	
10	Commissions and fees	10		a	Vehicles, machinery, and equi		20	12	
11	Contract labor (see instructions)	11		b	Other business property	P111011t	20		
12	Depletion	12		21	Repairs and maintenance	*****************	2		
13	Depreciation and section 179			22	Supplies (not included in Part	III)	2:		
	expense deduction (not included in			23	Taxes and licenses		2		9.
	Part III) (see instructions)	13		24	Travel, meals, and entertainm	ent:		1112	
14	Employee benefit programs (other			a	Travel		24	la l	
	than on line 19)	14		b,	Deductible meals and				-
15	Insurance (other than health)	15			entertainment (see instruction	s)	24	łb d	
16	Interest:			25	Utilities			5	
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment cred	its)	20	6	
b	Other	16b	/	27 a	Other expenses (from line 48)		. 27	'a	
17	Legal and professional services	17	119.				. 27	'b	
28	Total expenses before expenses for bus			rough 27	7a		≥ 28	8 719).
29	Tentative profit or (loss). Subtract line 2						29	9 <719.	. >
30	Expenses for business use of your home			sewhere.	Attach Form 8829				
	unless using the simplified method (see								
	Simplified method filers only: enter the		re footage of: (a) your	home: _		-			
	and (b) the part of your home used for b		11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			•			
21	Use the Simplified Method Worksheet in		ctions to figure the ami	ount to e	nter on line 30		. 30	0	_
31	Net profit or (loss). Subtract line 30 from		Form 10.40ND 1' 40	V	01.11.05.11.0				
	• If a profit, enter on both Form 1040, li					D 2 *		.	
	(If you checked the box on line 1, see ins • If a loss, you must go to line 32.	u ucuons).	estates and trusts, en	ter on Fo	orm 1041, line 3.	PAL	3.	1 <719.	>
32	If you have a loss, check the box that de	ecribes you	r investment in this as	tivity (a-	o instructions)	2			
JL	• If you checked 32a, enter the loss on b					F 12 C		All investment	
	(If you checked the hox on line 1 see the	line 31 inc	structions) Fetates an	d truete	enter on Form 1041 Pro 0	E, line 2.	D	is at risk. Some investment	
	(If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. • If you checked 32b, you must attach Form 6198. Your loss may be limited.							2b some investment is not at risk.	

Name of proprietor

Department of the Treasury Internal Revenue Service (99) **Profit or Loss From Business**

(Sole Proprietorship)

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

2015 Attachment Sequence No. 09

Social security number (SSN) DONALD J. TRUMP Principal business or profession, including product or service (see instructions) B Enter code from instructions REAL ESTATE DEVELOPMENT 531310 Business name. If no separate business name, leave blank. D Employer ID number (EN), (see instr. TRUMP LAS VEGAS DEVELOPMENT LLC 11-36686,92 Business address (including suite or room no.) ▶ City, town or post office, state, and ZIP code LAS VEGAS, NV 89101 Accounting method: (1) X Cash (2) Accrual (3) Other (specify) ▶ Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses G Yes X No If you started or acquired this business during 2015, check here Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) Yes X No If "Yes," did you or will you file required Forms 1099? Yes No Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 1 Returns and allowances 2 Subtract line 2 from line 1 3 4 Cost of goods sold (from line 42) 4 Gross profit. Subtract line 4 from line 3 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 6 ... 7 Part II | Expenses. Enter expenses for business use of your home only on line 30. Advertising _____ 8 8 18 Office expense ... 18 Pension and profit-sharing plans Car and truck expenses 19 19 (see instructions) 9 20 Rent or lease (see instructions): Commissions and fees 10 10 Vehicles, machinery, and equipment 20a 11 Contract labor (see instructions) 11 Other business property 20b 12 Depletion Repairs and maintenance 12 21 21 Depreciation and section 179 13 Supplies (not included in Part III) 22 22 expense deduction (not included in Taxes and licenses 23 23 650. Part III) (see instructions) 13 Travel, meals, and entertainment 14 Employee benefit programs (other Travel 24a than on line 19) 14 Deductible meals and 15 Insurance (other than health) 15 entertainment (see instructions) 24b 16 Interest: 25 Utilities 25 a Mortgage (paid to banks, etc.) 16a Wages (less employment credits) 26 26 Other 16b 27 a Other expenses (from line 48) 27a 17 Legal and professional services 110 17 b Reserved for future use 27b Total expenses before expenses for business use of home. Add/lines 8 through 27a 28 28 760 29 Tentative profit or (loss). Subtract line 28 from line 7 29 <760.> 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 30 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. PAL 31 <760.> If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. 32h If you checked 32b, you must attach Form 6198. Your loss may be limited.

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

Name	of proprietor						Social sec	eurity number (SSN)		
DONA	LD J. TRUMP									
A	Enter code non instructions									
	ESTATE DEVELOPMENT							531/390		
C	Business name. If no separate business	name, le	ave blank.				1	er ID number (EIN), (see instr.)		
	P PHOENIX DEVELOPMENT LLC		_	_			20	0-0238198		
Е	Business address (including suite or room no.) City, town or post office, state, and ZIP code NEW YORK, NY 10022									
F			2) Accrual (3)					/		
G	Did you "materially participate" in the ope	oration o	f this business during 00	Utni	er (specify)		/-			
Н	Did you "materially participate" in the ope If you started or acquired this business of	durina 20								
Ĺ	Did you make any payments in 2015 tha			3) 10992						
J	If "Yes," did you or will you file required	Forms 10			(300 11130 00010113)	/	/			
Par	t I Income					/		Yes No		
1	Gross receipts or sales. See instructions	for line	1 and check the hox if th	is income	was reported to you o	nn Form W-2				
	and the "Statutory employee" box on that	form wa	is checked	1001111	was reported to you o	/ >				
2	Returns and allowances									
3	Subtract line 2 from line 1				**********	······	3			
4	Cost of goods sold (from line 42)				*********************		4			
5	Gross profit. Subtract line 4 from line 3					/	5			
6	Other income, including federal and state	gasolin	e or fuel tax credit or ref	und (see	instructions)	/	6			
7	Gross income. Add lines 5 and 6					/	7			
Par	t II Expenses. Enter expen	ses fo	r business use of	your h	nome only on fir	ne 30.				
8	Advertising	8		18			18			
9	Car and truck expenses			19	Pension and profit-sh	aring plans	19			
	(see instructions)	9		20	Rent or lease (see ins					
10	Commissions and fees	10		a		and equipment	20a			
11	Contract labor (see instructions)	11		b		rty				
12	Depletion	12		21		ince				
13	Depreciation and section 179			22	Supplies (not included	d in Part III)	22			
	expense deduction (not included in			23	Taxes and licenses		23	300.		
	Part III) (see instructions)	13		24 /	Travel, meals, and ent	tertainment*	20	300.		
	Employee benefit programs (other			/a			24a			
	than on line 19)	14		/ b	Deductible meals and		Liu			
15	Insurance (other than health)	15				structions)	24b			
16	Interest:		/	25						
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employm	nent credits)	26			
	Other	16b		A-0000	Other expenses (from	line 48)	27a			
17	Legal and professional services	17	/ 55.	b	Reserved for future u	se	27b			
28	Total expenses before expenses for bus	iness use	of home. Add lines 8 th	rough 27	'a		28	355.		
	Tentative profit or (loss). Subtract line 28		/	3		***************************************	29	<355.>		
30	Expenses for business use of your home.	. Do not	report these expenses el	sewhere.	Attach Form 8829		20			
	unless using the simplified method (see i									
	Simplified method filers only: enter the	total squ	are footage of: (a) your	home:						
	and (b) the part of your home used for be			_						
	Use the Simplified Method Worksheet in	the instr	uctions to figure the amo	ount to er	nter on line 30	,	30			
	Net profit or (loss). Subtract line 30 from				**************************************		- 00			
	• If a profit, enter on both Form 1040, li	ne 12 (o	Form 1040NR, line 13) and on	Schedule SE, line 2)				
	(If you checked the box on line 1, see ins	tructions). Estates and trusts, ent	, ter on Fo	rm 1041 line 3	PAL	31	<355.>		
	• If a loss, you must go to line 32.				AND STATE OF THE SECOND	J	[01]	11.17		
32	If you have a loss, check the box that des	cribes yo	our investment in this ac	tivity (see	e instructions).	,				
	• If you checked 32a, enter the loss on b					redule SF line 2	32a	X All investment		
	(If you checked the box on line 1, see the	line 31 i	nstructions). Estates and	d trusts.	enter on Form 1041 lin	ne 3.	32b	Some investment		
	If you checked 32b, you must attach F	orm 619	8. Your loss may be limi	ited.	entry in		OLD	is not at risk.		

Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

2015 Attachment Sequence No. 09

Name of proprietor Social security number (SSN) DONALD J. TRUMP Principal business or profession, including product or service (see instructions) B Enter code from instructions GOLF MANAGEMENT 713900 Business name. If no separate business name, leave blank. D Employer ID number (PIN), (see instr. TRUMP GOLF MANAGEMENT LLC 20-2306412 Business address (including suite or room no.) ▶ BRIAR CLIFF MANOR, NY 10510 City, town or post office, state, and ZIP code (1) X Cash (2) Accrual (3) Other (specify) ▶ Accounting method: Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses G Yes X No If you started or acquired this business during 2015, check here Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) Yes X No If "Yes," did you or will you file required Forms 1099? Yes Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 1 Returns and allowances 2 2 Subtract line 2 from line 1 3 Cost of goods sold (from line 42) 4 4 Gross profit. Subtract line 4 from line 3 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 6 7 Part II | Expenses. Enter expenses for business use of your home only on line 30. Advertising Office expense 18 Car and truck expenses 19 Pension and profit-sharing plans 19 (see instructions) 9 20 Rent or lease (see instructions): Commissions and fees a Vehicles, machinery, and equipment 10 10 20a Contract labor (see instructions) 11 Other by siness property 11 20b Depletion Repairs and maintenance 12 12 21 21 Depreciation and section 179 13 Supplies (not included in Part III) 22 22 expense deduction (not included in Taxes and licenses 23 23 Part III) (see instructions) 13 Travel, meals, and entertainment: Employee benefit programs (other Travel 24a than on line 19) 14 Deductible meals and 15 Insurance (other than health) 15 entertainment (see instructions) 24b 16 Interest: Utilities 25 a Mortgage (paid to banks, etc.) 16a Wages (less employment credits) 26 27 a Other expenses (from line 48) 16b 27a Legal and professional services 55. 17 b Reserved for future use 27b Total expenses before expenses for business use of home. Add lines 8 through 27a 28 28 55. 29 Tentative profit or (loss). Subtract line 28 from line 7 29 <55.> 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 30 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. PAL <55.> 31 • If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. X All investment is at risk. 32a (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. If you checked 32b, you must attach Form 6198. Your loss may be limited.

