



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

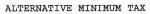
Pa	rt I Short-Term Capital Gains and Los	sses - Assets Held	One Year or Less	la.	
ente	instructions for how to figure the amounts to r on the lines below.	(d) (e) Adjustr Proceeds Cost to gain or I			(h) Gain or (loss) Subtract column (e) from column (d) and
	form may be easier to complete if you round 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	-			
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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

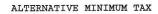
(Individual, Estate, or Trust)

► 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 Paulinanis	Baleria Isaan				
	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	iner 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
		Α		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:	Serger was been				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				888			
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 foreign	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 of	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	1 4-1 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 :		SANSTÂRE, 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
DESTRUCTION OF THE PROPERTY OF							-	-				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		*	
1150 50 1550		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).		
								1	•				
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					
Jac Only	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 Special	
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			-5719c	
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	omponentien	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			
ı	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	Design 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.)		-					
	1	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	e 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	24000		
	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**

30011011 030) (3	oc manachona, beginning	, , and end	ing ,	orquenes no				
Name of person filing this return		A Identifying nu	mber					
DONALD J. TRUMP								
Number, street, and room or suite no. (or P.O. box number	er if mail is not delivered to street address)	D. Catagory of file	or /Con instructions Charl	le analisable baceles				
,		B Category of file	B Category of filer (See instructions. Check applicable box(es)):					
City or town state and ZID ands		0 5-1	1 (repealed) 2	3 4 X				
City or town, state, and ZIP code NEW YORK, NY 10022		The second secon	percentage of the foreign					
	AN 1 2016	you owned at t	the end of its annual accou	unting period	%			
- nor a tax jour adjuning	AN 1 , 2016 , and ending							
D Check if any excepted specified foreign finar		ee instructions)						
E Person(s) on whose behalf this information	return is filed:							
. (1) Name	(2) Address		(3) Identifying number	(4) Check applica				
			(-7,	Shareholder Officer	r Director			
Important: Fill in all applicable lines and	d schedules. All information must	be in English. All amo	unts must be stated in	U.S. dollars				
unless otherwise indicated.								
1a Name and address of foreign corporation			b(1) Employer identi	ification number, if an	ıy			
			32-044718	31				
		(*)	b(2) Reference ID nu	umber (see instruction	ns)			
THC BARRA HOTELARIA			199		**			
× 3			c Country under v	whose laws incorpora	ited			
NEW YORK, NI IJU22			BRAZIL	5060				
d Date of e Principal place of bus		g Principal business a	ctivity	h Functional current	су			
incorporation	business activity code number							
04/15/14								
2 Provide the following information for the for	reign corporation's accounting period st	tated above.						
a Name, address, and identifying number of b	pranch office or agent (if any) in the Unit	ted States	b If a U.S. income tax	return was filed, ente	er:			
			March and State As Assa	(ii) U.S. incor	74			
			(i) Taxable income or (lo	oss) (after all o				
c Name and address of foreign corporation's	statutory or resident agent	d Name and address	(including corporate depa	ertment, if applicable)	of			
in country of incorporation		person (or persons	s) with custody of the book	ks and records of the	foreign			
		corporation, and th	e location of such books a	and records, if differe	nt			
	(5)							
Schedule A Stock of the Forei	gn Corporation							
		¥	(b) Number of sha	res issued and outsta	andina			
(a) Descrip	otion of each class of stock		(i) Beginning of annua		-			
(2) 2000p	tion of days older of block		accounting period	accounting	period			
				_				
HA For Panarwork Reduction Act Nation	instructions			Form 5471 (5	10 0045			
LHA For Paperwork Reduction Act Notice, see	manuchons.			Form 5471 (R	lev. 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			0.5				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			Check if foreign	Check if direct
		Name	Address			Identifying n	umber (if any)	person	partner
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	noci (ii uriy)		person
					-					
			(a)							
_								7 V	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
		2.9								
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 linearons					14			
ctions	14	Taxes and licenses					15			
(see instructions for limitations)	15	Interest Depreciation (if required, attach Form 4562)			1	L,526,266.	13			
(see		Less depreciation reported elsewhere on return		No. of the same		1 1	16c		1,52	6,266.
us	17	Depletion (Do not deduct oil and gas depletion.)					17		,	
Deductions	17 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.
		Jacobson (amas), statement								
	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 Item	าร		8	
					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)				
10	3 a	Other gross rental income (loss)	I I			
	b	Expenses from other rental activities (attach statement)	3b			
	C	Other net rental income (loss). Subtract line 3b from line 3a		3с		
_	4	Guaranteed payments				
(ss	5	Interest income	erest income			
<u>C</u>	6	Dividends: a Ordinary dividends		6a		
Je		b Qualified dividends	6b			
ncome (Loss)	7	Royalties		7		
드	8	Net short-term capital gain (loss) (attach Schedule D (Form 1	[065])	8		
	9 a	Net long-term capital gain (loss) (attach Schedule D (Form 10	065))	9a		
	b	Collectibles (28%) gain (loss)	9b	100800		
	С	Unrecaptured section 1250 gain (attach statement)	90			
	10	Net section 1231 gain (loss) (attach Form 4797)		10		
	11	Other income (loss) (see instructions) Type		11		
2	12	Section 179 deduction (attach Form 4562)		12		
tion		Contributions		13a 13b		
Deductions		b Investment interest expense				
Dec	C	Section 59(e)(2) expenditures: (1) Type ►(2) Amount ►				
		Other deductions (see instructions) Type		13d		
Self- Employ-	, 14 a	Net earnings (loss) from self-employment		14a		
Series		Gross farming or fishing income	14b			
		Gross nonfarm income		14c		
	10 a	Low-income housing credit (section 42(j)(5))		15a 15b		
<u>it</u> s	C	Qualified rehabilitation expenditures (rental real estate) (attack	ncome housing credit (other) ied rehabilitation expenditures (rental real estate) (attach Form 3468)			
Credits	d					
0	e			15d 15e		
		Other credits (see instructions) Type		15f		
		Name of country or U.S. possession UNITED KINGDOM			-	
				16b	3,534,819.	
v	C	Gross income sourced at partner level		16c		
io		Foreign gross income sourced at partnership level				
act	d	Passive category	ry ▶ 3 ,534 ,819 . f Other (att. stmnt.) ▶	16f		
Transactions		Deductions allocated and apportioned at partner level			34	
_	g	Interest expense h Other	er '	16h	************************	
Foreign		Deductions allocated and apportioned at partnership level to for				
P			ory 6,376,959. k Other (att. stmnt.)	16k		
		Total foreign taxes (check one): Paid Accrued				
				16m		
		Other foreign tax information (attach statement)				
×	17 a	Post-1986 depreciation adjustment		17a		
Alternative Minimum Tax (AMT) Items	b	Adjusted gain or loss		17b		
Ta La				17c		
Egite Figure		Oil, gas, and geothermal properties - gross income		17d		
√ <u>Σ</u> S	e	Oil, gas, and geothermal properties - deductions		17e		
	10 -	Other AMT items (attach statement)	*	17f		
_	18 a	Tax-exempt interest income		18a		
tion		Other tax-exempt income Nondeductible expenses		18b 18c		
ma		Distributions of cash and marketable securities			196,628.	
Other Information	b	Distributions of other property		19a 19b	150,020.	
1		Distributions of other property Investment income				
Ę.		Investment expenses		20a 20b	•	
٦		Other items and amounts (attach statement)	······			

