



1822128048000-7

<u> 1040</u>	U.	S. Individual inc	Joine Tax Neturn	The state of the s		IRS Use Only - Do not	1000	Company of the compan
	_	16, or other tax year beginn	ing	, 201	6, ending	, 20		ee separate instructions.
Your first name and	initia		Last name				1000	
DONALD J.			TRUMP				-	ouse's social security number
lf a joint return, spou	ıse's	first name and initial	Last name				Spo	couse's social security number
MELANIA			TRUMP			Apt. no		
Home address (num	ber a	nd street). If you have a	P.O. box, see instruction	is.		Aptino	A	Make sure the SSN(s) above and on line 6c are correct.
City, town or post office,	state	and ZIP code. If you have a	foreign address, also comple	te spaces below.			Ch	esidential Election Campaign eck here if you, or your spouse
		111		*			this	ling jointly, want \$3 to go to s fund. Checking a box below
Foreign country nairi	ie	(-	Foreign	province/state/county		Foreign postal c	ode will	I not change your tax or refund.
, 6, 1.9							X	
Filia - Ctatus	1	Single		. 1				person). If the qualifying
Filing Status	2		ntly (even if only one had		1.000-001-2310-000		our deper	ndent, enter this child's
Check only	3	Married filing se	parately. Enter spouse's 9	SSN above		ere.		
one box.		and full name he				ing widow(er) with	depender	t child Boxes checked 2
Exemptions	6a			dependent, do not check b	ox 6a			on 6a and 6b
Exemptions	b	X Spouse					(4)√if child	No. of children on 6c who:
	C	Dependents:		(2) Dependent's social security number		pendent's ionship to	under age 17 ualifying for c	hild lived with you
	*	(1) First name	Last name	accurity number		you	tax credit	you due to divorce or separation
		۵ -		*(4)	SON			(see instructions)
If more than four					-			Dependents on 6c
dependents, see instructions and	_,							not entered above
check here								- Add numbers on lines
	C						7	978.
Income	7						8a	8,994,141.
	88		ach Schedule B if require			2,831,	1000327405-14	-,,
Attach Form(s)	t	Tax-exempt interest	. Do not include on line 8	a	. [80]		9a	337,938.
W-2 here. Also	98			ired		292,068	- 1 a	
attach Forms	t	Qualified dividends			. <u>90</u>]	STMT 5	10	0.
W-2G and 1099-R if tax	10			d local income taxes			11	
was withheld.	11						12	8,797,393.
	12			or C-EZ quired. If not required, chec			13	10,941,053.
If you did not	13						14	-444,633.
get a W-2,	14		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			ount	15b	
see instructions.	15		15a			ount	16b	77,808.
	16	Pensions and annun	ties 16a	orporations, trusts, etc. Att			17	-15,939,523.
	17			orporations, trusts, etc. Att			18	
	18						19	
	19 20		The second secon	I		ount	20b	
	21	Other income. List t		E STATEMENT 1	ME MESTOTE AS AND		21	-44,955,324.
	22			for lines 7 through 21. This	s is your total inc	ome	22	-32,190,169.
	23							¥
Adjusted	24	Certain business expen-	ses of reservists, performing a 106 or 2106-EZ	rtists, and fee-basis government	24			
Gross	25			m 8889				
Income	26							
ere uttradende sektore i 1980 V	27			ch Schedule SE		219,505		
	-	and the same of th						
AFRA DELC	20	- Self-employed healt	th insurance deduction		29			
1732 REC	F. 1	Penalty on early wit	hdrawal of savings	ans	30			
	31	a Alimony paid b F	Recipient's SSN >		31a			
nct i								
001	33							©
		The second state of the second			1			
IRS-AUS	TĮ	Domestic production	n activities deduction. At	tach Form 8903	35			
	36	Add lines 23 through	jh 35			**************	36	219,505.
610001 11-30-16				liusted gross income		D	- 37	-32,409,674.

H

Form 1040 (2016)	DO	NALD J. & MELANIA TH			Page 2
Tax and		Amount from line 37 (adjusted gross income)		38	-32,409,674.
Credits		Check X You were born before January 2, 1952, Blind. Total boxes			
Standard	JJa	if: Spouse was born before January 2, 1952, Blind. checked > 3	9a 1		
Deduction for - People who		age of the configurations and the configuration of the configuration o	39b		
check any box		Itemized deductions (from Schedule A) or your standard deduction (see left margin)		40	8,158,717.
on line 39a or 39b 01 who can				41	-40,568,391.
be claimed as a dependent, see		Subtract line 40 from line 38 Exemptions. If line 38 is \$155,650 or less, multiply \$4,050 by the number on line 6d. Otherwise, see		42	12,150.
instructions.				43	0.
		Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	1	44	0.
		Tax. Check if any from: a Form(s) 8814 b Form 4972 c		45	2,234,725.
0.011 - 44 - 444		Alternative minimum tax. Attach Form 6251			2,434,743.
 All others: Single or 		Excess advance premium tax credit repayment. Attach Form 8962		46	2 234 725
Married filing separately,		Add lines 44, 45, and 46		47	2,234,725.
\$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 244149			
Qualifying	50	Education credits from Form 8863, line 19 50			
widow(er), \$12,600	51	Retirement savings contributions credit. Attach Form 8880 51			54A 2233975
Head of household,	52	Child tax credit. Attach Schedule 8812, if required			154A CL33 11
\$9,300	53	Residential energy credits. Attach Form 5695 53			
	54	Other credits from Form: a X 3800 b 8801 c 54	2,233,975.		
	55	Add lines 48 through 54. These are your total credits		55	2,233,975.
	56	Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-		56	750.
	57	Self-employment tax. Attach Schedule SE		57	439,009.
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	
		Household employment taxes from Schedule H		60a	45,060.
	·h	First-time homebuyer credit repayment. Attach Form 5405 if required		60b	
	61	Health care: Individual responsibility (see instructions) Full-year coverage X		61	
		Taxes from: a X Form 8959 b Form 8960 c Inst.; enter code(s)		62	129,480.
		Add lines 56 through 62. This is your total tax		63	614,299.
Payments		Federal income tax withheld from Forms W-2 and 1099 64	168.		
dymones		2016 estimated tax payments and amount applied from 2015 return 65			
If you have a		Earned income credite(EIC) 66a			
qualifying		Nontaxable combat pay election 66b			
child, attach Schedule EIC.		Additional child tax credit. Attach Schedule 8812 67			
	20000	American opportunity credit from Form 8863, line 8			
	68	Authoritour opportunity drout from seven meets			
	69	Not promisin tax or other massives and the second s	1,000,000.		
	70	Authorit bala warrednost for extension to the			
	71	Exocos social sociality and tiel 111111 tax 1111111	16,849.		
	72	Crodit for roadia, tax on readir, many			
	73			74	1,017,017.
	74	Add lines 64, 65, 66a, and 67 through 73. These are your total payments		75	402,718.
Refund	75	If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you overpaid	N		100,120
Direct deposit?	76 a	Amount of line 75 you want refunded to you. If Form 8888 is attached, check here Routing Account Checking Savings defactor of number		76a	
See	► b		388,441.		
instructions.	77	Amount of line 75 you want applied to your 2017 estimated tax 77	300,441.	70	
Amount	78	Amount you owe. Subtract line 74 from line 63. For details on how to pay, see instructions	14 277	78	
You Owe	79	Estimated tax penalty (see instructions) 79	14,277.	25.30	
Third Part		you want to anow another person to diodes the retain with the fire	es. Complete bel	Person	No nal identification
Designee	na	DONALD BENDER	and belief they are true	numbe	er (PIN)
Sign		mme Under penalties of perjury, I declare final I have examined this return and accompanying schedules and statements, and to the best of my knowledge accurately its all amounts and sources of income I received turing the tax year. Declaration of preparer (other than taxpayer) is based on all information.	tion of which preparer h	as any kr	iowledge. ytime phone number
Here		Your signature Date Your occupation		Da	ytime phone namber
Joint return? See instructions.		Source of A A 1/1/20 in Market Market Market Spore Spouse's occupation	.9	16.4	he IRS sent you an Identity
Keep a copy for your		Spouse 4 9 H Carlotte Control of the		Pro	otection PIN,
records.		MANANAN NANANAN DEXECUTIVE			ter it here
	Prin	t/Type preparer's name Preparer's s/gnature Date	Check	ıf	PTIN
Paid		10161	self-employed	1	
		ALD BENDER			:1450550
Use Only	Firn	n's name ► MAZARS USA LLP	Firm's EIN	228016	1459550
)	Phone no. (516)	488-1200
610002 11-30-16	Firn	s's address			

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

Itemized Deductions

► Information about Schedule A and its separate instructions is at www.irs.gov/schedulea

► Attach to Form 1040.

DONALD J. &	MEL	ANIA TRUMP				
Medical		Caution: Do not include expenses reimbursed or paid by others.			·	
and	1	Medical and dental expenses (see instructions)	1	14,	393.	3
Dental	2	Enter amount from Form 1040, line 38 2 -32,409,674	255			
Expenses	3	Multiply line 2 by 10% (0.10). But if either you or your spouse was born before				
151		January 2, 1952, multiply line 2 by 7.5% (0.075) instead	3		0.	
	4				4	14,393.
Taxes You	5	State and local (check only one box):	TT			
Paid	_	a X Income taxes, or SEE STATEMENT 11	5	4,254,	329.	
		b General sales taxes				
	6	Real estate taxes (see instructions) SEE STATEMENT 14	6	949,	944	
	7		7	,		
	8		100 C.O.			
	0	Other taxes. List type and amount	SCATA			
	•	Add lines 5 through 0	8		1	E 204 272
Interest	9	Add lines 5 through 8	40		9	5,204,273.
You Paid	10 11	Home mortgage interest and points reported to you on Form 1098	10			
Tou Faid	13/15/	from whom you bought the home, see instructions and show that person's name,				
		identifying no., and address				
Note: Your mortgage			11			
interest	12	Points not reported to you on Form 1098. See instructions for special rules	12			
deduction may	13	Mortgage insurance premiums (see instructions)	13			
be limited (see instructions).	14	Investment interest. Attach Form 4952 if required. (See instructions.) STMT 13	14	1,513,	220.	(9)
	15	Add lines 10 through 14			15	1,513,220.
Gifts to	16	Gifts by cash or check. If you made any gift of \$250 or more, see instructions	16	1,191,	210.	STMT 12
Charity	17	Other than by cash or check. If any gift of \$250 or more, see instructions.				
If you made a		You must attach Form 8283 if over \$500	17			
gift and got a benefit for it,	18	AND THE RESERVE OF THE PROPERTY OF THE PROPERT	18	5,273,4	158.	
see instructions.	. 19	Add lines 16 through 18			19	0.
Casualty and						
Theft Losses	20	Casualty or theft loss(es). Attach Form 4684. (See instructions.)			20	
Job Expenses	21	Unreimbursed employee expenses - job travel, union dues, job education, etc.				
and Certain		Attach Form 2106 or 2106-EZ if required. (See instructions.) ▶				
Miscellaneous Deductions						
Deductions			21	*		
	22	Tax preparation fees	22	1,295,3	85.	9
	23	Other expenses - investment, safe deposit box, etc. List type and amount				
		SEE STATEMENT 9			1	
					- 1	
			23	91,8	59.	
	24	Add lines 21 through 23	24	1,387,2		
	25	Enter amount from Form 1040, line 38 25 -32,409,674.	COUNTY OF	, ,		
	26	NA 11' 1 1' 05 1 00' (0.00)	26		0.	
	27	Subtract line 26 from line 24. If line 26 is more than line 24, enter -0-	20		27	1,387,244.
Other	28	Other - from list in instructions. List type and amount			21	2,507,211.
Miscellaneous	20	SEE STATEMENT 10				
Deductions					00	30 597
	00	In Farmer 1040 Pine 20 array \$155 0500	_		28	39,587.
4	29	Is Form 1040, line 38, over \$155,650?)			
Total		No. Your deduction is not limited. Add the amounts in the far right column				0 150 515
Total		for lines 4 through 28. Also, enter this amount on Form 1040, line 40.			29	8,158,717.
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 dedu	ction,	(<u>25.</u> 0.1		
		check here				

Schedule A - Charitable Contributions Worksheet Page 1 NAME DONALD J. & MELANIA TRUMP -32,409,674. 0. 50% of AGI Total. Contributions Carryover Total 50% 100% 30% Appreciated Appreciated Contributions Year Property 30% Limit Property 20% Limit Limit Limit Limit Allowed 2006 Contributions Less: Allowed ... Less: NOL Abs. CRP CRP C/O ... 2007 Contributions Less: Allowed ... Less: NOL Abs. CRP CRP C/O ... 2008 Contributions Allowed ... Less: Less: NOL Abs. CRP CRP C/O ... 2009 Contributions Allowed ... Less: Less: NOL Abs. CRP CRP C/O ... 2010 Contributions Allowed ... Less: Less: NOL Abs. CRP CRP C/O ... 2011 | Contributions Less: Allowed ... Less: NOL Absorb. Less: NOL Abs. CRP Carryover ... CRP C/O ... 2012 Contributions Allowed ... Less: NOL Absorb. Less: Less: NOL Abs. CRP Carryover ... CRP C/O ... 2013 Contributions Allowed ... Less: Less: NOL Absorb. Less:

NOL Abs. CRP Carryover ... CRP C/O

_	chedule A Charitable Contributions Limitation	<u>~</u>
NA	ME DONALD J. & MELANIA TRUMP	· · · · · · · · · · · · · · · · · · ·
50	% Contributions	
	50% of AGI 0.	
2	Contributions qualifying for 50% limit1,191,210.	
		*
3.	Allowable 50% contributions	0.
200	% Contributions	
	Remaining 50% limit (Line 1 - Line 3)	
	Less capital gain property - special 30% limits	
	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.
	6 Special Contributions	
10.	30% of AGI	
11.	Contributions qualifying for 30% special limit	
	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	
	30% of AGI	
	Allowed 30% regular contributions	
	, monod doy, rogardi don tribution b	
17	Line 15 less line 16	
12	Allowed 30% special contributions	
10.	Allowed 60% special contributions	
10	Line 15 less line 18	
	Remaining 50% limit (line 1 less the sum of lines 3, 9, and 13)	
21.	Contributions subject to the 20% limitation	
		150
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	
27.	Conservation real property contribution subject to 100% limit	
28.	Allowable 100% conservation real property contribution (lesser of Line 26 or 27)	0.
29.	Total 2016 contributions allowed on Schedule A	
0.	Total prior year carryovers allowed on Schedule A	
2000		
1.	Total charitable contributions to Schedule A, Line 19	

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

Schedule A - Charitable Contributions Worksheet Page 2

SCHEDULE B

(Form 1040A or 1040) (Rev. January 2017) 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

2016

Your social security number

DONALD J. &	-			20		\.
Part I	1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the		Ar	noun	1
Interest		property as a personal residence, see instructions and list this interest first. Also, show that		12		
		buyer's social security number and address ▶ SEE STATEMENT 15				
		SEE STATEMENT 15		8	,994	,141
			. 1	-		
					-	_
Note: If you received a Form						
1099-INT.						
Form 1099-OID, or substitute			5		-	
statement from			8			
a brokerage firm, list the firm's			8			
name as the						
payer and enter the total interest			8.4			
shown on that	2	Add the amounts on line 1	2	8	,994	,141.
form.	3	Excludable interest on series EE and I U.S. savings bonds issued after 1989.				
		Attach Form 8815	3			
	4		4	8	,994,	141.
	No	te: If line 4 is over \$1,500, you must complete Part III.			nount	
Part II	5	List name of payer				
Ordinary		SEE STATEMENT 16			337,	938.
Dividends						
*						
Note: If you			5			
received a Form 1099-DIV or						
substitute						
statement from a brokerage firm,						
list the firm's name as the						
payer and enter						
the ordinary dividends shown			1			
on that form.			1			
	6	Add the amounts on line 5. Enter the total here and on Form 1040A, or Form 1040, line 9a	-		337,	030
		e: If line 6 is over \$1,500, you must complete Part III.	6		337,	930.
		must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; (b) had	a foroig	n T		
Part III		punt; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.	a loreig	"	Yes	No
Foreign		At any time during 2016, did you have a financial interest in or signature authority over a financial ac	count (such		
as a bank account, securities account, or brokerage account) located in a foreign country? See instructions						
and			Х			
Trusts		If "Yes," are you required to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts (to report that financial interest or signature authority? See FinCEN Form 114 and its instructions for		10 m		
		requirements and exceptions to those requirements	3		х	and the latest of the latest o
	b	If you are required to file FinCEN Form 114, enter the name of the foreign country where the financia	ıl accou	nt		
		is located NITED KINGDOM, IRELAND, CHINA, SAINT MA		5		
	8	During 2016, did you receive a distribution from, or were you the grantor of, or transferor to, a foreig				
627501 01-12-17		If "Yes," you may have to file Form 3520. See instructions	<u></u>			х

Department of the Treasury Internal Revenue Service (99)

Name	lame of proprietor							Social security number (SSN)		
DONALD J. TRUMP										
Α	Principal business or profession, includi		B Enter	code irom instructions						
ICE	CE SKATING RINK							713900		
C	Business name. If no separate business name, leave blank.							oyer ID number (EIN), (see instr.)		
WOL	LMAN RINK OPERATIONS LLC		1	.3-4191030						
E	Business address (including suite or roo	m no.)	•							
	City, town or post office, state, and ZIP of			. n						
F	Accounting method: (1) Cas	h	(2) X Accrual (3)	Oth	ner (specify)					
G	Did you "materially participate" in the ope	eration	of this business during 20	16? If "N	No," 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 2016 that			s) 1099?	(see instructions)					
Da	If "Yes," did you or will you file required F	orms	1099?					X Yes No		
-		£ !!	- d d - l l - 11 - 1 15 11					-0411967		
1	Gross receipts or sales. See instructions				\$			22900282		
2	and the "Statutory employee" box on that Returns and allowances						1	79,742,900.		
3	Subtract line 2 from line 1				27724	895	2	175377		
4	Cost of goods sold (from line 42)		•••••		22724	20	3	742,900.		
5	Gross profit. Subtract line 4 from line 3				1.102.3	20	5	9,674,098.		
6	Other income, including federal and state	nasoli	ne or fuel tay credit or refu		instructions)		6	237342		
7	Gross income. Add lines 5 and 6		no or ruor tax or cuit or rote				7	9,674,098.		
	t II Expenses. Enter expens							5,074,050.		
8	Advertising	8	3,470.	18	Office expense		18	45127 \$5,696.		
9	Car and truck expenses			19	Pension and profit-sharing plans		19	101211111		
	(see instructions)	9	18879 ×16,151.	20	Rent or lease (see instructions):					
10	Commissions and fees	10		а	and the second of the second o		20a	10,400.		
11	Contract labor (see instructions)	11		b			20b	3,162,654.		
12	Depletion	12		21	Repairs and maintenance 59593		21	7 241,676.		
13 -	Depreciation and section 179			22	Supplies (not included in Part III)		22	126,332.		
	expense deduction (not included in		223953	23	Taxes and licenses		23	64,685.		
	Part III) (see instructions)	13	X152,824.	24	Travel, meals, and entertainment;					
14	Employee benefit programs (other			а	Travel		24a	1996 1,110.		
	than on line 19)	14	53,391.	b	Deductible meals and			26420		
15	Insurance (other than health)	15	> ×199,411.		entertainment (see instructions)		24b	×5,809.		
16	Interest;			25	Utilities 3Z 0 3	1.5	25	→ ×251,265.		
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits) 453		26	×3,426,883.		
b	Other	16b	72,76 11		Other expenses (from line 48) 2128	853	27a	X,597,776.		
17	Legal and professional services	THE RESERVE	53079 ×26,942.		Reserved for future use		27b			
28	Total expenses before expenses for busin			_		▶	28	№ ,376,475.		
29	Tentative profit or (loss). Subtract line 28						29	297,623.		
30	Expenses for business use of your home.	15		sewhere.	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 Workshoot in the instructions to floure the amount to enter as line 20.							€		
21	Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30						30			
01	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 instr							207 622		
	 If a loss, you must go to line 32. 	uctioff	oj. Lotateo anti trusto, ente	SI UII FO	IIII 1041, IINE 3.	r I	31	297,623.		
	If you have a loss, check the box that desc	rihee v	rour investment in this set	ivity (cor	instructions)	7				
	 If you checked 32a, enter the loss on bo 						220	All investment		
	(If you checked the box on line 1, see the I					>	32a	is at risk. Some investment		
	 If you checked 32h, you must attach En 	32b	is not at risk.							

	e C (Form 1040) 2016 DONALD J. TRUMP		Paye Z
Part	Cost of Goods Sold (see instructions)		
33	Method(s) used to value closing inventory: a Cost b X Lower of cost or market c 0	Other (a	attach explanation)
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	35	535034 /255,992.
36	Purchases less cost of items withdrawn for personal use	36	129,448.
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
39	Other costs	39	
40	Add lines 35 through 39	40	385,440.
41	Inventory at end of year		264340 ×316,638.
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.	find	out if you must file
43 44 a	When did you place your vehicle in service for business purposes? (month, day, year) Of the total number of miles you drove your vehicle during 2016, 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?		
46	Do you (or your spouse) have another vehicle available for personal use?		
	Do you have evidence to support your deduction? If "Yes," is the evidence written?		Yes No
Part	V Other Expenses. List below business expenses not included on lines 8-26 or line 30.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1 Cit	The state of the s		
SEE	STATEMENT 18		1,597,776.
	-		
		147	
-	· · · · · · · · · · · · · · · · · · ·		
			0.5
48	Total other expenses. Enter here and on line 27a	48	1,597,776.

Department of the Treasury Internal Revenue Service (99)

Total expenses before expenses for business use of home. Add lines 8 through 27a 28 655. Tentative profit or (loss). Subtract line 28 from line 7 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	Name	of proprietor	Socia	Social security number (SSN)						
REAL EXPANCE DEVELOPMENT TROWS: TAS YERAS DEVELOPMENT LLC C Susiness address (including suite or noom on.) City, twen or post office, state, and ZP code City, twen or post office, state, and ZP code F Accounting method: (1) [X] Cash (2) Accrual (3) Other (specify) F Accounting method: (1) [X] Cash (2) Accrual (3) Other (specify) F Accounting method: (1) [X] Cash (2) Accrual (3) Other (specify) F Accounting method: (1) [X] Cash (2) Accrual (3) Other (specify) F Accounting method: (1) [X] Cash (2) Accrual (3) Other (specify) F Accounting method: (1) [X] Cash (2) Accrual (3) Other (specify) F Accounting method: (1) [X] Cash (2) Accrual (3) F Accounting method: (1) [X] Cash (2) Accrual (3) F Accounting method: (1) [X] Cash (2) Accrual (3) F Accounting method: (1) [X] Cash (2) Accrual (3) F Accounting method: (1) [X] Cash (2) F Accounting method: (1) [X] Cash (2)	DON.	OONALD J. TRUMP								
REAL EXPANCE DEVELOPMENT TROWS: TAS YERAS DEVELOPMENT LLC C Susiness address (including suite or noom on.) City, twen or post office, state, and ZP code City, twen or post office, state, and ZP code F Accounting method: (1) [X] Cash (2) Accrual (3) Other (specify) F Accounting method: (1) [X] Cash (2) Accrual (3) Other (specify) F Accounting method: (1) [X] Cash (2) Accrual (3) Other (specify) F Accounting method: (1) [X] Cash (2) Accrual (3) Other (specify) F Accounting method: (1) [X] Cash (2) Accrual (3) Other (specify) F Accounting method: (1) [X] Cash (2) Accrual (3) Other (specify) F Accounting method: (1) [X] Cash (2) Accrual (3) F Accounting method: (1) [X] Cash (2) Accrual (3) F Accounting method: (1) [X] Cash (2) Accrual (3) F Accounting method: (1) [X] Cash (2) Accrual (3) F Accounting method: (1) [X] Cash (2) F Accounting method: (1) [X] Cash (2)	Α	A Principal business or profession, including product or service (see instructions)								
E Business address (including suite or room no.) ▶ 1 City, town or post office, state, and 2IP code F Accounting method: (1) ▼ Cash (2) Accrual (8) Other (specify) ▶ If you started or acquired this business during 2016; check here I Did you make any payments in 2016 that would require you to file Form(s) 10989? (see instructions for limit on losses	REA									
E Business address (including suite or room no.) City, town or post office, state, and 2P code F Accounting method. (1) IZ Gash (2) Accrual (8) Other (specify) If you starded or acquired this business during 2016? If 'No,' see instructions for limit on losses	C	Business name. If no separate business	name,	leave blank.			D Em	nployer ID number (EIN), (see instr.)		
City, town or post office, state, and ZIP ode F. Accounting method: (1) \(\times \) (2) \(\times \) Accorate (3) \(\times \) Other (specify) \(\times \) F. Accounting method: (1) \(\times \) (2) \(\times \) Accorate (3) \(\times \) Other (specify) \(\times \) F. Yes \(\times \) No H. If you started or acquired this business during 2016, check here Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) J. If Yes: did you or will you file required Form's 1099? Part II Income 1. Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the "Statutory employee" box on that form was checked 2. Returns and allowances 3. 6, 115, 606. 2. Returns and allowances 3. 6, 115, 606. 4. Cost of goods sold (from line 42) 4. Cost of goods sold (from line 42) 5. Gross print. Subtract line 4 from line 3 6. Other income, including federal and state gasoline or neel tax credit or return (see instructions) 6. Other income, including federal and state gasoline or neel tax credit or return (see instructions) 7. Part II Expenses. Enter expenses for business use of your home only on line 30. 8. Advertising 9. Car and truck expenses 10. Ommissions and fees 10. Pent of lease (see instructions) 11. Ommissions and fees 10. Pent of lease (see instructions) 11. Pent of lease (see instructions) 12. Depletion 13. Depreciation and section 179 24. Supplies (not included in Part III) 25. Supplies (not included in Part III) 26. Repairs and maintenance 27. Repairs and maintenance 28. Supplies (not included in Part III) 29. Expenses deduction (not included in Part III) 40. Travel, meals, and entertainment: 41. Employee benefit programs (other than health) 15. Insurance (other than health) 16. Mortgage (paid to banks, etc.) 17. Legal and professional services 17. Legal and professional serv	TRUI	MP LAS VEGAS DEVELOPMENT LLC	!			(*)		11-3668692		
City, town or post office, state, and ZiP code F Accounting method: (1) X Clash (2) Acrual (3) Other (specify) G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses	E	Business address (including suite or roo	m no.)	> 7		(48)				
G Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses	Y									
H If you started or acquired this business during 2016, check here Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) If Yes, "Id you or will you file required Forms 1099? Returns and allowances R	F			(2) Accrual (3) L	Oth	er (specify) 🕨				
Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) Yes No No Part I Income	G	Did you "materially participate" in the ope	eration							
Fire Section Fire	Н							▶□		
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		Did you make any payments in 2016 tha	t would	require you to file Form(s	s) 1099?	(see instructions)		Yes X No		
and the "Statutory employee" box on that form was checked 1	-	If "Yes," did you or will you file required I	orms	1099?		<u></u>		Yes No		
and the "Statutory employee" box on that form was checked 2 Returns and allowances 3 Cotto flowances 4 Cost of goods sold (from line 42) 5 Gross profit. Subtract line 4 from line 3 6 Cotto flowance, including federal and state gasoline or fuel tax credit or refund (see instructions) 6 Cotten income, including federal and state gasoline or fuel tax credit or refund (see instructions) 7 Gross income. Add lines 5 and 6 Part III Expenses. Enter expenses for business, use of your home only on line 30. 8 Advertising 9 Car and truck expenses 9 Car and truck expenses 19 Pension and profit-sharing plans 10 Commissions and fees 10 a Vehicles, machinery, and equipment 10 Contract labor (see instructions) 11 Depreciation and section 179 expense deduction (not included in Part III) 22 Supplies (not included in Part III) 22 Supplies (not included in Part III) 23 Taxes and licenses 23 573. 24 Travel, meals, and entertainment: 4 Employee benefit programs (other than on line 19) 14 Employee benefit programs (other than on line 19) 15 Insurance (other than health) 15 Insurance (other than health) 15 Insurance (other than health) 16 Interest: 26 Wages (lass employment credits) 27 Other expenses (from line 48) 27a Other expenses (from line 48) 27a Uniter expenses for business use of home. Add lines 8 through 27a 28 Feature and (b) the part of your home used for business: 18 Legal and professional services 19 Pension and profit-sharing plans 19 Pensi							*			
2 Returns and allowances 3 Subtract line 2 from line 4 4 Cost of goods sold (from line 42) 5 Gross profit. Subtract line 4 from line 3 5 Gross profit. Subtract line 4 from line 3 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 7 Gross income. Add lines 5 and 6 7 Gross income. Add lines 5 and 6 8 Advertising 9 Car and truck expenses (see instructions) 9 Car and truck expenses (see instructions) 9 Car and truck expenses (see instructions) 10 Commissions and fees 11 Pension and profit-sharing plans 12 Pension and profit-sharing plans 13 Vehicles, machinery, and equipment 14 Depreciation and section 179 expense deduction (not included in Part III) 15 Part III (see instructions) 16 Part III (see instructions) 17 Part III (see instructions) 18 Pension and entertainment: 19 Pension and profit-sharing plans 10 Pension and profit-sharing plans 10 Pension and profit-sharing plans 11 Pension and profit-sharing plans 12 Pension and profit-sharing plans 12 Pension and profit-sharing plans 19 Pension and profit-sharing	1					//				
3 Subtract line 2 from line 1 4 Cost of goods sold (from line 42) 5 Gross profit. Subtract line 4 from line 3 6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) 7 Gross income. Add lines 5 and 6 Part II Expenses. Enter expenses for business, use of your home only on line 30. 8 Advertising 8 Its Office expense 18 9 Car and truck expenses 9 Its Office expense 18 10 Pension and profit-sharing plans 19 11 Contract labor (see instructions) 11 11 Ochract labor (see instructions) 11 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 23 573. Part III) (see instructions) 13 24 Travel, meals, and entertainment: 14 Employee benefit programs (other than on line 19) 14 benote than on line 19) 15 Insurance (other than health) 15 enteraction 15 Deductible meals and entertainment (see instructions) 24b 16 Interest: 25 Utilities 25 16 Interest: 25 Utilities 25 17 See of the professional services 17 Sec. b Reserved for future use 27 To the expenses before expenses for business use of home. Add lines 8 through 27a 29 6 , 114 , 951. Total expenses before expenses for business use of home. Add lines 8 through 27a 29 6 , 114 , 951. 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 (lose) instructions to figure the amount to enter on line 30 18 Net profit or (loss). Subtract line 28 from line 29.										
Cost of goods sold (from line 42)		Returns and allowances				f	······			
5 Gross profit. Subtract line 4 from line 3 6 Other income, including federal and state pasoline of fuel tax credit or refund (see instructions) 7 Gross income. Add lines 5 and 6 Part III Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising 8 I8 Office expense 18 19 9 Car and truck expenses 9 19 Pension and profit-sharing plans 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 1 Repairs and maintenance 23 Takes and licenses 23 573. Part III) (see instructions) 13 24 Travel, meals, and entertainment: 244 Travel, meals, and entertainment: 244 Travel, meals and entertainment: 25 Insurance (other than health) 15 enterest 25 Utilities 26 Utilities 27 Utilities 26 Utilities 27 Utilities 28 Utilities 29 Utilities 29 Utilities 29 Utilities 20 Utilities 20 Utilities 20 Utilities 20 Utilities 20 Utilities 20 Utilitie										
ther income, including federal and state gasoline or help tax credit or returing (see instructions) 7 Gross income. Add lines 5 and 6 Part III Expenses. Enter expenses for business use of your home only on line 30. 8 Advertising 8 Jill Office expense 18 Jill Office expense 18 Jill Office expense 19 Pension and profit-sharing plans 19 Commissions and fees 10 Jill Octivate tax of the feet of the fe		Cross profit Subtract line 4 from line 2	*		f					
Part II		Other income including federal and state	li	no or fuel toy andit or refe	····/	in a to water and				
Part II Expenses. Enter expenses for business use of your home only on line 30. Advertising					//	instructions)				
8 Advertising 8 8 18 0ffice expense 18 9 Car and truck expenses (see instructions) 9 Pension and profit-sharing plans 19 Pension and fees 10 Pensions property 20 Pensions proper	CHEROLOGIC		ses fo	or husiness use of	vour b	nome only on line 30		7 0,115,606.		
9 Car and truck expenses (see instructions) 9 Pension and profit-sharing plans 19 Pension and profit sharing plans 20 Rent or lease (see instructions): 20 Rent or lease (see instructions): 20 Pension and fees 20 Pensions and fees 21 Pensions and fees 21 Pensions and 22 Pensions	SHEEKEN	Employ - Process Enter Oxfooth		Di business use or				•		
(see instructions) Commissions and fees 10 Contract labor (see instructions) 11 Depletion 12 Depletion 13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions) 14 Employee benefit programs (other than nealth) 15 Insurance (other than health) 16 Interest: A Mortgage (paid to banks, etc.) A Mortgage (paid to banks, etc.) A Mortgage (paid to banks, etc.) B Other usiness property 22 Supplies (not included in Part III) 23 Travel, meals, and entertainment: 4 Travel, meals, and entertainment: 4 Employee benefit programs (other than health) 15 Insurance (other than health) 15 A Mortgage (paid to banks, etc.) A Mortgage (paid to banks, etc.) B Other 16a 25 Commissions and fees 17 B 2. B Reserved for future use 27b Tentative profit or (loss). Subtract line 28 from line 7 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 Net profit or (loss). Subtract line 29.			-	X						
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 21 22 Supplies (not included in Part III) 22 22 23 573. 13 Depreciation and section 179 22 Supplies (not included in Part III) 22 23 573. Part III) (see instructions) 13 24 Travel, meals, and entertainment: 24 Employee benefit programs (other than on line 19) 14 b Deductible meals and entertainment (see instructions) 24b 16 Interest 25 Utilities 25 16b 26 Wages (less employment credits) 26	J		9		822		186	9		
11 Contract labor (see instructions) 12 Depletion 12 Depletion 13 Depreciation and section 179 Expense deduction (not included in Part III) 14 Employee benefit programs (other than on line 19) 15 Insurance (other than health) 16 Interest: 18 Mortgage (paid to banks, etc.) 19 Other 19 Deductible meals and 10 Other expenses of brown services 10 Other 11 Degla and professional services 11 Degla and professional services 12 Total expenses before expenses for business use of home. Add lines 8 through 27a 19 Total expenses for business use of your home Do not report these expenses elsewhere. Attach Form 8829 unless using 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 10 Other of total services (10 S). Subtract line 28 from line 29.	10					The state of the s	20)a		
12 Depletion 12 21 Repairs and maintenance 21 13 Depreciation and section 179		***************************************		. /						
Depreciation and section 179 expense deduction (not included in Part III) (see instructions) Part III) (see instructions) 13 24 Travel, meals, and entertainment: 14 Employee benefit programs (other than no line 19) 14 15 Insurance (other than health) 15 Insurance (other than health) 16 Interest: 25 Wortgage (paid to banks, etc.) 26 Wages (less employment credits) 27 Wages (less employment credits) 26 Utilities 27 Wages (less employment credits) 27 Wages (less employment credits) 27 Wages (less employment credits) 27 Utilities 27 Total expenses before expenses for business use of home. Add lines 8 through 27a Total expenses before expenses for business use of home. Add lines 8 through 27a Total expenses before expenses for business use of home. Add lines 8 through 27a Total expenses before expenses for business use of home. Add lines 8 through 27a Total expenses before expenses for business use of home. Add lines 8 through 27a 28 655. 29 Tentative profit or (loss). Subtract line 28 from line 7 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 Net profit or (loss). Subtract line 30 from line 29.					1					
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Part III) (see instructions) 13										
than on line 19) 14 b Deductible meals and entertainment (see instructions) 24b 15 Insurance (other than health) 15 entertainment (see instructions) 24b 16 Interest: 25 Utilities 25 Utilities 26 Wages (less employment credits) 27 a Other expenses (from line 48) 27 a Other expenses (from line 48) 27 a Other expenses (from line 48) 28 Total expenses before expenses for business use of home. Add lines 8 through 27a 28 Total expenses before expenses for business use of home. Add lines 8 through 27a 29 Tentative profit or (loss). Subtract line 28 from line 7 29 6 ,114 ,951. 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.		and the same of th	13			1				
than on line 19) 14 b Deductible meals and entertainment (see instructions) 24b 15 Insurance (other than health) 15 Utilities 25 Utilities 26 Wages (less employment credits) 27a 27a 27b 28 Total expenses before expenses for business use of home. Add lines 8 through 27a 29 Tentative profit or (loss). Subtract line 28 from line 7 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 Net profit or (loss). Subtract line 30 from line 29.	14				а	1	24	la		
15 Insurance (other than health) 16 Interest: 25 Utilities 26 26 Wages (less employment credits) 26 Utilities 27a 27b 27b 28 Total expenses before expenses for business use of home. Add lines 8 through 27a 29 Tentative profit or (loss). Subtract line 28 from line 7 20 Expenses for business use of your home Do not report these expenses elsewhere. Attach Form 8829 29 unless using the simplified method (see instructions). 30 Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 31 Net profit or (loss). Subtract line 30 from line 29.		than on line 19)	14		b	-				
16 Interest; 25 Utilities 25 Utilities 25 Utilities 26 Wages (less employment credits) 26 Utilities 27 a Other expenses (from line 48) 27 a Utilities 28 trongline 48 utilities 25 utilities 25 utilities 25 utiliti	15		15			entertainment (see instructions)	24	lb		
Mortgage (paid to banks, etc.) 16a 26 Wages (less employment credits) 26 27a 27a 27b 27a 27b 27a 27b	16	Interest:			25			5		
17 Legal and professional services 17 82. b Reserved for future use 27b 28 Total expenses before expenses for business use of home. Add lines 8 through 27a 28 655. 29 Tentative profit or (loss). Subtract line 28 from line 7 29 6 ,114 ,951. 30 Expenses for business use of your home Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 30 31 Net profit or (loss). Subtract line 30 from line 29.	а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)	20	6		
17 Legal and professional services 17 82. b Reserved for future use 27b 28 Total expenses before expenses for business use of home. Add lines 8 through 27a 28 655. 29 Tentative profit or (loss). Subtract line 28 from line 7 29 6 ,114 ,951. 30 Expenses for business use of your home Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 30 31 Net profit or (loss). Subtract line 30 from line 29.	b	Other		/	27 a	Other expenses (from line 48)	27	'a		
29 6 ,114 ,951. 30 Expenses for business use of your home Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 31 Net profit or (loss). Subtract line 30 from line 29.	17		-	The state of the s			27	'b		
230 Expenses for business use of your home Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: and (b) the part of your home used for business: Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 31 Net profit or (loss). Subtract line 30 from line 29.					rough 27	a	> 28			
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 Net profit or (loss). Subtract line 30 from line 29.			/					6,114,951.		
Simplified method filers only: enter the total square footage of: (a) your home:	30				sewhere.	Attach Form 8829				
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 Net profit or (loss). Subtract line 30 from line 29.										
Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30 Net profit or (loss). Subtract line 30 from line 29.		realization of the control of the co			nome:					
31 Net profit or (loss). Subtract line 30 from line 29.		and the second s					- ·			
		The state of the second			unt to en	iter on line 30	30)		
• IT A Profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2.	31	5 6 6								
(If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3.			ruction	s). Estates and trusts, ent	er on Fo	rm 1041, line 3.	Y <u>31</u>	0,114,951.		
• If a loss, you must go to line 32.	22		oribaa :	Your invoctment in this	hilbi /a	instructions\)			
If you have a loss, check the box that describes your investment in this activity (see instructions).	υZ						0.0	All investment		
a IT VOIL CHECKER 3/2 Enter the loce on both Form 10/0 line 12 (or Form 10/0) line 12 and on Cabadula CF line 0							>	is at risk. Some investment		
(If you checked the box on line 1, see the line 21 instructions). Estates and tructs enter an Earth 4041 line 2.						into the Fullin 1041, line 3.	32	20 is not at risk.		
• IT YOU CHECKED 32a, Enter the loss on both Form 1040, line 12. (or Form 1040NR, line 13) and on Schedule SE, line 2.							>	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 Fo	rm 619	98. Your loss may be limit	ted.	36	J			