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

(Sole Proprietorship)

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

OMB No. 1545-0074

Name of proprietor Social security number (SSN) DONALD J. TRUMP Principal business or profession, including product or service (see instructions) B Enter code from instructions REAL ESTATE 531390 Business name. If no separate business name, leave blank. C CHICAGO UNIT ACQUISTION LLC Business address (including suite or room no.) City, town or post office, state, and ZIP code (2) X Accrual (3) Other (specify) ▶ Accounting method: (1) | Cash Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses G Yes X No If you started or acquired this business during 2015, check here Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) X Yes No If "Yes," did you or will you file required Forms 1099? X Yes No Part I Income Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W/2 and the "Statutory employee" box on that form was checked Returns and allowances 2 Subtract line 2 from line 1 3 3 Cost of goods sold (from line 42) 4 Gross profit. Subtract line 4 from line 3 5 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Gross income. Add lines 5 and 6 Part II | Expenses. Enter expenses for business use of your home only on line 30. Advertising 8 18 Office expense 18 Car and truck expenses 19 Pension and profit-sharing plans 19 (see instructions) 9 Rent or lease (see instructions): Commissions and fees 10 a Vehigles, machinery, and equipment 10 20a Contract labor (see instructions) 11 11 b Other business property 20b Depletion 12 12 21 Repairs and maintenance 21 13 Depreciation and section 179 22 Supplies (not included in Part III) 22 expense deduction (not included in Taxes and licenses 23 609 23 Part III) (see instructions) 13 24 Travel, meals, and entertainment: 14 Employee benefit programs (other Travel 24a than on line 19) Deductible meals and 14 Insurance (other than health) 15 15 entertainment (see instructions) 24b Utilities 16 Interest: 25 25 a Mortgage (paid to banks, etc.) 16a 26 Wages (less employment credits) 26 b Other 27 a Other expenses (from line 48) 16b 27a 1/110. 17 Legal and professional services 17 b Reserved for future use 27b 28 Total expenses before expenses for business use of home. Add/lines 8 through 27a 1.719. 28 29 Tentative profit or (loss). Subtract line 28 from line 7 <1,719.> 29 30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 30 Net profit or (loss). Subtract line 30 from line 29./ • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. PAL <1,719.> 31 If a loss, you must go to line 32. If you have a loss, check the box that describes your investment in this activity (see instructions). • If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. X All investment is at risk, 322 (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3. Some investment is not at risk. If you checked 32b, you must attach Form 6198. Your loss may be limited.

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

Name	of proprietor			Social s	ecurity number (SSN)						
DONA	ALD J. TRUMP										
A GAMI	Principal business or profession, including SHOW	ng product or service (see instru	uctions)	B Enter	code from instructions 71/510						
С	Business name. If no separate business	name, leave blank.		D Emplo	oyer ID number (EIN), (see instr.)						
DONA	ALD J TRUMP				/						
Е	Business address (including suite or roo	m no.) ▶									
	City, town or post office, state, and ZIP of				/						
F	Accounting method: (1) X Cash (2) Accrual (3) Other (specify) ▶										
G	Did you "materially participate" in the operation of this business during 2015? If "No," see instructions for limit on losses Yes X No										
Н	If you started or acquired this business of	during 2015, check here		/	▶ □						
1	Did you make any payments in 2015 tha	t would require you to file Form(s) 1099? (see instructions)	/	Yes X No						
J	If "Yes," did you or will you file required I	Forms 1099?	/	/	Yes No						
Pa	rt I Income		/								
1			his income was reported to you on Form W-2								
	and the "Statutory employee" box on that			_ 1							
2	Returns and allowances	***************************************		2	121						
3	Subtract line 2 from line 1			3							
4	Cost of goods sold (from line 42)	***************************************		4							
5	Gross profit. Subtract line 4 from line 3		/	5							
6	Other income, including federal and state	e gasoline or fuel tax credit or ref	fund (see instructions)	. 6							
7	Gross income. Add lines 5 and 6	***************************************		> 7							
Pa	rt II Expenses. Enter expen	ses for business use of	f your home only on/line 30.								
8	Advertising	8	18 Office expense	18							
9	Car and truck expenses		19 Pension and profit-sharing plans	. 19							
	(see instructions)	9	20 Rent or lease (see instructions):		10.00 10.00						
10	Commissions and fees	10	a Vehicles, machinery, and equipment	20a							
11	Contract labor (see instructions)	11	b Other business property								
12	Depletion	12	21 Repairs and maintenance	21							
13	Depreciation and section 179		22 Supplies (not included in Part III)	22							
	expense deduction (not included in		23 Taxes and licenses	23							
	Part III) (see instructions)	13	24 / Travel, meals, and entertainment:								
14	Employee benefit programs (other		a Travel								
	than on line 19)	14	b Deductible meals and								
15	Insurance (other than health)	15	entertainment (see instructions)	24b							
16	Interest:		25 Utilities								
a	Mortgage (paid to banks, etc.)	16a /	26 Wages (less employment credits)	26							
b	Other	16b 1,9/84.	27 a Other expenses (from line 48)								
17	Legal and professional services	17 /	b Reserved for future use	. 27b							
28	Total expenses before expenses for bus	iness use of home. Add lines 8 th	hrough 27a	≥ 28	1,084.						
29	Tentative profit or (loss). Subtract line 28	3 from line 7		29	<1,084.>						
30	Expenses for business use of your home	. Do not report these expenses e	Isewhere. Attach Form 8829								
	unless using the simplified method (see	instructions).									
	Simplified method filers only: enter the	total square footage of: (a) your	home:								
	and (b) the part of your home used for be	,									
	Use the Simplified Method Worksheet in	the instructions to figure the am-	ount to enter on line 30	30							
31	Net profit or (loss). Subtract line 30 from	n line 29.									
	• If a profit, enter on both Form 1040, li	ne 12 (or Form 1040NR, line 13	3) and on Schedule SE, line 2.								
	(If you checked the box on line 1, see ins			31	<1,084.>						
	 If a loss, you must go to line 32. 	T Protection)	1 ,						
32	If you have a loss, check the box that des	scribes your investment in this ac	ctivity (see instructions).)							
			rm 1040NR, line 13) and on Schedule SE, line 2.	32a	X All investment						
	(If you checked the box on line 1, see the			32b	Some investment						
	If you checked 32b, you must attach F			020	is not at risk.						

Name of proprietor

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)
Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

OMB No. 1545-0074

ivame	e of proprietor						Social se	curity number (SSN)			
DON	ALD J. TRUMP										
Α	Principal business or profession, include	ling produc	t or service (see instru	uctions)			B Enter c	ode from instructions			
AVI	ATION							532290			
C	Business name. If no separate business	name, leav	re blank.				D Employer ID number (EIN), (see inst				
DJT	OPERATIONS II LLC						27-3212492				
E	Business address (including suite or ro										
	City, town or post office, state, and ZIP	code	WOODBURY, NY	11797		2000					
G	Accounting method: (1) X Ca	oration of the	Accrual (3)	Ot	ther (specify)						
Н	Did you "materially participate" in the op If you started or acquired this business	during 201						Yes X No			
1	Did you make any payments in 2015 th	at would red	uire you to file Form	s) 1099	? (see instructions)			X Yes No			
J	If "Yes," did you or will you file required	Forms 109	9?	0, 1000	. (600 1181 0010118)		/				
Pa	it i income							X Yes No			
1	Gross receipts or sales. See instruction	s for line 1 a	and check the box if th	nis incor	me was reported to you on Form W-2		/				
	and the "Statutory employee" box on that	t form was	checked			▶ /	1 1				
2	Returns and allowances					/	2				
3	Subtract line 2 irolli line 1					/	3				
4	Cost of goods sold (Hoth line 42)					/	4				
5	Gross profit. Subtract file 4 from file 3					/	5				
6	other income, including lederal and stat	e gasonne d	or fuel tax credit or ref	und (se	e instructions)		6				
7 Pa	Gross income. Add lines 5 and 6						7				
8	cxpenses. Enter exper	ises for i	ousiness use of	your	home only on line 30/						
9	Advertising Car and truck expenses	8		18	Office expense		18				
9	(see instructions)	9		19	Pension and profit-sharing plans		19				
10	Commissionisms and force	10		20	Rent or lease (see instructions):						
11	Contract labor (see instructions)	11		1	Vehicles, machinery, and equipment	**********					
12	Depletion	12		0.4	p.jopo.rj		20b				
13	Depreciation and section 179	12		21	Repairs and maintenance		21				
	expense deduction (not included in			22 23	Supplies (not included in Part III)	********	22				
	Part III) (see instructions)	13		24	Taxes and licenses Travel, meals, and entertainment:		23	300.			
14	Employee benefit programs (other						04-				
	than on line 19)	14		b	/		24a				
15	Insurance (other than health)	15			entertainment (see instructions)		24b				
16	Interest:			25	Utilities						
a	Mortgage (paid to banks, etc.)	16a		26	/Wages (less employment credits)		26				
b	Other	16b		27/a	Other expenses (from line 48)	*****	27a	25.			
17	Legal and professional services	17	2,055.	/ b	Reserved for future use		27b	0.00000			
28	Total expenses before expenses for bus			røugh 2	?7a	>	28	2,380.			
29	Tentative profit or (loss). Subtract line 28			, 	***************************************		29	<2,380.>			
30	Expenses for business use of your home			sewhere	e. Attach Form 8829						
	unless using the simplified method (see										
	Simplified method filers only: enter the		e footage of: (á) your l	nome: _							
	and (b) the part of your home used for b		iono to flores th								
31	Use the Simplified Method Worksheet in Net profit or (loss). Subtract line 30 from	the instruct	ions to rigure the amo	unt to e	enter on line 30		30				
01	• If a profit, enter on both Form 1040, li		orm 1040ND 15= 10	\ a = d = u	0.1.1.1.05.11.0)					
	(If you checked the box on line 1, see ins	tructions) [Estatos and trusta ant) and or	Schedule SE, line 2.						
	• If a loss, you must go to line 32.		Lotates and trusts, ent	ei oii F	orm 1041, line 3.	AL }	31	<2,380.>			
32	If you have a loss, check the box that des	cribes vour	investment in this act	tivity (ce	ee instructions))					
	• If you checked 32a, enter the loss on b	oth Form 1	040. line 12 (or Form	n 10401	NR line 13) and on Cabadula Cr. !!	2	20-	X All investment			
	(If you checked the box on line 1, see the	line 31 inst	tructions), Estates and	trusts	enter on Form 1041 line 2	2.	32a 32b	is at risk. Some investment			
	• If you checked 32b, you must attach F	orm 6198.	Your loss may be limi	ted.	an ivini ival, fille o.	J	SZU	is not at risk.			