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		1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1		
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 1			
(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:			<i>/</i>	
a Cash	45,244,512.	7 Other decreases (itemize):		
b Property		CONTROL CONTRO		
3 Net income (loss) per books		v		
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 Othe	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	Δ Δοσ	anad during toy year	A a a a u = t = t = -	al alumba e terri			
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		Troadury 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 s	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:	Single State of
		1 1		%		-				S/L -					
_		ii	(%						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			ł											
	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
											1				
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
-11-11	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				100000000000000000000000000000000000000

4562

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return. SCHEDULE C- 25

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

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

DONALD J. & MELANIA TRUMP WOLLMAN RINK OPERATIONS LLC Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 3 3 Threshold cost of section 179 property before reduction in limitation 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 (b) Cost (business use only) 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 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 6,736. 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 16,917. Part III MACRS Depreciation (Don't include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2016 17 127,631. 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (a) Classification of property (d) Recovery (e) Convention (f) Method (a) Depreciation deduction year placed (business/investment use only - see instructions) in service 3-year property 19a 200DB 3,732. 5 YRS. 5-year property HY 746. b 7-year property C 10-year property d 15-year property 3,003. 15 YRS. h 50DB 150. 20-year property f g 25-year property 25 yrs. S/L 27.5 yrs. MM SI h Residential rental property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property STATEMENT 113 S/L 644. Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a Class life b 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. 152 824. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