Department of the Treasury Internal Revenue Service (99)

Name	e of proprietor	Social security number (SSN)			
DON	ALD J. TRUMP				
Α	Principal business or profession, include	ling pro	duct or service (see instructions)	B Enter of	code from instructions
MAN	AGEMENT SERVICES				541600
C DON	Business name. If no separate business ALD J. TRUMP	name,	eave blank.	D Emplo	yer ID number (EIN), (see instr.)
E	Business address (including suite or ro		,		
_	City, town or post office, state, and ZIP				
F	Accounting method: (1) X Ca	sh 	2) Accrual (3) Other (specify)		
G H	Did you "materially participate" in the op	eration	of this business during 2016? If "No," see instructions for limit on losses 2016, check here		Yes X No
1	Did you make any nayments in 2016 the	at would	require 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
COLUMN TWO IS NOT	rt I Income	TOTTIO	000.		TES NO
1		s for line	1 and check the box if this income was reported to you on Form W-2		
	and the "Statutory employee" box on tha		1 I I I I I I I I I I I I I I I I I I I] 1	214,500.
2					
3	Subtract line 2 from line 1			3	214,500.
4	Cost of goods sold (from line 42)			4	
5	Gross profit. Subtract line 4 from line 3			5	214,500.
6	Other income, including federal and state	e gasoli	ne or fuel tax credit or refund (see instructions) SEE STATEMENT 17	6	225,884.
7	Gross income. Add lines 5 and 6			7	440,384.
Pa	rt II Expenses. Enter exper	ises f	or business use of your home only on line 30.		
8	Advertising	8	18 Office expense	18	
9	Car and truck expenses		19 Pension and profit-sharing plans		
	(see instructions)	9	20 Rent or 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	Depletion	12	21 Repairs and maintenance	21	
13	Depreciation and section 179		22 Supplies (not included in Part III)		
	expense deduction (not included in		23 Taxes and licenses	23	225,884.
	Part III) (see instructions)	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)		
16	Interest		25 Utilities	25	
a	Mortgage (paid to banks, etc.)	16a	26 Wages (less employment credits)		
b 17	Other Legal and professional services	16b	27 a Other expenses (from line 48)		
17 28			e of home. Add lines 8 through 27a	27b	225,884.
29			ne 7	28	214,500.
30			report these expenses elsewhere. Attach Form 8829	29	214,500.
00	unless using the simplified method (see				
	Simplified method filers only: enter the		t control of the cont		
	and (b) the part of your home used for b				
			ructions to figure the amount to enter on line 30	30	8
31	Net profit or (loss). Subtract line 30 from	- 50			
	• If a profit, enter on both Form 1040, li				
			s). Estates and trusts, enter on Form 1041, line 3.	31	214,500.
	If a loss, you must go to line 32.		,		
32		cribes y	our investment in this activity (see instructions).		
	• If you checked 32a, enter the loss on b	oth For	m 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2.	32a	All investment is at risk.
			instructions). Estates and 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)

Nam	e of proprietor		Social security number (SSN)					
DON	ALD J. TRUMP							
A REA	Principal business or profession, includ L ESTATE DEVELOPMENT	ing pro	duct or service (see instructions	s)	35 1		B Enter	code from instructions 531310
С	Business name. If no separate business	name,	leave blank.			-	D Emplo	oyer ID number (EIN), (see instr.)
TRU	MP LAS VEGAS DEVELOPMENT LL					- 1	1	11-3668692
E	Business address (including suite or roo	m no.)	>					
	City, town or post office, state, and ZIP	code		ι			. – – -	
F	Accounting method: (1) X Cas	h	(2) Accrual (3) (1)	Oth	er (specify)			
G	Did you "materially participate" in the op	eration	of this business during 2016? I	f "N	lo," see instructions for limit on losses			Yes X No
Н	If you started or acquired this business	during :	2016, check here					
I	Did you make any payments in 2016 that	t would			(see instructions)			
J	If "Yes," did you or will you file required	orms	1099?					Yes No
	rt I Income	20 1/20						
1	Gross receipts or sales. See instructions							SEED MALTHANDA SUSPENIERO
_	and the "Statutory employee" box on tha					•	1	2,038,536.
2	Returns and allowances			••••			2	
3	Subtract line 2 from line 1				-		3	2,038,536.
4	Cost of goods sold (from line 42)						4	
5	Gross profit. Subtract line 4 from line 3		,				5	2,038,536.
6		gason	ne or fuel tax credit or refund (s	see	instructions)		6	0 000 505
Pa	rt II Expenses. Enter expen	200 f	or business use of you	- L	some only on line 20		7	2,038,536.
8		8	18				T	Т
9	Advertising Car and truck expenses	-0	19		Office expense		18	
9	(see instructions)	9	20		Pension and profit-sharing plans		19	
10	0	10	20		Rent or lease (see instructions):		00-	-
11	Contract labor (see instructions)	11		a b	Vehicles, machinery, and equipment		20a	
12	Depletion	12	21	-	property		20b	
13	Depreciation and section 179	12	22		Repairs and maintenance Supplies (not included in Part III)		21	
	expense deduction (not included in		23		Taxes and licenses		23	191.
	Part III) (see instructions)	13	. 24		Travel, meals, and entertainment:		20	131.
14	Employee benefit programs (other	-10			Travel		24a	1
	than on line 19)	14		b	Deductible meals and		240	
15	Insurance (other than health)	15		-	entertainment (see instructions)		24b	
16	Interest		25		Utilities		25	
а	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	28.		Reserved for future use		27b	
28					'a		28	219.
29	Tentative profit or (loss). Subtract line 28				•		29	2,038,317.
30	Expenses for business use of your home.		report these expenses elsewhe	re.	Attach Form 8829			
	unless using the simplified method (see i							
	Simplified method filers only: enter the $% \left(1\right) =\left(1\right) \left(1\right$			_				
	and (b) the part of your home used for business: Lea the Simplified Method Wedgebest in the instructions to figure the second to the control of the control							
	Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30						30	
31								
	• 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 inst	ruction	s). Estates and trusts, enter on	Fo	rm 1041, line 3.	7	31	2,038,317.
20	If a loss, you must go to line 32. If you have a loss should the household does)		
32	If you have a loss, check the box that desi							All investment
	• If you checked 32a, enter the loss on bo					>	32a	is at risk. Some investment
	(If you checked the box on line 1, see the If you checked 32b, you must attach Fo			s, e	intel on Form 1041, line 3.		32b	is not at risk.
	n you checken szu, you must atlach Fo							

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	a of propriator	1	Social security number (SSN)						
DON	ALD J. TRUMP				·				
A	Principal business or profession, includ TAURANT	ing prodi	uct or service (see instru	ctions)			B Enter co	ode from instructions	
-			and the state			_	722513		
C	Business name. If no separate business MP RESTAURANTS LLC	name, ie	eave diank.				D Employer ID number (EIN), (see instr.)		
E	Business address (including suite or roo	m no \ l					20-0343943		
_	City, town or post office, state, and ZIP								
F	Accounting method: (1) Cas				er (specify)				
G	4-5.		f this business during 20	16? If "N	Io." see instructions for limit on losses			Yes X No	
Н									
1	Did you make any payments in 2016 tha	257							
J	If "Yes," did you or will you file required			X Yes No					
Pa	rt I Income								
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	t form wa	as checked			-	1	4,122,012.	
2	Returns and allowances						2	175,387.	
3	Subtract line 2 from line 1						3	3,946,625.	
4	Cost of goods sold (from line 42)						4	1,633,528.	
5	Gross profit. Subtract line 4 from line 3						5	2,313,097.	
6	Other income, including federal and state	e gasolin	e or fuel tax credit or refu	und (see	instructions)		6		
7	Gross income. Add lines 5 and 6						7	2,313,097.	
	rt II Expenses. Enter expen	1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	0500000					
8	Advertising	8	656.	18	Office expense		- 18	9,431.	
9	Car and truck expenses			19	Pension and profit-sharing plans		19	-	
	(see instructions)	9	2,728.	20	Rent or lease (see instructions):			and partition	
10	Commissions and fees	10			, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,		20a	7,650.	
11	Contract labor (see instructions)	11		b	Other business property		20b	119,784.	
12	Depletion	12		21	Repairs and maintenance		21	157,383.	
13	Depreciation and section 179			22	Supplies (not included in Part III)		22	18,262.	
	expense deduction (not included in		EE 422	23	Taxes and licenses		23	15,998.	
14	Part III) (see instructions)	13	55,433.	24	Travel, meals, and entertainment			200	
14	Employee benefit programs (other	1,	22,700.	a	Travel		24a	886.	
15	than on line 19)	14	14,196.	D	Deductible meals and		041	1 215	
16	Interest:	10	11,150.	25	entertainment (see instructions)		24b 25	1,315.	
a	Mortgage (paid to banks, etc.)	16a		26	Utilities		26	1,370,165.	
b	Other	16b			Other expenses (from line 48)		27a	296,895.	
17	Legal and professional services	17	21,479.		Reserved for future use		27b	250,055.	
28					'a		28	2,183,352.	
29	Tentative profit or (loss). Subtract line 28					1000	29	129,745.	
30	Expenses for business use of your home.								
	unless using the simplified method (see i	nstructio	ins).						
	Simplified method filers only: enter the			nome:					
	and (b) the part of your home used for bu								
	Use the Simplified Method Worksheet in t	the instru	uctions to figure the amo	unt to er	nter on line 30		30		
31	Net profit or (loss). Subtract line 30 from	line 29.							
	• If a profit, enter on both Form 1040, lin	ie 12 (or	Form 1040NR, line 13)	and on	Schedule SE, line 2.)			
	(If you checked the box on line 1, see inst	ructions). Estates and trusts, ente	er on Fo	rm 1041, line 3.	} [31	129,745.	
	 If a loss, you must go to line 32.)			
32	If you have a loss, check the box that des	cribes yo	our investment in this act	ivity (see	e instructions).)			
	If you checked 32a, enter the loss on both						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	orm 6198	3. Your loss may be limit	ed.		J			

	(e.C. (FORM 1040) 2016 DONALD C. TROWP			r ago Z
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a X Cost b Lower of cost or market c (Other (a	ittach 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	35		179,042.
36	Purchases less cost of items withdrawn for personal use	36	1	,650,024.
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40	1	,829,066.
41	Inventory at end of year	41	100	195,538.
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		,633,528.
Part	IV Information on Your Vehicle. Complete this part only if you are claiming car or truck	сехр	enses on lir	ne 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 m	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 2016, 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 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?		0.03	No
Day	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.			
UNIFO	RM EXPENSE			49,467.
PAYRO	LL TAXES			132,800.
BANK	CHARGES			84,259.
COMPU	TER PAYROLL EXPENSE			10,463.
TELEP	HONE		¥2	3,113.
COMPU	TER SERVICES			6,216.
EXTER	MINATING			8,792.
NYS F	ILING FEE			25.
AMORT	IZATION		134	1,760.
				(5)
48	Total other expenses. Enter here and on line 27a	48		296,895.

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 o	Name of proprietor							Social security number (SSN)	
DONA	LD J. TRUMP	*							
A	Principal business or profession, includi	na proc	luct or service (see instru	ctions)	The state of the s		B Enter c	ode from instructions	
	ESTATE	·9 p. c c		,		I	531310		
С	Business name. If no separate business		D Employer ID number (EIN), (see instr.)						
TIHT	HOLDING COMPANY LLC		20	0-2249347					
E	Business address (including suite or room no.)								
	City, town or post office, state, and ZIP of			e mari					
F	Accounting method: (1) X Cas				er (specify)				
G	Did you "materially participate" in the ope								
Н	If you started or acquired this business of								
	Did you make any payments in 2016 that) 1099?	(see instructions)				
Dar	If "Yes," did you or will you file required F	orms 1	099?					X Yes No	
	Gross receipts or sales. See instructions	for line	1 and about the boy if thi	io incom	a was reported to you on Form W.O.	<u> </u>		T	
	and the "Statutory employee" box on that		21 72 720		•		1	86,005.	
	Returns and allowances						2	55,555.	
3	Subtract line 2 from line 1		***************************************				3	86,005.	
4	Cost of goods sold (from line 42)						4		
5	Gross profit. Subtract line 4 from line 3						5	86,005.	
6	Other income, including federal and state	gasolii	ne or fuel tax credit or refu	und (see	instructions)		6		
	er e green green						7	86,005.	
Par	II Expenses. Enter expens	ses fo	or business use of	your h	nome only on line 30.				
8	Advertising	8		18	Office expense		18		
	Car and truck expenses		14	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 equipment		20a		
11	Contract labor (see instructions)	11		b	Other business property		20b		
12	Depletion	12		21	Repairs and maintenance		21	52.	
13	Depreciation and section 179			22	Supplies (not included in Part III)		22		
	expense deduction (not included in			23	Taxes and licenses		23	23,309.	
	Part III) (see instructions)	13	15,696.	24	Travel, meals, and entertainment:				
	Employee benefit programs (other	-00.000		а	Travel		24a		
	than on line 19)	14		b	Deductible meals and			DC .	
	Insurance (other than health)	15			entertainment (see instructions)		24b		
	Interest	40		25	Utilities		25	659.	
	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)		26	30 345	
b 17	Other Legal and professional services	16b	3,055.		Other expenses (from line 48) Reserved for future use		27a 27b	30,345.	
	Total expenses before expenses for busi						28	73,116.	
	Tentative profit or (loss). Subtract line 28			•			29	12,889.	
	Expenses for business use of your home.				Attach Form 8829				
	unless using the simplified method (see i								
	Simplified method filers only: enter the			nome:					
	and (b) the part of your home used for bu	siness:							
	Use the Simplified Method Worksheet in 1	he inst	ructions to figure the amo	unt to e	nter 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 inst	ruction	s). Estates and trusts, ent	er on F o	orm 1041, line 3.	}	31	12,889.	
	If a loss, you must go to line 32.				-	J			
32	f you have a loss, check the box that des	cribes y	our investment in this act	tivity (se	e instructions).)		All to	
	 If you checked 32a, enter the loss on be 						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 For	rm 610	8 Your loss may be limit	ted	3)				

	le C (Form 1040) 2016 DONALD J. TRUMP			Page 2
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c	Other (a	attach explanatio	n)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation			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	Inveritory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4 IV Information on Your Vehicle. Complete this part only if you are claiming car or truck	42	onege on lin	o 0 and
Part	are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.			
43	When did you place your vehicle in service for business purposes? (month, day, year)			
44	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:		14.7	
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
	Do you have evidence to support your deduction? If "Yes," is the evidence written?		Yes Yes	No No
Part			T	
COMMO	N CHARGES			30,320.
NYS F	ILING FEE			25.
	*			
			-	
		-		
			•	
48	Total other expenses. Enter here and on line 27a	48		30,345.

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 S	Social security number (SSN)						
DON	ALD J. TRUMP								PAUL III.
A GOL	Principal business or profession, includi	ng pro	duct or service (see instructions))		B Enter		instructions 713900	
C	Business name. If no separate business	name.	leave blank.			D Emplo		ber (EIN), (se	
TRUI	MP GOLF ACQUISITIONS LLC	8.					7-2412		
E	Business address (including suite or roo	m no.)	>	~					
	City, town or post office, state, and ZIP of								
F	Accounting method: (1) X Cas	h	(2) Accrual (3) O)th	er (specify)		,		
G					lo," see instructions for limit on losses			Yes X	No
Н	If you started or acquired this business of				7				٦
l J	Did you make any payments in 2016 that If "Yes," did you or will you file required F			Yes X	= -				
200	rt I Income	UTITIS	1099	***				Yes	No
1	Gross receipts or sales. See instructions	for line	e 1 and check the box if this inco	m	e was reported to you on Form W-2		Τ		
-	and the "Statutory employee" box on that				> [1			
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			9
6	Other income, including federal and state	gasoli	ne or fuel tax credit or refund (s	ee	instructions) SEE STATEMENT 19	6		11,	458.
7	Gross income. Add lines 5 and 6					7		11,	458.
	rt II Expenses. Enter expens								
8	Advertising	8	18		Office expense				
9	Car and truck expenses		19		Pension and profit-sharing plans	19			
40	(see instructions)	9	20		Rent or lease (see instructions):				
10	Commissions and fees	10			Vehicles, machinery, and equipment				
11	Contract labor (see instructions)	11		b				-	
12 13	Depletion	12	21		Repairs and maintenance				
13	Depreciation and section 179 expense deduction (not included in		22 23		Supplies (not included in Part III)				300.
	Part III) (see instructions)	13	24		Taxes and licenses Travel, meals, and entertainment;	23			500.
14	Employee benefit programs (other	-10			The Company of the C	24a	1		
15 B)	than on line 19)	14	1 .	b	Deductible meals and	240			
15	Insurance (other than health)	15			entertainment (see instructions)	24b			
16	Interest		25		Utilities				
а	Mortgage (paid to banks, etc.)	16a	26		Wages (less employment credits)				
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 busi			27	'a	28			355.
29	Tentative profit or (loss). Subtract line 28					29		11,1	103.
30	Expenses for business use of your home.			re.	Attach Form 8829				
	unless using the simplified method (see instructions).								
	Simplified method filers only: enter the total square footage of: (a) your home:								
	and (b) the part of your home used for business; Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30								
31				en	iter on line 30	30			
3 I	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 inst					31		11,1	103
	• If a loss, you must go to line 32.	. 2011011	5). 25tatoo and a 05to, ontol on	. 0	im 10-1, iiilo 0.] [31		,-	
32	If you have a loss, check the box that desc	cribes v	our investment in this activity (s	see	e instructions).)		*	
3.E	• If you checked 32a, enter the loss on bo				540 C (10 A 10	32a		investment at risk.	
	(If you checked the box on line 1, see the		and the second s			32b	☐ So	me investme not at risk.	ant
	If you checked 32b, you must attach Form 6198. Your loss may be limited.								

Department of the Treasury Internal Revenue Service (99)

Name	of proprietor					Social s	Social security number (SSN)		
DOM	DONALD J. TRUMP								
A									
	ATION	ing pro	duct of Service (See Histru	ctions)		R cure	► 532290 .		
C	552250								
0.070	OPERATIONS CX LLC	namo,	icave biarik.		::::::::::::::::::::::::::::::::::::::	_	16-0980157		
E									
	City, town or post office, state, and ZIP	- 5							
F	Accounting method: (1) ☐ Cash (2) 🗓 Accrual (3) ☐ Other (specify) ▶								
G		eration	of this business during 20	16? If "N	No," see instructions for limit on losses		Yes X No		
Н	If you started or acquired this business	during 2	2016, check here				▶ □		
1	Did you make any payments in 2016 that	t would	require you to file Form(s	3) 1099?	(see instructions)		X Yes No		
J	If "Yes," did you or will you file required	Forms	10000						
Pa	rt I Income								
1	Gross receipts or sales. See instructions	for line	1 and check the box if thi	is incom	ne was reported to you on Form W-2				
	and the "Statutory employee" box on tha	t form v	vas checked			· 🔲 📋	580,723.		
2	Returns and allowances					2			
3							580,723.		
4									
5	Gross profit. Subtract line 4 from line 3					5	580,723.		
6	Other income, including federal and state	gasoli	ne or fuel tax credit or refu	ınd (see	instructions)	6			
7	Gross income. Add lines 5 and 6					> 7	580,723.		
Pai	rt II Expenses. Enter expen	ses fo	or 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 lease (see instructions):	* (4) 2 (6) * (4) 2 ()			
10	Commissions and fees	10		а	, , , , , , , , , , , , , , , , , , , ,				
11	Contract labor (see instructions)	11		b	Other business property				
12	Depletion	12		21	Repairs and maintenance		196,824.		
13	Depreciation and section 179		-	22	Supplies (not included in Part III)		49,340.		
	expense deduction (not included in			23	Taxes and licenses	23	3,009.		
	Part III) (see instructions)	13		24	Travel, meals, and entertainment:	6			
14	Employee benefit programs (other			а	Travel	24a			
	than on line 19)	14		b	Deductible meals and				
15	Insurance (other than health)	15			entertainment (see instructions)		31,296.		
16	Interest		*	25	Utilities	25			
a	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)		39,471.		
_ b	Other	16b	1 420		Other expenses (from line 48)		203,837.		
17	Legal and professional services	AND THE PERSON NAMED IN	1,438.		Reserved for future use	27b			
28	Total expenses before expenses for businesses for businesses before expenses for businesses for			•		28	525,215.		
29	Tentative profit or (loss). Subtract line 28		***************************************		A44-a4 F 0000	29	55,508.		
30	Expenses for business use of your home.			ewnere.	Allach Form 8829				
	unless using the simplified method (see i		Description of the second of t	omo:					
	Simplified method filers only: enter the and (b) the part of your home used for bu								
	Use the Simplified Method Worksheet in			unt to or	otor on line 20	.			
31	Net profit or (loss). Subtract line 30 from		the contract of the contract o	unit to en	itel on line 30	30			
01	• If a profit, enter on both Form 1040, lin			and on	Schodula SE line 2	7			
	(If you checked the box on line 1, see ins	dayay 1000 (90			POLICA CONTROL AND SERFECT AND CONTROL AND ADMINISTRATION OF THE SERVICE A	31	55,508.		
	• If a loss, you must go to line 32.	401/011	ی. ده سروی میش در نامی و ۱۱۱۱	JI UII FU	nin 1041, IIIIC U.	31	35,300.		
32	If you have a loss, check the box that des	crihes v	our investment in this acti	ivity (ear	e instructions)	<u>)</u>			
	 If you checked 32a, enter the loss on be 					32a	All investment		
	(If you checked the box on line 1, see the					32b	is at risk. Some investment		
	 If you checked 32b, you must attach Fe]	is not at risk.						

	le C (Form 1040) 2016 DONALD 3. TROMP	700		raye Z
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c	Other (a	attach explanatio	on)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	 1	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			
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	к ехр	enses on lir	ne 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 m	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 2016, 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 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?		Yes Yes	No No
	V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
	EXPENSE			165,720.
TELEP	HONE		9 K	5,297.
EQUIP	MENT LEASES			32,820.
	,	-		
	·			
		_		
48	Total other expenses. Enter here and on line 27a	48		203,837.

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

oggitelet							00012136	Social security flumber (SSN)		
DONA	ALD J. TRUMP					ten Periodo de Companyo de				
A REAI	Principal business or profession, including ESTATE	ng prod	luct or service (s	ee instruct	ions)		B Enter of	code from instruc		
C	Business name. If no separate business name, leave blank.								IN), (see instr.)	
THC	HOTEL DEVELOPMENT LLC						4	6-1174418		
E	Business address (including suite or roo	m no.)	>							
	City, town or post office, state, and ZIP									
F	Accounting method: (1) X Cas					ner (specify)		<u></u> _		
G	Did you "materially participate" in the operation of this business during 2016? If "No," see instructions for limit on losses									
Н	If you started or acquired this business during 2016, check here									
1	Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions)									
J	If "Yes," did you or will you file required	orms 1	099?					Yes	No	
	tl Income	10 700								
1	Gross receipts or sales. See instructions						<u>ا</u> ا	222	1211	
_	and the "Statutory employee" box on that					> L	1	534	034	
2	Returns and allowances						. 2		1/	
3	Subtract line 2 from line 1						. 3	332		
4	Cost of goods sold (from line 42)						. 4	380	656	
5	Other income including following and other			٠			. 5			
6		gasoni	ie of fuel tax cre	ait or retur	ia (see	instructions)		ļ		
Par	Gross income. Add lines 5 and 6 till Expenses. Enter expen	coc fo	r businoss	uso of v	our	nome only on line 30	7			
8		8	n business	use or y	18	The Control of the Co	18	T		
9	AdvertisingCar and truck expenses	0			19	Office expense Pension and profit-sharing plans		,		
3	(see instructions)	9			20	Rent or lease (see instructions):	19			
10	Commissions and fees	10				Vehicles, machinery, and equipment	20a			
11	Contract labor (see instructions)	11				Other business property				
12	Depletion	12			21	Repairs and maintenance				
13	Depreciation and section 179	12			22					
	expense deduction (not included in				23	Taxes and licenses			300.	
	Part III) (see instructions)	13			24	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				25	Utilities				
a	Mortgage (paid to banks, etc.)	16a			26	Wages (less employment credits)				
	Other	16b		,	27 a	Other expenses (from line 48)		1	00	
17	Legal and professional services	17	7440	55.		Reserved for future use				
28	Total expenses before expenses for business	ness us	e of home. Add	lines 8 thro	ugh 2	7al	≥ 28	28621	% 55.	
29	Tentative profit or (loss). Subtract line 28	from li	ne 7				. 29		-355.	
30	Expenses for business use of your home.	. Do not	report these exp	enses else	where	. Attach Form 8829				
	unless using the simplified method (see i	nstructi	ons).							
	Simplified method filers only: enter the	total sq	uare footage of:	(a) your ho	me: _					
	and (b) the part of your home used for be									
	Use the Simplified Method Worksheet in	the inst	ructions to figure	the amou	nt to e	nter on line 30	30			
31	Net profit or (loss). Subtract line 30 from						, -			
	 If a profit, enter on both Form 1040, line 									
	(If you checked the box on line 1, see ins	truction	s). Estates and tr	rusts, enter	on F	orm 1041, line 3. PAL	31		-355.	
	If a loss, you must go to line 32.				1400 1001		,			
	If you have a loss, check the box that des							All inves	tment	
	If you checked 32a, enter the loss on b		•				32a	is at risk		
	(If you checked the box on line 1, see the					enter on Form 1041, line 3.	32b	is not at	risk.	
	 If you checked 32b, you must attach Fe 	orm 619	ab. Your loss ma	iv pe limite	ri.		J			

Department of the Treasury Internal Revenue Service (99)

Name	of proprietor	Social security number (SSN)						
DON	DONALD J. TRUMP							
A								
	L ESTATE DEVELOPMENT		► 531310					
C	Business name. If no separate business name, leave blank.	***************************************	D Employ	er ID number (EIN), (see instr.)				
	MP C DEVELOPMENT LLC	-	(T)	L-3626042				
E	Business address (including suite or room no.)							
	City, town or post office, state, and ZIP code							
F		specify)						
G	Did you "materially participate" in the operation of this business during 2016? If "No,"	see instructions for limit on losses		Yes X No				
Н		/						
1	Did you make any payments in 2016 that would require you to file Form(s) 1099? (see							
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 for line 1 and check the box if this income wa							
	and the "Statutory employee" box on that form was checked	>	1					
2	Returns and allowances		2					
3	Subtract line 2 from line 1		3					
4	Cost of goods sold (from line 42)		4					
5	Gross profit. Subtract line 4 from line 3		5					
6	Other income, including federal and state gasoline or fuel tax credit or refund (see inst		6					
7	Gross income. Add lines 5 and 6		7					
1000000	The state of Enter experience for Eddinate des of year from		· ·					
8		fice expense						
9		nsion and profit-sharing plans	19					
10		ent or lease (see instructions):						
10 .		hicles, machinery, and equipment		-				
11		her business property						
12 13		pairs and maintenance						
10		pplies (not included in Part III)		607.				
		xes and licenses	23	607.				
14		avel, meals, and entertainment;	240					
17		avel ductible meals and	24a					
15		tertainment (see instructions)	24b					
16	1.10	lities	25					
а	Mortgage (paid to banks, etc.) /16a / 26 Wa	iges (less employment credits)	26					
b		ner expenses (from line 48)	27a					
17		served for future use	27b					
28	Total expenses before expenses for business use of home. Add lines 8 through 27a	>	28	607.				
29	T1-15 51 11 12 -		29	-607.				
30	Expenses for business use of your home. Do not report these expenses elsewhere. Atta							
	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	s .				
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 ${\bf Form}$	1041, line 3. PAL	31	-607.				
	• 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 ins	***		<u> </u>				
	ullet If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 12).		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. 	•)						

8			

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 s	Social security number (SSN)		
DON	ALD J. TRUMP								
Α	Principal business or profession, includi	ng prod	duct or service (see instructi	ons)		B Enter	B Enter code from instructions		
AVI.	ATION	0.	(/			532290		
C	Business name. If no separate business	name,	leave blank.		***	D Emplo	oyer ID number (EIN), (see instr.)		
DJT	OPERATIONS II LLC					2	7-3212492		
E	Business address (including suite or roo	m no.)	> :	:7					
	City, town or post office, state, and ZIP of								
F	Accounting method: (1) X Cas	h ((2) Accruai (3) L	Oth	er (specify)				
G	Did you "materially participate" in the ope	eration	of this business during 2016	6? If "N	lo," see instructions for limit on losses		Yes X No		
Н	If you started or acquired this business of	during 2	2016, check here						
I	Did you make any payments in 2016 tha	would	require you to file Form(s)	1099?	(see instructions)		. X Yes No		
J	If "Yes," did you or will you file required I	orms	1099?				X Yes No		
							Т		
1	Gross receipts or sales. See instructions					⊣ l.			
0	and the "Statutory employee" box on that	torm v	vas cnecked		> L				
2 3									
4	***************************************						 		
5	Grace profit Subtract line 4 from line 3					4			
6	Other income including federal and state	naenli	ne or fuel tay credit or refund	d (coo	instructions)	5			
7			ne of fuer tax credit of ferunt			7			
THE RESERVE	rt II Expenses. Enter expenses.	ses fo	or business use of w	our h	nome only on line 30				
8	Advertising	8		18	Office expense	18	i -		
9	Car and truck expenses		5	19	Pension and profit-sharing plans				
-	(see instructions)	9		20	Rent or lease (see instructions):				
10	Commissions and fees	10			Vehicles, machinery, and equipment	20a	1		
11	Contract labor (see instructions)	11		b					
12	Depletion	12		21	Repairs and maintenance				
13	Depreciation and section 179			22	Supplies (not included in Part III)				
	expense deduction (not included in		-	23	Taxes and licenses		357.		
	Part III) (see instructions)	13		24	Travel, meals, and entertainment:				
14	Employee benefit programs (other			а	Travel	24a			
	than on line 19)	14		b	Deductible meals and				
15	Insurance (other than health)	15		888	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)		25.		
17		17	3,055.		Reserved for future use	27b			
28	Total expenses before expenses for busi			ugh 27	'a	28	3,437.		
29	Tentative profit or (loss). Subtract line 28					. 29	-3,437.		
30	Expenses for business use of your home.			where.	Attach Form 8829				
	unless using the simplified method (see in		Access to the second of the second						
	Simplified method filers only: enter the		8						
	and (b) the part of your home used for bu								
0.4	Use the Simplified Method Worksheet in t			it to en	nter on line 30	30			
31	Net profit or (loss). Subtract line 30 from			nd	Oshadula OF Itaa O				
	• If a profit, enter on both Form 1040, lin						2 427		
	 (If you checked the box on line 1, see inst If a loss, you must go to line 32. 	เนษแบก	oj. Lotateo and trusto, enter	UII F0	IIII 1041, IIIIe 3.	31	-3,437.		
32	If you have a loss, check the box that desc	rihee v	our investment in this activit	ty (con	a instructions))			
UL.	 If you checked 32a, enter the loss on bo 					32a	X All investment		
	(If you checked the box on line 1, see the					32b	Some investment		
	 If you checked 32b, you must attach For)	is not at risk.		

THE RESERVE THE PERSON NAMED IN	le C (Form 1040) 2016 DONALD J. TRUMP			Page 2
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c C 0	Other (a	ittach explanatior	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 truck	exp	enses on line	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 2016, 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
47 a	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.			
NYS F	ILING FEE			25.
	·			
				-
				0
	*			
		_		
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.