	le C (Form 1040) 2015 DONALD J. TRUMP			Page 2
	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c	Other (attach explanati	on)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35		
36	Purchases less cost of items withdrawn for personal use	36		
37	Cost of labor. Do not include any amounts paid to yourself	37	/	
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	Information on Your Vehicle. Complete this part only if you are claiming car or truck are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	exp find	enses on lin out if you m	ne 9 and nust file
43	When did you place your vehicle in service for business purposes? (month, day, year)			
44	Of the total number of miles you drove your vehicle during 2015, enter the number of miles you used your vehicle for:			
а	Business b Commuting c Other _			
45	Was your vehicle available for personal use during off-duty hours?			No
46	Do you (or your spouse) have another vehicle available for personal use?			No No
47 a	Do you have evidence to support your deduction?		Yes	No
D	IT Yes, is the evidence written?		Yes	No
Part	V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
NYS F	ILING FEE			25.
-				
-				
	i	71		
_48	Total other expenses. Enter here and on line 27a	48		25.

Name of proprietor

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business
(Sole Proprietorship)

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

OMB No. 1545-0074

DON	ALD J. TRUMP						Cociai 30	curty number (55N)		
Α	Principal business or profession, includ	ing product or :	service (see instru	ctions)		-	R Enter o	ode from instructions		
REAL	ESTATE		10	,				531390		
C	Business name. If no separate business	name, leave bla	ank.				D Employ	ver ID number (EIN), (see instr.)		
THC	HOTEL DEVELOPMENT LLC						46-1174418			
E	Business address (including suite or roo						1			
	City, town or post office, state, and ZIP	code					-/-			
F	Accounting method: (1) X Cas	sh (2)	Accrual (3)	Oth	er (specify) 🕨		/			
G	Did you "materially participate" in the op	eration of this b	ousiness during 20	115? If "N	lo," see instructions for limit on losses	/		X Yes No		
Н	If you started or acquired this business	during 2015, ch	neck here					X		
1	Did you make any payments in 2015 tha	t would require	you to file Form(s	s) 1099?	(see instructions)	/		Yes X No		
J	If "Yes," did you or will you file required	Forms 1099?			***************************************			Yes No		
	rt I Income				/					
1	Gross receipts or sales. See instructions	for line 1 and o	check the box if th	is incom	e was reported to you on Form W-2					
	and the "Statutory employee" box on that				/		1			
2	Returns and allowances						2			
3	Subtract line 2 from line 1						3			
4	Cost of goods sold (from line 42)				/		4			
5	Gross profit. Subtract line 4 from line 3						5			
6	Other income, including federal and state	e gasoline or fu	el tax credit or ref	und (see	instructions)		6			
7	Gross income. Add lines 5 and 6				/		7			
Pai	t II Expenses. Enter expen	ses for bus	siness use of	your h	nome only on line 30.					
8	Advertising	8		18	Office expense		18			
9	Car and truck expenses			19	Pension and profit-sharing plans		19			
	(see instructions)	9		20	Rent of lease (see instructions):	***********				
10	Commissions and fees	10		a	/		20a			
11	Contract labor (see instructions)	11		b	Other business property	*********	20b			
12	Depletion	12		21	Repairs and maintenance	* * * * * * * * * * * * * *	21	The state of the s		
13	Depreciation and section 179			22 /	Supplies (not included in Part III)		22			
	expense deduction (not included in			23	Taxes and licenses	***********	23	300.		
	Part III) (see instructions)	13		20	Travel, meals, and entertainment:		23	300.		
14	Employee benefit programs (other	10	14	/24			0.4			
	than on line 19)	14		/ a b	Travel Deductible meals and		24a			
15	Insurance (other than health)	15	/	ь						
16	Interest:		/	0.5	entertainment (see instructions)					
a	Mortgage (paid to banks, etc.)	16a	/	25 26	Utilities		25			
b	Other	16b		100000	Wages (less employment credits)		26			
17	Legal and professional services	17			Other expenses (from line 48)		27a			
28	Total expenses before expenses for bus		ma Add lines 9 th		Reserved for future use		27b			
29	Tentative profit or (loss). Subtract line 28		me Add lines o th	rough Zi	'd		28	300.		
30	Expenses for business use of your home.		/		AH 1 5 0000		29	<300.>		
30	unless using the simplified method (see		mese expenses er	sewnere.	Attach Form 8829					
	Simplified method filers only: enter the		otage of: (a) your	nome: _						
	and (b) the part of your home used for be									
0.4	Use the Simplified Method Worksheet in		s to figure the amo	ount to e	nter on line 30	******	30			
31	Net profit or (loss). Subtract line 30 from		de de la companya de	Q3 (45)		5				
	• If a profit, enter on both Form 1040, If	ne 12 (or Form	1040NR, line 13) and on	Schedule SE, line 2.	1				
	(If you checked the box on line 1, see ins	tructions). Esta	tes and trusts, ent	er on Fo	orm 1041, line 3.	P	31	<300.>		
	• If a loss, you must go to line 32.					J				
32	If you have a loss, check the box that des	cribes your inv	estment in this ac	tivity (se	e instructions).)				
	• If you checked 32a, enter the loss on b	oth Form 1040	, line 12, (or For	m 1040N	R, line 13) and on Schedule SE, line	2.	32a	X All investment is at risk.		
	(If you checked the box on line 1, see the	line 31 instruc	tions). Estates and	d trusts,	enter on Form 1041, line 3.	Ŷ	32b	Some investment is not at risk.		
	 If you checked 32b, you must attach F 	orm 6198. You	r loss may be limi	ted.						

Department of the Treasury Internal Revenue Service (99)

Profit or Loss From Business

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

200 (SW)							Social se	ecurity number (SSN)
77.2	ALD J. TRUMP						-	
A REA	Principal business or profession, includ LESTATE DEVELOPMENT	ing prod	duct or service (see instru	ctions)			B Enter o	531310
С	Business name. If no separate business	name, l	eave blank.				D Emplo	yer ID humber (EIN), (see instr.)
TRU	MP C DEVELOPMENT LLC							1-3626042
Е	Business address (including suite or roo				***************************************			7 7020042
	City, town or post office, state, and ZIP						/-	
F	Accounting method: (1) X Cas	sh ((2) Accrual (3)	01	ther (specify)		/	
G	Did you "materially participate" in the op	eration	of this business during 20	15? If	"No," see instructions for limit on losse	s	<i>f</i>	X Yes No
Н	If you started or acquired this business	during 2	2015, check here					
1	Did you make any payments in 2015 that		require you to file Form(:	s) 1099	? (see instructions)			
J	If "Yes," did you or will you file required	Forms 1	1099?					
Pa	rt I Income					/		
1	Gross receipts or sales. See instructions			is inco	me was reported to you on Form W-2			
	and the "Statutory employee" box on tha	t form v	vas checked			▶] 1	
2	Returns and allowances						2	
3	Subtract line 2 from line 1						3	
4	Cost of goods sold (from line 42)				/		4	
5	Gross profit. Subtract line 4 from line 3				/		5	
6	Other income, including federal and stat	e gasoli	ne or fuel tax credit or ref	und (se	ee instructions)		6	
7	Gross income. Add lines 5 and 6				/		7	
	rt II Expenses. Enter expen	ses fo	or business use of	your		20110200 0000		
8	Advertising	8		18	Office expense		18	
9	Car and truck expenses			19	Pension and profit-sharing plans		19	
	(see instructions)	9		20	Rent or lease (see instructions):			
10	Commissions and fees	10			a Vehicles, machinery, and equipmer	t	20a	
11	Contract labor (see instructions)	11			b Other business property		20b	
12	Depletion	12		21	Repairs and maintenance		21	
13	Depreciation and section 179			22/	Supplies (not included in Part III)	2772277482753675	22	
	expense deduction (not included in			2/3	Taxes and licenses		23	
	Part III) (see instructions)	13		/24	Travel, meals, and entertainment:			
14	Employee benefit programs (other			Y	a Travel		24a	
	than on line 19)	14	/		b Deductible meals and			
15	Insurance (other than health)	15	/		entertainment (see instructions)		24b	
16	Interest:			25	Utilities			
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)		26	-
b	Other	16b		27	a Other expenses (from line 48)	9.656.053.001.034.7.03.9.1.1.1.	27a	
17	Legal and professional services		/ 110.		b Reserved for future use		27b	
28	Total expenses before expenses for bus			rough :	27a		28	110.
29	Tentative profit or (loss). Subtract line 28		/			*********	29	<110.>
30	Expenses for business use of your home		/	sewher	e. Attach Form 8829			
	unless using the simplified method (see							
	Simplified method filers only: enter the			home: _				
	and (b) the part of your home used for b	/						
	Use the Simplified Method Worksheet in			ount to	enter on line 30		30	
31	Net profit or (loss). Subtract line 30 from							
	• If a profit, enter on both Form 1040, li	ne 12 (or Form 1040NR, line 13) and o	n Schedule SE, line 2.)		
	(If you checked the box on line 1, see ins	truction	s). Estates and trusts, en	ter on 1	Form 1041, line 3.	\	31	<110.>
	 If a loss, you must go to line 32. 					J		
32	If you have a loss, check the box that des					7		
	• If you checked 32a, enter the loss on b	oth For	m 1040, line 12, (or For	m 1040	NR, line 13) and on Schedule SE, lin	e 2.	32a	X All investment is at risk.
	(If you checked the box on line 1, see the	line 31	instructions). Estates and	d trusts	, enter on Form 1041, line 3.	}	32b	Some investment is not at risk.
	If you checked 32b, you must attach F				•			

Department of the Treasury Internal Revenue Service (99) Capital Gains and Losses

Attach to Form 1040 or Form 1040NR.

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

2015
Attachment
Sequence No. 12

Name(s) shown on return

Your social security number

DONALD J. & MELANIA TRUMP

	instructions for how to figure the amounts to er on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments		(h) Gain or (loss) Subtract column (e)
	form may be easier to complete if you round off ts to whole dollars.	(sales price)	(or other basis)	to gain or loss f Form(s) 8949, P line 2, column	art I,	from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					37
1b	Totals for all transactions reported on Form(s)					
2	8949 with Box A checked Totals for all transactions reported on Form(s) 8949 with Box B checked	2,	763.	<323,625.>		
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term ga Net short-term gain or (loss) from partnerships, S o			STMT 27	4	20,401.
	from Schedule(s) K-1				5	<76,723.>
6	Short-term capital loss carryover. Enter the amoun Carryover Worksheet in the instructions	t, if any, from line 8 of yo	our Capital Loss		6	(
7	Net short-term capital gain or (loss). Combine li capital gains or losses, go to Part II below. Otherw				7	<379,947.>
Pa	rt II Long-Term Capital Gains and Los	ses - Assets Held I	More Than One Ye	ear		
ente	instructions for how to figure the amounts to r on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss f		(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off s to whole dollars.	(sales price)	(or other basis)	Form(s) 8949, Pa line 2, column	art II,	combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have					

instructions for how to figure the amounts to ron the lines below.	(d) (e) Adjus				(h) Gain or (loss) Subtract column (e)	
	(sales price)	(or other basis)	Form(s) 8949, Par	t II,	from column (d) and combine the result with column (g)	
Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	nich basis was reported to the IRS and for which you have justments (see instructions). However, if you choose to all these transactions on Form 8949, leave this line blank					
Totals for all transactions reported on Form(s)						
8949 with Box D checked	6,848,449.	6,837,977.			10,472.	
Totals for all transactions reported on Form(s)						
8949 with Box E checked 8,415,599. 7,759,886.					655,713.	
Totals for all transactions reported on Form(s)						
8949 with Box F checked						
Gain from Form 4797, Part I; long-term gain from	ss)					
				11	30,139,013.	
		ALL AND HOLDER AND				
Net long-term gain or (loss) from partnerships, S	corporations, estates, ar	nd trusts from Schedule(s	s) K-1	12	4,644,386.	
Capital gain distributions	SEE STA	TEMENT 31		13	765,816.	
Long-term capital loss carryover. Enter the amount	nt, if any, from line 13 of	your Capital Loss Carr	yover			
		14	(
Net long-term capital gain or (loss). Combine l	ines 8a through 14 in co	lumn (h). Then go to				
				15	36,215,400.	
1	form may be easier to complete if you round off s to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Gain from Form 4797, Part I; long-term gain from from Forms 4684, 6781, and 8824 Net long-term gain or (loss) from partnerships, S of Capital gain distributions Long-term capital loss carryover. Enter the amount Worksheet in the instructions Net long-term capital gain or (loss). Combine In	form may be easier to complete if you round off s to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 6,848,449. Totals for all transactions reported on Form(s) 8949 with Box E checked 8,415,599. Totals for all transactions reported on Form(s) 8949 with Box F checked 8,415,599. Totals for all transactions reported on Form(s) 8949 with Box F checked 8,5415,599. Totals for all transactions reported on Form(s) 8949 with Box F checked 8,5415,599. Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; from Forms 4684, 6781, and 8824 SEE STATI SEE STATI Net long-term gain or (loss) from partnerships, S corporations, estates, ar Capital gain distributions SEE STA Long-term capital loss carryover. Enter the amount, if any, from line 13 of Worksheet in the instructions Net long-term capital gain or (loss). Combine lines 8a through 14 in co	form may be easier to complete if you round off st owhole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b Totals for all transactions reported on Form(s) 8949 with Box D checked	form may be easier to complete if you round off st o whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. Totals for all transactions reported on Form(s) 8949 with Box D checked	ron the lines below. form may be easier to complete if you round off s to whole dollars. Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 9349, leave this line blank and go to line 8b. Totals for all transactions reported on Form(s) 8949 with Box D checked Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) 8949 with Box F checked Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1 12 Capital gain distributions SEE STATEMENT 31 Long-term capital loss carryover. Enter the amount, if any, from line 13 of your Capital Loss Carryover Worksheet in the instructions 14 Net long-term capital gain or (loss). Combine lines 8a through 14 in column (h). Then go to	

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

(Form 1040)

Department of the Treasury Internal Revenue Service

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

Name(s) shown on return Your social security number DONALD J. & MELANIA TRUMP Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) No B If "Yes," did you or will you file required Forms 1099? X Yes No 1a Physical address of each property (street, city, state, ZIP code) REGENCY ENERGY PARTNERS LP - Royalty A ENERGY TRANSFER PARTNERS LP - Royalty В C 1b Type of Property 2 For each rental real estate property listed Fair Rental Personal above, report the number of fair rental and (from list below) Days Use Days personal use days. Check the QJV box 6 Α only if you meet the requirements to file as A a qualified joint venture. See instructions. В В C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental 2 Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: В C Rents received 3 Royalties received 13. 12 Expenses: Advertising Auto and travel (see instructions) 6 Cleaning and maintenance 7 8 Commissions 8 9 Insurance Legal and other professional fees 10 10 Management fees 11 11 Mortgage interest paid to banks, etc. (see instructions) 12 12 13 Other interest 13 14 14 15 Supplies 15 16 16 17 17 Depreciation expense or depletion 18 8 18 Other (list) 19 19 20 Total expenses. Add lines 5 through 19 20 8. Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 21 12 22 Deductible rental real estate loss after limitation, if any, on Form 8582 (see instructions) 23a Total of all amounts reported on line 3 for all rental properties 122,334. 23a b Total of all amounts reported on line 4 for all royalty properties 23b 3,144,118 c Total of all amounts reported on line 12 for all properties 9,853. 23c d Total of all amounts reported on line 18 for all properties 56,010. 23d e Total of all amounts reported on line 20 for all properties 1,417,559. Income, Add positive amounts shown on line 21. Do not include any losses 24 2,265,524. 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 25 416,631.) Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line 18. Otherwise, include this amount in the total on line 41 on page 2

1,848,893.

(Form 1040)

Supplemental Income and Loss

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

Name(s) shown on return

Department of the Treasury Internal Revenue Service

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

OMB No. 1545,0074

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

(Form 1040)

Department of the Treasury Internal Revenue Service (99

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074

Attachment Sequence No. 13

Name(s) shown on return Your social security number DONALD J. & MELANIA TRUMP Income or Loss From Rental Real Estate and Royalties Note: If you are in the business of renting personal property, use Schedule C or C-EZ (see instructions). If you are an individual, report farm rental income or loss from Form 4835 on page 2, line 40. A Did you make any payments in 2015 that would require you to file Form(s) 1099? (see instructions) No B If "Yes," did you or will you file required Forms 1099? No 1a Physical address of each property (street, city, state, ZIP code) A В ROYATLY INCOME C 1b Type of Property 2 For each rental real estate property listed Fair Rental Personal above, report the number of fair rental and (from list below) Days Use Days personal use days. Check the QJV box Α only if you meet the requirements to file as 365 a qualified joint venture. See instructions. В 365 В 6 C Type of Property: 1 Single Family Residence 3 Vacation/Short-Term Rental 5 Land 7 Self-Rental Multi-Family Residence 4 Commercial 6 Royalties 8 Other (describe) Income: Properties: C 3 Rents received 3 Royalties received 4 421,930. Expenses: 5 Advertising 5 Auto and travel (see instructions) 6 Cleaning and maintenance 7 Commissions 8 8 Insurance 9 Legal and other professional fees 10 10, 11 Management fees Mortgage interest paid to banks, etc. (see instructions) 12 12 13 Other interest 830. 7,508. 13 14 Repairs 14 15 Supplies 15 16 16 17 17 Depreciation expense or depletion 18 18 Other (list) 19 19 371,305. Total expenses. Add lines 5 through 19 20 20 839 7.508 371,305. Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a (loss), see instructions to find out if you must file Form 6198 <839.> <7,508.> 21 50,625. Deductible rental real estate loss after limitation, if any, on 22 Form 8582 (see instructions) 839. 7.508. 23a Total of all amounts reported on line 3 for all rental properties 23a b Total of all amounts reported on line 4 for all royalty properties 23b c Total of all amounts reported on line 12 for all properties 23c Total of all amounts reported on line 18 for all properties 23d e Total of all amounts reported on line 20 for all properties Income. Add positive amounts shown on line 21. Do not include any losses 24 24 Losses. Add royalty losses from line 21 and rental real estate losses from line 22. Enter total losses here 25 Total rental real estate and royalty income or (loss). Combine lines 24 and 25. Enter the result here. If Parts II, III, IV, and line 40 on page 2 do not apply to you, also enter this amount on Form 1040, line 17, or Form 1040NR, line

(Form 1040)

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

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

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

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

2015
Attachment
Sequence No. 13

OMB No. 1545-0074

Name(s) shown on return

Your social security number

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

Department of the Treasury Internal Revenue Service

Name(s) shown on return

(Form 1040)

Supplemental Income and Loss

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

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

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

Your social security number

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

(Form 1040)