	о ргорпеко -					Socials	security numb	er (SSN)
DON	ALD J. TRUMP						• • •	
A	Principal business or profession, includi L ESTATE	ing prod	uct or service (see instructi	ons)		B Enter	code from in	
C	Business name. If no separate business	nome l	anus blank			D. E	THE RESERVE THE PERSON NAMED IN	531390 er (EIN), (see instr.)
0.000	CAGO UNIT ACQUISTION LLC	name, i	eave Dialik.			D Embi	oyer ID numb	er (EIN), (see instr.)
E	Business address (including suite or roo	m no.)						M10
	City, town or post office, state, and ZIP of	_						
F	Accounting method; (1) Cas	sh (:	2) X Accrual (3)	Oth	ner (specify)		<u></u> .	
G.					No," see instructions for limit on losses			Yes X No
H	If you started or acquired this business of							
1	Did you make any payments in 2016 that							
Pa	If "Yes," did you or will you file required F	-orms i	099?				. X \	Yes No
1	Gross receipts or sales. See instructions	for line	1 and check the box if this	incom	ne was reported to you on Form W-2		T	
	and the "Statutory employee" box on that					. □ 1		
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 gasolin	e or fuel tax credit or refund	d (see	instructions)	6		
7	Gross income. Add lines 5 and 6					> 7		
	t II Expenses. Enter expens		r business use of yo	our l				
8	Advertising	8		18	Office expense	18		
9	Car and truck expenses		1	19	Pension and profit-sharing plans	19		
40	(see instructions)	9		20	Rent or lease (see instructions):			8
10	Commissions and fees	10			Vehicles, machinery, and equipment			
11	Contract labor (see instructions)	11			Other business property			
12	Depletion	12		21	Repairs and maintenance			
13	Depreciation and section 179			22	Supplies (not included in Part III)			505
	expense deduction (not included in Part III) (see instructions)	40		23	Taxes and licenses	23		607.
14	Employee benefit programs (other	13		24	Travel, meals, and entertainment:	040		
	than on line 19)	14		a b	Travel Deductible meals and	24a	-	
15	Insurance (other than health)	15			entertainment (see instructions)	24b		
16	Interest			25	Utilities			
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)			
b	Other	16b		27 a	Other expenses (from line 48)			
17	Legal and professional services	17	1,110.		Reserved for future use			
28	Total expenses before expenses for busing	ness use	e of home. Add lines 8 throu	ıgh 2	7a	▶ 28		1,717.
29	Tentative profit or (loss). Subtract line 28					29		-1,717.
30	Expenses for business use of your home.			vhere.	. Attach Form 8829			
	unless using the simplified method (see in						ı	
	Simplified method filers only; enter the t		are footage of: (a) your hor	ne: _				
	and (b) the part of your home used for bu			and the second				
	Use the Simplified Method Worksheet in t			t to e	nter on line 30	30	_	
31	Net profit or (loss). Subtract line 30 from							
	• If a profit, enter on both Form 1040, lin							1 717
	 (If you checked the box on line 1, see inst If a loss, you must go to line 32. 	i actions	y. Estates and trusts, enter	UII FC	orm 1041, line 3. PAL	31		-1,717.
32	If you have a loss, check the box that desc	rrihee w	our investment in this activity	h/ /co	a instructions))		4)
-	 If you checked 32a, enter the loss on bo 					32a		vestment
	(If you checked the box on line 1, see the					32b	L IS at	risk. e investment t at risk.
	 If you checked 32b, you must attach Fo 				o r orm 1041, mile o.] 320	is no	tatrisk.

	,	

Department of the Treasury Internal Revenue Service (99)

Name	of proprietor		*			Social sec	curity number (SSN)			
DON	DONALD J. TRUMP									
A	Principal business or profession, includ	ina prodi	uct or service (see instruc	ctions)		B Enter c	ode from instructions			
SAL		31		,			423990			
C	Business name. If no separate business	name, le	ave blank.		¥ S	D Employ	er ID number (EIN), (see instr.)			
TRU	MP ICE LLC					20	0-0956212			
E	Business address (including suite or roo	6 8								
_	City, town or post office, state, and ZIP									
F	Accounting method: (1) X Cas	sh (2	2)	Oth	ner (specify)					
G					No," see instructions for limit on losses					
H	If you started or acquired this business			\ 10003	(see instructions)		▶			
J	If "Yes " did you or will you file required	r would i Forms 10	1997) 1099 !	(See instructions)		X Yes No			
-	rt I Income	OTTIO TO					TT TES NO			
1	Gross receipts or sales. See instructions	for line	1 and check the box if thi	s incom	ne was reported to you on Form W-2					
	and the "Statutory employee" box on that		B			1	332,034.			
2							,			
3	Subtract line 2 from line 1					3	332,034.			
4	Cost of goods sold (from line 42)					4	380,656.			
5	Gross profit. Subtract line 4 from line 3					5	-48,622.			
6	Other income, including federal and state	e gasoline	e or fuel tax credit or refu	nd (see	instructions)	6				
7	Gross income. Add lines 5 and 6					7	-48,622.			
	rt II Expenses. Enter expen									
8	Advertising	8	17,358.	18	Office expense					
9	Car and truck expenses			19	Pension and profit-sharing plans	19				
40	(see instructions)	9		20	Rent or lease (see instructions):					
10	Commissions and fees	10		a	, , , , , , , , , , , , , , , , , , , ,					
11	Contract labor (see instructions)	11	-	b	F-F-3					
12	Depletion	12		21	Repairs and maintenance					
13	Depreciation and section 179 expense deduction (not included in			22	Supplies (not included in Part III)		553.			
	Part III) (see instructions)	13		23 24	Taxes and licenses	23	223.			
14	Employee benefit programs (other	10		24 a	Travel, meals, and entertainment;	24a				
	than on line 19)	14	57.	a h	Travel Deductible meals and	24a	<u>\</u>			
15	Insurance (other than health)	15		-	entertainment (see instructions)	24b				
16	Interest			25	Utilities	Section 1				
а	Mortgage (paid to banks, etc.)	16a	*	26	Wages (less employment credits)	26				
b	Other	16b	¥	27 a	Other expenses (from line 48)		25.			
17	Legal and professional services	17	3,110.		Reserved for future use	20.00				
28	Total expenses before expenses for busi	ness use	of home. Add lines 8 thr	ough 27	⁷ a	28	21,103.			
29	Tentative profit or (loss). Subtract line 28	from lin	e 7			29	-69,725.			
30	Expenses for business use of your home.			ewhere.	Attach Form 8829					
	unless using the simplified method (see i									
	Simplified method filers only: enter the		are footage of: (a) your h	ome: _						
	and (b) the part of your home used for bu									
	Use the Simplified Method Worksheet in		ictions to figure the amou	ınt to er	nter on line 30	30				
31	Net profit or (loss). Subtract line 30 from		F 4040ND I' 40)		0.1-1-1-05-11-0					
	 If a profit, enter on both Form 1040, line 						60 725			
	(If you checked the box on line 1, see inst	ructions,). Estates and trusts, ente	ron Fo	orm 1041, line 3. PAL	31	-69,725.			
32	 If a loss, you must go to line 32. If you have a loss, check the box that design 	cribes vo	ur investment in this seti	vity /co	a instructions\))				
·-	 If you checked 32a, enter the loss on both 					32a	X All investment			
	(If you checked the box on line 1, see the					32b	Some investment			
	 If you checked 32b, you must attach Fe 				311 TOTAL TOTAL MILE O.	320	is not at risk.			

Schedul	e C (Form 1040) 2016 DONALD J. TRUMP			Page 2
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c	Other (a	ttach 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		380,656.
37	Cost of labor. Do not include any amounts paid to yourself	37_		
38	Materials and supplies	38		
39	Other costs	39		
40	Add lines 35 through 39	40		380,656.
41	Inventory at end of year	41		853
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		380,656.
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.			
43	When did you place your vehicle in service for business purposes? (month, day, year)			18
44	Of the total number of miles you drove your vehicle during 2016, 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 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	V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
	ILING FEE			25.
			*	
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					Social se	ecurity number (SSN)
DONA	ALD J. TRUMP						
Α	Principal business or profession, including	ing prod	uct or service (see instru	ctions)		B Enter	code from instructions
REAI	L ESTATE DEVELOPMENT	51		/			531390
C	Business name. If no separate business	name, le	eave blank.			D Emplo	yer ID number (EIN), (see instr.)
TRUM	MP PHOENIX DEVELOPMENT LLC					2	0-0238198
Ε	Business address (including suite or roo		•				
	City, town or post office, state, and ZIP						
F	Accounting method: (1) X Cas	sh (2	2) Accrual (3) [Oth	ner (specify)		
G	Did you "materially participate" in the ope	eration o	of this business during 20)16? If "N	No," see instructions for limit on losses		Yes X No
Н	Did you make any payments in 2016 the	during 2	U16, Check here		-		
J	If "Ves " did you or will you file required !	i Would Forme 1	require you to me Form(s	s) 1099?	(see instructions)		Yes X No
	rt I Income	UIIIS I	033!				Yes No
1	Gross receipts or sales. See instructions	for line	1 and check the box if th	is incom	ne was reported to you on Form W-2		
	and the "Statutory employee" box on that					▶ □ 1	
2	5 5 5						
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						▶ 7	
	t II Expenses. Enter expen	ses fo	r business use of	your h			
8	Advertising	8		18	Office expense		
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	, , , , , , , , , , , , , , , , , , , ,		
11	Contract labor (see instructions)	11		b	, , , , , , , , , , , , , , , , , , , ,		
12	Depletion	12		21	Repairs and maintenance		
13	Depreciation and section 179	22		22	Supplies (not included in Part III)		257
	expense deduction (not included in Part III) (see instructions)	13		23	Taxes and licenses	23	357.
14	Employee benefit programs (other	10	-	24 a	Travel, meals, and entertainment	240	
	than on line 19)	14	- 1	b	Travel Deductible meals and	24a	
	Insurance (other than health)	15			entertainment (see instructions)	24b	
16	Interest			25	Utilities		
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)		
	Other	16b		27 a	Other expenses (from line 48)		
17	Legal and professional services	17	55.		Reserved for future use		
28	Total expenses before expenses for busi	ness use	e of home. Add lines 8 th				412.
29	Tentative profit or (loss). Subtract line 28	from lin	ne 7			29	-412.
	Expenses for business use of your home.		- N 10	sewhere.	Attach Form 8829		
	unless using the simplified method (see i		•				
	Simplified method filers only: enter the		iare footage of: (a) your h	nome: _			
	and (b) the part of your home used for bu						
	Use the Simplified Method Worksheet in t			unt to er	nter on line 30	30	
	Net profit or (loss). Subtract line 30 from			- ادمه ۱	0.1.1.05.11.0		
	• If a profit, enter on both Form 1040, lin						410
	(If you checked the box on line 1, see inst • If a loss, you must go to line 32.	TUCTIONS). Estates and trusts, ent	er on Fo	orm 1041, line 3. PAL	31	-412.
	If you have a loss, check the box that desi	eribee w	our investment in this set	tivity (no	n instructions\)	120
	 If you checked 32a, enter the loss on bo 					20-	X All investment
	(If you checked the box on line 1, see the					32a 32b	Some investment
	If you checked 32h, you must attach Est				on rolli lott, fille o.	320	is not at risk.

(40)			

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 016 chment Jence No. 09

	o proprieto								
	ALD J. TRUMP								
A GOL:	Principal business or profession, includi F MANAGEMENT	ng product or service (see ir	structions)		B Enter	code from instructions 713900			
C	Business name. If no separate business	name, leave blank.		2 9 18	D Emplo	yer ID number (EIN), (see instr.)			
TRU	MP GOLF MANAGEMENT LLC				2	0-2306412			
E	Business address (including suite or roo								
_	City, town or post office, state, and ZIP of								
, F	Accounting method: (1) X Cas	h (2) Accrual (3) Otr	ner (specify)					
G H				No," see instructions for limit on losses					
п I	If you started or acquired this business of Did you make any payments in 2016 that			//aca instructions\					
J	If "Yes," did you or will you file required F	10000							
-	rt I Income	omis 1099:	:		***************************************	Yes No			
1	Gross receipts or sales. See instructions	for line 1 and check the box	if this incom	ne was reported to you on Form W-2					
- 15	and the "Statutory employee" box on that				▶□ 1				
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	gasoline or fuel tax credit o	r refund (see	instructions)	6				
7	Gross income. Add lines 5 and 6				. > 7				
Pa	rt II Expenses. Enter expens	ses for business use	of your h						
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		Vehicles, machinery, and equipment					
11	Contract labor (see instructions)	11		Other business property					
12	Depletion	12	21	Repairs and maintenance					
13	Depreciation and section 179		22	Supplies (not included in Part III)					
	expense deduction (not included in	40	23	Taxes and licenses	23				
14	Part III) (see instructions) Employee benefit programs (other	13	24	Travel, meals, and entertainment:					
14	than on line 19)	14	a b	Travel Deductible meals and	24a				
15	Insurance (other than health)	15	⊣ "	entertainment (see instructions)	. 24b				
16	Interest:		25	Utilities					
а	Mortgage (paid to banks, etc.)	16a	26	Wages (less employment credits)					
b	Other	16b	1972	Other expenses (from line 48)		25.			
17	Legal and professional services	17		Reserved for future use					
28	Total expenses before expenses for busing	ness use of home. Add lines	8 through 27	7a	▶ 28	25.			
29	Tentative profit or (loss). Subtract line 28				29	-25.			
30	Expenses for business use of your home.	Do not report these expense	s elsewhere.	Attach Form 8829					
	unless using the simplified method (see in								
	Simplified method filers only: enter the t	total square footage of: (a) yo	our home: _						
	and (b) the part of your home used for bu	50.489.509.9999							
	Use the Simplified Method Worksheet in t		amount to e	nter on line 30	30				
31	Net profit or (loss). Subtract line 30 from								
	If a profit, enter on both Form 1040, lin								
	(If you checked the box on line 1, see inst	ructions). Estates and trusts	, enter on F o	orm 1041, line 3. PAL	31	-25.			
	If a loss, you must go to line 32.	254.167.70553.0.00.00.00.18.000000.00.00000.00.0000.0000.0000.0000)				
32	If you have a loss, check the box that desc			et etekt - heiden trettet trettet kommen. Feld		All investment			
	If you checked 32a, enter the loss on both If you should the boy on line 1, see the				32a	is at risk. Some investment			
	(If you checked the box on line 1, see the			enter on Form 1041, line 3.	· 32b	is not at risk.			
	● If you checked 32b, you must attach Form 6198. Your loss may be limited.								

	e C (Form 1040) 2016 DONALD J. TRUMP			Page 2
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c	Other (a	ttach 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		- 0 - 1
Part	IV 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.	find c	enses on lin out if you m	e 9 and ust file
43 44	When did you place your vehicle in service for business purposes? (month, day, year) Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for: Business b Commuting c Other			
а	Dusiness b communing t cons	-		
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.
	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			
NYS F	ILING FEE		¥	25.
N -		-		
1				
0				
()				
3 				1
,				
			-	
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.

OMB No. 1545-0074

Name	of proprietor		9			Soci	al security	number (SS	iN)
DON	ALD J. TRUMP								
A REAL	Principal business or profession, including ESTATE DEVELOPMENT	ing produ	ct or service (see instructions)			B Er		rom instructi	
C	Business name. If no separate business	name, lea	ave blank.			D En		MONTH OF THE REAL PROPERTY.	N), (see instr.)
TRUI	MP CHICAGO DEVELOPMENT LLC					-	30-0	050040	
E	Business address (including suite or roo	om no.)	-	Sherri Sh					
	City, town or post office, state, and ZIP								
F	Accounting method: (1) X Cas	sh (2) Accrual (3) Oti	ther	(specify)				
G				"No	," see instructions for limit on losses		[Yes	X No
Н	If you started or acquired this business				,		▶Ĺ		
1	Did you make any payments in 2016 tha				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		_		X No
Pa	If "Yes," did you or will you file required I	Forms 10	99?					Yes	No No
1	Gross receipts or sales. See instructions	for line 1	and check the hox if this incon	me	was reported to you on Form W-2				
•	and the "Statutory employee" box on that				Þ	. [_]	1		
2							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 fuel tax credit or refund (see	e ir	nstructions)		6		
7	Gross income. Add lines 5 and 6						7		
Pai	rt II Expenses. Enter expen		business use of your						
8	Advertising	8	18		Office expense		8		
9	Car and truck expenses		19		Pension and profit-sharing plans	1	9		
	(see instructions)	9	20		Rent or lease (see instructions):	20			
10	Commissions and fees	10	20		Vehicles, machinery, and equipment		0a		
11	Contract labor (see instructions)	11			Other business property		0b		
12	Depletion	12	21		Repairs and maintenance		1		
13	Depreciation and section 179		22		Supplies (not included in Part III)		2		
	expense deduction (not included in Part III) (see instructions)	40	23		Taxes and licenses	2	3		114.
14	Employee benefit programs (other	13	24		Travel, meals, and entertainment:	0.	10		
1.7	than on line 19)	14	a		Travel Deductible meals and	24	Pa		
15	Insurance (other than health)	15			entertainment (see instructions)	24	4b		
16	Interest		25		Utilities				
а	Mortgage (paid to banks, etc.)	16a	26		Wages (less employment credits)				
b	Other	16b	27 a		Other expenses (from line 48)		7a		
17	Legal and professional services	17			Reserved for future use	27	'b		
28	Total expenses before expenses for busi	ness use	of home. Add lines 8 through 2	27a		> 2	8		114.
29	Tentative profit or (loss). Subtract line 28	from line	7			2	9		-114.
30	Expenses for business use of your home.			e. A	ttach Form 8829				
	unless using the simplified method (see i		,						
	Simplified method filers only: enter the		re footage of: (a) your home: _						
	and (b) the part of your home used for bu			- 2	<u> </u>				
0.4			ctions to figure the amount to e	ente	er on line 30	3)		
31	Net profit or (loss). Subtract line 30 from		F 4040ND !' 40\	_ ^					
	• If a profit, enter on both Form 1040, lin								-114.
	 (If you checked the box on line 1, see inst If a loss, you must go to line 32. 	u uuullis)	. Locates and trusts, enter on F	OII	II 1041, IIIIe 3. PAL	3			-114.
32 ~	If you have a loss, check the box that desi	crihes voi	ir investment in this activity (co	ee i	nstructions))			
-	 If you checked 32a, enter the loss on bo 				•	2	2a X	All investm	nent
	(If you checked the box on line 1, see the					D	2b -	sat risk. Some inve	stment
	 If you checked 32b, you must attach For] "		is not at ris	on.				

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	e of proprietor					Social se	curity number (SSN)
DON	ALD J. TRUMP						
A MAN	Principal business or profession, includ	ing product c	or service (see instructions)			B Enter o	code from instructions 541600
С	Business name. If no separate business	name, leave	blank.			D Employ	yer ID number (EIN), (see instr.)
TRU	MP ORGANIZATION LLC					1	3-4076569
E	Business address (including suite or roo						
	City, town or post office, state, and ZIP					n.e.e.e.e.e.	
F	Accounting method: (1) X Cas	, , –	Accrual (3) L Oth	ner (specify)			
G	Did you "materially participate" in the op	eration of this	s business during 2016? If "I	No," see instructions for limit o	n losses		Yes X No
Н	If you started or acquired this business						▶□
I	Did you make any payments in 2016 tha						
Do	If "Yes," did you or will you file required	Forms 1099?)				Yes No
	Creen respirate or colon. Con instructions	f !! d	d -L		141.0	_	
1	Gross receipts or sales. See instructions						
2	and the "Statutory employee" box on that Returns and allowances					1	
3	Subtract line 2 from line 1					2	
4	Subtract line 2 from line 1 Cost of goods sold (from line 42)					3 4	
5	Gross profit. Subtract line 4 from line 3			•••••••••••••••••••••••••••••••••••••••		5	
6	Other income, including federal and state	nasoline or	fuel tax credit or refund (see	instructions)		6	
7	Gross income. Add lines 5 and 6		Tagricax grount of Forana (500			7	
Pa	rt II Expenses. Enter expen	ses for bu	usiness use of your l	nome only on line 30).		
8	Advertising	8	18	Office expense		18	
9	Car and truck expenses		19	Pension and profit-sharing p	lans	19	
	(see instructions)	9	20	Rent or lease (see instructio			
10	Commissions and fees	10	a	Vehicles, machinery, and eq		20a	
11	Contract labor (see instructions)	11	. b			20b	
12	Depletion	12	21	Repairs and maintenance		21	
13	Depreciation and section 179		22	Supplies (not included in Pa		22	
	expense deduction (not included in		23	Taxes and licenses		23	57.
	Part III) (see instructions)	13	24	Travel, meals, and entertainn			
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 instructio		24b	
16	Interest:		25	Utilities		25	
a	Mortgage (paid to banks, etc.)	16a	26	Wages (less employment cre		26	
_ b	Other	16b	AND A STATE OF THE PARTY OF THE	Other expenses (from line 48		27a	
17	Legal and professional services	17		Reserved for future use		27b	
28	Total expenses before expenses for busi Tentative profit or (loss). Subtract line 28					28	57.
29 30	Expenses for business use of your home.			Attach Form 9990		29	-57.
30	unless using the simplified method (see i	9	No.	Allacii Fullii 0029			
	Simplified method filers only: enter the						
	and (b) the part of your home used for bu		ootage of, (a) your nome, _				
	Use the Simplified Method Worksheet in		ns to figure the amount to e	nter on line 30	•	30	
31	Net profit or (loss). Subtract line 30 from		no to figuro ano amount to o			- 00	
	• If a profit, enter on both Form 1040, lin		m 1040NR, line 13) and on	Schedule SE, line 2)		
	(If you checked the box on line 1, see inst				PAL	31	-57.
	If a loss, you must go to line 32.	,		,			
32	If you have a loss, check the box that des	cribes your ir	nvestment in this activity (se	e instructions).)		
	• If you checked 32a, enter the loss on bo				SE, line 2.	32a	X All investment is at risk.
	(If you checked the box on line 1, see the				}	32b	Some investment is not at risk.
	If you checked 32b, you must attach Fe						

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	proprietor								
DON	ALD J. TRUMP									
A MOR	Principal business or profession, includi	ng product or service (see ins	structions)		i	B Enter c	ode from instructions 541940			
C	Business name. If no separate business MP REALTY SERVICES LLC	name, leave blank.			Ī		ver ID number (EIN), (see instr.) 3-4116884			
The second	Business address (including suite or roo	um no \ A	2				7-4110004			
E	City, town or post office, state, and ZIP of		-			. — — —				
F	Accounting method: (1) X Cas	h (2) Accrual (3) Oti	her (specify)						
G	Did you "materially participate" in the ope			No," see instructions for limit on losses						
Н	If you started or acquired this business									
I	Did you make any payments in 2016 that	t would require you to file For	m(s) 1099	? (see instructions)			Yes X No			
J	If "Yes," did you or will you file required I	orms 1099?					Yes No			
Pa	rt I Income									
1	Gross receipts or sales. See instructions			N 155	. —					
E-80	and the "Statutory employee" box on that					1				
2						2				
3	Subtract line 2 from line 1					3				
4	Cost or goods sold (from line 42)					4				
5 6	Other income including federal and state	aggeling or fuel toy gradit or	rofund (oo	instructions)		5				
7	Gross income. Add lines 5 and 6			e instructions)		7				
	rt II Expenses. Enter expen	ses for husiness use		home only on line 30		1				
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		Vehicles, machinery, and equipment		20a				
11	Contract labor (see instructions)	11	b			20b				
12	Depletion	12	21	Repairs and maintenance		21				
13	Depreciation and section 179		22	Supplies (not included in Part III)		22	57.			
	expense deduction (not included in		23	Taxes and licenses		23	657.			
	Part III) (see instructions)	13	24	Travel, meals, and entertainment:						
14	Employee benefit programs (other		а	Travel		24a				
	than on line 19)	14	b							
15	Insurance (other than health)	15	_	entertainment (see instructions)		24b				
16	Interest		25	Utilities		25				
а	Mortgage (paid to banks, etc.)	16a	26	Wages (less employment credits)		26				
b	Other	16b	- 1	Other expenses (from line 48)		27a	25.			
17	Legal and professional services	11	5. b			27b	704			
28				7a		28	794. -794.			
29	Tentative profit or (loss). Subtract line 28 Expenses for business use of your home.			Attach Form 9990		29	-/34.			
30	unless using the simplified method (see i		s eisewiiei e	s. Attach Form 6629						
	Simplified method filers only: enter the		ur home							
	and (b) the part of your home used for bu									
	Use the Simplified Method Worksheet in		amount to e	enter on line 30		30				
31	Net profit or (loss). Subtract line 30 from					-				
	• If a profit, enter on both Form 1040, lin		13) and or	Schedule SE, line 2.)	1 1				
	(If you checked the box on line 1, see ins				>	31	-794.			
	If a loss, you must go to line 32.				J					
32	If you have a loss, check the box that des	cribes your investment in this	activity (se	ee instructions).) .					
	• If you checked 32a, enter the loss on b	oth Form 1040, line 12, (or l	Form 10401	NR, line 13) and on Schedule SE, line 2.	L	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.	r	32b	Some investment is not at risk.			
	If you checked 32b, you must attach Fe	If you checked 32b, you must attach Form 6198. Your loss may be limited.								

	BC (FORM 1040) 2016 DONALD J. TROMP		1	Page 2
Part	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	L	
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.			
43 44 a	When did you place your vehicle in service for business purposes? (month, day, year) ✓ / / Of the total number of miles you drove your vehicle during 2016, 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?			No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	No 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.			
NYS F	LING FEE			25.
<u>s</u>		_		
				100
			,	
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.

OMB No. 1545-0074

Nam	e of proprietor		Social security number (SSN)						
DON	ALD J. TRUMP								
Α	Principal business or profession, includ	ing pro	duct or service (see instru	uctions)		B Enter	code from instructions		
AVI	ATION						532290		
C	Business name. If no separate business	name,	leave blank.			D Emplo	D Employer ID number (EIN), (see instr.)		
DT	ENDEAVOR I LLC	3	35-2555712						
Ε	Business address (including suite or roo								
_	City, town or post office, state, and ZIP		(m)						
F	Accounting method: (1) X Cas		(2) Accrual (3)						
G H	If you started or acquired this business	eration	Of this dusiness during 20	J16? IT "N	No," see instructions for limit on losses		Yes X No		
1	Did you make any payments in 2016 tha	t woul	t require you to file Form/		(see instructions)		V Var Na		
j	If "Yes," did you or will you file required				(See instructions)				
Pa	rt I Income	OTTITO	1000.				12 Tes NO		
1	Gross receipts or sales. See instructions	for lin	e 1 and check the box if th	is incom	e was reported to you on Form W-2		1057379		
	and the "Statutory employee" box on that				> [_ 1	680,886.		
2	Returns and allowances					2			
3	Subtract line 2 from line 1				1057376	3	X680,886.		
4	Cost of goods sold (from line 42)					4			
5	Gross profit. Subtract line 4 from line 3					5	680,886.		
6	Other income, including federal and state	gasol	ine or fuel tax credit or ref	und (see	instructions)	. 6			
7	Gross income. Add lines 5 and 6					> 7	680,886.		
	rt II Expenses. Enter expen		or business use of						
8	Advertising	- 8		18	Office expense		12.81		
9	Car and truck expenses		*	19	Pension and profit-sharing plans	19			
10	(see instructions)	9		20	Rent or lease (see instructions):				
10	Commissions and fees	10		a .	,		58,823.		
11 12	Contract labor (see instructions)	11		b	Other business property		624 502		
13	Depletion Depreciation and section 179	12	-	21	Repairs and maintenance 350.64.7	21	234,523.		
13	expense deduction (not included in			22	Supplies (not included in Part III)		32,438.		
	Part III) (see instructions)	13		23 24	Taxes and licenses Travel, meals, and entertainment;	23	4,907.		
14	Employee benefit programs (other	13		24 a		04-	3523		
	than on line 19)	14	,55	b b	Travel Deductible meals and	24a	3363		
15	Insurance (other than health)		83801 766,974.		entertainment (see instructions)	24b	100		
16	Interest;		7 ,	25	Utilities	25			
а	Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits) 19766		26 8,604.		
b	Other	16b	,	27 a	Other expenses (from line 48) 259 290		210,656.		
17	Legal and professional services	17	5089 X3,961.	b	Reserved for future use	. 27b			
28	Total expenses before expenses for busi						X680,886.		
29	Tentative profit or (loss). Subtract line 28	from I	ine 7		, 03 , -	29	0.		
30	Expenses for business use of your home.			sewhere.	Attach Form 8829				
	unless using the simplified method (see i								
	Simplified method filers only: enter the			nome:					
	and (b) the part of your home used for bu								
	Use the Simplified Method Worksheet in t		- THE PERSON STREET, THE PERSON STREET, WITH STREET, WAS	unt to en	iter on line 30	. 30			
31	Net profit or (loss). Subtract line 30 from			(CONTRACTOR CONTRACTOR CONT					
	• If a profit, enter on both Form 1040, lin								
	(If you checked the box on line 1, see inst	uction	is). Estates and trusts, ent	er on Fo	rm 1041, line 3.	31	0.		
20	 If a loss, you must go to line 32. If you have a loss, check the box that does 	ribaa :	your invoctment in this	duden (= :	· instructions)				
32	If you have a loss, check the box that desc				R, line 13) and on Schedule SE, line 2.	00	All investment		
	(If you checked the box on line 1, see the					32a	is at risk. Some investment		
	• If you checked 32b, you must attach F o	32b	is not at risk.						

	8 C (Form 1040) 2016 DONALD 3. TROMP			1 aye Z
Part	III Cost of Goods Sold (see instructions)			
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c	Other (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.			
43	When did you place your vehicle in service for business purposes? (month, day, year)			
44	Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:		•	
a	Business b Commuting c Other _	33		
45	Was your vehicle available for personal use during off-duty hours?		Yes	No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	No
47 a	Do you have evidence to support your deduction?		Yes	No
b	If "Yes," is the evidence written?		Yes	No
Part	V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
FUEL E	EXPENSE			188,767.
LICENS	SES & PERMITS			744.
TELEPI	IONE			21,145.
				w .
48	Total other expenses. Enter here and on line 27a	48		210,656.

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)						
DON	ALD J. TRUMP							
A AVI	Principal business or profession, includ	ing produ	uct or service (see instru	ictions)		B∈	nter c	ode from instructions 532290
C	Business name. If no separate business AEROSPACE LLC	name, le	ave blank.		,	D∈	mploy	er ID number (EIN), (see instr.)
E	Business address (including suite or roo	om no.)	-					
	City, town or post office, state, and ZIP		N					
F	Accounting method: (1) X Cas	sh (2	Accrual (3)	Ot	her (specify) >			
G	Did you "materially participate" in the op				No," see instructions for limit on losses			Yes X No
Н	If you started or acquired this business	during 20	16, check here					▶ □
1	Did you make any payments in 2016 that	t would r	equire you to file Form(s) 10997	? (see instructions)			X Yes No
J	If "Yes," did you or will you file required	Forms 10	99?					X Yes No
Pa	rt I Income							
1	Gross receipts or sales. See instructions	for line						
	and the "Statutory employee" box on tha	₹orm wa	s checked		<i>[</i>		1	376,493.
2	Returns and allowances			/			2	
3	Subtract line 2 from line 1						3	376,493.
4	Cost of goods sold (from line 42)			./			4	
5	Gross profit. Subtract line 4 from line 3			/			5	376,493.
6	Other income, including federal and state	e gasoline	or fuel tax credit or ref	und (see	instructions)		6	
7	Gross income. Add lines 5 and 6						7	376,493.
Pa	rt II Expenses. Enter expen	ses for	business use of	your	home only on line 30.			
8	Advertising	8		18	Office expense		18	1,581.
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		2	0a	
11	Contract labor (see instructions)	11		b			Ob	59,367.
12	Depletion	12		21	Repairs and maintenance		21	116,119.
13	Depreciation and section 179			22	Supplies (not included in Part III)		22	
	expense deduction (not included in	-		23	Taxes and licenses		23	202.
	Part III) (see instructions)	13		24	Travel, meals, and entertainment:	518	-0	
14	Employee benefit programs (other		/	a.		9	4a	3,523.
	than on line 19)	14	56.	b		······ -	- 1	5,525.
15	Insurance (other than health)	15	16,827.		entertainment (see instructions)	,	4b	
16	Interest	/		25	Utilities /		25	
а	'Mortgage (paid to banks, etc.)	16a		26	Wages (less employment credits)		6	129,056.
b	Other	16b			Other expenses (from line 48)		7a	48,634.
17	Legal and professional services	<i>h</i> 7	1,128.		Reserved for future use		7b	10,001.
28			of home. Add lines 8 th		7a		8	376,493.
29	Tentative profit or (loss). Subtract line 28	from line				10000	9	0.
30	Expenses for business use of your home.	1		sewhere	Attach Form 8820	<u>-</u>	.9	•
	unless using the simplified method (see i			JO WITO O	Attach Form 6029			
	Simplified method filers only: enter the			noma.				
	and (b) the part of your home used for bu		are reetage or. (a) your r					
	Use the Simplified Method Worksheet in t		ctions to figure the amo	unt to a	nter on line 20	-· •	,	
31	Net profit or (loss). Subtract line 30 from		ctions to ligare the allio	unt to 6	nter on line 30	3	<u> </u>	
0.	• If a profit, enter on both Form 1040, lin		Form 1040MD line 12	and on	Cohodula CE lina 0			
	(If you checked the box on line 1, see inst					\	.	0
	 If a loss, you must go to line 32. 	i ucuuns)	. Lotates and trusts, ent	er ull F	om 1041, me 3.	3	1	0.
30		oribas ve:	ur investment in this	is district	o instructions))		
32	If you have a loss, check the box that desi							All investment
	If you checked 32a, enter the loss on bottle from shocked the box on line 1, see the					D	2a [is at risk. Some investment
	(If you checked the box on line 1, see the				enter on Form 1041, line 3.	3	2b [is not at risk.
	 If you checked 32b, you must attach Fo 	orm 6198.	 Your loss may be limit 	ed.		J		

	C (Form 1040) 2016 DONALD J. TRUMP	_		Page 2
Part	Cost of Goods Sold (see instructions)			
	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Cost	ther (a	ttach explanation	1)
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation		Yes	No 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	ii.	
41	Inventory at end of year	41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42		
Part	IV Information on Your Vehicle. Complete this part only if you are claiming car or truck	expe	enses on lin	e 9 and
Lizzt Statement had	are not required to file Form 4562 for this business. See the instructions for line 13 to Form 4562.	find o	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 2016, 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 No
46	Do you (or your spouse) have another vehicle available for personal use?		Yes	No 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.			
	expenses			420.
DUES .	AND SUBSCRIPTIONS			1,079.
TELEP:	HONE			1,151.
TEMPO	RARY HELP			11,027.
MOVIN	G & STORAGE			962.
LANDI	NG FEES			8,282.
MISCE	LLANEOUS FEES			814.
FUEL				23,585.
MAINT	ENANCE AND CLEANING	84		1,314.
		_		
48	Total other expenses. Enter here and on line 27a	48		48,634.

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.

	or proprietor			Social Se	curity number (SSN)
	ALD J. TRUMP				****
A AVI	Principal business or profession, include ATION	ing product or service (see instr	ructions)	B Enter o	code from instructions 532290
C	Business name. If no separate business	name, leave blank.		D Employ	yer ID number (EIN), (see instr.)
DJT	OPERATIONS I LLC			2	7-3212458
E	Business address (including suite or roo				
_	City, town or post office, state, and ZIP		<u> </u>		
F	Accounting method: (1) X Cas	sn (2) Accrual (3)	Other (specify)		Yes X No
G H	If you started or acquired this business		2016? If "No," see instructions for limit on losses		
î	Did you make any payments in 2016 tha		n(s) 1099? (see instructions)		14 77
J	If "Yes," did you or will you file required		(3) 1000: (300 1131 1001013)		
District Control	rt I Income	1 of the 1000.			1.00
1		for line 1 and check the box if t	this income was reported to you on Form W-2		
	and the "Statutory employee" box on that		▶□	_	
2				. 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 fuel tax credit or re	efund (see instructions)	6	
7	Gross income. Add lines 5 and 6			> 7	
Pa	rt II Expenses. Enter expen	ses for business use o	of 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	Commissions and fees	10	a Vehicles, machinery, and equipment		
11	Contract labor (see instructions)	11	b Other business property		
12	Depletion	12	21 Repairs and maintenance		
13	Depreciation and section 179		22 Supplies (not included in Part III)	2000	
	expense deduction (not included in	2000 P	23 Taxes and licenses	23	
	Part III) (see instructions)	13	24 Travel, meals, and entertainment:		
14	Employee benefit programs (other than on line 19)	14	a Travel b Deductible meals and	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)		
b	Other	16b	27 a Other expenses (from line 48)		
17	Legal and professional services	17	b Reserved for future use		
28	Maria Maria		through 27a	28	0.
29	Tentative profit or (loss). Subtract line 28			29	0.
30	Expenses for business use of your home	. Do not report these expenses	elsewhere. Attach Form 8829		
	unless using the simplified method (see	instructions).			
	Simplified method filers only: enter the	total square footage of: (a) your	r home:		
	and (b) the part of your home used for b				
	Use the Simplified Method Worksheet in	the instructions to figure the an	nount to enter on line 30	30	
31	Net profit or (loss). Subtract line 30 from				
	 If a profit, enter on both Form 1040, li 				¥*
	(If you checked the box on line 1, see ins	tructions). Estates and trusts, e	nter on Form 1041, line 3.	31	0.
	• If a loss, you must go to line 32.			!	
32	If you have a loss, check the box that des				All investment
			orm 1040NR, line 13) and on Schedule SE, line 2.	32a	is at risk. Some investment
	(If you checked the box on line 1, see the			32b	is not at risk.
	 If you checked 32b, you must attach F 	orm 6198. Your loss may be lin	mitea.)	

2

Department of the Treasury

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.

Internal Revenue Service (99) Name(s) shown on return

Your social security number

DONALD J. & MELANIA TRUMP

Pa	rt I Short-Term Capital Gains and Lo	sses - Assets Held	One Year or Less			
	instructions for how to figure the amounts to r on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from	(h) Gain or (loss) Subtract column (e)	
	form may be easier to complete if you round off s to whole dollars.	(sales price)	(or other basis)	Form(s) 8949, Part I, line 2, column (g)	from column (d) and combine the result with column (g)	
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b	37,237,653.	37,820,284.		<582,631.>	
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	325,000.	324,760.	240.	480.	
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	10,760,315.	10,807,840.		<47,525.>	
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term gain from Form 6252 and short-term ga	ain or (loss) from Forms 4	4684, 6781, and 8824	4		
5	Net short-term gain or (loss) from partnerships, S from Schedule(s) K-1			5	<126,708.>	
6	Short-term capital loss carryover. Enter the amour	nt, if any, from line 8 of yo	our Capital Loss		,	
7	Carryover Worksheet in the instructions Net short-term capital gain or (loss). Combine I	ines 1a through 6 in colu		910103 2010000000000000000000000000000000)	
	capital gains or losses, go to Part II below. Otherw			9 1	<756,384.>	

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

	instructions for how to figure the amounts to or on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gain or loss from	(h) Gain or (loss) Subtract column (e) from column (d) and	
	form may be easier to complete if you round off is to whole dollars.	(sales price) (or other basis)		Form(s) 8949, Part II, line 2, column (g)	combine the result with column (g)	
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	25,478,203.	23,308,236.		2,169,967.	
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	7,218,764.	6,742,778.		475,986.	
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	43,075,527.	45,750,033.		<2,674,506.>	
11	Gain from Form 4797, Part I; long-term gain from from Forms 4684, 6781, and 8824		MENT 22	ss) <u>11</u>	11,884,132.	
12	Net long-term gain or (loss) from partnerships, S of	corporations, estates, and	d trusts from Schedule(s	s) K-1 12	<158,240.>	
13	Capital gain distributions	SEE STAT	гемент 25	13	98.	
14	Long-term capital loss carryover. Enter the amoun		your Capital Loss Carr	yover	()	
15	Net long-term capital gain or (loss). Combine line Part III on page 2	nes 8a through 14 in col	umn (h). Then go to		11,697,437.	

Pa	rt III Summary		
16	Combine lines 7 and 15 and enter the result	16	10,941,053.
	 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 26	19	796,160.
20	Are lines 18 and 19 both zero or blank? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. X No. Complete the Schedule D Tax Worksheet in the instructions. Don't 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.		

Schedule D (Form 1040) 2016

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Social security number or taxpayer identification no.

DONALD J. & MELANIA TRUMP

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

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or

codes are required. Enter the	totals directly on S	Schedule D, line 1a	a; you aren't required	to report these trans	actions on Fo	orm 8949 (see instru	ctions).
You must check Box A, B, or C below. (If you have more short-term transactions than will X (A) Short-term transactions rep (B) Short-term transactions rep (C) Short-term transactions no	I fit on this page for on ported on Form(s ported on Form(s	e or more of the boxes s) 1099-B showin s) 1099-B showin	s, complete as many forming basis was reporting basis wasn't re	ns with the same box che ted to the IRS (see	cked as you ne	ed.	each applicable box
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	Cost or other basis. See the Note below and see <i>Column (e)</i> in the instructions	loss. If yo in column	t, if any, to gain or u enter an amount (g), enter a code in . See instructions. (g) Amount of adjustment	(h) Gain or (loss Subtract column from column (d combine the res with column (g
INL BK RECON & DEVELOP	03/03/16	12/15/16	225,000.	224,928.	D	72.	14
CITIGROUP	02/09/16	06/09/16	100,000.	99,832.	D	168.	33
		<u>.</u>	1				

		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
INL BK RECON & DEVELOP	03/03/16	12/15/16	225,000.	224,928.		72.	144.
CITIGROUP	02/09/16	06/09/16	100,000.	99,832.	D	168.	336.
X			/				
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	+						
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2 Totals. Add the amounts in col negative amounts). Enter each Schedule D, line 1b (if Box A a	total here and incl bove is checked),	lude on your line 2 (if Box B				2	
above is checked), or line 3 (if	Box C above is c	hecked)	325,000.	324,760.		240.	480.

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

Form **8949**

Department of the Treasury Internal Revenue Service Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

2016
Attachment 124

Social security number or taxpayer identification no.

Name(s) shown on return

DONALD J. & MELANIA TRUMP

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

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

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

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

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

X (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions re				eported to the IRS			
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If you	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
US T NTS DTD 11/15/13	02/06/15	01/05/16	26,151.	26,800.		aujustment	<649.>
US T NTS DTD 11/15/13	02/18/15	01/05/16	104,605.	106,004.			<1,399.>
US T NTS DTD 09/15/13	05/12/16	09/15/16	100,000.	100,188.			<188.>
ENERGY TRANSFER PARTNERS	VARIOUS	02/16/16	27,261.	47,601.			<20,340.>
ENERGY TRANSFER PARTNERS	VARIOUS	07/12/16	29,629.	18,911.			10,718.
US T BILLS DTD 11/12/15	04/14/16	05/12/16	119,982.	119,982.			0.
US T BILLS DTD 12/17/15	05/17/16	06/16/16	599,890.	599,890.			0.
US T BILLS DTD 2/4/16	11/02/16	12/22/16	299,733.	299,733.			0.
US T BILLS DTD 3/31/16	08/22/16	09/29/16	599,851.	599,851.			0.
US T BILLS DTD 5/5/16	09/14/16	11/03/16	499,825.	499,825.			0.
US T BILLS DTD 7/14/16	12/14/16	12/22/16	499,814.	499,814.			0.
US T BILLS DTD 7/28/16	12/07/16	12/22/16	599,694.	599,694.			0.
US T BILLS DTD 8/11/16	12/15/16	12/22/16	649,557.	649,557.			0.
US T NTS DTD 09/15/13	06/02/16	09/15/16	100,000.	100,133.			<133.>
US T NTS DTD 3/15/14	11/03/16	12/23/16	500,293.	500,586.			<293.>
US T NTS	09/29/16	12/15/16	500,000.	500,410.			<410.>
US T NTS DTD 2/15/06	11/18/15	02/03/16	600,797.	606,328.			<5,531.>
US T NTS DTD 09/15/13	10/07/15	09/15/16	350,000.	351,764.			<1,764.>
US T NTS DTD 4/15//13	04/21/15	04/15/16	120,000.	120,028.			<28.>
US T NTS DTD 4/15//13	04/21/15	03/11/16	469,982.	470,146.			<164.>
US T NTS DTD 4/15//13	04/21/15	03/11/16	10,000.	10,002.			<2.>
US T NTS DTD 4/15/14	11/18/16	12/23/16	400,391.	400,453.			<62.>
US T NTS DTD 3/15/13	11/18/15	02/22/16	365,014.	365,214.			<200.>
US T NTS DTD 3/15/13	04/24/16	02/22/16	235,009.	235,367.			<358.>
US T NTS DTD 3/15/13	04/24/15	02/16/16	50,004.	50,078.			<74.>
US T NTS DTD 3/15/13	11/18/15	02/23/16	235,009.	235,138.			<129.>
US T NTS DTD 09/30/11	09/28/15	01/08/16	601,336.	603,656.		10-2000-00-00-00-00-00-00-00-00-00-00-00-	<2,320.>
US T NTS DTD 8/31/09	09/25/15	08/31/16	600,000.	614,625.			<14,625.>
US T NTS DTD 3/31/15	12/15/16	12/23/16	499,980.	499,902.			78.
US T NTS DTD 10/31/11	06/17/16	10/31/16	600,000.	601,406.			<1,406.>
US T NTS DTD 11/15/13	02/02/15	01/05/16	26,151.	27,344.			<1,193.>
US T NTS DTD 11/15/13	01/06/15	01/05/16	156,908.	161,121.			<4,213.>
2 Totals. Add the amounts in colum	mns (d), (e), (g) ar	nd (h) (subtract					1-,
negative amounts). Enter each to							32
Schedule D, line 1b (if Box A abo		STITUTE OF THE PROPERTY OF THE	1				
above is checked), or line 3 (if B			10,760,315.	10,807,840.			<47,525.>
Note: If you shooked Box A shows by					THE THE PERSON NAMED IN		12.,525.7

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

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Social security number or

Name(s) shown on return taxpaver identification no. DONALD J. & MELANIA TRUMP Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your Part | Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) X (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (b) (d) (h) Description of property Proceeds Cost or other Gain or (loss). Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment see Column (e) in combine the result Code(s) the instructions with column (g) US T NTS DTD 5/15/07 09/10/15 01/05/16 157,242. 159,574. <2,332.> US T NTS DTD 5/15/07 08/04/15 01/05/16 26,207. 26,715. <508.> Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

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

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

Social security number or taxpayer identification no.

DONALD J. & MELANIA TRUMP

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

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

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

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

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

X (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If you	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
BARON GROWTH FUND INST							
CLASS	VARIOUS	01/27/16	638,589.	509,066.			129,523.
US T NTS DTD 7/31/16	04/02/15	06/30/16	300,304.	304,465.			<4,161.>
AMERICAN EXPRESS	10/10/12	01/05/16	151,656.	158,113.			<6,457.>
AMGEN INC DTD 5/15/12	05/15/12	01/05/16	151,081.	149,463.			1,618.
FMCC DTD 6/12/12	09/16/13	01/05/16	151,204.	152,652.			<1,448.>
GENERAL ELEC CAP CORP	10/16/13	01/05/16	84,484.	82,134.			2,350.
GEORGIA POWER	11/13/13	01/05/16	160,437.	165,915.			<5,478.>
INTEL CORP	02/26/13	01/05/16	150,283.	150,513.			<230.>
IBM CORP DTD 11/1/11	10/25/12	01/05/16	25,381.	26,584.			<1,203.>
IBM CORP DTD 11/1/11	07/19/13	01/05/16	50,763.	50,105.			658.
US T BDS DTD 5/15/19	06/19/12	01/05/16	52,807.	56,973.			<4,166.>
US T BDS DTD 5/15/19	09/19/13	01/05/16	52,807.	53,906.			<1,099.>
UNITED TECHNOLOGIES CORP	10/25/12	01/05/16	102,424.	107,032.			<4,608.>
US T NTS DTD 6/30/09	04/02/15	05/17/16	602,133.	621,610.			<19,477.>
US T NTS DTD 5/15/08	11/20/14	01/05/16	53,207.	54,650.			<1,443.>
US T NTS DTD 8/15/12	01/08/13	01/05/16	48,803.	49,135.			<332.>
US T NTS DTD 8/15/12	10/28/14	01/05/16	48,803.	48,668.			135
US T NTS DTD 8/15/12	11/06/14	01/05/16	24,401.	24,208.			193
US T NTS DTD 8/15/12	11/24/14	01/05/16	73,204.	72,827.			377.
BARON REAL ESTATE FUND							
INST	VARIOUS	01/27/16	460,852.	253,857.			206,995.
BARON SMALL CAP FUND INST							
CLASS	VARIOUS	01/27/16	892,421.	765,885.			126,536.
BARON ASSET FUND INST							
CLASS	VARIOUS	01/27/16	604,887.	584,805.			20,082
BARON PARTNERS FUND INST							
CLASS	10/29/10	01/27/16	817,058.	500,000.			317,058
WACHOVIA CORP	05/10/12	01/05/16	162,268.	176,539.			<14,271.
US T NTS DTD 5/15/08	05/29/13	01/05/16	53,207.	56,975.			<3,768.>
US T NTS DTD 7/31/16	04/02/15	08/01/16	300,000.	304,465.			<4,465.>
ENERGY TRANSFER PARTNERS	VARIOUS	02/16/16	405,300.	630,264.			<224,964.>
US T NTS DTD 5/15/06	04/02/15	05/16/16	600,000.	631,969.			<31,969.3
	N 52 3000 13240	2002					
2 Totals. Add the amounts in colunegative amounts). Enter each to	otal here and inc	lude on your		SI SI			
Schedule D, line 8b (if Box D ab above is checked), or line 10 (if	NOT SEED IN THE SEED OF SEED O	and the same of	7,218,764.	6,742,778.			475,986

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

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

Social security number or taxpayer identification no.

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

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

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

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

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

XANTHUS FUND		(b) (c) Date acquired (Mo., day, yr.) (Mo., day, yr.)		basis. See the Note below and	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions.		Gain or (loss). Subtract column (e) from column (d) &
XANTHUS FUND		(Mo., day, yr.)		see Column (e) in the instructions	(f). Code(s)	(g) Amount of adjustment	combine the result with column (g)
	VARIOUS	07/11/16	1,272,112.	1,272,112.			0.
PAULSON ADVANTAGE PLUS LP	VARIOUS	12/31/16	1,164,064.	2,544,947.			<1,380,883.>
PAULSON CREDIT							
OPPORTUNITIES LP	VARIOUS	12/31/16	3,203,518.	3,377,258.			<173,740.>
PAULSON PARTNERS LP	VARIOUS	12/31/16	2,721,124.	3,743,588.			<1,022,464.>
AG ELEVEN PARTNERS LP	VARIOUS	12/31/16	4,881,237.	4,881,237.			0.
AG DIVERSIFIED INCOME							
FUND PLUS LP	VARIOUS	12/31/16	3,107,730.	3,107,730.			0.
THE OBSIDIAN FUND LLC	VARIOUS	12/31/16	26,725,742.	26,823,161.			<97,419.>
Totals. Add the amounts in colur	nns (d), (e), (g) a	nd (h) (subtract					
negative amounts). Enter each to	tal here and incl	ude on your	12				
Schedule D, line 8b (if Box D above is checked), or line 10 (if E		Constitution and the constitution of	43,075,527.	45,750,033.		10.	<2,674,506.>

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

SCHEDULE D (Form 1040) Department of the Treasury

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.

2016
Attachment Sequence No. 12

Name(s) shown on return

Internal Revenue Service (99)

Your social security number

DONALD J. & MELANIA TRUMP

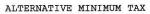
Pa	rt I Short-Term Capital Gains and Los	sses - Assets Held	One Year or Less	la.	
ente	instructions for how to figure the amounts to r on the lines below.	(d) (e) Adjustr Proceeds Cost to gain or I			(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round off s to whole dollars.	(sales price)	(or other basis)	Form(s) 8949, Part I, line 2, column (g)	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				
72 -	and go to line 1b	37,237,653.	37,820,284.		<582,631.>
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked	325,000.	324,760.	240	480.
2	Totals for all transactions reported on Form(s) 8949 with Box B checked	10,760,315.	10,807,840.		<47,525.>
3	Totals for all transactions reported on Form(s) 8949 with Box C checked				
4	Short-term gain from Form 6252 and short-term ga	ain or (loss) from Forms 4	1684 6781 and 8824	4	
5	Net short-term gain or (loss) from partnerships, So		CONT.	·····	
	from Schedule(s) K-1	5	<126,708.>		
6	Short-term capital loss carryover. Enter the amount				
	The second of the second			6	()
7	Net short-term capital gain or (loss). Combine li capital gains or losses, go to Part II below. Otherw	nes 1a through 6 in colu	mn (h). If you have any	long-term	<756,384.>

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

	instructions for how to figure the amounts to ron the lines below.			(g) Adjustment to gain or loss		(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, P 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 no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b	25,478,203.	23,308,236.			2,169,967.	
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked						
9	Totals for all transactions reported on Form(s) 8949 with Box E checked	7,218,764.	6,742,778.			475,986.	
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	43,075,527.	45,750,033.			<2,674,506.>	
11	Gain from Form 4797, Part I; long-term gain from from Forms 4684, 6781, and 8824		MENT 31	ss)	11	11,884,132.	
12	Net long-term gain or (loss) from partnerships, S	corporations, estates, an	d trusts from Schedule(s	s) K-1	12	<158,240.>	
13	Capital gain distributions	SEE STATE	MENT 28		13	98.	
14	Long-term capital loss carryover. Enter the amount			yover	5		
	Worksheet in the instructions				14	(.)	
15	Net long-term capital gain or (loss). Combine li Part III on page 2	ines 8a through 14 in col	umn (h). Then go to		15	11,697,437.	
IHA	For Panerwork Reduction Act Notice see you	r tay return instruction	•		Sahadi	In D (Form 1040) 2016	

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

Schedule D (Form 1040) 2016



Schedule D (Form 1040) 2016 DONALD J. & MELANIA TRUMP

Page 2

Pa	rt III Summary		
16	Combine lines 7 and 15 and enter the result	16	10,941,053.
	 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 33	19	796,160.
20	Are lines 18 and 19 both zero or blank? Yes. Complete the Qualified Dividends and Capital Gain Tax Worksheet in the instructions for Form 1040, line 44 (or in the instructions for Form 1040NR, line 42). Don't complete lines 21 and 22 below. X No. Complete the Schedule D Tax Worksheet in the instructions. Don't 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.		

Schedule D (Form 1040) 2016

620512 12-06-16

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Name(s) shown on return

Department of the Treasury Internal Revenue Service

Form

Social security number or

Ľ	ONALD J. & MELANIA TRUMP	zr.					taxpaver i	dentification no.
0	Before you check Box A, B, or C b tatement will have the same inform	mauon as Form 10	you received an 99-B. Either will	y Form(s) 1099-B show whether you	or substitute stater or basis (usually you	nent(s) from ye ır cost) was re	our broker. A su eported to the IF	ubstitute RS by your
gén.	Part I Short-Term. Transi Note: You may aggregate codes are required. Enter t	actions involving c	apital assets you	u held 1 year or les	ss are short-term. F	or long-term t	transactions, se	e page 2.
- Y	ou must check Box A, B, or C below							
lf I	you have more short-term transactions than t	will fit on this page for or	ie or more of the boxe	s, complete as many for	ns with the same box che	ecked as you need		each applicable box.
l	X (A) Short-term transactions r	reported on Form(s	s) 1099-B showin	ng basis was repor	ted to the IRS (see	Note above	e)	
I	(B) Short-term transactions r	reported on Form(s	s) 1099-B showir	ng basis wasn't re	eported to the IRS			
1	(C) Short-term transactions r					Adimata ant :		
1	(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other		f any, to gain or enter an amount	(h)
	(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	in column (g)	, enter a code in	Gain or (loss). Subtract column (e)
			(Mo., day, yr.)		Note below and	10	ee instructions. (g)	from column (d) &
					see Column (e) in the instructions	Code(s)	Amount of	combine the result with column (g)
	INL BK RECON & DEVELOP	03/03/16	12/15/16	225,000.	224,928.	h (,,	adjustment 72.	144.
	CITIGROUP	02/09/16		100,000.	99,832.		168.	336.
-					23,002.		100.	330.
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-		 						
	9							
2	Totals. Add the amounts in colu	ımns (d), (e). (a) an	d (h) (subtract					
	negative amounts). Enter each to							
	Schedule D, line 1b (if Box A ab			- Te				1.70
	above is checked), or line 3 (if E			325,000.	324,760.		240.	480.
								The state of the s

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

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Name(s) shown on return

Internal Revenue Service

Social security number or taxpayer identification no.

DONALD J. & MELANIA TRUMP

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

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

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

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

X (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

(C) Short-term transactions not (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	Adjustment, if any, to gain o loss. If you enter an amount in column (g), enter a code ir column (f). See instructions. (f) Code(s) Amount of adjustment	Gain or (loss)
US T NTS DTD 11/15/13	02/06/15	01/05/16	26,151.	26,800.		<649.>
US T NTS DTD 11/15/13	02/18/15	01/05/16	104,605.	106,004.		<1,399.>
US T NTS DTD 09/15/13	05/12/16	09/15/16	100,000.	100,188.		<188.>
ENERGY TRANSFER PARTNERS	VARIOUS	02/16/16	27,261.	47,601.		<20,340.>
ENERGY TRANSFER PARTNERS	VARIOUS	07/12/16	29,629.	18,911.		10,718.
US T BILLS DTD 11/12/15	04/14/16	05/12/16	119,982.	119,982.		0.
US T BILLS DTD 12/17/15	05/17/16	06/16/16	599,890.	599,890.		0.
US T BILLS DTD 2/4/16	11/02/16	12/22/16	299,733.	299,733.		0.
US T BILLS DTD 3/31/16	08/22/16	09/29/16	599,851.	599,851.		0.
US T BILLS DTD 5/5/16	09/14/16	11/03/16	499,825.	499,825.		0.
US T BILLS DTD 7/14/16	12/14/16	12/22/16	499,814.	499,814.		0.
US T BILLS DTD 7/28/16	12/07/16	12/22/16	599,694.	599,694.		0.
US T BILLS DTD 8/11/16	12/15/16	12/22/16	649,557.	649,557.		0.
US T NTS DTD 09/15/13	06/02/16	09/15/16	100,000.	100,133.		<133.>
US T NTS DTD 3/15/14	11/03/16	12/23/16	500,293.	500,586.		<293.>
US T NTS	09/29/16	12/15/16	500,000.	500,410.		<410.>
US T NTS DTD 2/15/06	11/18/15	02/03/16	600,797.	606,328.		<5,531.>
US T NTS DTD 09/15/13	10/07/15	09/15/16	350,000.	351,764.		<1,764.>
US T NTS DTD 4/15//13	04/21/15	04/15/16	120,000.	120,028.		<28.>
US T NTS DTD 4/15//13	04/21/15	03/11/16	469,982.	470,146.		<164.>
US T NTS DTD 4/15//13	04/21/15	03/11/16	10,000.	10,002.		<2.>
US T NTS DTD 4/15/14	11/18/16	12/23/16	400,391.	400,453.		<62.>
US T NTS DTD 3/15/13	11/18/15	02/22/16	365,014.	365,214.		<200.>
US T NTS DTD 3/15/13	04/24/16	02/22/16	235,009.	235,367.		<358.>
US T NTS DTD 3/15/13	04/24/15	02/16/16	50,004.	50,078.		<74.>
US T NTS DTD 3/15/13	11/18/15	02/23/16	235,009.	235,138.		<129.>
US T NTS DTD 09/30/11	09/28/15	01/08/16	601,336.	603,656.		<2,320.>
US T NTS DTD 8/31/09	09/25/15	08/31/16	600,000.	614,625.		<14,625.>
US T NTS DTD 3/31/15	12/15/16	12/23/16	499,980.	499,902.		78.
US T NTS DTD 10/31/11	06/17/16	10/31/16	600,000.	601,406.		<1,406.>
US T NTS DTD 11/15/13	02/02/15	01/05/16	26,151.	27,344.		<1,193.>
US T NTS DTD 11/15/13	01/06/15	01/05/16	156,908.	161,121.		<4,213.>
2 Totals. Add the amounts in col	umns (d). (e). (a) a	and (h) (subtract		un un		21 22
negative amounts). Enter each			18			
Schedule D, line 1b (if Box A a						
above is checked), or line 3 (if			10,760,315.	10,807,840.		<47,525.>

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

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

2016
Attachment 12A

Name(s) shown on return

Social security number or taxpayer identification no.

DOI	NALD J. & MELANIA TRUMP						taxpayerı	dentification no.
Bei	fore you check Box A, B, or C be tement will have the same inform ker and may even tell you which	ation as Form 10	you received ar 99-B. Either will	ny Form(s) 1099-B show whether you	or substitute staten r basis (usually you	nent(s) from ir cost) was	your broker. A su reported to the IF	bstitute RS by your
	Note: You may aggregate a codes are required. Enter the	ctions involving c	ctions reported on	Form(s) 1099-B show	ing basis was reporte	ed to the IRS	and for which no ac	liustments or
If you	must check Box A, B, or C below. u have more short-term transactions than wi (A) Short-term transactions re (B) Short-term transactions re	ill fit on this page for on ported on Form(s ported on Form(s	s) 1099-B showi s) 1099-B showi s) 1099-B showi	s, complete as many forming basis was repor ng basis was repor ng basis wasn't re	ns with the same box che ted to the IRS (see	ecked as you ne	eed.	each applicable box.
1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If yo in column	t, if any, to gain or u enter an amount (g), enter a code in . See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
U	S T NTS DTD 5/15/07	09/10/15	01/05/16	157,242.	159,574.			<2,332.>
U	S T NTS DTD 5/15/07	08/04/15	01/05/16	26,207.	26,715.			<508.>
							,	
-								
					-		-	
		(4)						

1	Totals. Add the amounts in colunegative amounts). Enter each to Schedule D, line 1b (if Box A abo	otal here and incluove is checked),	ude on your line 2 (if Box B	±	2		2	
	above is checked), or line 3 (if B	Box C above is ch	necked)					

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

Attachment Sequence No. 12A

>age **2**

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

Social security number or taxpayer identification no.

DONALD J. & MELANIA TRUMP

Form 8949 (2016)

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

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

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

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

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

(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If you in column (f	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
BARON GROWTH FUND INST							
CLASS	VARIOUS	01/27/16	638,589.	509,066.			129,523.
US T NTS DTD 7/31/16	04/02/15	06/30/16	300,304.	304,465.			<4,161.>
AMERICAN EXPRESS	10/10/12	01/05/16	151,656.	158,113.			<6,457.>
AMGEN INC DTD 5/15/12	.05/15/12	01/05/16	151,081.	149,463.			1,618.
FMCC DTD 6/12/12	09/16/13	01/05/16	151,204.	152,652.			<1,448.>
GENERAL ELEC CAP CORP	10/16/13	01/05/16	84,484.	82,134.			2,350.
GEORGIA POWER	11/13/13	01/05/16	160,437.	165,915.			<5,478.>
INTEL CORP	02/26/13	01/05/16	150,283.	150,513.			<230.>
IBM CORP DTD 11/1/11	10/25/12	01/05/16	25,381.	26,584.			<1,203.>
IBM CORP DTD 11/1/11	07/19/13	01/05/16	50,763.	50,105.			658.
US T BDS DTD 5/15/19	06/19/12	01/05/16	52,807.	56,973.			<4,166.>
US T BDS DTD 5/15/19	09/19/13	01/05/16	52,807.	53,906.			<1,099.>
UNITED TECHNOLOGIES CORP	10/25/12	01/05/16	102,424.	107,032.			. <4,608.>
US T NTS DTD 6/30/09	04/02/15	05/17/16	602,133.	621,610.			<19,477.>
US T NTS DTD 5/15/08	11/20/14	01/05/16	53,207.	54,650.			<1,443.>
US T NTS DTD 8/15/12	01/08/13	01/05/16	48,803.	49,135.			<332.>
US T NTS DTD 8/15/12	10/28/14	01/05/16	48,803.	48,668.			135.
US T NTS DTD 8/15/12	11/06/14	01/05/16	24,401.	24,208.			193.
US T NTS DTD 8/15/12	11/24/14	01/05/16	73,204.	72,827.		9	377.
BARON REAL ESTATE FUND							
INST	VARIOUS	01/27/16	460,852.	253,857.			206,995.
BARON SMALL CAP FUND INST							
CLASS	VARIOUS	01/27/16	892,421.	765,885.			126,536.
BARON ASSET FUND INST							
CLASS	VARIOUS	01/27/16	604,887.	584,805.			20,082.
BARON PARTNERS FUND INST							
CLASS	10/29/10	01/27/16	817,058.	500,000.			317,058.
WACHOVIA CORP	05/10/12	01/05/16	162,268.	176,539.			<14,271.>
US T NTS DTD 5/15/08	05/29/13	01/05/16	53,207.	56,975.			<3,768.>
US T NTS DTD 7/31/16	04/02/15	08/01/16	300,000.	304,465.			<4,465.>
ENERGY TRANSFER PARTNERS	VARIOUS	02/16/16	405,300.	630,264.			<224,964.>
US T NTS DTD 5/15/06	04/02/15	05/16/16	600,000.	631,969.			<31,969.>
2 Totals. Add the amounts in colunegative amounts). Enter each to Schedule D, line 8b (if Box D ab above is checked), or line 10 (if	otal here and inc ove is checked),	lude on your line 9 (if Box E	7,218,764.	6,742,778.		1.0	475,986.

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

Form 8949 (2016)			25	Attachr	nent Sequen	ce No. 12A	Page 2
Name(s) shown on return. Name and	d SSN or taxpay	er identification r	no. not required if			Social secur	ity number or ntification no.
DONALD J. & MELANIA TRUMP							
Before you check Box D, E, or F belo statement will have the same informa-	ation as Form 10	you received any 99-B. Either will	Form(s) 1099-B c show whether you	r substitute statem r basis (usually you	ent(s) from y r cost) was r	our broker. A su eported to the IF	bstitute RS by your
Part II Long-Term. Transact Note: You may aggregate al	tions involving ca	apital assets you tions reported on F	held more than 1 form(s) 1099-B showi	year are long term	For short-te	rm transactions,	see page 1.
codes are required. Enter the							
You must check Box D, E, or F below.	Check only one bo	x. If more than one b	ox applies for your long-	term transactions, compl	ete a separate Fo	orm 8949, page 2, for e	each applicable box.
If you have more long-term transactions than will (D) Long-term transactions rep							
(E) Long-term transactions rep					Note above	<i>-</i> ,	
X (F) Long-term transactions not				ported to the me			
1 (a)	(b)	(c)	(d)	(e)	Adjustment,	if any, to gain or	(h) ·
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If you	enter an amount	Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	column (f). S), enter a code in See instructions.	Subtract column (e)
		(Mo., day, yr.)	120	Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
XANTHUS FUND	VARIOUS	07/11/16	1,272,112.	1,272,112.		dajaotinone	0.
PAULSON ADVANTAGE PLUS LP	VARIOUS	12/31/16	1,164,064.	2,544,947.		•	<1,380,883.>
PAULSON CREDIT							
OPPORTUNITIES LP	VARIOUS	12/31/16	3,203,518.	3,377,258.			<173,740.>
PAULSON PARTNERS LP	VARIOUS	12/31/16	2,721,124.	3,743,588.			<1,022,464.>
AG ELEVEN PARTNERS LP	VARIOUS	12/31/16	4,881,237.	4,881,237.			. 0.
AG DIVERSIFIED INCOME							
FUND PLUS LP	VARIOUS	12/31/16	3,107,730.	3,107,730.			0.
THE OBSIDIAN FUND LLC	VARIOUS	12/31/16	26,725,742.	26,823,161.			<97,419.>
							•
100							,
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-							
				9			
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			-				
			74				
							·
1							
2 Totals. Add the amounts in colur	nns (d), (e), (g) ar	nd (h) (subtract					-
negative amounts). Enter each to			==:				rit (rit
Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E				1	
above is checked), or line 10 (if E	Box F above is cl	necked)	43,075,527.	45,750,033.			<2,674,506.>

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

SCHEDULE E

(Form 1040)

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.

2016

OMB No. 1545-0074

Name(s) shown on return

our social security number

IVali	le(s) shown on return									1001 30	Jiai .	security	ııuııı	Dei
_	ALD J. & MELANIA TR		Dantal Basi Fatata ar	ad Dawa	Aine					<u></u>				
Pa			m Rental Real Estate ar instructions). If you are an indi-			of the second of								use
			16 that would require you to file		1020			S HOITI FU		+033 OH		Yes		No
	lf "Yes," did you or will yo			e i oiii(s) i	033 :	(See Instructions	9)					Yes	_	No
_			y (street, city, state, ZIP code)							- Carlo		103		140
	ENERGY TRANSFER PAR													
В														
С														
1b	Type of Property	2 Fo	r each rental real estate proper	ty listed						Fair Ren	ıtal	Persona	ı lo	JV
15	(from list below)	ab	ove, report the number of fair re	ental and						Days		Use Day		
Α	6	- pe	rsonal use days. Check the QJ ly if you meet the requirements	N box					Α		\neg		Tr	T
В		a	qualified joint venture. See instru	uctions.					В		\neg		市	寸
c		1							c		\neg		市	寸
	e of Property:							131						
1000	ingle Family Residence	3 Va	cation/Short-Term Rental 5	Land		7 Self-Rental		•						
	Iulti-Family Residence			Royalties	5	8 Other (desc	cribe)							
	ome:			perties:		A			В			С		
3	Rents received				3									
4	Royalties received				4		4.							
Exp	enses:													
5	Advertising				5									
6)		6									
7					7									
8					8				+					
9	Insurance				9							V		
10	Legal and other profess	ional fee	s		10									
11	Management fees				11				0					
12	Mortgage interest paid t	to banks	, etc. (see instructions)		12									
13	Other interest				13					_				
14	Repairs				14	4732		36	00	1				
15	Supplies				15									
16	Taxes				16	i								
17					17						_			
18			on		18									
19	Other (list)				19									
20			ugh 19		20								-	_
21			s) and/or 4 (royalties). If result is	s a			.			- 1				
	,			·····	21		4.							
22			after limitation, if any, on											,
202	Form 8582 (see instruct			L	22	()(7.5	6,634.			milet in the	
23a			line 3 for all rental properties				23a	. 2						
b	The second secon		line 4 for all royalty properties				23b	- 2		7,187.				
C	Total of all amounts repo						23c		_	987.				
d	Total of all amounts repo		l: 00 f				23d	1	_	714.				
e 24	Total of all amounts repo		shown on line 21. Do not include			l	23e			24	UNE STEEL SE	2,11	4 91	2
24			line 21 and rental real estate lo	-		2 Enter total los				25 (7,80	
25			alty income or (loss). Combin							20			, - 0)
26			apply to you, also enter this am											
			unt in the total on line 41 on page		1	5 .5, m. 5 17, 51 1	J 1	- 10. ii i, iii		26		1 83	7 10	7.