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

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074 Attachment Sequence No

Your social security number

_	ALD J. & MELANIA TR	UMP						1		
Pa	art I Income or Lo	ss Fro	om Rental Real Estate and Roy	/alties	Note: If you are in	the business of	renting pe	ersonal proper	ty, use	
_	Schedule C or C-	EZ (See	instructions). If you are an individual, re	eport fa	rm rental income or lo	ss from Form	4835 on p	age 2, line 40.		
Α	Did you make any paymer	nts in 20	15 that would require you to file Form(s) 1099?	(see instructions)			/ Yes	No	
<u>B</u>	If "Yes," did you or will you	ı file red	quired Forms 1099?				Ī	Yes	I No	
	Physical address of each	proper	y (street, city, state, ZIP code)				1		1110	
<u>A</u>							/			
<u>B</u>			-				/			
C							/			
1b	Type of Property	2 Fo	r each rental real estate property listed	95		/	Fair Rent	tal Personal	QJV	
	(from list below)	ab	ove, report the number of fair rental and resonal use days. Check the QJV box	d		/	Days	Use Days	QJV	
<u>A</u>	6	on	ly if you meet the requirements to file as qualified joint venture. See instructions.	3		/A				
В	1	/ B	365							
С	6	/ c								
Typ	e of Property:				Maria de la companya	/				
1 8	ingle Family Residence	3 Va	cation/Short-Term Rental 5 Land		7 Self-Rental					
2 N	Iulti-Family Residence	4 Co	mmercial 6 Royalti	ies	8 Other (describe)					
Inc	ome:		Properties:		A /	В	T	С		
_3	Rents received			3	/					
4	Royalties received			4	/62.			16	199.	
Exp	enses:				/			10,	133.	
5	Advertising			5	/					
6	Auto and travel (see instr	uctions)	6	/					
7	Cleaning and maintenand	ce		7	/			-		
8	Commissions			8	/					
9	Insurance			9	/	1				
10	Legal and other profession	nal fee	S	10	/		55.			
11	Management fees			11			33.			
12		banks	etc. (see instructions)	12	/					
13	Other interest		· · · · · · · · · · · · · · · · · · ·	13 /	/					
14				14						
15				/15						
16	Taxes			16			144			
17	Utilities		/				144.			
18	Depreciation expense or	denletic	n	17						
19	Other (list)		STMT 48	18		2.0	0.65			
20			ugh 19	19			,267.			
21	Subtract line 20 from line	3 (rents	s) and/or 4 (royalties). If result is/a	20		20	,466.			
	(loss), see instructions to	find out	if you must file Form 6198	04	62.	2.6	155	1000		
22	Deductible rental real esta	ate loss	after limitation, if any on	21	02.	<20,	466.>	16,1	199.	
	Form 8582 (see instruction		arter innitiation, if any, on	00			155			
23a			ine 3 for all rental properties	22		26	,466.)()	
b			ing 4 for all revelty properties		23a					
С	Total of all amounts repor	ted on I	ing 12 for all proportion		23b					
d	Total of all amounts repor		ing 19 for all proportion		23c 23d					
е										
24	Total of all amounts reported on line 20 for all properties Income, Add positive amounts shown on line 21. Do not include any losses									
25	Losses Add royalty lease	24								
26	Losses. Add royalty losses	ere	25 ()					
20	IV and line 40 on page 2	do not	alty income or (loss). Combine lines 24	and 25	b. Enter the result here	e. If Parts II, III,				
	18. Otherwise include this	e amou	apply to you, also enter this amount on I nt in the total on line 41 on page 2	Form 10	140, line 17, or Form 1	040NR, line				
НА	For Paperwork Reduction						26			

Schedule E (Form 1040) 2015 Attachment Sequence No. 13 Page 2 Name(s) shown on return. Do not enter name and social security number if shown on page 1. Your social security number DONALD J. & MELANIA TRUMP Caution. The IRS compares amounts reported on your tax return with amounts shown on Schedule(s) K-1. Income or Loss From Partnerships and S Corporations Note: If you report a loss from an at-risk activity for which any amount is not at risk, you must check column (e) on line 28 and attach Form 6198. See instructions. Are you reporting any loss not allowed in a prior year due to the at-risk, excess farm loss, or basis limitations, a prior year unallowed loss from a passive activity (if that loss was not reported on Form 8582), or unreimbursed partnership expenses? No If you answered "Yes," see instructions before completing this section. (b) Enter P for (c) Check (d) Employer (e) Check if 28 (a) Name identification number ny amount not at risk SEE STATEMENT 50 A B C D Passive Income and Loss Nonpassive Income and Loss (f) Passive loss allowed (g) Passive income (h) Nonpassive loss (i) Section 179 expense (j) Nonpassive income (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 deduction from Form 4562 from Schedule K-1 A В C D 43,810,000. 29a Totals 25,711,876. 53,153,212. b 25,974,559. 125,009 30 Add columns (g) and (j) of line 29a 69,521,876 31 Add columns (f), (h), and (i) of line 29b 31 79,252,780 Total partnership and S corporation income or (loss). Combine lines 30 and 31. Enter the result here and include in the total on line 41 below <9,730,904.> Part III Income or Loss From Estates and Trusts 33 (b) Employer (a) Name identification number SEE STATEMENT 51 A В Passive Income and Loss Nonpassive Income and Loss (c) Passive deduction or loss allowed (d) Passive income (e) Deduction or loss (f) Other income from (attach Form 8582 if required) from Schedule K-1 from Schedule K-1 Schedule K-1 Α В 34a Totals 35 Add columns (d) and (f) of line 34a 35 36 Add columns (c) and (e) of line 34b 36 Total estate and trust income or (loss). Combine lines 35 and 36. Enter the result here and include in the total on line 41 below 37 Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder (c) Excess inclusion from (d) Taxable income (net (b) Employer (e) Income from 38 (a) Name Schedules Q, line 2c loss) from Schedules Q, line 1b identification number Schedules Q, line 3b (see instructions) Combine columns (d) and (e) only. Enter the result here and include in the total on line 41 below 39 Part V | Summary * ENTIRE DISPOSITION OF ACTIVITY Net farm rental income or (loss) from Form 4835. Also, complete line 42 below 40 40 41 Total income or (loss). Combine lines 26, 32, 37, 39, and 40. Enter the result here and on Form 1040, line 17, or Form 1040NR, line 18 <7,882,011.> Reconciliation of farming and fishing income. Enter your gross farming and fishing income reported on Form 4835, line 7; Schedule K-1 (Form 1065), box 14, code B; Schedule K-1 (Form 1120S), box 17, code V; and Schedule K-1 (Form 1041), box 14, code F (see instructions) 42 Reconciliation for real estate professionals. If you were a real estate professional (see instructions), 43 enter the net income or (loss) you reported anywhere on Form 1040 or Form 1040NR from all rental real estate STATEMENT 52 activities in which you materially participated under the passive activity loss rules 43 26,572,380.

Name

Department of the Treasury Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

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

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

OMB No. 1545-0121

Form 1116 (2015)

Nar	ne				dentifying number as	shown on pag	ge 1 of your tax return					
וחם	NALD J. & MELANIA TRUMP											
amo	a separate Form 1116 for each category of income listed belo ounts in U.S. dollars except where specified in Part II below.	w. See Categories	of Income in	the instructions. (Check only one box on	each Form	1116. Report all					
a		(i) income			a access disability at a co							
b	Passive category income c Section 901(j) income e Lump-sum distributions General category income d Certain income re-sourced by treaty											
	Solid at Salegon, most to the content income re-solution by fieldly											
f R	esident of (name of country) UNITED STATES				_11							
70	e: If you paid taxes to only one foreign country or U.S. p	ossession use	column A in I	Port Landling A	in Don't II If							
for	eign country or U.S. possession, use a separate column	and line for each	country or i	Part I and Ilne A I possession	п Рап II. Іт уой раід	taxes to I	more than one					
P	art I Taxable Income or Loss From Sources Outs	side the United	States (for C	Category Check	ed Above)							
				intry or U.S. Po			Total					
		А	. croign coc	В	C	/Adr	(Add cols. A, B, and C.)					
g	Enter the name of the foreign country or U.S.			-		- I Auc	1 cois. A, D, and C.)					
	possession	CANADA	GREE	CE	OTHER COUNTRIE	3						
1a	Gross income from sources within country shown above											
	and of the type checked above:											
		1,023,	983.		230,12	3. 1a						
b	Check if line 1a is compensation for personal services as											
	an employee, your total compensation from all sources is											
	\$250,000 or more, and you used an alternative basis to											
	determine its source (see instructions)											
Dec	ductions and losses (Caution: See instructions):		150									
2	Expenses definitely related to the income on line 1a											
	(attach statement)				82	j.						
3	Pro rata share of other deductions not definitely related:											
а		7,022,	743.	7,022,743.	7,022,74	3.						
b	The state of the s											
C	***************************************	7,022,		7,022,743. 7,0		1.						
d		1,023,	Control of the control of		230,12							
е	***************************************	316,509,		316,509,660.	316,509,66							
f	Divide line 3d by line 3e		0324	.00000 .0007		12500						
g	***************************************	22,	692.			· .						
4	Pro rata share of interest expense:											
а	Home mortgage interest (use the Worksheet for											
ī.	Home Mortgage Interest in the instructions)											
	Other interest expense Losses from foreign sources											
5	Add lines 2, 3g, 4a, 4b, and 5	2.2	602		F 00	1600						
_	Subtract line 6 from line 1a. Enter the result here and on line 1		692.		5,92							
Pa	art II Foreign Taxes Paid or Accrued	5, page 2		******************		▶ 7						
-	redit is claimed	Foreig	n tayos nois	d or accrued								
	for taxes	Toreig	ii taxes pait	or accrued	In U.S. dollars							
	the transition of the transiti											
担り	h) X Paid Taxes withheld at source on:	(n) Other	Tav	es withheld at sou) Other	(s) Total foreign					
7	i) Accrued	foreign taxes paid or	Taxi	os withhold at 500	17.7.7.110	oreign es paid or	taxes paid or accrued (add cols.					
7	(j) Date paid of accrued (k) Dividends (I) Rents and royalties (m) Interest	accrued	(0) Dividends	(p) Rents and royalties		ccrued	(o) through (r))					
A	Toyanes	1-7 v royalties (4)										
В				1								
С			4,026			4,570.	8,596.					
8	Add lines A through C, column (s). Enter the total here and o	n line 9, page 2				R	1					