Department of the Treasury Internal Revenue Service (99)

Supplemental Income and Loss

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

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

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

OMB No. 1545-0074
2016

Attachment Sequence No. 13

Nar	me(s) shown on return					Your socia	security n	umbe	=
DOM	INID T C MOLANIA MONDO								
Contract of the last	NALD J. & MELANIA TRUMP art Income or Loss From Rental Real Estate and Ro	waltica	N						_
Pa									E
_	Schedule C or C-EZ (see instructions). If you are an individual,			r loss fro	m Form 4	1835 on pag	7 -		_
	Did you make any payments in 2016 that would require you to file Form	(s) 1099?	(see instructions)			L	」Yes	No)
	If "Yes," did you or will you file required Forms 1099?						Yes	No)
_ <u>1a</u>	Physical address of each property (street, city, state, ZIP code) PALM BEACH, FL 33480								_
A B C	PALM BEACH, FL 33480								_
<u>P</u>	h NY								_
1b	+							Т.	-
u	above, report the number of fair rental ar	a nd				Fair Rental Days	Personal Use Davs		/
_	personal use days. Check the QJV box only if you meet the requirements to file			36		366	OSC Days	╁	ī
B	1 a qualified joint venture. See instructions	as S.			A	366		╬	<u>]</u>
C	1				В	366	-	╬	Į
	pe of Property:					300			1
	Single Family Residence 3 Vacation/Short-Term Rental 5 Land		7 Self-Rental						
	Multi-Family Residence 4 Commercial 6 Roya		8 Other (descri	20)					
_	ome: Properties		A Other (descri	Je)	В		. С		-
3	Rents received					,634.			-
4	그 아이들의 경기에 가는 아이를 하는 데이스 사람이 아이를 하는데 아이는데 아이를 하는데 아이들이 아이를 하는데 아이들이 아이를 하는데 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들이 아이들					,			-
Exp	penses:								-
5	Advertising	5		1					
6	Auto and travel (see instructions)	6							-
7	Cleaning and maintenance	7		_					-
8	Commissions	8			7	,563.			
9	Insurance		4,6	0.		,382.			-
10	Legal and other professional fees					, ,			-
11	Management fees								-
12	Mortgage interest paid to banks, etc. (see instructions)	12	5,99	2.	2	,790.			-
13	Other interest		•				2		-
14	Repairs	100000000000000000000000000000000000000	4,73	2.	3	,609.			-
15	Supplies		•						-
16	Taxes	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	142,40	2.	40	,638.		57.	-
17	Utilities		18,46	3.	15	,772.			-
18	Depreciation expense or depletion	18	42,62	7.	13	,360.			-
19	Other (list) STMT 35 STMT 36 STMT 37	19	14,17	5.	5	,784.		25.	-
20	Total expenses. Add lines 5 through 19	20	233,00	1.	91	,898.		82.	
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a								-
	(loss), see instructions to find out if you must file Form 6198	. 21	-233,00	1.	-16	,264.		-82.	
22	Deductible rental real estate loss after limitation, if any, on								-
	Form 8582 (see instructions)	22 (233,00	1.)(16	,264.)		82.)
23a	Total of all amounts reported on line 3 for all rental properties		2	Ва					1
b	Total of all amounts reported on line 4 for all royalty properties		2	3b					I
С	Total of all amounts reported on line 12 for all properties		2	Bc					1
d	Total of all amounts reported on line 18 for all properties		2	Bd					
е			2	Be					-
24	Income. Add positive amounts shown on line 21. Do not include any lo					24			•
25	Losses. Add royalty losses from line 21 and rental real estate losses from					25 ()	_
26	Total rental real estate and royalty income or (loss). Combine lines 2						KI		•
	IV, and line 40 on page 2 do not apply to you, also enter this amount or	n Form 10	40, line 17, or For	n 1040N	R, line				
	18. Otherwise, include this amount in the total on line 41 on page 2		***************************************			26			

SCHEDULE E

(Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.) ► Attach to Form 1040, 1040NR, or Form 1041.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service

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

Nam	ie(s) shown on return										Your soc	ial	security	num	ıbeı
DON	ALD J. & MELANIA TI	RUMP		720											
Pa	rt I Income or Lo	oss F	rom R	ental Real Estate	and Roya	lties	Note: If you are	in the l	business	of r	enting pe	ersc	nal prop	erty,	use
	Schedule C or C	-EZ (s	see instru	ictions). If you are an ir	ndividual, rep	ort farm	rental income	or loss f	rom For	m 4	835 on p	age	2, line 4	0.	
Α	Did you make any payme	ents in	2016 tha	at would require you to	file Form(s)	1099? (see instructions)				[Yes		No
В	f "Yes," did you or will yo	ou file i	required	Forms 1099?								_	Yes		No
1a	Physical address of eac	h prop	erty (stre	et, city, state, ZIP code	e)										
Α															
В													-		
С															
1b	Type of Property	2	For each	n rental real estate proper eport the number of fai	erty listed		,			l	Fair Rent Days	tal	Persona Use Day		JV
\dashv	(from list below)	4	persona	use days. Check the	QJV box				г	-	Days	\dashv	O3C Day	, J	_
A	6	4	only if yo	ou meet the requirement ad joint venture. See in:	nts to file as					<u>A</u>		-			믁
В	6	-	a quaiiii	,					-	B C		\dashv		╌	=
C										C					
	e of Property:	0	\/ t :	/Chart Tawa Dantal	E Land		7 Calf Dontal								
	ingle Family Residence			/Short-Term Rental	5 Land6 Royaltie		7 Self-Rental8 Other (description)	iho\							
	lulti-Family Residence	4	Commer		Properties:	S 	A Other (desci	ibe)	E	2			С		
					· · · · · · · · · · · · · · · · · · ·	3		-	-	_					_
_ <u>3</u> _4						4	256,9	27.	2	477	,732.				
	Royalties received						,				,				
5	Advertising					5									
6	Auto and travel (see ins					6									
7	Cleaning and maintena					7		$\neg \uparrow$						-	
8	Commissions	1111-1-1012				8			9.	315	,000.				
9						9									
10	Legal and other profess					10									
11	Management fees					11									
12	Mortgage interest paid					12									
13	Other interest					13									
14	President (1997)					14									
15	Supplies					15									
16						16								2	53.
17	Utilities					17									
18	Depreciation expense of	or depl	etion			18									
19	Other (list) STMT 3	8	ST	MT 39		19	256,9				,391.				
20	Total expenses. Add lin	es 5 th	rough 1	9		20	256,9	27.		401	,391.			2.	53.
21	Subtract line 20 from lin	ne 3 (re	ents) and	l/or 4 (royalties). If resul	lt is a				9880 III					363644	
	(loss), see instructions					21		0.	2,	076	,341.			-2.	53.
22	Deductible rental real e	state l	oss after	limitation, if any, on											
	Form 8582 (see instruc					22 ()()(U (Spiles)		2.	53.
23a	Total of all amounts rep							23a							
b	Total of all amounts rep				es		·····	23b							
С	Total of all amounts rep						Г	23c							
d	Total of all amounts rep							23d							
е	Total of all amounts rep						L	23e			1 0 -				886
24	Income. Add positive a										24				
25	Losses. Add royalty los										25 (-			
26	Total rental real estate IV, and line 40 on page		n-n-												
	18. Otherwise, include					JIII 10	-0, iiile 17, 0f F	, ,	OINI I, III I		26				
	io. Other wise, include	110 011	.Juilt III		9										

SCHEDULE E

(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.

OMB No. 1545-0074

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

	ne(s) snown on return							Your soc	ıaı	security n	iumb	er
-	art Income or Lo		m Rental Real Estate and R	ovalties	Note: If you are in t	he husines	s of	renting ne	ersc	nal prope	rty II	-
10.51			instructions). If you are an individual								100	50
Α			116 that would require you to file Forn					İ		Yes	N	0
	If "Yes," did you or will yo				,			Ī		Yes	N	
1a			ty (street, city, state, ZIP code)									Ť
Α												
В												_
С												_
1b	Type of Property		r each rental real estate property liste					Fair Rent	al	Personal	QJ	v
	(from list below)	ab	ove, report the number of fair rental a resonal use days. Check the QJV box	and				Days		Use Days	:	
Α	6	on	ly if you meet the requirements to file	as			Α					
В	6	a	qualified joint venture. See instruction	is.			В					
С	1						С	366				
Typ	e of Property:											
1 8	ingle Family Residence	3 Va	cation/Short-Term Rental 5 Lan	d	7 Self-Rental							
2 N	Multi-Family Residence	4 Cc	mmercial 6 Roy		8 Other (describe)							
Inc	ome:		Propertie	es:	Α		В			С		
_3	The second secon											
4				4			142	2,500.			•	_
Exp	enses:											
5												
6)	7777								_
7												_
8												_
9												_
10			s				92	,145.	_			_
11	Management fees			11								_
12			, etc. (see instructions)									_
13	n .											_
14							_				-	_
15	-				200		-	120	_		100	_
16					300.			139.			196	•
17	Utilities			17					_			_
18	Other (list)	r depletic	on STMT 41 STMT 42				11	,673.	_		714	_
19				_ 19	300.			,957.			714 910	_
20 21			ugh 19 s) and/or 4 (royalties). If result is a	20	500.		103	,337.	_		910	÷
Z I			t if you must file Form 6400	0.1	-300.		3.8	,543.		-	-910	
22	2250 001 00000 00 00 00		after limitation, if any, on	21	300.			,313.	_		210	•
~~	Form 8582 (see instruct	:\		22 (300.)	(910	١
23a			line 3 for all rental properties		00-	\					Heling	1
b	A CANADA CANADA AND AND AND AND AND AND AND AND AN		! 4 for all		201		-					
C	Total of all amounts repo		" 40 (" " " " "		236							
d	Total of all amounts repo		!: 10 fax all		99.1							
e	Total of all amounts repo		line 00 fee all annualities		23d							
24	The state of the s		hown on line 21. Do not include any	lacaca				24	+100000		meritid	100
25			line 21 and rental real estate losses f		2. Enter total losses he	re		25 (_		-	1
26	WW. 8997 10 8800 80 W \$100 W		alty income or (loss). Combine lines				Ш					
			apply to you, also enter this amount									
			nt in the total on line 41 on page 2	www.commansassassassassassassassassassassassassa	AND THE PROPERTY OF THE PARTY O		ochi	26				

SCHEDULE E

(Form 1040)

Department of the Treasury Internal Revenue Service (99) 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 **2016**

Attachment 13

Your social security number

-	ALD J. & MELANIA TRUMP rt Income or Loss From Rental Real Estate and Roya				_			
Pa								Э
_	Schedule C or C-EZ (see instructions). If you are an individual, re			s from Form	4835 on p			
	Did you make any payments in 2016 that would require you to file Form(s) f "Yes," did you or will you file required Forms 1099?	1099? (Se	e instructions)		L T	Yes	_ No	
$\overline{}$	Physical address of each property (street, city, state, ZIP code)	-				Yes	No	_
A	Firysical address of each property (street, city, state, zir code)							-
В								-
c					e:			-
1b	Type of Property 2 For each rental real estate property listed				Fair Rent	al Personal	QJV	,
	above, report the number of fair rental and				Days	Use Days		
Α	personal use days. Check the QJV box only if you meet the requirements to file as			Α	366			Ī
В	6 a qualified joint venture. See instructions.			В				Ī
С	1			С	366			Ī
Тур	e of Property:							
1 S	ngle Family Residence 3 Vacation/Short-Term Rental 5 Land	. 7	Self-Rental					
2 N	ulti-Family Residence 4 Commercial 6 Royaltie	es 8	Other (describe)					_
Inc	ome: Properties:		Α	В		С		_
3	Rents received	3						_
4	Royalties received	4			24.			_
	enses:							
5	Advertising	5						_
6	Auto and travel (see instructions)	6			-			_
7	Cleaning and maintenance	7						-
8	Commissions	8						-
9	Insurance	9	55.				55.	-
10	Legal and other professional fees	10	33.				55.	-
11 12	Management fees Mortgage interest paid to banks, etc. (see instructions)	11 12					-	-
13	Other interest	13						-
14	Repairs	14						-
15	Supplies	15						-
16	Taxes	16	9.				139.	-
17	Utilities	17						-
18	Depreciation expense or depletion	18						7
19	Other (list) STMT 44 STMT 45	19	25.			26,	712.	-
20	Total expenses. Add lines 5 through 19	20	89.			26,	906.	_
21	Subtract line 20 from line 3 (rents) and/or 4 (royalties). If result is a							
	(loss), see instructions to find out if you must file Form 6198	21	-89.		24.	-26,	906.	_
22	Deductible rental real estate loss after limitation, if any, on					*		
	Form 8582 (see instructions)	22 (89.)()(26,	906.	4
23a		23a						
b			23b					١
С	Total of all amounts reported on line 12 for all properties		The second second					l
d	Total of all amounts reported on line 18 for all properties		20000					l
е	Total of all amounts reported on line 20 for all properties		S-11-11-11-11-11-11-11-11-11-11-11-11-11					
24 05	Income. Add positive amounts shown on line 21. Do not include any los		······································		24		-	
25 26	Losses. Add royalty losses from line 21 and rental real estate losses from				25 (
26	Total rental real estate and royalty income or (loss). Combine lines 24 IV, and line 40 on page 2 do not apply to you, also enter this amount on F						A.F.	
	18. Otherwise, include this amount in the total on line 41 on page 2	JIII 1040	, mie i7, or Form it	PHOININ, IIIIIE	06			
	10. 0 and and an oarroant in the total of line 41 of page 2		26					

	`				2					
	idule E (Form 1040) 2016 e(s) shown on return. Do not enter name and social secu	with number if shows				Attachr	nent Sequer			Page 2
Nam	e(s) shown officially. Do not enter hame and social sect	irity number if snowr	on page 1.					You	ır social secu	ırity number
	MALD J. & MELANIA TRUMP									
	tion: The IRS compares amounts reported on art II Income or Loss From Part II	our tax return w	and S Co	hown on Schedule(s) K-	-1.		f	-1.7-	(1) 11 . f	
2000	any amount is not at risk, you r							at-ris	k activity to	r wnich
27	Are you reporting any loss not allowed in a				THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I			ed loss	from a	
	passive activity (if that loss was not reported	d on Form 8582),	or unreimbu	rsed partnership expens	es?				X Yes	☐ No
	If you answered "Yes," see instructions befo	re completing this	s section.		I	T.,				
28		(a) Name	10		(b) Enter P fo partnership; S for S corporatio	(C) Check if foreign		i) Emp ficatio	oloyer n number	(e) Check if any amount is
Α	SEE STATEMENT 47				ror 5 corporatio	partnership	Idolla			not at risk
В										
C										
D										
	Passive Income and (f) Passive loss allowed			42.11		passive Inc				
	(attach Form 8582 if required)		ve income edule K-1	(h) Nonpassive loss from Schedule K-1		ection 179 e tion from F o		(j) Nonpassive from Sched	
Α										
В										
C D										
29a	Totals	74	,310,980.						11	559,240.
b	Totals 31,479,80	7.		72,167,04	43.			iaki.		
30								30	· ·	870,220.
31	Add columns (f), (h), and (i) of line 29b							31	(103,	646,850.
32	Total partnership and S corporation income result here and include in the total on line 41							32	_17.	776,630.
Pa	rt III Income or Loss From Est		usts			*************		32	17,	770,030.
33		(a) Name						(b) Emp	
Α	SEE STATEMENT 48									
В	Province									
-	(c) Passive deduction or loss allowe	d d		assive income	(a) Dad	Nonpa uction or lo			and Loss f) Other incor	ma from
	(attach Form 8582 if required)			Schedule K-1	` '	chedule K-		,	Schedule	
Α										
В	Marie particular and the second and									
4a	Totals		MENISHREN				SHEET .		CHANGE AND THE	Alexandra et alla
b 5	Totals Add columns (d) and (f) of line 34a							35		
6								36	()
7	Total estate and trust income or (loss). Con	nbine lines 35 and	d 36. Enter the	e result here and include	in the tota	on line 41		37	·	
Pai	rt IV Income or Loss From Rea	The second secon						al H	older	
8	(a) Name	(b) Emp identification		(c) Excess inclusion fro Schedules Q, line 20	olli (d) la loss) f	xable incom rom Sched i	e (net Iles Q,		(e) Income Schedules Q,	from
				(see instructions)	JAKII .	line 1b	â			
9	Combine columns (d) and (e) only. Enter the							39		
V-14	t V Summary * ENTIRE DISP									
0	Net farm rental income or (loss) from Form 4						<u> </u>	40	15.0	20 522
1 2	Total income or (loss). Combine lines 26, 32, 37. Reconciliation of farming and fishing income				orm 1040NR,	ine 18		41	-15,9	39,523.
_	reported on Form 4835, line 7; Schedule K-1									
	(Form 1120S), box 17, code V; and Schedule	K-1 (Form 1041)	, box 14, cod	e F (see instructions) 4	2		-309.			
3	Reconciliation for real estate professionals.	If you were a real es	state profession	al (see instructions),						
	enter the net income or (loss) you reported anywhere o	n Form 1040 or Form	1040NR from a	Il rental real estate						

43

activities in which you materially participated under the passive activity loss rules

Schedule E	Publicly Trade	ed Partnerships	3	
Name of Activity: ENERGY TRANSFER PART	NERS LP	:		
8				
A shirida a sana isana sana	1 004			
Activity net income Activity net loss	1,024. -19.		4	
Prior year unallowed losses	-277,030.			
Thor year unanowed losses				
Net income (loss)	-276,025.	100% DISPOSITION		91
Total loss allowed from the PTP for 2016	277,049.			
3				
Disallowed losses from this PTP				
	Prior Year			
Form or Schedule Gain/Loss	Carryover	Net Gain/Loss	Unallowed Loss	Allowed Loss
SCH E 1,024		-272/339.		272,339
FORM 4797 -19.	3,667.	<i>f</i> 3,686.		3,686
	/			
1,005.	277,030	-276,025.		276,025
-	= -			
	· X			
	Alternative N	finimum Tax		
Activity net income	1,067.			
Activity net loss	-19.			
Prior year unallowed losses				
Net income (loss)	-274,046.	100% DISPOSITION		
(100)				
otal loss allowed from the PTP for 2016	275,113.			
-				9
Disallowed losses from this PTP		-		
		1		
Iternative minimum tax adjustment	1,979.	-		
)		
	Prior Year			
form or Schedule Gain/Loss	Carryover	Net Gain/Loss	Unallowed Loss	Allowed Loss
CH E 1,067.	271,427.	-270,360.		270,360.
ORM 4797	3,667.	-3,686.		3,686.
			*	
/				
/	2			
	N	•		19 G
1,048.	275,094.	-274,046.		274,046.

Sch	edule SE (Form 1040) 2016	Attachment Sequence No	. 17	Page 2
Nan	e of person with self-employment income (as shown on Form 1040 or Form 1040NR)	Social security number of		
	,	person with self-employme	ent	
The second second		ncome		
	tion B - Long Schedule SE			
435756766	rt I Self-Employment Tax			
Note chui	 If your only income subject to self-employment tax is church employee income, see in the employee income. 	nstructions. Also see instru	ctions	s for the definition of
Α	If you are a minister, member of a religious order, or Christian Science practitioner and more of other net earnings from self-employment, check here and continue with Part I	you filed Form 4361, but y	ou ha	d \$400 or
1 a	Net farm profit or (loss) from Schedule F, line 34, and farm partnerships, Schedule K-1 (Fbox 14, code A. Note. Skip lines 1a and 1b if you use the farm optional method (see ins		1a	
b	If you received social security retirement or disability benefits, enter the amount of Cons Program payments included on Schedule F, line 4b, or listed on Schedule K-1 (Form 106		1b	
2	Net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form	CONTRACTOR CONTRACTOR PROCESS ASSESSMENT OF THE SECTION OF THE SEC		
	(other than farming); and Schedule K-1 (Form 1065-B), box 9, code J1. Ministers and me			
	orders, see instructions for types of income to report on this line. See instructions for other	her income to report.	- 1	
	Note. Skip this line if you use the nonfarm optional method (see instructions)	ATEMENT 49	2	15,848,092.
3	Combine lines 1a, 1b, and 2		3	15,848,092.
4 a	If line 3 is more than zero, multiply line 3 by 92.35% (0.9235). Otherwise, enter amount fr	rom line 3	4a	14,635,713.
	Note. If line 4a is less than \$400 due to Conservation Reserve Program payments on line			
b	If you elect one or both of the optional methods, enter the total of lines 15 and 17 here		4b	
С	Combine lines 4a and 4b. If less than \$400, $$ stop; you do not owe self-employment tax.	Exception.		
	If less than \$400 and you had church employee income, enter -0- and continue	▶	4c	14,635,713.
5 a	Enter your church employee income from Form W-2. See instructions			
	for definition of church employee income5a		16	
b	Multiply line 5a by 92.35% (0.9235). If less than \$100, enter -0-		5b	
6	Add lines 4c and 5b		6	14,635,713.
7	Maximum amount of combined wages and self-employment earnings subject to social se	ecurity tax or		
			7	118,500.00
8 a	Total social security wages and tips (total of boxes 3 and 7 on Form(s)			
	W-2) and railroad retirement (tier 1) compensation. If \$118,500 or more, skip			
2020	lines 8b through 10, and go to line 118a	978.		
b	Unreported tips subject to social security tax (from Form 4137, line 10) 8b			
С.	Wages subject to social security tax (from Form 8919, line 10)			0.00
	Add lines 8a, 8b, and 8c		8d	978.
9	Subtract line 8d from line 7. If zero or less, enter -0- here and on line 10 and go to line 11		9	117,522.
10	Multiply the smaller of line 6 or line 9 by 12.4% (0.124)		10	14,573.
11	Multiply line 6 by 2.9% (0.029)		11	424,436.
12 13	Self-employment tax. Add lines 10 and 11. Enter here and on Form 1040, line 57, or F	orm 1040NR, line 55	12	439,009.
13	Deduction for one-half of self-employment tax. Multiply line 12 by 50% (0.50). Enter the result here and on			
	Form 1040, line 27, or Form 1040NR, line 27	219,505.		
Par		217,000.	lections:	
Farm	Optional Method. You may use this method only if (a) your gross farm income ¹ was not	t more than \$7,560, or		
	ur net farm profits ² were less than \$5,457.	timore triair \$7,000, or		
14	Maximum income for optional methods		14	5,040.00
15	Enter the smaller of: two-thirds (2/3) of gross farm income 1 (not less than zero) or \$5,04		''	0,010.00
	this amount on line 4b above	I	15	
Nonfa	rrm Optional Method. You may use this method only if (a) your net nonfarm profits 3 were	re less than \$5 457		
	so less than 72.189% of your gross nonfarm income, ⁴ and (b) you had net earnings from			
	st \$400 in 2 of the prior 3 years. Caution. You may use this method no more than five time			
16	Subtract line 15 from line 14	-	16	
17	Enter the smaller of: two-thirds (2/3) of gross nonfarm income, 4 (not less than zero) or the	ne amount on		-
	line 16. Also include this amount on line 4b above		17	
¹ Fror		e 31; Sch. C-EZ, line 3; Sch. K		rm 1065) hox 14 code A*
		rm 1065-B), box 9, code J1.	. (1.01	300/, 50% 14, 0000 /4,
	unt you would have entered on line 1b had you not used the optional 4 From Sch. C , lin	e 7; Sch. C-EZ, line 1; Sch. K- rm 1065-B), box 9, code J2.	1 (Forn	n 1065), box 14, code C;

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

Nar	ne		mormation	about 1 om	i i io and its ser	Jarate Ilisi	ructions is at W			wn on pag	ge 1 of your tax return
וחם	NALD J. & N	ART.ANTA TI	ртти о								
-				rome listed held	IN See Ostonovi	of loos	ne in the instruction	e Chack only on	a hay an a	ach Eorr	m 1116 Deport all
am	ounts in U.S. do	llars except w	here specified in	Part II below.	w. occ Categorie	es of incon	e in the instruction	5. OHECK UIIIY UII	e nox on e	aciiruii	ii i i io. nepoit ali
a		category incor		Section 901	I(i) income		e Lum	ıp-sum distributi	ons		
ь		category incor			me re-sourced by	treaty		p cam alounous	0110		
f R	esident of (nam	e of country)	▶ UNITED	STATES							
No	te: If you paid	taxes to on	ly one foreign	country or U.S.	possession, us	e column A	in Part I and line	A in Part II. If y	ou paid	taxes to)
							for each country o				
P	art I Taxa	ble Income	or Loss From	Sources Out	side the United		r Category Chec				
						Foreign C	Country or U.S. Po	ossession			Total
					A		В	С		(Add	cols. A, B, and C.)
g			foreign countr	5 0 100 mg			STANDSHIP OF STANDARD				
					OTHER COUNTY	RIES AZI	ERBAIJAN	PANAMA			
1a			s within country	shown above							
	and of the typ	e checked abo	ove:								
					220	.083.		4.2	2,151.		761234
	Chapte if line 1	. is sammans	ation for navons	al samilass as	339	,003.		42	2,151.	1a	
d			ation for persona npensation from								
	\$250,000 or n										
	determine its			v							
Dec			ıtion: See insti	ructions.):							
2	Expenses defi	nitely related	I to the income o	n line 1a	27	,985.		1			
3			uctions not defin								
а			or standard ded		6,645	,497.	6,645,497.	6,64	5,497.		
b			atement)					·	•		
С					6,645	,497.	6,645,497.	6,64	5,497.		
d			е		339	,083.			2,151.		
е			ces		172,229	,279.	172,229,279.	172,22	9,279.		*1
f ·					. (00197	.00000		.00245		
g					13	,092.		1	6,303.		
4	Pro rata share	of interest ex	pense:	•							
а	Home mortgag	ge interest (us	e the Worksheet	for							
	Home Mortgag	ge Interest in t	the instructions)								
b	Other interest										
5	Losses from fo										F280
6	Add lines 2, 3g	Acres and the second second	STATE OF THE OWNER, WHEN PARTY AND PARTY.			077.		1	6,303.	6	5380
	Subtract line 6 f	rom line 1a. E	nter the result h	ere and on line 1	5, page 2					7	155854
10000000	rt II Fore		s Palu of A	crueu	Faurle		-14				
01	for taxes		In forci	an ourranav	Foreig	in taxes pa	aid or accrued	In LLC doll			
	(you must		111 101 61	gn currency				In U.S. doll	ars I		Ι
Country	check one)	Tayes	withheld at sour	ce on-	(n) Other	т	axes withheld at sou	irce on	(r) C		(s) Total foreign
3 (Taxos	Withhold at 30di	00 0112	foreign taxes paid or		axes withheld at soc	1100 011.	fore taxes p		taxes paid or accrued (add cols.
٥ <u>(</u>	j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) Divider	nds (p) Rents and royalties	(q) Interest	accr		(o) through (r))
	OF ACCITUED		royanies	()		` '	91.	(1/	7	,394.	8,085.
A B C											1
С											
	Add lines A thro	ugh C, colum	nn (s). Enter the	total here and o	n line 9, page 2					▶ 8	V

THE REAL PROPERTY.	art III Figuring the Credit				1 ago 2
100.0	Enter the amount from line 8. These are your total foreign taxes paid or accrued	П			
3	for the category of income checked above Part I	9	8,085.		
*1	Tot the educatory of moonie checked above fart.				
10	Carryback or carryover (attach detailed computation) SEE STATEMENT 52	10	8,596.		
11	Add lines 9 and 10	11	16,681.		
12	Reduction in foreign taxes	12			
	16				
13	Taxes reclassified under high tax kickout	13			
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	16,681.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the				
	United States (before adjustments) for the category of income checked above Part I	15	1,520,887.		
	Adjustments to line 15	16	-1,520,887.		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.				
	(If the result is zero or less, you have no foreign tax credit for the category of income				
	you checked above Part I. Skip lines 18 through 22. However, if you are filing more than				
070	one Form 1116, you must complete line 20.)	17			
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39.				
	Estates and trusts: Enter your taxable income without the deduction for your				
	exemption	18			
40	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see in			40	
	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	
20	Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, er Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule 6				
	of Form 990-T, lines 36, 37, and 39	55		20	
	Caution: If you are completing line 20 for separate category e (lump-sum distributions), see instr	uctions		20	
21	Multiply line 20 by line 19 (maximum amount of credit)			21	
	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filling, skip lines 23 thr			F	
	amount on line 28. Otherwise, complete the appropriate line in Part IV			22	0.
P	art IV Summary of Credits From Separate Parts III				
23	Credit for taxes on passive category income	23		#	
	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			
27	Add lines 23 through 26			27	0.
28	Enter the smaller of line 20 or line 27			28	0.
	Reduction of credit for international boycott operations			29	
30	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 40	3;			
	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a			30	0.

Name

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** (2016)

Name .									Identifying number as shown on page 1 of your tax return				
								1					
	NALD J. &								A Minor Co. All		2000000		
Use	a separate For	m 1116 for ea	ich category of ir	ncome listed belo	ow. See Categori	ies of In	come i	n the instructions	s. Check only or	ne box on	each Fo	rm 1116. Report all	
			here specified ir	_									
a [category inco		Section 90				e Lum	p-sum distribut	ions			
b [General	category inco	me d_	Certain inco	ome re-sourced by	treaty							
- D	acidant of (nan	no of country)	■ UNITED	CTATEC									
							A :-	D- 1111	A : D / !! !!				
					. possession, us separate colum					you paid	taxes 1	to	
	art Taxa	able Income	or Loss From	Sources Out	side the United	States	for C	ategory Check	r possession.				
153 (1.6)	ALDER VEILE							ntry or U.S. Po	-		1	Tatal	
					Α	roreig	iii Coui	В /	C		/^4	Total d cols. A, B, and C.)	
g	Enter the n	ame of the	foreign countr	vorUS					"		(Au	iu cois. A, b, and c.)	
				······································	INDIA		CANAD	A /	DATAR				
1a			s within country										
		e checked ab	•										
	31	20	-	7	_								
						3-1-1 Declarate		858,558.			1a	1,619,792.	
b	Check if line	1a is compens	ation for persona	al services as									
	an employee,	your total cor	npensation from	all sources is			/						
	\$250,000 or r	more, and you	used an alternat	ive basis to	/	\	/						
	determine its		,										
Ded	luctions and	losses (Cau	ition: See insti	ructions.):									
2	Evnancae daf	initaly ralates	I to the income of	an line to		X							
2	(attach statem	nent)SEE	to the income of STATEMENT	51 iiile ia						8,408.			
3			uctions not defin			1							
а			or standard ded		6,645	497.	1	6,645,497.	6,64	5,497.			
b	Other deduction	ons (attach sta	atement)				1	1					
С	Add lines 3a a	and 3b			6,645	,497.		6,645,497.	6,64	5,497.			
d	Gross foreign	source incom	е	******************	858,558					((*))			
е	Gross income	from all sour	ces		172 /229	,279.	1'	72,229,279.	172,22	9,279.			
f	Divide line 3d	b !! O-				00000		\.00498		.00000			
g	Multiply line 3	c by line 3f .						33,117.					
	Pro rata share				/			1					
а	Home mortgag	ge interest (us	e the Worksheet	for									
		•	the instructions)										
b	Other interest	expense											
	Losses from fo												
	Add lines 2, 3							33,117.		8,408.	6	98,905.	
7 5	Subtract line 6	from line 1a. E	nter the result h	ere and on line 1	5/page 2					🕨	7	1,520,887.	
-	DOTE-DECRETAGE		s Paid or Ad	cruea		No.		370	SEE	STATEM	ENT 5	0	
Ur	edit is claimed for taxes	-			Foreig	n taxes	s paid	or accrued					
	(you must		In forei	gn currency	1				In U.S. dolla	ars			
d l	check one)	_		2000-2000	(n) Other		222			(r) C	ther	(s) Total foreign	
ಸ :	X Paid	Taxes	withheld at sour	ce on:	foreign		Taxes	withheld at sour	ce on:	fore		taxes paid or	
			(I) Rente and	(\ .	taxes paid or accrued			(n) Dente 1 1		taxes p	s paid or accrued (add cols. crued (o) through (r))		
+"	Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	4001 HOU	(0) Div	/idends	(p) Rents and royalties	(q) Interest	4001	Jou	(o) allough (i))	
1													
1													
<u>1</u>	440		- (-) = : ::										
8 A	lad lines A thro	ough C, colum	in (s). Enter the	total here and o	n line 9, page 2						▶ 8	8,085.	

LHA For Paperwork Reduction Act Notice, see instructions.