Form 1116

Department of the Treasury Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

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

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

2015
Attachment

Ma	me				Identifying numb	er as shown	n on page 1 of yo	our tax return	
DO	NALD J. & MELANIA TRUMP							/	
			600						
am	e a separate Form 1116 for each category of income listed belo ounts in U.S. dollars except where specified in Part II below.	w. See Categorie	es of Income in	the instructions.	Check only one bo	ox on each	Form 1116. F	Report all	
		172							
b	Section 301			e Lum	np-sum distribution	ns			
U	General category income d Certain inco	ome re-sourced by	/ treaty						
f [Resident of (name of country) UNITED STATES						/		
10000						/			
for	te: If you paid taxes to only one foreign country or U.S. peign country or U.S. peign country or U.S. possession, use a congrete solver	ossession, use	column A in F	Part I and line A	in Part II. If you	paid taxe.	s to more th	han one	
101	orgin country or old possession, use a separate column	and line for each	ch country or i	possession		/			
	art I Taxable Income or Loss From Sources Outs	Toe the United							
			Foreign Cou	intry or U.S. Po	ossession /		Tot	tal	
п	Enter the name of the family	A		В	/c		(Add cols. A	, B, and C.)	
g	Enter the name of the foreign country or U.S.	D3313363			DOMINICAN				
10	possession Gross income from sources within country shown above	PANAMA	BRAZ	IL	REPUBLIC	1			
14					/				
	and of the type checked above:			/	1				
				/			TO THE STATE OF TH		
	Charle if the delice	855	,560.				1a		
D	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)			/					
De	ductions and losses (Caution: See instructions):		/	/					
	Caution. See Instructions).		1/						
2	Expenses definitely related to the income on line 1a		/						
2	(attach statement)		A			820.			
3	Pro rata share of other deductions not definitely related:		/						
12	Certain itemized deductions or standard deduction	7,022	,7/43.	7,022,743.	7,022	,743.			
b	(/							
C		7,0,22		7,022,743.	7,022	,743.			
d	Gross foreign source income		,560.						
e	Gross income from all sources	31/6,509		16,509,660.	316,509	,660.			
f	***************************************	-	00270	.00000	. (00000			
g	Multiply line 3c by line 3f	18	,961.						
4	Pro rata share of interest expense:								
a	Home mortgage interest (use the Worksheet for								
	Home Mortgage Interest in the instructions)								
	Other interest expense								
5	Losses from foreign sources								
6	Add lines 2, 3g, 4a, 4b, and 5	18,	961.			820. 6			
7 De	Subtract line 6 from line 1a. Enter the result here and on line 1	5, page 2				> 7			
_	ert II Foreign Taxes Paid or Accrued								
0	for taxes	Foreig	ın taxes paid	or accrued					
	(you must In foreign currency				In U.S. dollars	3			
t X	check one)	(n) Other				(r) Othe	or /-\T	-1-1-1	
= '	h) X Paid Taxes withheld at source on:	foreign	Taxe	s withheld at soul	rce on:	foreign	1 1-7	otal foreign es paid or	
	Accrued taxes paid or taxes paid or accrue								
	j) Date paid or accrued (k) Dividends (I) Rents and royalties (m) Interest	naa-usad					ccrued (o) through (r))		
3									
_									
	/								
8	Add lines A through C, column (s). Enter the total here and or	ı line 9, page 2				_	To		

Form 1116

Department of the Treasury

Foreign Tax Credit

(Individual, Estate, or Trust)

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

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

2015

Form 1116 (2015)

Name Identifying number as shown on page 1 of your tax return DONALD J. & MELANIA TRUMP Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. X Passive category income Section 901(j) income Lump-sum distributions General category income Certain income re-sourced by treaty f Resident of (name of country) UNITED STATES Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total Α (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. possession PHILIPPINES TURKEY MEXACO 1a Gross income from sources within country shown above and of the type checked above: b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See instructions): Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction 7,022,743. 7,022,743. 7,022,743 **b** Other deductions (attach statement) c Add lines 3a and 3b 7,022,743 7,022,743 7.022.743. d Gross foreign source income 316,509,660. Gross income from all sources 316,509,660. 316,509,660. Divide line 3d by line 3e .00000 .00000 .00000 Multiply line 3c by line 3f Pro rata share of interest expense: a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) b Other interest expense 5 Losses from foreign sources 6 Add lines 2, 3g, 4a, 4b, and 5 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In foreign currency In U.S. dollars (vou must check one) (n) Other (r) Other (s) Total foreign (h) X Paid Taxes withheld at source on: Taxes withheld at source on: foreign foreign taxes paid or taxes paid or taxes paid or accrued (add cols. accrued (j) Date paid or accrued accrued (k) Dividends (o) through (r)) (0) Dividends (p) Rents and royalties (q) Interest В 8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8

Foreign Tax Credit (Individual, Estate, or Trust)

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

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

Form 1116 (2015)

IVGI	100				Identifying num	ber as sho	wn on pag	e 1 of your tax return
DOI	NALD J. & MELANIA TRUMP							
Use	a separate Form 1116 for each category of income listed belownts in U.S. dollars except where specified in Part II below.	ow. See Categorie	s of Income in t	he instructions.	Check only one t	ох оп еас	h Form	1116. Report all
a		1(j) income		e Lum	p-sum distributi			/
b		ome re-sourced by	treaty	e Lum	p-sum distributi	ons		
		omo ro couroud by	trodty					
f R	esident of (name of country) > UNITED STATES						/	
Not	e: If you paid taxes to only one foreign country or U.S.	possession, use	column A in Pa	art I and line A	in Part II. If you	naid tax	es to n	nore than one
TOTE	eign country or U.S. possession, use a separate columi	n and line for eac	h country or po	ossession.		part jan	00 10 77	iore triair one
P	art I Taxable Income or Loss From Sources Out	tside the United	States (for Ca	ategory Check	ced Above)			
			Foreign Cour	ntry or U.S. Po	ssession			Total
		A		В	9/		(Add	cols. A, B, and C.)
g	Enter the name of the foreign country or U.S.	UNITED ARAB						
	possession	EMIRATES	OTHER	COUNTRIES	EGYPT			
Та	Gross income from sources within country shown above				/			
	and of the type checked above:				/			
		Autobio tiene	Man again.	220 122	/			
h	Check if line 1a is compensation for personal services as		19,00 69,00	230,123.	1		1a	
	an employee, your total compensation from all sources is			/				
	\$250,000 or more, and you used an alternative basis to			/				
	determine its source (see instructions)			/				
Dec	ductions and losses (Caution: See instructions):	12.00		/		19:04:504.5		
2	Expenses definitely related to the income on line 1a	This inches a line of						
2	(attach statement)			825.				
3	Pro rata share of other deductions not definitely related:	14 3243452		/				
a	Certain itemized deductions or standard deduction	7,022	743.	7,022,743.	7,02	2,743.		
	Other deductions (attach statement)							
	Add lines 3a and 3b	7,022	743. /	7,022,743.	7,02	2,743.		
d	Gross foreign source income		/_	230,123.				
е	Gross income from all sources	316,509	-	16,509,660.	316,50	9,660.		
f	Divide line 3d by line 3e	. (00000	.00073				
g	1 (7)		/	5,092.				
4	Pro rata share of interest expense:		/					
а	Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)	/						
h	Other interest expense	/						
5	Losses from foreign sources	/						
6	Add lines 2, 3g, 4a, 4b, and 5	/		5,917.			6	
7	Subtract line 6 from line 1a. Enter the result here and on line	15. page 2		-,,-			7	
	art II Foreign Taxes Paid or Accrued	1			**************		-	
C	redit is claimed	/ Foreig	ın taxes paid	or accrued				
	for taxes (you must In foreign currency	/			In U.S. dolla	ars		
2	check one)	(n) Other				(r) C	ther	(s) Total foreign
Country	h) X Paid Taxes withheld at source on:	foreign	Taxes	withheld at sou	rce on:	fore		taxes paid or
91		taxes paid or accrued		1 /-1 5		taxes p		accrued (add cols.
	(j) Date paid or accrued (k) Dividends (I) Rents and royalties (m) Interest	accided	(0) Dividends	(p) Rents and royalties	(q) Interest	accr	ueu	(o) through (r))
A								
B C			4,026.			4	,570.	8,596.
	Add lines A through C, column (s). Enter the total here and	on line 0 ==== C						
U	nea mies a unough o, column (s). Enter the total here and	on line 9, page 2					2	6

Form 1116

Foreign Tax Credit

(Individual, Estate, or Trust)

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

2015
Attachment 19

Information about Form 1116 and its separate instructions is at www.irs.gov/form1116. Name Identifying number as shown on page 1 of DONALD J. & MELANIA TRUMP Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. Passive category income Section 901(j) income Lump-sum distributions General category income Certain income re-sourced by treaty UNITED STATES f Resident of (name of country) Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession, Total Α В (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. possession PUERTO RICO SOUTH AFRICA THAILAND 1a Gross income from sources within country shown above and of the type checked above: b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See instructions): Expenses definitely related to the income on line 1a (attach statement) Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction 7,022,743 7,022,743. 7,022,743. Other deductions (attach statement) c Add lines 3a and 3b 7,022,743 7,022,743. 7,022,743. d Gross foreign source income Gross income from all sources 316,509,660. 316,509,660. 316,509,660. .00000 .00000 Divide line 3d by line 3e .00000 g Multiply line 3c by line 3f Pro rata share of interest expense: Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) **b** Other interest expense 5 Losses from foreign sources 6 Add lines 2, 3g, 4a, 4b, and 5 6 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In foreign currency In U.S. dollars (you must check one) (n) Other (r) Other (s) Total foreign

(h) X Paid Taxes withheld at source on: Taxes withheld at source on: foreign foreign taxes paid or taxes paid or Accrue taxes paid or accrued (add cols. (j) Date paid or accrued accrued accrued (k) Dividends (o) through (r)) (m) Interest (0) Dividends (p) Rents and (a) Interest В C 8 Add lines A through C, column (s). Enter the total here and on line 9, page 2

LHA For Paperwork Reduction Act Notice, see instructions.