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

OMB No. 1545-0121

IVa	ille					identifying num	DEL as sho	wii on pag	ge i oi your tax return			
DO	NALD J. & M	MELANIA TE	RUMP									
Us	e a separate Forr ounts in U.S. do	n 1116 for ead	ch category of inc here specified in F	ome listed belo Part II below.	w. See Categorie	es of In	come in	the instructions	s. Check only one	e box on e	each Forr	m 1116. Report all
a	Passive of	category incon	ne c	Section 901	I(i) income			e Lum	p-sum distribution	ons		
b		category incon		-	me re-sourced by	treaty			p			
 f F	Resident of (nam	e of country)	▶ UNITED S	TATES								
					possession, us	e colun	nn A in I	Part Land line	A in Part II If v	ou paid	taxes to	1
					separate colum					ou puiu	tuntoo to	,
					side the United							
						Foreig	ın Coun	itry or U.S. Po	ssession			Total
					Α			В	С		(Add	cols. A, B, and C.)
g	Enter the na	ame of the f	oreign country	or U.S.						,,,,,,,,		
	possession				CANADA		KOREA	SOUTH	UNITED KIN	GDOM		
1a			within country sh									
	and of the type	e checked abo	ove:									
					5,462	,223.			11,96	4,980.	1a	
b			ation for personal									
			npensation from a									
			used an alternativ	e basis to								
determine its source (see instructions)												
Deductions and losses (Caution: See instructions.):												
2			to the income on		930	,576.	A CONTRACTOR OF THE CONTRACTOR	100.	24,14	3,235.		
3	Pro rata share	of other dedu	ictions not definit	ely related:								
а			or standard dedu		6,645	497.		6,645,497.	6,64	5,497.		
b	Other deduction	ons (attach sta	atement)									
С					6,645			6,645,497.	6,64	5,497.		
d			e		5,462					4,980.		
е			ces		172,229		17	2,229,279.	172,22			
f	Divide line 3d l					3171		.00000		.06947		
g					210	778.		rosansa susa susuan	46:	1,651.		
4	Pro rata share											
а			e the Worksheet f	or								
L	100000000000000000000000000000000000000		the instructions)									
	Losses from fo											
5	Add lines 2, 3g	•			1,141,	354	-	100.	24,604	1 886		
			nter the result he	re and on line 1		331.		100.	24,00	1,000.	7	
			Paid or Ac		10, page 2							
C	redit is claimed				Foreig	n taxe	s paid o	or accrued				
	for taxes (you must		In foreig	n currency	-				In U.S. dolla	ars		
>	check one)				(n) Other					(r) C)ther	(s) Total foreign
貫(h) X Paid	Taxes	withheld at source	e on:	(n) Other foreign		Taxes	withheld at sour	rce on:	fore		taxes paid or
ત્ર ો	i) Accrued		14		taxes paid or					taxes p	aid or	accrued (add cols.
Γ	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) Di	vidends	(p) Rents and royalties	(q) Interest	accr	ued	(o) through (r))
A 0.	5/27/16									247	,378.	247,378.
3												
8	Add lines A thro	ugh C, colum	in (s). Enter the to	otal here and o	n line 9, page 2						8	

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

Name

Na	me								Identifying num	iber as sho	wn on pa	age 1 of your tax return
DO	NALD J. & 1	MET.ANTA T	ритир									
_				nooma listed hale	0W Con O /			a the instruction	- Charlessless			
am	ounts in U.S. do	ollars except w	ten category of it there specified in	n Part II below.	ow. See Categori	ies of Ir	icome II	i the instructions	s. Gneck only on	ie box on e	each Fo	rm 1116. Report all
a		category incor			1(j) income			e Lum	p-sum distribut	ione		
		category incor	_		ome re-sourced by	, treaty		e Luiii	ıp-sum ulsulbut	10115		
-		outogory moor		outam mor	omo ro souroca b	yticaty						
f F	Resident of (nan	ne of country)	■ UNITED	STATES								
					. possession, us	se colur	nn A in	Part I and line	A in Part II. If	you paid	taxes t	0
mo	ore than one	foreign coun	try or U.S. pos	session, use a	separate colum	n and	line for e	each country o	r possession.			•
P	art I Taxa	able Income	or Loss From	Sources Out	side the United	States	(for Ca	ategory Check	ced Above)			
						Foreig	n Cour	ntry or U.S. Po	ssession			Total
	40 MO 18 1800	W222 S			Α			В	С		(Ad	d cols. A, B, and C.)
g		ame of the f	- T			DOMIN:						
					CHINA	A REAL PROPERTY.	REPUB	LIC	PANAMA			
та			s within country	shown above								
	and or the typ	e checked abo										
12									01	3,053.	1a	
b	Check if line 1	1a is compens	ation for person	al services as					Giornal St.	3,033.	ia	
_			npensation from									
			used an alternat									
	determine its	source (see in	structions)	🕨 🔲								
De	ductions and	losses (Cau	ution: See inst	ructions.):								
2	Expenses def	initely related	I to the income of	on line 1a			SCHOOL FLEE					
	Washington and the second				3,887	,451.	916010000	34,803.	37	0,205.		
3			octions not defin		6 645	407		C CAE 407	6.64	F. 407		
a b			or standard ded atement)		6,645	,497.		6,645,497.	6,64	5,497.		
C	Add lines 3a a				6,645	497		6,645,497.	6 64	5,497.		
d			e		3,010	, 25 / •		0,015,157.		3,053.		
e			ces		172,229	,279.	17	72,229,279.	172,22			
f						00000	1100	.00000		.00530		
g									3	5,223.		
4	Pro rata share											
а	Home mortgag	ge interest (us	e the Worksheet	for								
	CONTRACT INDUCTOR ACCOUNTS		the instructions)					10				
b						1,00,000						
5	Losses from fo											14
6	Add lines 2, 3g				3,887	,451.		34,803.	40	5,428.	6	
Pa	irt II Fore	ign Taxes	nter the result h	ccrued	15, page 2						7	
(11/4/9/04/16	redit is claimed				Foreig	ın taxe	s paid o	or accrued				
	for taxes (you must		In forei	gn currency					In U.S. dolla	ars		
2	check one)				(n) Other				500 0 500 0 500 0 May 500 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	(r) O	thor	(a) Total foreign
Country	h) X Paid	Taxes	withheld at sour	ce on:	(n) Other foreign		Taxes	withheld at sour	rce on:	fore		(s) Total foreign taxes paid or
3					taxes paid or					taxes p		accrued (add cols.
	(j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) Di	vidends	(p) Rents and royalties	(q) Interest	accr	ned	(o) through (r))
A												
A B C												A 20
_	A J J I'		/) =									
					n line 9, page 2						8	
LHA	For Paperv	vork Heduci	tion Act Notice	e, see instruct	tions.							Form 1116 (2016)

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

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

OMB No. 1545-0121

Nan	ne			i.					Identifying num	ber as sho	wn on pa	ge 1 of your tax return
DOI	NALD J. &	MELANIA T	RUMP									
Use	a separate For	m 1116 for ea	ach category of	income listed bel	ow. See Categori	ies of In	come in	the instructions	s. Check only or	e box on e	each For	m 1116. Report all
amo				in Part II below.				(*) (<u>*) (*) (*)</u> (*)				
a L		category inco			1(j) income			e Lum	p-sum distribut	ions		
b [X General	category inco	me , d [Certain inc	ome re-sourced by	y treaty						
f R	esident of (nan	ne of country)	▶ UNITE	STATES								
No	te: If you paid	taxes to or	ly one foreign	country or U.S	. possession, us	se colun	nn A in f	Part I and line	A in Part II. If	ou paid	taxes t	0
					separate colum					,		
	art Taxa	able Income	or Loss Fro	n Sources Out	side the United	States	(for Ca	tegory Check	(ed Above)			
						Foreig	n Coun	try or U.S. Po	ssession		V	Total
					Α			В	С		(Add	d cols. A, B, and C.)
g	Enter the name of the foreign country or U.S.				UNITED ARAB	3						, , , ,
	possession	i			EMIRATES		PUERTO	RICO	CANADA			
1a			s within country									
	and of the type checked above:											
					41	,251.		1,930.	6,28	8,301.	1a	
b	Check if line 1	1a is compens	ation for perso	nal services as								
	an employee,	your total cor	mpensation fror	n all sources is								
	\$250,000 or r	more, and you	used an alterna	ative basis to								
	determine its		/									
Ded	luctions and	losses (Cau	ution: See ins	tructions.):								
2			to the income	on line 1a	166	,383.		296.	21	0,420.		
3	Pro rata share											
а				duction	6,645	.497.		6,645,497.	6 64	5,497.		
									,	,		
	Add lines 3a a	- J 0L			6,645	.497.		6,645,497.	6.64	5,497.		
d	Gross foreign				41,251. 1,930.				8,301.			
				*			17	2,229,279.	172,22			
	Divide line 3d	h !! O .				00024		.00001	'	.03651		
		5550 UE			1	,600.		59.	24	2,610.		
	Pro rata share											
а	Home mortgag	ge interest (us	e the Workshe	et for								
	Home Mortgag	ge Interest in	the instructions)								
5	Losses from fo	oreign source	s									
	Add lines 2, 3g					,983.		355.	45	3,030.	6	
7 S			nter the result s Paid or A	here and on line	15, page 2						7	
-	edit is claimed		o raid of F		Foreig	an tavo	e haid a	r accrued				
1	for taxes	-	In for	eign currency	ı oreit	JII LANCS	s paiu o	accided	In U.S. dolla			
	(you must check one)		III IOI	agir currency					111 0.5. 00116			Г
_	(h) X Paid Taxes withheld at source on:				(n) Other		Tayes	withheld at sour	ce on.	(r) 0		(s) Total foreign
(i) Accrued				. 55 5112	foreign taxes paid or		TUNUS	Withincla at 30th	00 011.	fore taxes p		taxes paid or accrued (add cols.
(i) Date paid (k) Dividends (I) Rents and royalties (m) Interest				accrued	(0) Div	ridends	(p) Rents and royalties	(q) Interest	accr		(o) through (r))	
or accrued (N) Shooting (17) royalties (III) interest			(5)		royalties	(4)						
										622	,227.	622,227.
ВА	dd lines A thro	ough C. colum	nn (s). Enter the	total here and o	n line 9. page 2						8	, , , , , , , , , , , , , , , , , , ,
				e, see instruct		*******	**********	4444	***************************************			Form 1116 (2016)

Foreign Tax Credit

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

Information about Form 1116 and its separate instructions is at www.irs.gov/form1116. 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. Lump-sum distributions Passive category income Section 901(j) income **b** X 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 В C (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. GRENADA INDIA PHILIPPINES possession 1a Gross income from sources within country shown above and of the type checked above: 10,879. 3,533,001. 1a **b** Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a 3.117. 341. 751,817. (attach statement) Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction 6,645,497. 6,645,497. 6,645,497: **b** Other deductions (attach statement) c Add lines 3a and 3b 6,645,497. 6,645,497. 6,645,497. 10,879, 3,533,001. d Gross foreign source income 172,229,279 172,229,279. 172,229,279. Gross income from all sources .00006 Divide line 3d by line 3e 00000 .02051 398. 136,322. 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 Losses from foreign sources 3,515. 341. 888,139. 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 U.S. dollars In foreign currency (you must check one) (r) Other (s) Total foreign (n) Other Taxes withheld at source on: Taxes withheld at source on: (h) X Paid foreign taxes paid or foreign taxes paid or taxes paid or accrued (add cols. accrued accrued (o) through (r)) (p) Rents and (j) Date paid or accrued (I) Rents and (0) Dividends (k) Dividends 1 019 1,019. В 381,748. 381,748.

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

▶ 8

C

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

OMB No. 1545-0121

Na	ime					Identifying num	ber as show	wn on pa	ge 1 of your tax return					
DC	DONALD J. & MELANIA TRUMP													
_					0	b 000000								
US	se a separate Forr nounts in U.S. do	m 1116 for each	cn category of in	Come listed belo	w. See Categorie	es of Ind	come in	the instructions	s. Check only one	e box on e	ach For	m 1116. Report all		
			_		(1)									
a		category incon		Section 901	1.0			e Lum	p-sum distribution	ons				
D	General C	category incon	ne d	Certain inco	me re-sourced by	treaty								
_	Desident of /nom	o of country)	▶ UNITED	CHAMEC										
	Resident of (nam													
					possession, us					ou paid t	axes to)		
					separate colum side the United					-2-11-4-61-				
bil	ure I I I I I I I I I I I I I I I I I I I	ible income	OI LUSS ITUIT	Sources Outs										
					A	Foreig	n Coun	try or U.S. Po	T		/ 6 1	Total		
_					A			В	С		(Add	I cols. A, B, and C.)		
g			oreign countr		GEORGIA		ISRAEI		AGEDDATIAN					
	possession			GEORGIA		ISKAEI		AZERBAIJAN	el communica					
18	a Gross income			snown above										
	and of the typ	е спескей або	ove:											
										6.1				
	Obselvit line d		- ti f	.1 2			elsimida			64.	1a			
1	check if line 1													
			npensation from											
\$250,000 or more, and you used an alternative basis to														
n _e	determine its source (see instructions) eductions and losses (Caution: See instructions.):													
De	ductions and	iosses (Oau	ition. Gee man	uctions.j.										
2														
_	3A				4	,901.		9,732.	3 In-Number Co. Number S	7,392.				
3			ctions not defin		C CAE	407		6 64E 407	6.64	F 407				
10			or standard ded		6,645	,49/.		6,645,497.	6,64	5,497.				
			itement)		E CAE	407		C CAE 407	6.64	5 407				
C		na 3b			6,645	,49/.		6,645,497.	0,04	5,497.				
	Gross foreign	Source incom	e		172,229	270	1 7	22 220 270	64. 279. 172,229,279.					
6			ces			00000	17	.00000		.00000				
f					• '	00000		.00000	-	.00000				
9						Same I				59500000000				
4	Pro rata share			for.										
a	Home mortgag													
1.			the instructions)											
	Other interest		 3											
6	Add lines 2, 3g				1	901.		9,732.	3,	7,392.				
	Subtract line 6 f			ore and on line 1	The second secon	, 501.		3,132.	3.	, 332.	7			
_			Paid or A		5, paye 2						1			
10000	Credit is claimed			30.000	Foreig	ın taye	s naid o	or accrued						
	for taxes		In forei	gn currency	1 01015	l taxe.	paid	or accraca	In U.S. dolla	ire	-			
	(you must check one)		11110101	gircuironoy					111 0.0. dolla	0.000		2 1000 1 100 10		
Country	📆	ce on:	(n) Other		Таурс	withheld at sour	rce on:	(r) 0		(s) Total foreign				
TO.			withinioid at oodi	00 011.	foreign taxes paid or		Tuxus	Withinold at 30th	00 011.	forei taxes p		taxes paid or accrued (add cols.		
9	(i) Accrued (j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) Div	ridends	(p) Rents and royalties	(q) Interest	accr		(o) through (r))		
A (iii) interest						(0) 31.		· · royalties	(4)					
В														
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_	Add lines A thro	nuah C. colum	n (c) Enter the	total horo and a	n line 0 nage 9						8			
0	Aud IIII Co A IIII C	Jugii O, CUIUIII	ın (ə). LIILCI IIIC	LULAI HELE AHU U	n mic o, page 2	0.00334305000000000000000000000000000000					- N ←	i		

Foreign Tax Credit

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

Information about Form 1116 and its separate instructions is at www.irs.gov/form1116 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. Passive category income Section 901(j) income Lump-sum distributions b X General category income Certain income re-sourced by treaty f Resident of (name of country) WINITED STATES Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession. Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total (Add cols. A, B, and C.) В C Enter the name of the foreign country or U.S. BRAZIL SAINT MARTIN MEXICO possession 1a Gross income from sources within country shown above and of the type checked above: 1,010,648. 1a **b** Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a 195,842 1,885,754, 4.907. (attach statement) Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction 6,645,497. 6,645,497. 6,645,497. **b** Other deductions (attach statement) c Add lines 3a and 3b 6,645,497. 6,645,497. 6,645,497. 1,010,648. d Gross foreign source income 172,229,279. 172,229,279. 172,229,279 Gross income from all sources .00000 .00587 .00000 Divide line 3d by line 3e 38,973. 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 195.842. 1,924,727. 4.907. 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 (you must check one) (r) Other (s) Total foreign (n) Other (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. Accrue accrued accrued (o) through (r)) (I) Rents and (j) Date paid or accrued (k) Dividends (p) Rents and (q) Interest В C

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

▶ 8

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

OMB No. 1545-0121

Department of the Treasury Internal Revenue Service (99) Name

IVAI	110								Identifying nur	nber as sho	own on p	age 1 of your tax return
DOI	NALD J. &	MELANIA 1	I'RUMP									
Jse	a separate Fo	rm 1116 for e	ach category of where specified	income listed belo in Part II below.	ow. See Categor	ries of In	come i	in the instruction	s. Check only o	ne box on	each Fo	orm 1116. Report all
a [category inco			1(j) income			e Lum	ıp-sum distribut	iono		
) [category inco			ome re-sourced b	y treaty		e Luiii	ip-surii distribui	10118		
R	esident of (nar	ne of country) DUNITE	STATES								
				country or U.S	possession u	se colun	nn Δ in	Part Land line	Δ in Dart II If	vou poid	tovoo	
no	re than one	foreign coul	ntry or U.S. po	ssession, use a	separate colun	nn and l	ine for	each country o	r nossession	you paid	laxes	Ю
Pa	rt I Tax	able Income	e or Loss Fro	m Sources Out	side the United	d States	(for C	ategory Check	(ed Above)	***************************************		
						Foreig	n Cou	ntry or U.S. Po	ssession			Total
					Α			В	С		(Ad	ld cols. A, B, and C.)
			foreign coun									
	possession	١			QATAR		INDON	ESIA	IRELAND			
1a			es within country	/ shown above								
	and of the typ	e checked ab	ove:									
												*
	01 1 1611				To the contract of the first contract of			730,213.	7,76	2,717.	1a	
b			sation for person									
	eniployee,	your total co	mpensation from	n all sources is								
	determine its		used an alterna	ative dasis to								
ed			ution: See ins	tructions):		2				Contract to		
cu	actions and	losses (Ca	ution. See ins	tructions.j.								
2	Expenses def	initely related	d to the income	on line 1a		254			A THE COMMENT OF STREET A PROPERTY OF	THE STATE OF THE		
					2,6 14 14 14 14 14 14 14 14 14 14 14 14 14	364.	- NORTH AND ADDRESS OF	648,301.	10,30	3,521.		
_			uctions not defi		6 645	405						
				duction	6,645	,497.		6,645,497.	6,64	5,497.		72
	Add lines 3a a	1.01	atement)	STATE OF STA	6 645	407		C C15 105				
					6,645	,49/.		6,645,497.		5,497.		
u e	Grace income	from all cour	re		172 220	270	1.5	730,213.		2,717.		
	Divide line 3d				172,229	00000	17	72,229,279.	172,22	-		
		-01-21 -0111-120111-1-1-1-1-1-1-1-1-1-1-1-1-1-1			•	00000		.00424		.04507		
9	Pro rata share	of interpet ov	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			in the absolute		28,185.	29	9,516.		
			se the Workshee	et for		Marie and M	tor (public	AND ALTO SERVICE				
			the instructions							l		
	Losses from fo	oreign source	s									
	Add lines 2, 3g					364.		676,486.	10,60	3 037	6	
S	ubtract line 6 t	from line 1a. I	Enter the result I	here and on line 1	5, page 2		20000000			-	7	
ar	t II Fore	ign Taxe	s Paid or A	ccrued							_	
Cre	dit is claimed for taxes				Foreig	gn taxes	paid o	or accrued				
	(you must		In fore	eign currency					In U.S. dolla	ırs		
	check one)				(n) Other					(r) Ot	her	(s) Total foreign
	X Paid	Taxes	withheld at sou	rce on;	foreign		Taxes	withheld at sour	ce on:	forei		taxes paid or
(i)	Accrued		1 /0 5		taxes paid or					taxes pa		accrued (add cols.
(J)	Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(0) Divi	dends	(p) Rents and royalties	(q) Interest	accru	ied	(o) through (r))
										1	,736.	1,736.
-	1411											
				total here and or							8	
A	For Paperw	ork Reduct	tion Act Notic	e, see instructi	ons.							Form 1116 (2016)

Foreign Tax Credit

(Individual, Estate, or Trust)

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

Identifying number as shown on page 1 of your tax return

Name

Use	NALD J. & I	m 1116 for ea		ncome listed below	w. See Categorie	es of In	ncome in	n the instructions	:. Check only or	ne box on	each Fo	rm 1116. Report all
a [Passive of	category incor	me c _	Section 90	l(j) income ome re-sourced by	treaty		e Lum	p-sum distribut	ions		
f R	esident of (nam	ne of country)	■ UNITED	STATES								
					possession, us	e colur	mn A in	Part I and line	Δ in Part II If y	vou paid	tayor t	to.
					separate colum					you paid	taxes t	
	art Taxa	ble Income	or Loss From	Sources Out	side the United	States	(for Ca	ategory Check	ed Above)			
								ntry or U.S. Po			T	Total
					Α			В	С		hA)	d cols. A, B, and C.)
g	Enter the na	ame of the f	oreign count	rv or U.S.			ST. V	INCENT AND				a 0010: 71, D, and 0.)
·				5	TURKEY		THE G	R				
1a			within country									
			ove:									
			No. 1000 1000									
					888	,815.					1a	38,608,075.
b	Check if line 1	a is compens	ation for person	al services as								
	an employee,	your total con	npensation from	all sources is								
	\$250,000 or n	nore, and you	used an alternat	tive basis to								
	determine its	source (see in	structions)	🕨 🔲								
Ded	luctions and	losses (Cau	ition: See inst	ructions.):								
2	Evnancae dafi	nitely related	to the income of	on line 1a								
2	(attach statem	ient) SEE	to the income of	54	153	,879.		323.				
3			ctions not defin									
а	Certain itemize	ed deductions	or standard ded	duction	6,645	,497.		6,645,497.				
b	Other deduction	ons (attach sta	tement)									
С	Add lines 3a a	nd 3b			6,645	,497.		6,645,497.				
d	Gross foreign	source incom	e		888	,815.						•
е	Gross income	from all source	es		172,229	,279.	17	72,229,279.				
f	Divide line 3d				. (00516		.00000				
g	Multiply line 3	c by line 3f			34,	,272.			1			
4	Pro rata share			100								
а		•	e the Worksheet									
			he instructions)									
5	Losses from fo	oreign sources	3									
10.0	Add lines 2, 3g				<u>.</u>	151.		323.			6	45,233,247.
			nter the result h	ere and on line 1	5, page 2						7	-6,625,172.
1334min 12	edit is claimed		raiu UI A	cor u c u					SEE	STATEM	ENT 5	3
01	for taxes		In forci	ian aurranau	Foreig	in taxe	s paid o	or accrued	1.110.11			
	(you must		пп юге	ign currency					In U.S. dolla	ars T		
∄ ″	check one)	Tayee	withheld at cour	re on'	(n) Other		Toyer	withhold at ac	00.00*	(r) C		(s) Total foreign
3	(h) X Paid Taxes withheld at source on:		oo on,	foreign taxes paid or		Taxes	withheld at sour	CE UII.	fore taxes p		taxes paid or accrued (add cols.	
Ö (i	Accrued Accrued Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	accrued	(n) Di	vidends	(p) Rents and royalties	(q) Interest		rued	(o) through (r))
	or accrued	(m) Siziderida	royalties	(III) II IGI GGC		(0)	videilus	royalties	(4) milerest			
A-												
A B C											•	+
	Add lines A thro	ough C colum	n (s) Enter the	total here and o	n line 9 nane 2						8	1,254,108.
				e, see instruct	- 110	,,,,,,,	······		·,,,,		0	Form 1116 (2016)

_	m 1116 (2016) DONALD J. & MELANIA TRUMP					raye Z
P	art III Figuring the Credit			Sauria 1		
9	Enter the amount from line 8. These are your total foreign taxes paid or accrued					S.
	for the category of income checked above Part I	9	1,254,108.			
			0 004 505			
10	Carryback or carryover (attach detailed computation) SEE STATEMENT 55	10	8,091,785.			
			0 345 903			
11	Add lines 9 and 10	11	9,345,893.			
		1.0	90			
12	Reduction in foreign taxes	12				
200		10				
13	Taxes reclassified under high tax kickout	13				
	O Live the 44 40 and 40 This is the total amount of foreign toyon qualible for gradit			14		9,345,893.
	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit Enter the amount from line 7. This is your taxable income or (loss) from sources outside the	TT				
15	United States (before adjustments) for the category of income checked above Part I	15	-6,625,172.			
	United States (before adjustificitis) for the category of income checked abover are	15	, , ,			
46	Adjustments to line 15	16	1,520,887.			
	Adjustments to line 15 Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.	1.0				
17	(If the result is zero or less, you have no foreign tax credit for the category of income				l	
	you checked above Part I. Skip lines 18 through 22. However, if you are filing more than					
	one Form 1116, you must complete line 20.)	17	-5,104,285.		ĺ	
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39.		25			
.0	Estates and trusts: Enter your taxable income without the deduction for your				ĺ	
	exemption	18			l	
	Caution: If you figured your tax using the lower rates on qualified dividends or capital gains, see	instructions	S.			
19	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19		
	Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien,					
	Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule	G, line 1a;	or the total		ĺ	
	of Form 990-T, lines 36, 37, and 39			20		
	Caution: If you are completing line 20 for separate category e (lump-sum distributions), see inst	tructions.				
21	Multiply line 20 by line 19 (maximum amount of credit)			21		
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 th	hrough 27 a	nd enter this			
	amount on line 28. Otherwise, complete the appropriate line in Part IV)	22		0.
P	art IV Summary of Credits From Separate Parts III			Name of		
	Credit for taxes on passive category income					
24	Credit for taxes on general category income					
	Credit for taxes on certain income re-sourced by treaty	The state of the s				
	Credit for taxes on lump-sum distributions					
	Add lines 23 through 26			27		
	Enter the smaller of line 20 or line 27			28		
	Reduction of credit for international boycott operations			29	-	
30	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line	40,			1	

Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

(Individual, Estate, or Trust)

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

Identifying number as shown on page 1 of your tax return

OMB No. 1545-0121

Name

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

DONALD J. & MELANIA TRUMP Use a separate Form 1116 for each category of income listed below. See Categories of Income in the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below. a 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 В (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. OTHER COUNTRIES AZERBAIJAN PANAMA possession 1a Gross income from sources within country shown above and of the type checked above: 239,433. 422,151. 1a b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a 27 985 (attach statement) Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction 53,980, 53,980, 53,980. **b** Other deductions (attach statement) 53,980. c Add lines 3a and 3b 53,980. 53,980. d Gross foreign source income 339,083, 422,151. 172,229,279. 172,229,279. 172,229,279. Gross income from all sources f Divide line 3d by line 3e .00197 00000 .00245 g Multiply line 3c by line 3f 106. 132 Pro rata share of interest expense: a Home mortgage interest (use the Worksheet for Home Mortgage Interest in the instructions)

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) (r) Other (s) Total foreign (n) Other (h) X Paid Taxes withheld at source on: Taxes withheld at source on: foreign taxes paid or foreign taxes paid or accrued (add cols. taxes paid or Accrue accrued (I) Rents and accrued (o) through (r)) (j) Date paid (k) Dividends (0) Dividends (p) Rents and 8.085. 691 7.394. В С 8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 ▶ 8

28,091.

LHA For Paperwork Reduction Act Notice, see instructions.

b Other interest expense 5 Losses from foreign sources

Add lines 2, 3g, 4a, 4b, and 5

132.

ALTERNATIVE MINIMUM TAX

Foreign Tax Credit

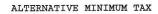
(Individual, Estate, or Trust)

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

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

Identifying number as

Nume				identifying num	IDEL as show	wii oli pag	ge i oi your tax return
DONALD J. & MELANIA TRUMP							
Use a separate Form 1116 for each category of income listed be amounts in U.S. dollars except where specified in Part II below.	low. See Categori	es of In	come in the instruction	ns. Check only on	e box·on e	ach For	m 1116. Report all
	1(j) income		e Lur	np-sum distribut	ione		
	come re-sourced by	treaty	6	np sum distribut	10113		
f Resident of (name of country) UNITED STATES							
Note: If you paid taxes to only one foreign country or U.S.	6. possession, us	e colun	n A in Part I and line	A in Part II. If	ou paid t	axes to	
more than one foreign country or U.S. possession, use a							
Part I Taxable Income or Loss From Sources Ou	tside the United	States	(for Category Chec	ked Above)			
		Foreig	n Country or U.S. P	ossession			Total
	Α		В	С		(Add	cols. A, B, and C.)
g Enter the name of the foreign country or U.S.							
possession	INDIA		CANADA	QATAR			
1a Gross income from sources within country shown above							
and of the type checked above:							
0.000							
			858,558			1a	1,520,142.
b Check if line 1a is compensation for personal services as							
an employee, your total compensation from all sources is							
\$250,000 or more, and you used an alternative basis to							
determine its source (see instructions)							
Deductions and losses (Caution: See instructions.):							
2 Expenses definitely related to the income on line 1a					8,408.		
(attach statement) Pro rata share of other deductions not definitely related ;					0,400.		
a Certain itemized deductions or standard deduction	53	,980.	53,980	5	3,980.		
b Other deductions (attach statement)		,,,,,,,,	33,300	-	3,500.		
	53	,980.	53,980	5	3,980.		
d Gross foreign source income		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	858,558		3,500.		
e Gross income from all sources	172,229	279.	172,229,279		9 279		
a British off the		00000	.0049		.00000		
g Multiply line 3c by line 3f	-		269				
4 Pro rata share of interest expense:		QARIE					
a Home mortgage interest (use the Worksheet for	1912 779 Landschaft and Sales and	Mary Operation					
Home Mortgage Interest in the instructions)							
b Other interest expense				1			
5 Losses from foreign sources							
6 Add lines 2, 3g, 4a, 4b, and 5			269.		8,408.	6	36,900.
7 Subtract line 6 from line 1a. Enter the result here and on line Part II Foreign Taxes Paid or Accrued	15, page 2			•••••		7	1,483,242.
Credit is claimed	Foreig	un tovo	s paid or accrued				
for taxes	ı oreiç	III taxes	s paid of accided	In U.S. doll	oro		- 10
(you must				111 0.5. 0011	ars I		Г
check one) (h) X Paid Taxes withheld at source on:	(n) Other		Taxes withheld at so	Iroo on'	(r) 0:		(s) Total foreign
(h) Paid laxes withheld at source on:	foreign taxes paid or		Taxes Willingia at 501	irce on.	forei taxes p		taxes paid or accrued (add cols.
(i) Accrued (j) Date paid (j) Date paid (k) Dividends (I) Rents and royalities (m) Interest	accrued	(0) Div	ridends (p) Rents and royalties	(q) Interest	accri		(o) through (r))
		(0) 51	royalties	(4)			
R		3					
A B C		_	-	 			·
8 Add lines A through C, column (s). Enter the total here and	on line 9 name 2			L	L	8	8,085.
LHA For Paperwork Reduction Act Notice, see instruc							Form 1116 (2016)
							(2010)



For	m 1116 (2016) 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				
	for the category of income checked above Part I	9	8,085.		
10	Carryback or carryover (attach detailed computation) SEE STATEMENT 64	10	17,192.		
			25 277		
11	Add lines 9 and 10	11	25,277.		
40	Deduction is favoign taxes	12	592		
12	Reduction in foreign taxes	12		1	
13	Taxes reclassified under high tax kickout	13			1 •3
10	Taxos rootassinou undor riigir tax kiokout	101		1340000	
14	Combine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit			14	25,277.
15	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the				
	United States (before adjustments) for the category of income checked above Part I	15	1,483,242.		
16	Adjustments to line 15	16	-1,483,242.		
17	Combine the amounts on lines 15 and 16. This is your net foreign source taxable income.				
	(If the result is zero or less, you have no foreign tax credit for the category of income				
	you checked above Part I. Skip lines 18 through 22. However, if you are filing more than				
	one Form 1116, you must complete line 20.)	17			
18	Individuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39.				
	Estates and trusts: Enter your taxable income without the deduction for your				
	exemption	18			
	$\textbf{Caution:} \ \ \text{If you figured your tax using the lower rates on qualified dividends or capital gains, see}$				
	Divide line 17 by line 18. If line 17 is more than line 18, enter "1"			19	
20	Individuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien, e				
	Form 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedule	20 50			E 250 725
	of Form 990-T, lines 36, 37, and 39			20	5,259,735.
	Caution: If you are completing line 20 for separate category e (lump-sum distributions), see inst		*/ (A		
	Multiply line 20 by line 19 (maximum amount of credit)			21	
22	Enter the smaller of line 14 or line 21. If this is the only Form 1116 you are filling, skip lines 23 th amount on line 28. Otherwise, complete the appropriate line in Part IV	irougii 27 ai	id enter this	22	0.
P	art IV Summary of Credits From Separate Parts III			22	-
	Credit for taxes on passive category income	23			
	Credit for taxes on general category income		3,025,010.		
	Credit for taxes on certain income re-sourced by treaty				
26	Credit for taxes on lump-sum distributions				
27	Add lines 23 through 26	-		27	3,025,010.
	Enter the smaller of line 20 or line 27			28	3,025,010.
	Reduction of credit for international boycott operations			29	
	Subtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, line 4		on anne tou (400 f. n. 100 f.		
00000	Form 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a		>	30	3,025,010.

Form **1116** (2016)

611511 12-21-16

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.

2016
Attachment
Sequence No. 19

Name				4	identifying number a	Shown on	sage 1 or your tax return
DONAL	D J. & MELANIA TRUMP						
	eparate Form 1116 for each category of income listed below	w. See Categorie	s of Incom	in the instructions	. Check only one box	on each F	orm 1116. Report all
	s in U.S. dollars except where specified in Part II below.	Guiogono	0 01 11100111		•		-
a	Passive category income c Section 901	(j) income		e Lump	p-sum distributions		P
b X	General category income d Certain inco	me re-sourced by	treaty				
	lent of (name of country) UNITED STATES						*
	If you paid taxes to only one foreign country or U.S.	A STATE OF THE STA				id taxes	to
Part	than one foreign country or U.S. possession, use a Taxable Income or Loss From Sources Outs		Contract of the last of the la		CONTRACTOR OF THE PARTY OF THE	-	
Lait	Taxable income of Loss From Sources Outs			ountry or U.S. Po		T	Total
		A	roreigh C	В	C	- I (Δ	dd cols. A, B, and C.)
g Er	nter the name of the foreign country or U.S.						ud 0013. A, D, and 0.)
	ossession	CANADA	KOR	EA, SOUTH	UNITED KINGDOM		
	ross income from sources within country shown above						
an	nd of the type checked above:						
		5,462,	223.		11,964,9	0. 1a	-
	neck if line 1a is compensation for personal services as						
	employee, your total compensation from all sources is						
	250,000 or more, and you used an alternative basis to						
	tions and losses (Caution: See instructions.):						
Deduc	tions and losses (Caution, See Instructions.).						
	penses definitely related to the income on line 1a ttach statement)	930,	576.	100.	24,143,2	5.	
	o rata share of other deductions not definitely related:						
	rtain itemized deductions or standard deduction	53,	980.	53,980.	53,98	0.	
	her deductions (attach statement)						
100	ld lines 3a and 3b		980.	53,980.	53,98	104 (001)	
	oss foreign source income	5,462,		150 000 050	11,964,98	C0000	
	oss income from all sources	172,229,	3171	172,229,279.	172,229,27	THE STATE OF	
	vide line 3d by line 3e		712.	.00000	3,75	100000	
	ultiply line 3c by line 3f	tuns Pauli Astron	Baleria leade				
	ome mortgage interest (use the Worksheet for		National Coal of the Co.				
	ome Mortgage Interest in the instructions)						
	her interest expense	liet .					
	sses from foreign sources						
6 Ad	d lines 2, 3g, 4a, 4b, and 5	932,	288.	100.	24,146,98	5. 6	
	tract line 6 from line 1a. Enter the result here and on line 1	5, page 2		,		> 7	
Part							
	t is claimed or taxes	Foreig	n taxes pa	id or accrued			
(у	ou must In foreign currency				In U.S. dollars		
≥ ch	eck one)	(n) Other	т.			r) Other	(s) Total foreign
ત ે ' િ	X Paid Taxes withheld at source on:	foreign taxes paid or	12	axes withheld at sou	nerthall expresses	foreign es paid o	taxes paid or accrued (add cols.
3 (i) [Accrued Accrued (k) Dividends (I) Rents and recorded (m) Interest royalties (m) Interest	accrued	(0) Dividen	ds (p) Rents and royalties	(q) Interest	accrued	(o) through (r))
A05/2			(b) Sividell	· royalties	(4)	247,37	3. 247,378.
-	.,				8	,	247,575.
B C							
	lines A through C, column (s). Enter the total here and o	n line 9, page 2	2002000000000				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.

OMB No. 1545-0121

IVC	11116			2	identifying num	1Der as show	wn on pa	ge 1 of your tax return
DC	ONALD J. & MELANIA TRUMP							
Us	se a separate Form 1116 for each category of income listed nounts in U.S. dollars except where specified in Part II belo	below. See Categori	es of Inco	me in the instruction	ns. Check only or	ne box on e	ach For	m 1116. Report all
a		n 901(j) income n income re-sourced by	trooty	e Lu	mp-sum distribut	ions		
		i income re-sourced by	licaly					
	Resident of (name of country) UNITED STATES							
	ote: If you paid taxes to only one foreign country or					you paid t	axes to	0
m	ore than one foreign country or U.S. possession, u	se a separate colum	n and line	for each country	or possession.			
	Part Taxable Income or Loss From Sources	Outside the United						
			Foreign	Country or U.S. I	Possession			Total
		A		В	С		(Add	d cols. A, B, and C.)
g	Enter the name of the foreign country or U.S.		bc	MINICAN				
	possession	CHINA	RE	PUBLIC	PANAMA		1025 255	
18	a Gross income from sources within country shown above	re e						
	and of the type checked above:							
	·							
					91	L3,053.	1a	
ŀ	 Check if line 1a is compensation for personal services a 	S						
	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.):							
2	Expenses definitely related to the income on line 1a		U.S. C. VI					
_	(attach statement)	3,887	,451.	34,803	37	0,205.		
3	Pro rata share of other deductions not definitely related							
a	Certain itemized deductions or standard deduction	53	,980.	53,980	. 5	3,980.		
Ŀ	Other deductions (attach statement)							
c	: Add lines 3a and 3b		,980.	53,980	. 5	3,980.		
c	Gross foreign source income				91	3,053.		
e	0 ' ' '	172,229	,279.	172,229,279	. 172,22	9,279.		
f	72 V V V V V V V V V V V V V V V V V V V		00000	.0000	0	.00530		
g	Multiply line 3c by line 3f					286.		
4	Pro rata share of interest expense:							
а	Home mortgage interest (use the Worksheet for			*				
	Home Mortgage Interest in the instructions)							
b	Other interest expense							
5	Losses from foreign sources			*				
6	Add lines 2, 3g, 4a, 4b, and 5	3,887	451.	34,803	. 37	0,491.	6	
7	Subtract line 6 from line 1a. Enter the result here and on I	ine 15, page 2					7	
P	art II Foreign Taxes Paid or Accrued							
C	credit is claimed	Foreig	ın taxes p	aid or accrued				
	for taxes (you must In foreign currency	-			In U.S. doll	ars		
Ŋ	check one)	(n) Other				(r) O	thar	(s) Total foreign
Country	(h) X Paid Taxes withheld at source on:	(n) Other foreign		Taxes withheld at so	urce on:	forei		taxes paid or
	(i) Accrued	taxes paid or				taxes pa	aid or	accrued (add cols.
	(j) Date paid or accrued (k) Dividends (l) Rents and royalties (m) Intere	st accrued	(0) Divide	ends (p) Rents and royalties	(q) Interest	accri	neq	(o) through (r))
$\overline{}$								
A B			4					
С								
8	Add lines A through C. column (s). Enter the total here a	ind on line 9, page 2				-	R	

Foreign Tax Credit

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

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

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. Passive category income Section 901(j) income Lump-sum distributions **b** X 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 C B (Add cols. A, B, and C.) UNITED ARAB Enter the name of the foreign country or U.S. EMIRATES PUERTO RICO CANADA possession 1a Gross income from sources within country shown above and of the type checked above: 41,251. 1,930. 6,288,301. 1a b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a 166,383, 296 210,420. (attach statement) Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction 53,980. 53,980. 53,980. **b** Other deductions (attach statement) c Add lines 3a and 3b 53,980. 53,980. 53,980. 41,251. 6,288,301. 1,930. d Gross foreign source income 172,229,279. 172,229,279. Gross income from all sources 172,229,279. Divide line 3d by line 3e .00024 .00001 .03651 1,971. 13. g Multiply line 3c by line 3f 1. 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 166,396. 297. Add lines 2, 3g, 4a, 4b, and 5 212,391. 7 Subtract line 6 from line 1a. Enter the result here and on line 15, page 2 Part II Foreign Taxes Paid or Accrued Credit is claimed Foreign taxes paid or accrued for taxes In foreign currency In U.S. dollars (you must

(n) Other

foreign

taxes paid or

accrued

С 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.