Form 1116 (2015)

Foreign Tax Credit (Individual, Estate, or Trust)

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

Name

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

Identifying number as shown on

וסמ	NALD J. & MELANIA TRUMP				dentifying number	51 40 0110111110	on page 101 youngax return	
	a separate Form 1116 for each category of income listed belo	w See Categories	o of Innome in	the instructions (Charles and the same ha		11/2 2	
amo	ounts in U.S. dollars except where specified in Part II below.	w. oce Categorie:	s of moonie m	the mstructions. (леск опіу опе вс	on each F	orm 1716. Report all	
a [X Passive category income c Section 901	(i) income		e Lumr	o-sum distribution	10		
b [me re-sourced by	treaty	· Lump	o dani distribution	10	/	
						/		
f R	esident of (name of country) UNITED STATES					1		
Not	e: If you paid taxes to only one foreign country or U.S. p	ossession, use o	column A in I	Part I and line A i	n Part II. If you	oaid/taxes	to more than one	
TOTE	eign country or U.S. possession, use a separate column	and line for each	h country or p	possession.		_/		
P	Taxable Income or Loss From Sources Outs					/		
			Foreign Cou	intry or U.S. Po	1		Total	
	Fator the name of the femiliary in the U.S.	Α		В	9'		(Add cols. A, B, and C.)	
g	Enter the name of the foreign country or U.S.	INDIA	GEOD!	7.7.	L /		12. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2	
10	possession Gross income from sources within country shown above	INDIA	GEOR	JIA	ISRAEL/		1	
14	and of the type checked above:				/			
					/			
					/	1a		
b	Check if line 1a is compensation for personal services as			,		16		
	an employee, your total compensation from all sources is			/			And	
	\$250,000 or more, and you used an alternative basis to			/			Control of the contro	
	determine its source (see instructions)							
Dec	ductions and losses (Caution: See instructions):			/				
2	Expenses definitely related to the income on line 1a		12728-24 127293		Land Control of the C			
_	(attach statement)		SAN CARRACT COLLEGE				To the state of th	
3	Pro rata share of other deductions not definitely related:	7 022	742	/			A control of the cont	
a b		7,022,	743.	1,022,743.	7,022	,743.	14 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	
c		7,022,	7/3	7,022,743.	7 022			
h	Add lines 3a and 3b Gross foreign source income	7,022,	/43.	7,022,743.	7,022	, /43.		
e	Gross income from all sources	316,509,	660. /	316,509,660.	316 509	660		
f	Divide line 3d by line 3e		00000	316,509,660. 316,509,660. .00000 .00000				
g	Multiply line 3c by line 3f		1	3 y (contractivativa				
4	Pro rata share of interest expense:		/			医科科		
а	Home mortgage interest (use the Worksheet for		/		N		Control of the contro	
	Home Mortgage Interest in the instructions)							
b	Other interest expense	/						
	Losses from foreign sources	/_						
6	Add lines 2, 3g, 4a, 4b, and 5	/_				6		
	Subtract line 6 from line 1a. Enter the result here and on line 1 art II Foreign Taxes Paid or Accrued	5, page 2/				▶ 7		
	redit is claimed	Foreign	in tayon naid	d or openied				
	for taxes	/ Foreig	n taxes paid	d or accrued	In II C dollar			
>	(you must in foreign currency check one)	/			In U.S. dollar			
(n) Other foreign Taxes withheld at source on: (r) Other foreign taxes or:								
00	i) Accrued	taxes paid or			55 OII.	foreign taxes paid		
	(j) Date paid or accrued (k) Dividends (I) Rents and royalties (m) Interest	accrued	(0) Dividends	(p) Rents and royalties	(q) Interest	accruec		
А				1,200				
B C								
	Add lines A through C, column (s). Enter the total here and o		************					
LHA	For Paperwork Reduction Act Notice, see instruct	ions.					Form 1116 (2015)	

Form 1116

Department of the Treasury Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

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

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

OMB No. 1545-0121

Attachment Sequence No. 19

Form **1116** (2015)

IVal	ne							ldentifying numbe	er as show	wn on pa	ige 1 of your tax return		
חח	ONALD J. & MELANIA TRUMP												
-				nama liata di bala				-11-			/		
am	ounts in U.S. do	llars except wi	here specified in	Part II below	w. See Categorie	s of Income in	the instructions. (Check only one bo	x on eac	:h Form	i 1116. Béport all		
		category incom			/i\ i=====								
a b	10/20/20/20/20/20			Section 901	***	Land .	e Lum	p-sum distribution	18				
D	General category income d Certain income re-sourced by treaty												
f F	Resident of (name of country) VNITED STATES												
							2 7 7 7 200 0	26 (1220) (100) (100)		-			
for	eian country o	r U.S. posse:	ssion, use a se	puritry or 0.5. p eparate column	and line for eac	column A in i	Part I and line A	in Part II. If you p	paid tax	es to	more than one		
P	art I Taxa	ble Income	or Loss From	Sources Outs	side the United	States (for (Category Check	ed Above)	-/				
				Territoria de la constanta de			untry or U.S. Po		/		-		
					A	roreign Co	B		/	/ ^ -1	Total		
g	Enter the na	ame of the fo	oreign countr	vorIIS			Ь	C/		(Ad	d cols. A, B, and C.)		
J			or origin country	F:	GRENADA	URUG	UAV	UNITED KANG	DOM				
1a	Gross income							DIVITED IVENG	DOM				
10.00	and of the typ			onown above				/					
								/					
								1	Sattate				
b	Check if line 1	a is compensa	ation for persona	al services as			TVALUE REPORTED	/	10.12	1a			
			pensation from					/					
	\$250,000 or n	nore, and you	used an alternat	ive basis to			/						
		source (see in:		▶ □			/						
De	ductions and	losses (Cau	tion: See instr	uctions):			/						
0	Evpances defi	initalis ralatad	to the income	n line de			/						
2	(attach statem	nitely related nent)	to the income o	on line 1a			/						
3			ctions not defin				1	15129 10 115 150					
а	Certain itemize	ed deductions	or standard ded	uction	7,022	,743.	7,022,743.	7,022	743.				
b			tement)				1		,				
C	Add lines 3a a	1.01	********************		7,022	,743. /	7,022,743.	7,022	,743.				
d	Gross foreign	source income	9										
е	Gross income	from all source	es	*****************	316,509	,660.	316,509,660.	316,509	,660.				
f		1 11 0			. (00000/	.00000		00000				
g	Multiply line 3	c by line 3f											
4	Pro rata share	of interest exp	pense:			/							
а	Home mortgag	ge interest (us	e the Worksheet	for									
			he instructions)			/							
b	Other interest	expense			/								
5	Losses from fo				/								
6	Add lines 2, 3g									6			
	Subtract line 6	from line 1a. E	nter the result h	ere and on line	5, page 2 /		121 	*********	▶	7			
-	redit is claimed		Paid of A	ccruea	/								
1	for taxes		In face:		/ Foreig	gn taxes paid	d or accrued						
	(you must In foreign currency / In U.S.								S				
Ħ	check one)	Tayor	withhold at cour	00.00*	(n) Other	T.			(r) O		(s) Total foreign		
7	(h) X Paid Taxes withheld at source on: foreign Taxes withheld at source on: foreign									taxes paid or			
9	(i) Accrued (j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	taxes paid or accrued					accrued (add cols. (o) through (r))			
	··· or accrued	(w) Dividends	royalties	(III) interest	50-A4-20-20-4-27-20-20-20-20-20-20-20-20-20-20-20-20-20-	(0) Dividends	(p) Rents and royalties	(q) Interest			- (c) anough (r))		
A B						-					-		
C							-						
	Add lines A thro	ough C. colum	n (s). Enter the	total here and o	on line 9 page 2					L			

Department of the Treasury Internal Revenue Service (99)

Foreign Tax Credit

(Individual, Estate, or Trust)