(k) Dividends

Taxes withheld at source on:

(I) Rents and

Form 1116 (2016)

622,227.

(s) Total foreign

taxes paid or

accrued (add cols.

(o) through (r))

(r) Other

foreign

taxes paid or

accrued

622,227.

▶ 8

Taxes withheld at source on:

(p) Rents and

(q) Interest

(0) Dividends

В

check one)

(h) X Paid

(j) Date paid or accrued

Foreign Tax Credit

(Individual, Estate, or Trust)

Department of the Treasury Internal Revenue Service (99)

Attach to Form 1040, 1040NR, 1041, or 990-T. Information about Form 1116 and its separate instructions is at www.irs.gov/form1116 Attachment Sequence No. 19

OMB No. 1545-0121

Na	me			,	Identifying num		page 1 of your tax return
DO	NALD J. & MELANIA TRUMP						
		Coo o	2/2	:- 4b 14 - 0	_		
am	e a separate Form 1116 for each category of income listed belo rounts in U.S. dollars except where specified in Part II below.	w. See Categorie	es of Incon	ne in the instructions	. Check only on	e box on each l	orm 1116. Report all
2	Passive category income c Section 901	1(i) income		a 🗔 Lumi	p-sum distributio	2.00	
h		ome re-sourced by	treaty	e L Lum	p-sum distributi	DIIS	
	donoral category moonto	onio re sourced by	licaty				
f F	Resident of (name of country) UNITED STATES						
_	ote: If you paid taxes to only one foreign country or U.S.	. possession, use	e column A	in Part I and line	A in Part II. If v	ou paid taxe	s to
	ore than one foreign country or U.S. possession, use a	separate columi	n and line t	for each country or	possession.	ou para taxo	
	art I Taxable Income or Loss From Sources Outs	side the United	States (fo	r Category Check	ed Above)		
			Foreign C	ountry or U.S. Po	ssession		Total
		Α		В	С	(/	Add cols. A, B, and C.)
g	Enter the name of the foreign country or U.S.						
	possession	PHILIPPINES	GRE	ENADA	INDIA		
1a	Gross income from sources within country shown above						
	and of the type checked above:						
		10,	879.		3,53	3,001. 1a	
b	Check if line 1a is compensation for personal services as						
	an employee, your total compensation from all sources is						
	\$250,000 or more, and you used an alternative basis to						
Do	determine its source (see instructions) ductions and losses (Caution: See instructions.):						
Dec	auctions and losses (Caution: See instructions.):						
2	Expenses definitely related to the income on line 1a		445				
_	(attach statement)	3,	117.	341.	75:	1,817.	
3	Pro rata share of other deductions not definitely related:	F.3	000	F2 000			
a		53,	980.	53,980.	5.	3,980.	
b		F 2	0.00	F2 000			
С	***************************************		980.	53,980.		3,980.	
d	• • • • • • • • • • • • • • • • • • • •	172,229,	879.	172 220 270	Towns or the contract of	3,001.	
e f			0006	.00000	172,229	02051	
1000			3.	.00000		L,107.	
g 4	Pro rata share of interest expense:	Sergina and sens				1,107.	
a							
u	Home Mortgage Interest in the instructions)			60			
b	Other interest evenes						
5	Losses from foreign sources				***		_
	Add lines 2, 3g, 4a, 4b, and 5	3,	120.	341.	752	,924. 6	
7	Subtract line 6 from line 1a. Enter the result here and on line 1	5, page 2				> 7	
2000	art II Foreign Taxes Paid or Accrued						
C	redit is claimed for taxes	Foreig	n taxes pa	id or accrued			
	(you must In foreign currency				In U.S. dolla	rs	
₹	check one)	(n) Other				(r) Other	(s) Total foreign
=	h) X Paid Taxes withheld at source on:	foreign	Ta	exes withheld at sour	ce on:	foreign	taxes paid or
		taxes paid or accrued		1 (5) 5 : : !		taxes paid o accrued	
	(i) Date paid or accrued (k) Dividends (I) Rents and royalties (m) Interest	accided	(0) Dividen	ds (p) Rents and royalties	(q) Interest	autrueu	(o) through (r))
Α						1,01	9. 1,019.
3				(4)			
١	Add lines A through O column (a) Table to book (- 11 0 - 5				381,74	
В .	Add lines A through C, column (s). Enter the total here and o	n line 9, page 2					8

Foreign Tax Credit

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

Information about Form 1116 and its separate instructions is at www.irs.gov/form1116. 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. Lump-sum distributions Section 901(j) income Passive category income Certain income re-sourced by treaty b X General category income f Resident of (name of country) UNITED STATES Note: If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession Part | Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. GEORGIA AZERBAIJAN ISRAEL 1a Gross income from sources within country shown above and of the type checked above: 64 1a b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See instructions.): Expenses **definitely related** to the income on line 1a (attach statement) 4,901 9,732 37,392. Pro rata share of other deductions not definitely related: 53,980. 53,980, 53,980. Certain itemized deductions or standard deduction **b** Other deductions (attach statement) 53,980. 53,980. 53,980. c Add lines 3a and 3b 64 d Gross foreign source income 172,229,279. 172,229,279, 172,229,279. Gross income from all sources .00000 .00000 00000 Divide line 3d by line 3e 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 4,901. 9,732. 37,392. 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 Credit is claimed Foreign taxes paid or accrued

Part II Foreign Taxes Paid or Accrued for taxes In foreign currency In U.S. dollars (vou must check one) (r) Other (s) Total foreign (n) Other Taxes withheld at source on: Taxes withheld at source on: (h) X Paid foreign foreign taxes paid or taxes paid or accrued (add cols. taxes paid or accrued (o) through (r)) accrued (k) Dividends (0) Dividends (p) Rents and royalties (q) Interest (j) Date paid or accrued (m) 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 (2016)

Foreign Tax Credit

(Individual, Estate, or Trust)

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

OMB No. 1545-0121

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

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. Section 901(j) income Lump-sum distributions Passive category income X 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 Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above) Foreign Country or U.S. Possession Total (Add cols. A, B, and C.) Enter the name of the foreign country or U.S. BRAZIL SAINT MARTIN MEXICO possession 1a Gross income from sources within country shown above and of the type checked above: 1,010,648, 1a b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) Deductions and losses (Caution: See instructions.): Expenses definitely related to the income on line 1a 195,842, 1,885,754. 4,907. (attach statement) Pro rata share of other deductions not definitely related: a Certain itemized deductions or standard deduction 53,980. 53,980. 53,980. **b** Other deductions (attach statement) c Add lines 3a and 3b 53,980. 53,980. 53,980. 1,010,648. d Gross foreign source income 172,229,279. 172,229,279. 172,229,279, Gross income from all sources .00000 .00000 Divide line 3d by line 3e .00587 317. 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 5 195,842. 1,886,071. 4,907. 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) (r) Other (s) Total foreign (n) Other Taxes withheld at source on: Taxes withheld at source on: (h) X Paid foreign foreign taxes paid or taxes paid or taxes paid or accrued (add cols. accrued accrued (o) through (r)) (q) Interest (k) Dividends Rents and royalties (0) Dividends (p) Rents and royalties (m) Interest В C

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

		~

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
Identifying number as

OMB No. 1545-0121

Attachment Sequence No. 19

Na	ıme							the lie at W	Identifying nu		wn on pa	age 1 of your tax return
DO	NALD J. &	MELANTA	מאוזאים									
Us	e a separate Foi	rm 1116 for 6	each category of	income listed bel	ow. See Categor	ies of Inc	come i	n the instruction	l ns. Check only o	ne box on (each Fo	rm 1116. Report all
aiii	.5. 0	uliais except	where specified	in Part II below.								
a b		category inco			1(j) income ome re-sourced b	y treaty		e Lur	np-sum distribu	tions		
	Pacidant of /par	no of country	ואודיים א	STATES								3
	Resident of (nar		/ -	C MODEL CONTROL CONTROL								
m	ore than one	foreign cou	ntry one toreign	country or U.S	. possession, us separate colum	se colum	ın A in	Part I and line	A in Part II. If	you paid	taxes t	0
P	art Taxa	able Incom	e or Loss Fron	n Sources Out	side the United	I States	for C	each country o	or possession.	-		
	TOWN OF THE PARTY				I de the office							
					Α	Foreign	Cou	ntry or U.S. P	C		//	Total
g	Enter the n	ame of the	foreign count	ry or U.S.					+		(Au	d cols. A, B, and C.)
					DATAR	-	NDON	ESIA	IRELAND			
1a	Gross income	e from source	es within country	shown above		VALUE E						
	and of the typ											
			*									
								730,213.	7,7	62,717.	1a	
b	Check if line	1a is compen	sation for person	al services as								
			mpensation from									
			u used an alterna	tive basis to								
_	determine its			>								
Dec	ductions and	losses (Ca	ution: See inst	ructions.):								
2	Expenses defi	initely relate nent)	d to the income	on line 1a	In the west of the load	364.		648,301.	10 30	03,521.		
3			uctions not defi									
а			s or standard ded		53	,980.		53,980.	5	3,980.		
b			tatement)									
С	Add lines 3a a	nd 3b			53	,980.		53,980.	5	3,980.		
d	Gross foreign	source incon	ne					730,213.	7,76	2,717.		
е	Gross income	from all sour	ces		172,229	,279.	17	72,229,279.	172,22	9,279.		
f	Divide line 3d					00000		.00424		.04507		8
g	Multiply line 3	c by line 3f						229.		2,433.		
4	Pro rata share											
а			se the Workshee									
			the instructions)									¥
ь 5	Losses from fo											
6	Add lines 2, 3g		*****************			364.		C40 F20	10.20	- 0-1		
7	Subtract line 6 f	rom line 1a.	Enter the result h	ere and on line 1	5, page 2	304.		648,530.	10,30		7	
-	The particular of the control of the		s Paid or A	ccrued								
Ur	edit is claimed for taxes				Foreig	n taxes	paid o	or accrued				
	(you must		In fore	ign currency					In U.S. dolla	ars		
. ₫	check one)	Toyon	withhold at accor		(n) Other			5		(r) Ot	her	(s) Total foreign
Country	'/ == 'uu	Taxes	withheld at sour	ce on:	foreign		Taxes	withheld at sou	rce on:	forei	0.000	taxes paid or
ŏ (i	j) Date paid or accrued	(k) Dividends	(I) Rents and royalties	(m) Interest	taxes paid or accrued	(a) Divi	1	(n) Rents and		taxes pa		accrued (add cols. (o) through (r))
	or accrued	· · · ·	royalties	(III) interest		(0) Divid	ienas	(p) Rents and royalties	(q) Interest			(o) through (r))
A B						-				-	726	4
B C										1,	736.	1,736.
	Add lines A thro	ugh C, colun	nn (s). Enter the	total here and o	n line 9, nage 2	250 t W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
LHA				e, see instructi					••••••••••		8	Form 1116 (2016)
												(2010)

		¥	

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** (2016)

Nai	me _.				Identifying nur	nber as si	hown on pa	age 1 of your tax return
DO	NALD J. & MELANIA TRUMP							
Use	e a separate Form 1116 for each category of income listed bell punts in U.S. dollars except where specified in Part II below.	ow. See Categor	ies of Inco	me in the instruction	s. Check only o	ne box on	each Fo	rm 1116. Report all
9		1/0 :						
b		1(j) income ome re-sourced b	u troot i	e Lun	np-sum distribu	tions		
	denotal category income u certain inco	ome re-sourced b	y treaty					
f B	esident of (name of country) UNITED STATES							
	te: If you paid taxes to only one foreign country or U.S	nossession us	se column	Δ in Part I and line	Λ in Port II If	vou poie	J += 4	
mo	re than one foreign country or U.S. possession, use a	separate colum	n and line	for each country	r possession	you paid	i taxes t	.0
P	art Taxable Income or Loss From Sources Out	side the United	States (fo	or Category Chec	ked Above)			
				Country or U.S. P		-	T	Total
		Α		В	C		hA)	d cols. A, B, and C.)
g	Enter the name of the foreign country or U.S.		ST	. VINCENT AND			(710	a 0013. A, D, and 0.)
	possession	TURKEY	гн	E GR				
1a	Gross income from sources within country shown above							
	and of the type checked above:							
		888	,815.				1a	38,608,075.
b	Check if line 1a is compensation for personal services as							
	an employee, your total compensation from all sources is							
	\$250,000 or more, and you used an alternative basis to				Barrier S.			
Des	determine its source (see instructions)							
Dec	luctions and losses (Caution: See instructions.):							
2	Expenses definitely related to the income on line 1a (attach statement)	153	,879.	323.				
3	Pro rata share of other deductions not definitely related :		SANCIÁRE. SAG					
а	Certain itemized deductions or standard deduction	53	,980.	53,980.		A E I STATUS		
b	Other deductions (attach statement)		<i>'</i>					
С	Add lines 3a and 3b	53	,980.	53,980.				
d	Gross foreign source income	888	,815.	·				
е	Gross income from all sources	172,229	,279.	172,229,279.				
f	Divide line 3d by line 3e		00516	.00000				
g	Multiply line 3c by line 3f		279.					
4	Pro rata share of interest expense:							
а	Home mortgage interest (use the Worksheet for							
	Home Mortgage Interest in the instructions)							
b	Other interest expense						E SET	
5	Losses from foreign sources							
6	Add lines 2, 3g, 4a, 4b, and 5		158.	323.			6	43,755,761.
	Subtract line 6 from line 1a. Enter the result here and on line 1 rt II Foreign Taxes Paid or Accrued	5, page 2			•••••••	>	7	-5,147,686.
Cr	edit is claimed	Foreig	ın taxes n	aid or accrued				
	for taxes (you must In foreign currency				In U.S. dolla	ars		
>	check one)	4.100			111 0.0. 0011			Ι
Country (i) (i)	X Paid Taxes withheld at source on:	(n) Other foreign	Т	axes withheld at sou	rce on:		Other eign	(s) Total foreign taxes paid or
Ö (i)	Accrued	taxes paid or			- 100 - 100	taxes		accrued (add cols.
(j) Date paid or accrued (k) Dividends (I) Rents and royalties (m) Interest	accrued	(0) Divider	nds (p) Rents and royalties	(q) Interest		rued	(o) through (r))
Α				Toyanios				
В								
B C							-	
8 A	dd lines A through C, column (s). Enter the total here and o		4				▶ 8	1,254,108.
LHA	For Paperwork Reduction Act Notice, see instruction	ons.						Form 1116 (2016)

Form 1116 (2016) DONALD J. & MELANIA TRUMP

				till Figuring the Credit
	•	1,254,108.	9	nter the amount from line 8. These are your total foreign taxes paid or accrued r the category of income checked above Part I
		1,770,902.	10	arryback or carryover (attach detailed computation) SEE STATEMENT 65
		3,025,010.	11	dd lines 9 and 10
			12	eduction in foreign taxes
			13	ixes reclassified under high tax kickout
3,025,010.	14			ombine lines 11, 12, and 13. This is the total amount of foreign taxes available for credit
		-5,147,686.		nter the amount from line 7. This is your taxable income or (loss) from sources outside the nited States (before adjustments) for the category of income checked above Part I
		16,379,029.	16	djustments to line 15
		11,231,343.	17	ombine 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 ou checked above Part I. Skip lines 18 through 22. However, if you are filing more than
		18,798,241.	18	ne Form 1116, you must complete line 20.) Idividuals: Enter the amount from Form 1040, line 41; or Form 1040NR, line 39. Instates and trusts: Enter your taxable income without the deduction for your Instates are STATEMENT 66
.59747	19		instructions.	aution: If you figured your tax using the lower rates on qualified dividends or capital gains, se ivide line 17 by line 18. If line 17 is more than line 18, enter "1"
5,259,735.	20	ounts from the total	enter the amo e G, line 1a; or	idividuals: Enter the amounts from Form 1040, lines 44 and 46. If you are a nonresident alien orm 1040NR, lines 42 and 44. Estates and trusts: Enter the amount from Form 1041, Schedu from 990-T, lines 36, 37, and 39
3,142,534.	21		tructions.	aution: If you are completing line 20 for separate category e (lump-sum distributions), see in lultiply line 20 by line 19 (maximum amount of credit)
3,025,010	22	d enter this	hrough 27 and	nter the smaller of line 14 or line 21. If this is the only Form 1116 you are filing, skip lines 23 mount on line 28. Otherwise, complete the appropriate line in Part IV
				t IV Summary of Credits From Separate Parts III
			23	redit for taxes on passive category income
			24	redit for taxes on general category income
				redit for taxes on certain income re-sourced by treaty
(9)	田田		26	redit for taxes on lump-sum distributions
	27			dd lines 23 through 26
	28			nter the smaller of line 20 or line 27
	29			eduction of credit for international boycott operations
			18.	ubtract line 29 from line 28. This is your foreign tax credit. Enter here and on Form 1040, lin
	30		70,	orm 1040NR, line 46; Form 1041, Schedule G, line 2a; or Form 990-T, line 41a

611511 12-21-16

SCHEDULE H (Form 1040)

Household Employment Taxes

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

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

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

OMB No. 1545-1971

Department of the Treasury Internal Revenue Service (99) Name of employer Social security number **Employer identification number** DONALD J. TRUMP 13-3440039 Calendar year taxpayers having no household employees in 2016 don't have to complete this form for 2016. Did you pay any one household employee cash wages of \$2,000 or more in 2016? (If any household employee was your spouse, your child under age 21, your parent, or anyone under age 18, see the line A instructions before you answer this question.) X Yes. Skip lines B and C and go to line 1. No. Go to line B. Did you withhold federal income tax during 2016 for any household employee? Yes. Skip line C and go to line 7. Go to line C. No. Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2015 or 2016 to all household employees? (Don't count cash wages paid in 2015 or 2016 to your spouse, your child under age 21, or your parent.) Stop. Don't file this schedule. Skip lines 1-9 and go to line 10. Social Security, Medicare, and Federal Income Taxes Part I Total cash wages subject to social security tax Social security tax. Multiply line 1 by 12.4% (0.124) 19,287. 2 Total cash wages subject to Medicare tax Medicare tax. Multiply line 3 by 2.9% (0.029) 4 4,511. Total cash wages subject to Additional Medicare Tax withholding 5 Additional Medicare Tax withholding. Multiply line 5 by 0.9% (0.009) 6 Federal income tax withheld, if any 21,125. 7 Total social security, Medicare, and federal income taxes. Add lines 2, 4, 6, and 7 44,923. Did you pay total cash wages of \$1,000 or more in any calendar quarter of 2015 or 2016 to all household employees? (Don't count cash wages paid in 2015 or 2016 to your spouse, your child under age 21, or your parent.) No. Stop. Include the amount from line 8 above on Form 1040, line 60a. If you're not required to file Form 1040, see the line 9 instructions. Yes. Go to line 10.

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Schedule H (Form 1040) 2016

LHA

		NALD J. TRUMP	UTA) Tax										Page 2
De la composition della compos							-	-				Yes	No
		ment contributions to		•						Г.	_	v	
see instructions and check "No."										0	X		
11 Did you pay all state unemployment contributions for 2016 by April 18, 2017? Fiscal year filers see instructions 12 Were all wages that are taxable for FUTA tax also taxable for your state's unemployment tax?											2	X	
	_	Yes" box on all the l				it tax !	***************************************			ــا			
		No" box on any of the				Section	n B.						
•				Section A	NAME AND ADDRESS OF TAXABLE PARTY.								
13 Name of t	he state whe	re you paid unemploy	yment contribution	ns		N	Y						
								97					
		our state unemploym						553.					
		ect to FUTA tax							15				885.
16 FUTA tax	. Multiply line	15 by 0.6% (0.006).	Enter the result he			o to line	25		16			-	137.
			•	Section E									
		pelow that apply (if yo			10.00		(f)		(g)			(h)	
	(b) ble wages (as	(c) State experi	ence rate	(d) State	(e) Multiply col		Multiply col. (b) s	ubtract	col. (f)	Cor	tributio	ns
of define	ed in state act)	From	То	experience rate	by 0.054	•	by col. (d)		from col zero or enter -	less,		nploym fund	
				†				_	enter -	0		idild	
			-										
								18	me Limber				
) of line 18											
	0.000	ect to FUTA tax (see						Teams represented	20				
		6 (0.060)				1			21				
		6 (0.054) e 19 or line 22											
		eduction state must							23	¥2		*	
0.50 5. 0.50		e 23 from line 21. Ent							24			******	
		ehold Employm					eff.						, Company
25 Enter the	amount from	line 8. If you checked	d the "Yes" box o	n line C of pag	ge 1, enter -()			25			44,	923.
26 Add line 1	6 (or line 24)	and line 25			***************************************				26			45,	060.
27 Are you re	equired to file	Form 1040?											
		the amount from lin			60a. Don't (complet	e Part IV belo	ow.					
		e to complete Part I\			-l O th !!	07 !							
Part IV Address (number a	nd street) or P.O.	nd Signature - C	street address	only it require	a. See the II	ne 27 ir	istructions.		Apt., ro	om, or suite no).		
									•				
City, town or post of	office, state, and Z	IP code											
										0.5			
Under penalties of	perjury, I declare t	hat I have examined this sch	nedule, including accomp	panying statements	s, and to the bes	t of my kno	owledge and belie	of, it is true,	correct,	and complete.	No p	art of ar	ny
payment made to a which preparer has		ent fund claimed as a credit	was, or is to be, deduct	ed from the payme	nis to employee	s. Deciara	tion of preparer to	mer man ta.	kpayer)	S Dased On all	IIIOI	nauon	л
													
Employer's s	ignature						Date						
Doid	Print/Type p	reparer's name	Preparer's	s signature		Date	Ch	neck	if	PTIN			
Paid Preparer								lf- emplo					
Preparer Use Only	Firm's name						F	irm's EIN					
OGC OTTIN	Fi 1	>						hore =					
	Firm's addre	ess						hone no	•				
	L												_

Form **4952**

Investment Interest Expense Deduction

► Information about Form 4952 and its instructions is at www.irs.gov/form4952.

► Attach to your tax return.

2016
Attachment
Seguence No. 51

OMB No. 1545-0191

Department of the Treasury Internal Revenue Service (99)

dentifying number

Nan	ne(s) shown on return		Identifying number
DOM	ALD T. C. MILLANIZA IIDITMD		
-	ALD J. & MELANIA TRUMP rt I Total Investment Interest Expense		
Pa	rt I Total Investment Interest Expense	T	
1	Investment interest expense paid or accrued in 2016 (see instructions) SEE STATEMENT 67	1	1,513,220.
2	Disallowed investment interest expense from 2015 Form 4952, line 7	2	
3	Total investment interest expense. Add lines 1 and 2	3	1,513,220.
Pa	rt II Net Investment Income		
4a b	Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) STMT 68 4a 9,160,118.		
С	Subtract line 4b from line 4a	4c	8,868,050.
d	Net gain from the disposition of property held for investment		
е	Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions)		
f	Subtract line 4e from line 4d	4f	
g	Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions)	4g	
h	Investment income. Add lines 4c, 4f, and 4g	4h	8,868,050.
5	Investment expenses (see instructions) SEE STATEMENT 69	5	796,887.
6	Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-	6	8,071,163.
Pai	t III Investment Interest Expense Deduction		
7	Disallowed investment interest expense to be carried forward to 2017. Subtract line 6 from line 3.	_	
	If zero or less, enter -0-	7	0.
8	Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions STMT 70	8	1,513,220.
LHA	For Paperwork Reduction Act Notice, see separate instructions.		Form 4952 (2016)

Department of the Treasury Internal Revenue Service

Investment Interest Expense Deduction

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

OMB No. 1545-0191

Name(s) shown on return Identifying number DONALD J. & MELANIA TRUMP Part I Total Investment Interest Expense Investment interest expense paid or accrued in 2016 (see instructions) 1,513,220. Disallowed investment interest expense from 2015 Form 4952, line 7 Total investment interest expense. Add lines 1 and 2 1,513,220. Part II Net Investment Income 4a Gross income from property held for investment (excluding any net gain from the disposition of property held for investment) 9,165,720. 4a b Qualified dividends included on line 4a 297,670, Subtract line 4b from line 4a 8,868,050. 4c d Net gain from the disposition of property held for investment 4d e Enter the smaller of line 4d or your net capital gain from the disposition of property held for investment (see instructions) f Subtract line 4e from line 4d 4f Enter the amount from lines 4b and 4e that you elect to include in investment income (see instructions) h Investment income. Add lines 4c, 4f, and 4g 8,868,050. Investment expenses (see instructions) 39,587. Net investment income. Subtract line 5 from line 4h. If zero or less, enter -0-8,828,463. Part III Investment Interest Expense Déduction Disallowed investment interest expense to be carried forward to 2017. Subtract line 6 from line 3. If zero or less, enter -0-Investment interest expense deduction. Enter the smaller of line 3 or 6. See instructions 1,513,220. For Paperwork Reduction Act Notice, see separate instructions. Form 4952 (2016) REGULAR FORM 4952, LINE 8 1,513,220.

LESS RECOMPUTED FORM 4952, LINE 8 INTEREST ADJUSTMENT - FORM 6251, LINE 8

1,513,220.

	÷		

Form **8959**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Additional Medicare Tax

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

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

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

OMB No. 1545-0074

2016

Attachment Sequence No. 7

Your social security number

-	NALD J. & MELANIA TRUMP				-
	art I Additional Medicare Tax on Medicare Wages			Equation Social	
1	Medicare wages and tips from Form W-2, box 5. If you have				
	more than one Form W-2, enter the total of the amounts				
	from box 5		978.		
2					
3					
4		4	978.		
5	3				
	Married filing jointly \$250,000				
	Married filing separately \$125,000		050 000		
	Single, Head of household, or Qualifying widow(er) \$200,000		250,000.	U.E.	2
6	***************************************			6	0.
	Additional Medicare Tax on Medicare wages. Multiply line 6 by 0.9% (0.009). Enter	here and go t	to Part II	7	
	art II Additional Medicare Tax on Self-Employment Income			-57176 I	
8	Self-employment income from Schedule SE (Form 1040),				
	Section A, line 4, or Section B, line 6. If you had a loss, enter		14 625 512		
_	-0- (Form 1040-PR and Form 1040-SS filers, see instructions.)	8	14,635,713.		
9					
	Married filing jointly \$250,000				
	Married filing separately \$125,000		252 222		
	Single, Head of household, or Qualifying widow(er) \$200,000		250,000.		
10			978.		
11	* *************************************		249,022.		
12				12	14,386,691.
13	Additional Medicare Tax on self-employment income. Multiply line 12 by 0.9% (0.00	09). Enter			100 400
Da	here and go to Part III Additional Medicare Tax on Railroad Retirement Tax Act	(DDTA) C	omponenties	13	129,480.
_	Railroad retirement (RRTA) compensation and tips from	(NN 1A) C	biliperisation	SATISFIES.	
14		44			
46	Form(s) W-2, box 14 (see instructions)	14			
ıɔ	Enter the following amount for your filing status:				
	Married filing jointly \$250,000				
	Married filing separately \$125,000	45			
10	Single, Head of household, or Qualifying widow(er) \$200,000			40	
	Subtract line 15 from line 14. If zero or less, enter -0-			16	
17	Additional Medicare Tax on railroad retirement (RRTA) compensation. Multiply line 0.9% (0.009). Enter here and go to Part IV	•	*	47	
Pa	0.9% (0.009). Enter here and go to Part IV	***************************************		17	
IPC2=3VC	Add lines 7, 13, and 17. Also include this amount on Form 1040, line 62, (Form 104	IONID			
10	1040 DD 14040 00 51	15		18	129,480.
Pa	irt V Withholding Reconciliation			10	125,100.
	Medicare tax withheld from Form W-2, box 6. If you have more than				
13	one Form W-2, enter the total of the amounts from box 6	19	14.		
20	Enter the amount from line 1		978.		
	Multiply line 20 by 1.45% (0.0145). This is your regular	20			
21	Medicare tax withholding on Medicare wages	21	14.		
22	Subtract line 21 from line 19. If zero or less, enter -0 This is your Additional Medica				
~~				00	0.
22	withholding on Medicare wages Additional Medicare Tax withholding on railroad retirement (RRTA) compensation fr			22	<u>.</u>
دع				23	
24	W-2, box 14 (see instructions) Total Additional Medicare Tax withholding. Add lines 22 and 23. Also include th			23	
~+	amount with federal income tax withholding on Form 1040, line 64 (Form 1040NR,				
	and 100.55 filers, see instructions)	1040-FN,			

Passive Activity Loss Limitations

See separate instructions.

Attach to Form 1040 or Form 1041.

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

OMB No. 1545-1008

Internal Revenue Service (99) Name(s) shown on return

Identifying number

DOM	ALD J. & MELANIA TRUMP					
PERSONAL PROPERTY.		0	2 6 - 6			
	caution: Complete Worksheets 1, Ital Real Estate Activities With Active Participation (For the definition of active					
	ecial Allowance for Rental Real Estate Activities in the instructions.)	particip	ation, s	see		
	Activities with net income (enter the amount from Worksheet 1,					
	column (a))	1a				
b	Activities with net loss (enter the amount from Worksheet 1, column (b))	277,163,				
	Prior years unallowed losses (enter the amount from Worksheet 1, column (c))	1c	()		
	Combine lines 1a, 1b, and 1c				1d	-277,163.
	nmercial Revitalization Deductions From Rental Real Estate Activities	1	1.	,		
	Commercial revitalization deductions from Worksheet 2, column (a)	2a	()		
	Prior year unallowed commercial revitalization deductions from Worksheet 2, column (b)	2b	()		
	Add lines 2a and 2b				2c	(
All (Other Passive Activities					
За	Activities with net income (enter the amount from Worksheet 3, column (a))	За		96,831,970.		
b	Activities with net loss (enter the amount from Worksheet 3, column (b))	3b	(31,795,226.)		n to an them
С	Prior years unallowed losses (enter the amount from Worksheet 3, column (c))	3с	(Š		
d	Combine lines 3a, 3b, and 3c			/	3d	65,036,744.
4	Combine lines 1d, 2c, and 3d. If this line is zero or more, stop here and include the	nis form	with yo	our return; all		
	losses are allowed, including any prior year unallowed losses entered on line 1c, 2	2b, or 3	c. Repo	ort the losses on		
	the forms and schedules normally used				4	64,759,581.
	If line 4 is a loss and: • Line 1d is a loss, go to Part II.					
	 Line 2c is a loss (and line 1d is zero or more), skip Part 	t II and	go to Pa	art III.		
	 Line 3d is a loss (and lines 1d and 2c are zero or more)), skip F	arts II a	and III and go to line	15.	
Ca	ution: If your filing status is married filing separately and you lived with your spouse	at any	time du	ring the year, do no	t cor	mplete
Par	t II or Part III. Instead, go to line 15.					12 21
Pa	rt II Special Allowance for Rental Real Estate Activities With			ticipation		
-	Note: Enter all numbers in Part II as positive amounts. See instructions for		•			
5	Enter the smaller of the loss on line 1d or the loss on line 4	T 1			5	Control of the same of the same of
6	Enter \$150,000. If married filing separately, see instructions	6	·			
7	Enter modified adjusted gross income, but not less than zero (see instructions)	7	and the same of			
	Note: If line 7 is greater than or equal to line 6, skip lines 8 and					
_	9, enter -0- on line 10. Otherwise, go to line 8.					
8	Subtract line 7 from line 6	8				
9 10	Multiply line 8 by 50% (0.5). Do not enter more than \$25,000. If married filing separate the smaller of line 5 or line 0.				9	
10	Enter the smaller of line 5 or line 9 If line 2c is a loss, go to Part III. Otherwise, go to line 15.			L	10	
Pa	rt III Special Allowance for Commercial Revitalization Deduct	tions l	rom	Rental Real Fs	tate	Activities
	Note: Enter all numbers in Part III as positive amounts. See the example for				luto	Activities
11	Enter \$25,000 reduced by the amount, if any, on line 10. If married filling separatel				11	
	Enter the loss from line 4	-			12	
13	Reduce line 12 by the amount on line 10				13	
14	Enter the smallest of line 2c (treated as a positive amount), line 11, or line 13				14	
Pa	t IV Total Losses Allowed				1-7	
15	Add the income, if any, on lines 1a and 3a and enter the total				15	
	Total losses allowed from all passive activities for 2016. Add lines 10, 14, and					
	to find out how to report the losses on your tax return				16	

Pa	ap	2

Form **8582** (2016)

619762 11-07-16

F)	Curre	ent year		Prior yea	ars	Overal	l gain	or loss		
Name of activity	(a) Net income		et loss	(c) Unallo		(d) Gain		(e) Loss		
	(line 1a)	(line 1a) (line 1b)		loss (line	1c)	(d) Gain	_	(e) L055		
	 						+			
	-						\neg			
	SEE ATTACHED	STATEMEN	T FOR W	ORKSHEET 1	385,600	ca yu Swot iliz				
Total. Enter on Form 8582, lines 1a, 1b, and 1c	.	-2	277,163.							
Worksheet 2 - For Form 8582, Lines 2	2a and 2b (See i				- International	Dente Sea Canada				
Name of activity	(a) Current		l	(b) Prior y	ear .	(0	c) Over	rall loss		
	deductions (line 2a)	unallo	wed deduction	ons (line 2b)					
			-							
Total. Enter on Form 8582, lines 2a			-							
and 2b Worksheet 3 - For Form 8582, Lines 3	3a. 3b. and 3c (See instru	uctions.)		-					
		ent year	1	Prior yea	ars	Overal	l gain	or loss		
Name of activity						Overall				
	(a) Net income (line 3a)	(b) Net loss (line 3b)		(c) Unallowed loss (line 3c)		(d) Gain		(e) Loss		
	(
	SEE ATTACHED	CTATEMEN	ייי ד <u>רר</u> ש	OBKSHEET 3			+			
Total. Enter on Form 8582, lines 3a,	SEE ATTACHED	VINIBIA	ti ron n	VIII.DII.DII						
3b, and 3c	96,831,970		795,226.							
Worksheet 4 - Use this worksheet if a	an amount is sho	own on F	orm 85	82, line 10	or 14 (Se	ee instruc	tions	.)		
	Form or schedule and line number	1			. (c) Speci			(d) Subtract		
Name of activity	to be reported or			(b) Ratio				allowance	l fi	column (c) rom column (a
	(see instructions)							,		
							_			
								1		
Total Worksheet 5 - Allocation of Unallowe	d Losses (See i	netructio	ne)							
Worksheet 3 - Allocation of Orlanowe	Form or sci		113.)							
Name of activity	and line nu	mber	(a) [Loss	(b) Ra	atio	. (c) U	Inallowed loss		
Name of activity	to be repor		(a) i	LU35	(D) 110	100	(0)	manowed 1000		
	(See man de	, tions,								
(a)	20000									

Form **8582-CR**

(Rev. January 2012) Department of the Treasury Internal Revenue Service

Passive Activity Credit Limitations

See separate instructions.