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

Nar	ne	P	mormation	about Form	i i io and its sep	Darate Instr	uctions is at WM				Sequence No. 19
.,							1	ldentifying numb	er as sho	wn on pa	ge 1 of your tax return
DOI	NALD J. & M	ELANIA TE	RUMP								
Use	a separate Forn	n 1116 for eac	ch category of in	come listed held	W See Categorie	s of Income	in the instructions.	- Chaole anhe ana h		ь г	1110
amo	ounts in U.S. dol	llars except w	here specified in	Part II below.	w. ood Oategorie	3 01 111601116	in the instructions.	Grieck offig offe b	ox on eac	:n Form	1116. Report all
59		ategory incon		Section 90	(i) income		a Lum	p-sum distributio	no	,	/
ь		ategory incon			me re-sourced by	troatu	e Luiii	p-surii distributio	IIIS		
370 O			u		and to sourced by	ireaty					
f R	esident of (name	e of country)	■ UNITED	STATES						/	
					annalan usa	A :	D-11 11 1		/		
fore	eian country or	r U.S. posse	ssion, use a se	parate column	and line for eac	column A in	Part I and line A	in Part II. If you	paid/tax	res to i	more than one
P	art I Taxal	ble Income	or Loss From	Sources Out	side the United	States Ifor	Category Check	rad Abarra)			
					The the office				1.	Г	
					A	Foreign Co	ountry or U.S. Po	ssession			Total
g	Enter the na	me of the f	oreign country	. or II C	A		В	6		(Add	d cols. A, B, and C.)
9				Charles Charles In	AZERBAIJAN	CAT	MIN WADDEN				
10			within country s		AZEKBATUAN	SALI	NT MARTIN	QATAR /			
Ia	and of the type			SHOWII ADOVE				/			
	and of the type	s checken abo						/			
	-				BESHIRING STATE			/			
	Charle if line 4	- 1						/		1a	2,339,789.
b			ation for persona				/				
			pensation from				/				
			used an alternati	ve basis to							
Doc	determine its s				3.1.2 (1.4.2.2.)		/				
Dec	auctions and i	iosses (Cau	tion: See instru	ictions):			/				
2	Expenses defin	nitely related	to the income o	n_line 1a			/				
	(attach statem)	ent)SEE	to the income o	5	152	,520.	/	8.5	5,403.		
3			ctions not defin		Section 65		/		193.18.	1100	
a			or standard ded		7,022	,743.	/7,022,743.	7,022,743.			
b			tement)								
C		*****			7,022	,743.	7,022,743.	7,022	2,743.		
d	Gross foreign s	source incom	e								
е	Gross income	from all sourc	es		316,509	,660.	316,509,660.	. 316,509,660.			
f	Divide line 3d b	by line 3e				00009	.00000	0,0000			
g	Multiply line 3d	by line 3f									
4	Pro rata share	of interest exp	pense:					ELEKARINE			
а			e the Worksheet						7.000		
	Home Mortgag	je Interest in t	he instructions)		/						
b	Other interest e	expense		************	/						
5	Losses from fo	reign sources	;	********	/						
6	Add lines 2, 3g					520.		85	,403.	6	292,234.
7	Subtract line 6 f	rom line 1a. E	nter the result he	ere and on line 1	5, page/2				D	7	2,047,555.
		ign Taxes	Paid or Ad	crued	/			SEE S	STATEM	ENT 54	
C	redit is claimed				/ Foreig	gn taxes pa	id or accrued				
	for taxes (you must		In forei	gn currency	/			In U.S. dolla	rs		
2	check one)			,	(n) Other				(5) 0	thor	/ NT. (1/
ut (h) X Paid	Taxes	withheld at sourc	ce on:	foreign	Ta	xes withheld at sou	rce on:	(r) O fore		(s) Total foreign taxes paid or
	i) Accrued			/	taxes paid or				taxes p		accrued (add cols.
	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) Dividend	ds (p) Rents and royalties	(q) Interest	accr	ued	(o) through (r))
Α							Toyattes	X-U			1
В											
B C											
_	Add lines A thro	ough C, colum	in (s). Enter the	total here and c	n line 9, page 2	District Control				▶ 8	8,596.
			tion Act Notice							1 0	Form 1116 (2015)
	— vir seem vit star•oppid(.000										101111 1110 (2015)

_	m 1116 (2015) DONALD J. & MELANIA TRUMP			Page 2
P	art III Figuring the Credit	_		
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued		34	
	for the category of income checked above Part I g 8,59	6.		
10	Carryback or carryover (attach detailed computation)			
11	Add lines 9 and 10	6.		
12	Reduction in foreign taxes 12			
				/
13	Taxes reclassified under high tax kickout		1	
		/	1	
	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit	1	14	8,596.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the	1		
	United States (before adjustments) for the category of income checked above Part I	5.		
	Adjustments to line 15	>		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.			
	(If the result is zero or less, you have no foreign tax credit for the category of income			
	you checked above Part I. Skip lines 18 through 22. However, if you are filing more than			
	one Form 1116, you must complete line 20.)			
18	Individuals: Enter the amount from Form 1040, line 41, or Form 1040NR, line 39.			
	Estates and trusts: Enter your taxable income without the deduction for your			
	exemption18 /			
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see instructions			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"	1	19	
20	Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, enter the amounts from			
	Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule G, line 1a, or the total			
	of Form 990-T, lines 36 and 37	2	20	
	Caution; If you are completing line 20 for separate category e (lump-sum distributions) /see instructions			
21	Multiply line 20 by line 19 (maximum amount of credit)	2	1	
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 28 through 27 and enter this			
D	amount on line 28. Otherwise, complete the appropriate line in Part IV	2	2	0,
-	art IV Summary of Credits From Separate Parts III			
	Credit for taxes on passive category income	1		
	Credit for taxes on general category income 24			
25	Credit for taxes on certain income re-sourced by treaty			
26	Credit for taxes on lump-sum distributions 26		圓	
	Add lines 23 through 26	2	7	0.
	Enter the smaller of line 20 or line 27	2	8	0,
	Reduction of credit for international boycott operations	2	9	
	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 48;			
	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T/line 40a	3	0	0.
				Form 1116 (2015)

Foreign Tax Credit (Individual, Estate, or Trust)

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

Form **1116** (2015)

Men		0 (00)	Information	about Form 1	116 and its sep	arate	instruct					Seguence No. 19
Nan	16								ldentifying numb	er as show	vn on page	1 of your tax return
DOM	WALD J. & M	ELANIA TR	UMP									
Use	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											
amo	unts in U.S. doll	lars except wh	ere specified in	Part II below.	•				erroom only only o		y 1 01111 1	110. Hoport all
a [Passive ca	ategory incom	е с	Section 901	(i) income			e Lumi	p-sum distributio	ins /		
b [The same of the sa	ategory incom			me re-sourced by	treaty		Carri	p dam albandano	113/		
			- Contraction of the Contraction		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	our						
f R	esident of (name	e of country)	UNITED	STATES					/	/		
70000				untry or IIS r	ossession, use o	column	A in Do	rt Land line A	in Dout II Is face			
fore	eign country or	U.S. posses	ssion, use a se	parate column	and line for each	h coun	trv or no	nt i anu iine A i Issession	III Part II. II you	paid tax	es to m	iore than one
Pa	art Taxab	ole Income	or Loss From	Sources Outs	ide the United	States	(for Ca	tegory Check	ed Above)			
						wild the my		try or U.S. Po	7			7 1 1
					Α	TOTOTO	Ooun	В	C		/ ^	Total
g	Enter the na	me of the fo	reign country	vorIIS					/		(Add	cols. A, B, and C.)
9			oreign country	•	OTHER COUNTR	RIES	KORFA	SOUTH	UNITED KING	MOGE		
1a	Gross income	from sources	within country s	chown above	The same and the same		tordar,	DOUTH /	DNITED KING	3DOM		
Iu	and of the type		AND CASHOOD CONTRACTOR	SHOWII ADOVE				/				
	and or the type	oriconda abov						/				
	-	-			7,351	696	ENSISTE A	/	22.20	6 310		
h	Check if line 1a	ie companea	tion for persona	I corvinge as	7,331	,030.	501.5505st	_/	22,300	6,312.	1a	
D			pensation from		7 12 July 1							
			used an alternati					/				
	determine its s			IVE DASIS (U				/				
Dec	ductions and l							/				
Doc	addiono and r	OSSOS (Caul	ion. See msm	uctions).			1					
2	Expenses defin	nitely related	to the income o	n line 1a	4 600		/					
_					1,689,	378.	-/-	9.	36,142	2,607.		
3			ctions not defin				/				1330	
а			or standard ded		7,022,743.		/	7,022,743.	7,022,743.			
b			tement)		7 200 742							
	Add lines 3a ar				7,022,			7,022,743.	7,022	2,743.		
d	Gross foreign s	source income)		7,351,				22,386	5,312.		
е			es		316,509,	-	31	6,509,660.	316,509	,660.		
f	Divide line 3d b					2323		.00000		07073		
g	Multiply line 3d	e 3c by line 3f			163/,	163/,119.			496	5,696.		
4	Pro rata share	of interest exp	ense:		/							
а	Home mortgag	e interest (use	e the Worksheet	for	/							
	Home Mortgag	e Interest in th	ne instructions)	**********	/							
b	Other interest e	expense			/				nic.			
5	Losses from fo	reign sources	************									
6	Add lines 2, 3g	, 4a, 4b, and 5	i		/ 1,852,	497.		9.	36,639	303.	6	
				ere and on line 1	5, page 2					D	7	
			Paid or A	ccrued	/							
C	redit is claimed			/	Foreig	ın taxe	es paid o	or accrued				
	for taxes (you must		In forei	ign currency /					In U.S. dolla	ırs		
>	check one)				1-1 041						41.	
Country	h) X Paid	Taxes v	withheld at sour	ce on:	(n) Other foreign		Taxes	withheld at sou	rce on:	(r) O fore		(s) Total foreign taxes paid or
00	i) Accrued				taxes paid or					taxes p		accrued (add cols.
	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) D	ividends	(p) Rents and royalties	(q) Interest	accr		(o) through (r))
А								Toyalles	117	211	,431.	211,431.
В											,	211,131.
B C												
	Add lines A thro	ough C, colum	n (s). Enter the	total here and o	n line 9, page 2	12000000					▶ 8	
				e, see instruc					******************			Form 1116 (2015)

Foreign Tax Credit

(Individual, Estate, or Trust)

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

Department of the Treasury Internal Revenue Service (99) ▶ Information about Form 1116 and its separate instructions is at www.irs.gov/form1116. Name Identifying number as shown on page DONALD J. & MELANIA TRUMP Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. Passive category income Section 901(j) income Lump-sum distributions X General category income d Certain income re-sourced by treaty f Resident of (name of country) UNITED STATES Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total A В C (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. DOMINICAN CHINA REPUBLIC PANAMA 1a Gross income from sources within country shown above and of the type checked above: 1,769,455. 1a b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See instructions): Expenses definitely related to the income on line 1a 1,498,456. (attach statement) 51,530. 569,467. 3 Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction 7,022,743 7,022,743 7,022,743. **b** Other deductions (attach statement) Add lines 3a and 3b 7,022,743 7,022,743. 7,022,743. Gross foreign source income 1,769,455. Gross income from all sources 316,509,660 316,509,660 316,509,660. Divide line 3d by line 3e 60000 00000 .00559 Multiply line 3c by line 3f 39,255. Pro rata share of interest expense: a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions) **b** Other interest expense 5 Losses from foreign sources 6 Add lines 2, 3g, 4a, 4b, and 5 1,498,456. 51,530. 608,722. 6 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In foreign currency (you must In U.S. dollars check one) (n) Other (r) Other (s) Total foreign Taxes withheld at source on: (h) X Paid Taxes withheld at source on: foreign foreign taxes paid or Accrue taxes paid or taxes paid or accrued (add cols. (j) Date paid or accrued accrued (I) Rents and royalties (k) Dividends accrued (o) through (r)) (m) Interest (0) Dividends (p) Rents and (q) Interest A 55,202. 55,202. В C

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

▶ 8