► Attach to Form 1040 or 1041.

OMB No. 1545-1034

Attachment Sequence No. 89

Name(s) shown on return Identifying number DONALD J. & MELANIA TRUMP Part I Passive Activity Credits Caution: If you have credits from a publicly traded partnership, see Publicly Traded Partnerships (PTPs) in the instructions. Credits From Rental Real Estate Activities With Active Participation (Other Than Rehabilitation Credits and Low-Income Housing Credits) (See Lines 1a through 1c in the instructions.) 1a Credits from Worksheet 1, column (a) Prior year unallowed credits from Worksheet 1, column (b) 1b c Add lines 1a and 1b 10 Rehabilitation Credits From Rental Real Estate Activities and Low-Income Housing Credits for Property Placed in Service Before 1990 (or From Pass-Through Interests Acquired Before 1990) (See Lines 2a through 2c in the instructions.) Credits from Worksheet 2, column (a) Prior year unallowed credits from Worksheet 2, column (b) 2b 2c Low-Income Housing Credits for Property Placed in Service After 1989 (See Lines 3a through 3c in the instructions.) 3a Credits from Worksheet 3, column (a) 3a **b** Prior year unallowed credits from Worksheet 3, column (b) Add lines 3a and 3b All Other Passive Activity Credits (See Lines 4a through 4c in the instructions.) 4a Credits from Worksheet 4, column (a) 260,795 **b** Prior year unallowed credits from Worksheet 4, column (b) 1,031,320. c Add lines 4a and 4b 1,292,115. 40 Add lines 1c, 2c, 3c, and 4c 1,292,115. 5 Enter the tax attributable to net passive income (see instructions) 6 Subtract line 6 from line 5. If line 6 is more than or equal to line 5, enter -0- and see instructions 7 1,292,115. Note: If your filing status is married filing separately and you lived with your spouse at any time during the year, do not complete Part II, III, or IV. Instead, go to line 37. Special Allowance for Rental Real Estate Activities With Active Participation Note: Complete this part only if you have an amount on line 1c. Otherwise, go to Part III. Enter the smaller of line 1c or line 7 8 Enter \$150,000. If married filling separately, see instructions Enter modified adjusted gross income, but not less than zero (see instructions). If line 10 is equal to or more than line 9, skip lines 11 through 15 and enter -0- on line 16 10 Subtract line 10 from line 9 11 11 Multiply line 11 by 50% (.50). Do not enter more than \$25,000. If married filing separately, see instructions 12 13a Enter the amount, if any, from line 10 of Form 8582 13a b Enter the amount, if any, from line 14 of Form 8582 13b c Add lines 13a and 13b 13c Subtract line 13c from line 12 14 Enter the tax attributable to the amount on line 14 (see instructions)

Enter the smaller of line 8 or line 15

-	10002-CH (Nev. 01-2012) DONALD 0. & MELANIA TROMP	Lateta Astruitios and	Law Incom	raye Z
Pa	Int III Special Allowance for Rehabilitation Credits From Rental Rea Housing Credits for Property Placed in Service Before 1990 (o Acquired Before 1990)	r From Pass-Through	Interests	9 10
	Note: Complete this part only if you have an amount on line 2c. Otherwise, go to F	Part IV.	1	
			1.7	
	Enter the amount from line 7	17		
	Enter the amount from line 16			
	Subtract line 18 from line 17. If zero, enter -0- here and on lines 30 and 36, and then go to Part V $_{\dots}$			
20	Enter the smaller of line 2c or line 19		20	
21	Enter \$250,000. If married filing separately, see instructions to find	1 1		
	out if you can skip lines 21 through 26	21		
22	Enter modified adjusted gross income, but not less than zero. (See instructions for line 10.) If line	291200		
	22 is equal to or more than line 21, skip lines 23 through 29 and enter -0- on line 30			
23	Subtract line 22 from line 21	23		
24	Multiply line 23 by 50% (.50). Do not enter more than \$25,000. If married			
	filing separately, see instructions	24		
25a	Enter the amount, if any, from line 10 of			
	Form 8582 25a			
b	Enter the amount, if any, from line 14 of			
	Form 8582 25b			
С	Add lines 25a and 25b	25c		
26	Subtract line 25c from line 24	26		
	Enter the tax attributable to the amount on line 26 (see instructions)			
28	Enter the amount, if any, from line 18	28		
29	Subtract line 28 from line 27		29	
30	Enter the smaller of line 20 or line 29		30	
Pa	rt IV Special Allowance for Low-Income Housing Credits for Prope	rty Placed in Service	After 1989	
	Note: Complete this part only if you have an amount on line 3c. Otherwise, go to F	Part V.		
31	If you completed Part III, enter the amount from line 19. Otherwise, subtract line 16 from line 7		31	
32	Enter the amount from line 30		32	
33	Subtract line 32 from line 31. If zero, enter -0- here and on line 36		33	
34	Enter the smaller of line 3c or line 33		34	
35	Tax attributable to the remaining special allowance (see instructions)		35	
36	Enter the smaller of line 34 or line 35		36	
Pa	rt V Passive Activity Credit Allowed	•		
37	Passive Activity Credit Allowed. Add lines 6, 16, 30, and 36. See instructions to find out how	to report the allowed credit on		
0,	your tax return and how to allocate allowed and unallowed credits if you have more than one credit of			
6	activity. If you have any credits from a publicly traded partnership, see Publicly Traded Partners		s. 37	0.
Pa	rt VI Election To Increase Basis of Credit Property			
		3		
38	If you disposed of your entire interest in a passive activity or former passive activity in a fully taxable			
	elect to increase your basis in credit property used in that activity by the unallowed credit that reduc			
	property, check this box. See instructions			
39	Name of passive activity disposed of ▶			
40	Description of the credit property for which the election is being made			
		1.0		
44	Amount of unallowed gradit that radical your basis in the property	2		

Form **8846**

Department of the Treasury Internal Revenue Service

Credit for Employer Social Security and Medicare Taxes Paid on Certain Employee Tips

Attach to your tax return.

▶ Information about Form 8846 and its instructions is at www.irs.gov/form8846.

OMB No. 1545-0123

2016

Attachment Sequence No. **98**

Nam	lame(s) shown on return		Identifying number	
DON	ALD J. & MELANIA TRUMP			
	Claim this credit only for employer social security and Medicare taxes paid by a food or beverage establishment iding food or beverages. See the instructions for line 1.	where tipping	is customary for	
1	Tips received by employees for services on which you paid or incurred employer social security and Medicare taxes during the tax year (see instructions)	1	237,185.	
2	Tips not subject to the credit provisions (see instructions) Creditable tips. Subtract line 2 from line 1	2 3	237,185.	
4	Multiply line 3 by 7.65% (0.0765). If you had any tipped employees whose wages (including tips) exceeded \$118,500, see instructions and check here	4	18,145.	
5	Credit for employer social security and Medicare taxes paid on certain employee tips from partnerships and S corporations Add lines 4 and 5. Destroyables and S corporations report this amount as Cabadyla K. All others report this amount as	5	355,835.	
6	Add lines 4 and 5. Partnerships and S corporations, report this amount on Schedule K. All others, report this amount on Form 3800, Part III, line 4f	6	373,980.	

FILED PURSUANT TO REV. PROC. 92-70 FOR DORMANT FOREIGN CORPORATION

Form **5471**

Information Return of U.S. Persons With Respect To Certain Foreign Corporations

(Rev. December 2015)
Department of the Treasury Internal Revenue Service section 898) (see instructions) beginning

For more information about Form 5471, see www.irs.gov/form5471
Information furnished for the foreign corporation's annual accounting period (tax year required by section 898) (see instructions) beginning

OMB No. 1545-0704

Attachment Sequence No. **121**

3000011 030) (3	oc manachona) beginning		, and chun	iy			401100 1101	
Name of person filing this return		Α	ldentifying nun	nber				
DONALD J. TRUMP								
Number, street, and room or suite no. (or P.O. box number	er if mail is not delivered to street address)	- I	Coto now a of file	. (0 !!	tiana Obsal		L - / \\ -	
		В	Category of file					- V
City or town state and ZID ands			F-1111-1-1	1 (repealed)		3	4 X	5 X
City or town, state, and ZIP code NEW YORK, NY 10022		1	Enter the total p		John State Montre			
	ANI 1 2016		you owned at the DEC			inting peribo	1	%
- nor a tax jour adjining	AN 1 , 2016 , and ending			,	016			
D Check if any excepted specified foreign finan		ee instruct	tions)					
E Person(s) on whose behalf this information	return is filed:							
. (1) Name	(2) Address			(3) Identifyi	na number		k applicable	e box(es)
				(-)		Shareholder	Officer	Director
								
Important: Fill in all applicable lines and	d schedules. All information must	be in Eng	glish. All amou	ınts must b	e stated in	U.S. dolla	rs	
unless otherwise indicated.								
1a Name and address of foreign corporation				b(1) Emp	loyer identif	fication nun	ber, if any	
				3:	2-044718	1 .		
		(*)		b(2) Refe	rence ID nu	mber (see i	nstructions)
THC BARRA HOTELARIA					1.6			
* 1				c Cou	ntry under w	vhose laws	ncorporate	d
NEW YORK, Nr 10022				BI	RAZIL		5000	
d Date of e Principal place of bus		g Princi	pal business ac	tivity		h Function	al currency	
incorporation	business activity code number							
04/15/14								
2 Provide the following information for the for	reign corporation's accounting period st	tated abov	e.					
a Name, address, and identifying number of b	ranch office or agent (if any) in the Unit	ted States		b If a U.S.	income tax i	return was f	iled, enter:	
	2 2 3			220000 E20000 AN	Accor	(ii) L	J.S. income	tax paid
•.				(i) Taxable in	come or (lo		after all cre	
c Name and address of foreign corporation's s	statutory or resident agent	d Nam	e and address (including cor	porate depa	rtment, if ar	onlicable) of	
in country of incorporation	,	perso	on (or persons)	with custody	of the book	s and recor	ds of the fo	reign
		corp	oration, and the	location of s	uch books a	ınd records,	if different	
	050							
Schedule A Stock of the Forei	gn Corporation							
Change of the San			*	(b) Nur	nber of shar	res issued a	nd outstand	dina
(a) Descrip	tion of each class of stock		ł		ng of annua		i) End of ar	
(a) Descrip	tion of each class of stock				ng period	ac ac	counting p	eriod
					J			
						-		
1110 For Denominado De deservo Astalia							A74	10.57.17
LHA For Paperwork Reduction Act Notice, see	instructions.					Form 5	471 (Rev	. 12-2015)

Return of U.S. Persons With Respect to Certain Foreign Partnerships

Attach to your tax return.

Information about Form 8865 and its separate instructions is at www.irs.gov/form8865Information furnished for the foreign partnership's tax year

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Attachment Sequence No. 118 JAN 1 2016, and ending DEC 31 2016 beginning Name of person filing this return Filer's identifying number DONALD J. & MELANIA TRUMP Filer's address (if you are not filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 X 2 3 JAN 1 2016 DEC 31 2016 and ending beginning 691,219. Qualified nonrecourse financing \$ C Filer's share of liabilities: Nonrecourse \$ Other \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent; Name EIN Address Check if any excepted specified foreign financial assets are reported on this form (see instructions) Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identifying number G1 Name and address of foreign partnership 2(a) EIN (if any) 98-0485744 TRUMP INTERNATIONAL GOLF CLUB 2(b) Reference ID number SCOTLAND LIMITED C/O TRUMP ORGANIZATION 3 Country under whose laws organized NEW YORK, NY 10022 UNITED KINGDOM 4 Date of organization 6 Principal business activity code number 5 Principal place 8a Functional 10/21/2005 UNITED KINGDOM 713900 AMUSEMENT & REC UK POUNDS 812000 H Provide the following information for the foreign partnership's tax year: 2 Check if the foreign partnership must file: 1 Name, address, and identifying number of agent (if any) in the United States Form 1042 Form 8804 Form 1065 or 1065-B Service Center where Form 1065 or 1065-B is filed: A Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different 3 Name and address of foreign partnership's agent in country of organization, if any TRUMP ORGANIZATION C/O JEFF MCCONNEY NEW YORK, NY 10022 Were any special allocations made by the foreign partnership? X No Yes Enter the no. of Forms 8858, Info Return of U.S. Persons With Respect To Foreign Disregarded Entities, attached to this return How is this partnership classified under the law of the country in which it is organized? Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that is a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 8b. X No If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)? No Does this partnership meet both of the following requirements? The partnership's total receipts for the tax year were less than \$250,000 and X No The value of the partnership's total assets at the end of the tax year was less than \$1 million. do not complete Schedules L, M-1, and M-2. Sign Here
Only If You
Are Filing
This Form
Separately
and Not With Under penalities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge Your Tax Signature of general partner or limited liability company member Date Return. Print/Type preparer's name Preparer's signature Date Check Paid self-employed Preparer DONALD BENDER Use MAZARS USA LLP Firm's name 13-1459550 Firm's EIN Only Firm's address Phone no. WOODBURY, NY 11/9/-2003

(516) 488-1200

Forn	1886	5 (2016) DONALD J. & MELANIA TRUM	P			0.00				Page 2
Sch	edul	e A Constructive Ownership of Partnership	Interest. Check the boxes that apply	to the fi	iler. If you ched	k box b , enter	the nar	ne,		
		address, and U.S. taxpayer identifying r								
		a X Owns a direct interest	b		ns a constructi					
			400000			201701 2495 152 111		20 000	Check if foreign	Check if direct
		Name	Address			Identifying n	umber (if any)	person	partner
	501 1006									
Sch	edul	e A-1 Certain Partners of Foreign Partnershi	ip (see instructions)							
			Address			Identif	ting pur	nber (if any)		Check if foreign
		Name	Address				ying nun	inder (it uriy)		person
					-					
			(F)							
_								7 ٧	Х	No No
77.000	1242.00.000	partnership have any other foreign person as a dir				aa a diraat lata	not or	Yes	Λ	_ NO
Sch	iedul	e A-2 Affiliation Schedule. List all partnersh	ips (foreign or domestic) in which the i	oreign	parmership ow	iis a uirect iiitei	621 01			
		indirectly owns a 10% interest.				FIN		Total	. din	Çheçk it
		Name	Address			EIN (if any)			ordinary or loss	foreign partner- ship
		5.7								
Sch	iedul	e B Income Statement - Trade or Busines:	s Income							
-	Company of the last	Include only trade or business income and expens		he instr	uctions for mo	re information.				
	1 a	Gross receipts or sales		1a						
	b	Less returns and allowances		1b			1c			
	2						2			
Je	3	Gross profit. Subtract line 2 from line 1c					3			
Income	4	Ordinary income (loss) from other partnerships, e					4			
Ξ	5	Net farm profit (loss) (attach Schedule F (Form 10					5			1 051
	6	Net gain (loss) from Form 4797, Part II, line 17 (a	attach Form 4797)				6			4,864.
	7	Other income (loss) (attach statement)			STATEMENT	,	7		3,53	4,819.
									2 51	9,955.
		Total income (loss). Combine lines 3 through 7					9		3,31	5,555.
	- 61	Salaries and wages (other than to partners) (less					10			
	.000	Guaranteed payments to partners					11			
(suo		Repairs and maintenance					12			
mitati	12						13			-
for lii	1000	Rent Tayon and linearess					14			
ctions	14	Taxes and licenses					15			
nstruc	15	Interest			1	L,526,266.	13			
(see instructions for limitations)		Depreciation (if required, attach Form 4562) Less depreciation reported elsewhere on return		No. of the same		, , , , , , , , , , , , , , , , , , , ,	16c	1	1,52	6,266.
us	17	Depletion (Do not deduct oil and gas depletion.)					17		,	
Deductions	18	Retirement plans, etc.					18		72	
ğ	19	Employee benefit programs					19			
۵	20	Other deductions (attach statement)			STATEMENT	82	20		4,90	4,519.
		January January States III								
	21	Total deductions. Add the amounts shown in the	e far right column for lines 9 through 20)			21		6,43	0,785.
	20	Ordinary business income (loss) from trade or h	ousiness activities. Subtract line 21 from	m line 8	}		22		-2,91	0,830.

Sc	hedu	le K Partners' Distributive Share Items			100
					Total amount
	1	Ordinary business income (loss) (page 2, line 22)		1	-2,910,830.
	2	Net rental real estate income (loss) (attach Form 8825)			
	3 a	Other gross rental income (loss)			
	b	Expenses from other rental activities (attach statement)	3b		
	C	Other net rental income (loss). Subtract line 3b from line 3a		3c	
	4	Guaranteed payments			
(SS	5	Interest income		5	
Ë	6	Dividends: a Ordinary dividends		6a	
ne		b Qualified dividends			
ncome (Loss)	7	Royalties		7	
드	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))		8	
	9 a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))		9a -	
	b	Collectibles (28%) gain (loss)	9b		
	C	Unrecaptured section 1250 gain (attach statement)	9c		
	10	Net section 1231 gain (loss) (attach Form 4797)		10	
	11	Other income (loss) (see instructions) Type		11	***
w	12	Section 179 deduction (attach Form 4562)		12	
io		Contributions		13a	
rct	b	Investment interest expense		13b	2010
Deductions	C	Section 59(e)(2) expenditures: (1) Type ▶	(2) Amount	13c(2)	
77.7.20		Other deductions (see instructions) Type		13d	
Self- Employ-	14 a	Net earnings (loss) from self-employment		14a	
Sel	b	Gross farming or fishing income		14b	
		Gross nonfarm income		14c	
Credits	15 a	Low-income housing credit (section 42(j)(5))		15a	
		Low-income housing credit (other)	400	15b	
	C	Qualified rehabilitation expenditures (rental real estate) (attach Form 3-		15c	
	d			15d	
	e	Other rental credits (see instructions) Other credits (see instructions) Type		15e	
		Name of country or U.S. possession UNITED KINGDOM		15f	
				16b	3,534,819.
	c	Gross income sourced at partner level	16c	0,001,013.	
ons	Ū	Foreign gross income sourced at partnership level			
acti	d	Passive category	3,534,819. f Other (att. stmnt.)	16f	
Transactions	= = = = = = = = = = = = = = = = = = = =	Deductions allocated and apportioned at partner level	Sales -	*	
Ë	g	Interset aynance h Other	16h		
igi		Deductions allocated and apportioned at partnership level to foreign so	urce income		
Foreign	i	Passive category	6,376,959. k Other (att. stmnt.)	16k	
.	1			161	
	m	Deduction in toyon qualible for exadit (attach atstace at)		16m	
		Other foreign tax information (attach statement)			
J	17 a	Post-1986 depreciation adjustment		17a	
Tay Tay	b	Adjusted gain or loss		17b	
HE HE	C	Depletion (other than oil and gas)		17c	
Aire		Oil, gas, and geothermal properties - gross income		17d	
Alternative Minimum Tax (AMT) Items	е	Oil, gas, and geothermal properties - deductions		17e	
	f	Other AMT items (attach statement)		17f	
	18 a	Tax-exempt interest income		18a	
ion		Other tax-exempt income		18b	
nat		Nondeductible expenses		18c	405 555
forr	19 a	Distributions of cash and marketable securities		19a	196,628.
드		Distributions of other property	19b		
Other Information		Investment income		20a	
0		Investment expenses Other items and amounts (attach statement)		20b	

Form 8865 (2016)

DONALD J. & MELANIA TRUMP

		per Books. (Not required if Beginning of		End of tax ye	ear
	Assets	(a)	(b)	(c)	(d)
1	Cash		193,651.		187,252.
2a	Trade notes and accounts receivable	200 201 201 201			
b	Less allowance for bad debts				
3	Inventories		279,716.		168,333.
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)	STMT 85	76,957.		10,559.
7a	Loans to partners (or persons related to		- 12-13-13-13-13-13-13-13-13-13-13-13-13-13-		
	partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9a	Buildings and other depreciable assets	30,881,684.		25,779,116.	
b	Less accumulated depreciation	5,390,892.	25,490,792.	5,796,486.	19,982,630.
10a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)		13,797,216.		11,469,361.
12a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
13	Other assets (attach statement)	STMT 84	6,490,588.		12,907,113.
14	Total assets		46,328,920.		44,725,248.
	Liabilities and Capital				
15	Accounts payable		483,679.		307,034.
16	Mortgages, notes, bonds payable in less than 1 year		177.175 10.175 10.175 10.175		
17	Other current liabilities (attach statement)	STMT 83	389,652.		384,185.
18	All nonrecourse loans				
19a	Loans from partners (or persons related to partners)				
b	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach statement)	STMT 86	127,156.		45,331.
21	Partners' capital accounts		45,328,433.		43,988,698.
22	Total liabilities and capital		46,328,920.		44,725,248.

Form 8865 (2016)

Form	8865	(2016)	DONALD	٠T.	2	MET.ANTA	תוומים

Page 5

Schedule M Balance Sheets for Intere	est Allocation			1 age 3
			(a) Beginning of tax year	(b) End of tax year
1 Total U.S. assets			531.	
2 Total foreign assets:				
a Passive category			46,328,389.	44,725,248.
b General category				
c Other (attach statement)				
Schedule M-1 Reconciliation of Income	(Loss) per Books With Income	(Loss) per Return. (Not required	if Item H9, page 1, is answered "Y	'es.")
		6 Income recorded on book		
1 Net income (loss) per books		year not included on Sche	edule K,	
2 Income included on Schedule K,		lines 1 through 11 (itemiz	e):	
lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10, and 11		a Tax-exempt interest \$		
not recorded on books this year	34			
(itemize):	_	7 Deductions included on S	chedule	
3 Guaranteed payments (other		K, lines 1 through 13d, an	d 16l not	
than health insurance)	,	charged against book inco	ome this	
4 Expenses recorded on books		year (itemize):		
this year not included on		a Depreciation \$		
Schedule K, lines 1 through 13d,	=		A	
and 16I (itemize):				
a Depreciation \$	_			
b Travel and entertainment \$		8 Add lines 6 and 7		
		9 Income (loss). Subtract lir	ne 8	
5 Add lines 1 through 4				
Schedule M-2 Analysis of Partners' Capit	al Accounts. (Not required if Ite	em H9, page 1, is answered "Yes.")		
1 Balance at beginning of year	42,417,603.	6 Distributions: a Cash		43,673,417.
2 Capital contributed:			/	
a Cash	45,244,512.	7 Other decreases (itemize):		
b Property		CONTROL CONTRO		
3 Net income (loss) per books		·		
4 Other increases (itemize):				
30 000000		8 Add lines 6 and 7		43,673,417.
		9 Balance at end of year. Sub	otract	
5 Add lines 1 through 4	87,662,115.	line 8 from line 5		43,988,698.

Schedule N	Transactions Between Controlled Foreign Partnershi	and Partners	or Other	r Related E	ntities

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between

Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
Sales of inventory				
Sales of property rights				
(patents, trademarks, etc.)		4		
Compensation received for				
technical, managerial,			14:5	
engineering, construction,				
or like services		 		
Commissions received		-		
Rents, royalties, and				
license fees received				
Distributions received				
Interest received				
8				142
Other				
Add lines 1 through 8				
Purchases of inventory		*		
Purchases of tangible			* *	
property other than	×			
inventory				
Purchases of property rights			1	
(patents, trademarks, etc.)				
Compensation paid for				
technical, managerial,				
engineering, construction,				
or like services				
Commissions paid				
Rents, royalties, and				
license fees paid				
Distributions paid				
Interest paid				
Other				

Add lines 10 through 18				
Amounts borrowed (enter				
the maximum loan balance				
during the year). See				
instructions		3		E
Amounts loaned (enter the				
maximum loan balance				
during the year). See				
instructions		G G	1	

Statement of Specified Foreign Financial Assets

Information about Form 8938 and its separate instructions is at www.irs.gov/form8938.

OMB No. 1545-2195

Attach to your tax return.

Department of the Treasury Internal Revenue Service	For calendar year	2016 or tax year beginning	ax return.	and ending		Atta	chment uence No. 175
If you h		ation statements, check here	Nu	mber of continuati	ion stat		201100 110. 110
1 Name(s) shown on DONALD J. & MELANI	return			2 TIN			
3 Type of filer	12						
a X Specified i	ndividual b	Partnership c	Corporati	on	d	Trust	
4 If you checked box	3a, skip this line 4. If yo	ou checked box 3b or 3c, enter the	name and TIN	of the specified inc	dividual	who closely	y holds the
partnership or corpo	oration. If you checked	box 3d, enter the name and TIN of	the specified p	person who is a cur	rrent ber	neficiary of	the trust.
(See instructions for	definitions and what t	o do if you have more than one spe	cified individua	al or specified perso	on to lis	t.)	
a Name			-	b TIN			
		dial Accounts Summary					
		Part V)				, , , , A	
		D 114			\$		
		Part V)			_		
	All Custodial Accounts	unts closed during the tax year?			\$	7./	
Part II Other For						Yes	No
	Assets (reported in Par				_		
	All Assets (reported in F				\$		
	sets acquired or sold d				¥	Yes	No
		ibutable to Specified Forei	an Financia	I Assets (see	instru		INO
NU CONTROL CON	T	(c) Amount reported on			reporte		
(a) Asset Category	(b) Tax item	form or schedule	(d) Fo	orm and line			ule and line
1 Foreign Deposit and	1a Interest	\$.,	
Custodial Accounts	1b Dividends	\$					
	1c Royalties	\$					
	1d Other income	\$					
	1e Gains (losses)	.\$					
	1f Deductions	\$					
	1g Credits	\$					
2 Other Foreign Assets	2a Interest	\$					
	2b Dividends	\$					
	2c Royalties	\$					
	2d Other income	\$					
	2e Gains (losses)	\$					
	2f Deductions	\$					
	2g Credits	\$	7:				
Part IV Excepted	Specified Foreign	Financial Assets (see insti	ructions)				
you reported specified f	oreign financial assets	on one or more of the following for	ms, enter the r	umber of such forr	ns filed.	You do no	t need to
nclude these assets on F	orm 8938 for the tax ye	ear.					
. Number of Forms 3520)	Number of Forms 3520-A		3. N	umber c	of Forms 54	711
. Number of Forms 862		Number of Forms 8865	1				
Dort VII Datation I		15 . 5					
		ch Foreign Deposit and Cu	stodial Acc	ount included	in the	Part I S	ummary
(see instruc							
r		art V, attach a continuation statement					
1 Type of account	Deposit	Custodial	2 /	Account number or	r other d	lesignation	
2 Chook all that and	Α Λοσ	anad during toy year	A a a a u = t = t = -	al alumba a tanco			
3 Check all that apply				d during tax year	4h ur	-1-1-	
4 Maximum value of a		ntly owned with spouse d	NO tax item re	oorted in Part III wit		ct to this as	sset
		te to convert the value of the accou	int into II C -I	olloro?	. \$	1 Vac	N-
	s" to line 5, complete al		int into 0.5. do	mars r		Yes	No
(a) Foreign currency		(b) Foreign currency exchange ra	to used to	(c) Source of exch	hanga =	ato used if -	act from LLC
is maintained	willon account	convert to U.S. dollars	เอ นอธน เป	Treasury Departme	_		
10 manitalilou		control to o.o. dollars		Trousury Departing	2111 2 DU		i isoai Gervice

Form 8938					Page 2
Part V	Detailed Information for Ea	ch Foreign Deposit and Custo	dial Accou	int Included in the Part I	Summary
	(see instructions) (continued)				
7a Name	of financial institution in which accou	nt is maintained	b Global In	termediary Identification Numb	er (GIIN) (Optional)
8 Mailin	g address of financial institution in wh	ich account is maintained. Number, str	eet, and room	or suite no.	
9 City or	r town, state or province, and country	(including postal code)	(·		
Part VI	Detailed Information for Ea	ch "Other Foreign Asset" Inc	uded in the	e Part II Summary (see	instructions)
If you have	more than one asset to report in Part	VI, attach a continuation statement for	each addition	nal asset (see instructions).	
1 Descri	ption of asset	2 k	entifying num	nber or other designation	
3 Comp	lete all that apply. See instructions fo	r reporting of multiple acquisition or dis	osition dates	S.	
a Date a	sset acquired during tax year, if appli	cable		<u> </u>	
b Date a	sset disposed of during tax year, if a	pplicable		<u> </u>	
_ c	Check if asset jointly owned with sp	oouse d Chec	c if no tax item	n reported in Part III with respec	ct to this asset
4 Maxim	num value of asset during tax year (ch				****
a	\$0 - \$50,000 b \$50,000		001 - \$150,00		- \$200,000
					1,
0.73		te to convert the value of the asset into	U.S. dollars?	L	Yes No
	answered "Yes" to line 5, complete a			Source of exchange rate used	lif not from U.S.
	reign currency in which asset is	(b) Foreign currency exchange rate u			
aenon	ninated	convert to U.S. dollars	Tre	easury Department's Bureau of	tile riscal Service
		*			
7 If asse	t reported on line 1 is stock of a forei	ngn entity or an interest in a foreign entit	, enter the fo	ollowing information for the asse	et.
	of foreign entity	gri oriniy or air interest in a tereigh emin	b GIIN (Opt		
	of foreign entity (1)	Partnership (2) Co	poration	(3) Trust	(4) Estate
	g address of foreign entity. Number, s		and chamber of second		
	*				***
e City or	town, state or province, and country	(including postal code)			
		reign entity or an interest in a foreign e			
		or counterparty, attach a continuation	tatement with	n the same information for each	additional issuer
	terparty (see instructions).	<u> </u>			
	of issuer or counterparty				
Check	if information is for	Issuer Counterparty		**	
h Tuno c	of inquer or acceptance to				
- 1	of issuer or counterparty Individual (2)	Partnership (3) Co	poration	(4) Trust	(5) Estate
(1)	individual (2)	(3) 00.	poration	(4)	(6)
c Check	if issuer or counterparty is a	U.S. person Foreign p	erson		
5 5,1001	L. C.				
d Mailine	g address of issuer or counterparty. N	lumber, street, and room or suite no.			
		95			
e City or	town, state or province, and country	(including postal code)			

Form **8938** (2016)

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

during information on Listed Property)

► Attach to your tax return. SCHEDULE C- 36

DULE C- 36
Attachment

Sequence No. 17

Department of the Treasury Internal Revenue Service

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562
Business or activity to which this form relates

DONALD J. & MELANIA TRUMP TRUMP RESTAURANTS LLC Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ... 12 13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 15,221. 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 387. MACRS Depreciation (Don't include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2016 17 35,443. 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions) (a) Classification of property (d) Recovery (e) Convention (f) Method (a) Depreciation deduction 10,300. 19a 3-year property 3 YRS. 200DB 3,433. 5-year property b 7-year property 4,919. 7 YRS. HY 200DB C 703. 10-year property d 15-year property 20-year property 25-year property g 25 yrs. S/L 27.5 yrs. MM S/L Residential rental property 27.5 yrs. MM S/L 6 / 16 17,650. MM S/L 246. 39 vrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs. S/L 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 55,433. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

101	rm 4562 (2016)	0.730/10/10/00	LD J. & MEI		1000 (000000000000000000000000000000000			-							Page 2
P	art V Listed Proper		utomobiles, ce	ertain oth	ner vehicle	s, cert	ain aircr	aft, ce	rtain comp	uters, ar	nd prope	erty use	d for ent	ertainme	nt,
	recreation, or a Note: For any		hich vou are u	eina the	standard	mileac	ie rate o	r dedu	cting lease	expens	e comr	olete or	ılv 24a.	24b. colu	mns
	(a) through (c)	of Section A,	all of Section	B, and	Section C	if appl	icable.	uouu	oung load	, oxpoile	0, 00111		,,		
	Section A -	Depreciation	on and Other	Informa	tion (Caut	ion: S	See the i	nstruc	tions for lin	nits for p	oasseng	er autor	nobiles.)		
24a	Do you have evidence to s	support the bus	siness/investme	nt use cla	aimed?	Y	es _	No	24b If "Y	es," is th	e evide	nce writ	ten?	Yes	No
	(a)	(b)	(c)		(d)		(e)		(f)	(g)		(h)		(i)
	Type of property	Date	Business/		Cost or		sis for depre		Recovery	1 6	:hod/	Depr	eciation		cted
	(list vehicles first)	placed in service	investment use percenta		ther basis	(bu	siness/inve use only		period	Conv	ention	ded	uction		n 179 ost
75	Special depreciation allo				nlaced in	convic	o durina	tho to	v vear and		1			NA HOKE	MARKE A
20	HE ALL THE STATE OF THE STATE O				325 T				0.50		25				
_	used more than 50% in a										20			and partie	CREATE NAME OF
26	Property used more than	11 30% III a qi		1		-1		-						ľ	
-		ii		%		+-									
		ii		%											
3V%0		<u> </u>		%								L			
27	Property used 50% or le	ss in a qualif		0.00		-						F		recording:	She like
		1 1		%		-				S/L -					
_		_ i_ i_	(%		_				S/L -					
		1 1	(%						S/L -					
28	Add amounts in column	(h), lines 25	through 27. E	nter her	e and on li	ne 21,	page 1				28				
29	Add amounts in column	(i), line 26. E	nter here and	on line	7, page 1	·	··········						29		
			5	Section	B - Inform	ation	on Use	of Veh	icles						
Cor	mplete this section for ve	hicles used b	oy a sole prop	rietor, pa	artner, or o	ther "i	more tha	an 5%	owner," or	related	person.	If you p	rovided v	vehicles	
	our employees, first answ														
,			190												
					a)	(b)		(c)	(0	d)	(e)	(f)
2O	Total business/investment	miles driven di	uring the		hicle		nicle	\ \v	'ehicle	Veh		- ·	hicle	Veh	
	year (don't include commu			- 40	111010	*01	11010		0111010						
	Total commuting miles of														
32	Total other personal (no			ŀ											
	driven										107				
33	Total miles driven during							1.5							
	Add lines 30 through 32				1 +			-					1		
34	Was the vehicle available	e for persona	al use	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	· No
35	Was the vehicle used pr	rimarily by a r	more												
	than 5% owner or relate	d person?													
36	Is another vehicle availa	ble for perso	nal										1		
	use?														
			- Questions f	or Emp	loyers Wh	o Prov	ide Veh	icles f	or Use by	Their E	mploye	es			
۱ns	swer these questions to o	determine if y	ou meet an e	ception	to comple	eting S	ection E	for ve	hicles use	d by em	ployees	who a	ren't mo	ore than 5	5%
	ners or related persons.	•													
_	Do you maintain a writte	n policy stat	ement that pr	ohibits a	II personal	use o	f vehicle	s, inclu	uding com	muting,	by your			Yes	No
-11-111	employees?														
R	Do you maintain a writte	n policy stat	ement that or	ohibits r	ersonal us	e of ve	ehicles.	except	commutir	a. by yc	our				
	employees? See the inst														
20	Do you treat all use of ve													·	
														-	_
	Do you provide more that														1
	the use of the vehicles, a													-	+
11	Do you meet the require													(ALESS 1875)	Dienical
-	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don'	t complete	Section	on B for	the co	vered veh	cles.			-		
Pa	art VI Amortization			<i>n</i> \					(-N		1-1			(5)	
	(a) Description of	costs	Date	(b) amortization	Δ.	(c) mortizat	ale		(d) Code		(e) Amortiza		A	(f) mortization	
			June	begins		amount			section		period or per		fo	or this year	
12	Amortization of costs the	at begins du	ring your 2016	tax yea	ar:		×								
				1 1											
				: :											
13	Amortization of costs the	at began bef	ore your 2016	tax yea	r							43		1	760.
	Total. Add amounts in o											44			760.
_			Company and Control of the Control o							THE RESERVE OF THE PARTY OF THE	and the second second				30.000