For	m 4562 (2016)		D J. & ME												Page 2
Pa	art V Listed Propert		itomobiles, c	ertain oth	ner vehic	les, ce	ertain airc	raft, ċe	rtain comp	outers, a	nd prope	erty used	for ente	ertainmer	nt,
	recreation, or a Note: For any v	musement.) vehicle for wh	nich vou are	usina the	standard	d mile	age rate o	or dedu	ctina lease	e expens	e, comp	lete on	ly 24a, 2	24b, colu	mns
	(a) through (c) of	of Section A,	all of Section	n B, and S	Section (c if ap	plicable.								
	Section A -	Depreciatio	n and Other	Informa	tion (Ca	ution:	See the	instruc	tions for li	mits for p	oasseng	er auton	nobiles.)		
24a	Do you have evidence to s	upport the bus	siness/investm	ent use cla	aimed?		Yes	No	24b If "Y	es," is th	ne evider	nce writt	en?	Yes _	No
	(a)	(b)	(c)	,	(d)		(e)		(f)		g)	B4500 30	h)		i)
	Type of property	Date placed in	Business investmer	nt	Cost or		Basis for dep business/inv		Recovery period		thod/		ciation action	Elec sectio	
	(list vehicles first)	service	use percent		ther basis		use on	ly)	periou	COIN	ention	ueut	ICHOIT		st
25	Special depreciation allo	wance for qu	ualified listed	property	placed i	n sen	ice durin	g the ta	x year and	1					
	used more than 50% in a	a qualified bu	usiness use								25				
26	Property used more than	n 50% in a qu	ualified busin	ess use:											
				%											
		1 1		%											
		1 1		%											2
27	Property used 50% or le	ss in a qualif	ied business	use:											
			9.	%						S/L -					
		1 1		%						S/L -					
		1 1		%						S/L -					
28	Add amounts in column	(h), lines 25	through 27.	Enter here	e and on	line 2	1, page 1				28			李德斯	
	Add amounts in column	70070											29		
		111				Statesta	n on Use								
Cor	mplete this section for ve	hicles used b	ov a sole pro	prietor, pa	artner. or	othe	r "more th	an 5%	owner," or	related	person.	lf you pr	ovided v	ehicles/	
	our employees, first answ														
. o y	our employees, marana	wer are quee	110110 111 0001	1011 0 10 0	, , , , , , , , , , , , , , , , , , ,		. air oxoo			.9					
_				T ((a)		(b)		(c)	1	d)	(e)	(f)
20	Total business/investment r	miles driven di	uring the		hicle	١,	/ehicle	١ ،	/ehicle		nicle		nicle	Veh	
	year (don't include commut				illoio		V 0111010		0111010						
04	Total commuting miles				1911										
	Total other personal (no							1							
2															
22	driven Total miles driven during				-			+							
33	Add lines 30 through 32	-	*												
	Was the vehicle available			Yes	No	Yes	s No	Yes	s No	Yes	No	Yes	No	Yes	No
34	during off-duty hours?				INO	163	NO	100	140	163	140	103	140	100	140
)E	Was the vehicle used pr			-	-			 							
35	than 5% owner or relate														
		10-50-6-30-00-30-30-30-4-		-	-	_	+			-					
30	Is another vehicle availa														83
	use?				L	/ D-		hieles i	for Hoo by	, Thoir E	mploye			-	
	swer these questions to c		- Questions										ron't mo	re than F	50%
		determine if y	ou meet an	exception	to comp	oleting	Section	D for ve	enicies use	a by en	pioyees	wiio a	en tinc		770
_	ners or related persons.		amant that n	robibito o	II naraan	ol upo	of vohio	on incl	uding com	mutina	by your			Yes	No
3/	Do you maintain a writte	• • • • • • • • • • • • • • • • • • • •												165	140
	employees?								t	na byw				-	<u> </u>
38	Do you maintain a writte														
	employees? See the ins														-
	Do you treat all use of ve														-
ŧU	Do you provide more that														
	the use of the vehicles,														-
11	Do you meet the require													ENG. 38.20	
Б	Note: If your answer to	37, 38, 39, 4	u, or 41 is "Y	es," don'	τ comple	te Se	ction B fo	r the co	overed veh	iicies.				1965年	
1	art VI Amortization		——Т	/b)	Т		.,	Т-	(4)		(0)			(f)	
	(a) Description of	costs	Da	(b) ite amortization		(c Amorti	zable		(d) Code		(e) Amortiza		Ą	mortization	
				begins		amo	unt		section		period or per	centage	fo	or this year	
12	Amortization of costs th	at begins du	ring your 20	6 tax yea	ar:		at .		**			— т			
_					-			-							
				1 1								10			217
	Amortization of costs th			The second second								43			217.
14	Total. Add amounts in o	column (f). Se	ee the instruc	ctions for	where to	repo	rt					44			217.

Form **3800**

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

General Business Credit

Information about Form 3800 and its separate instructions is at www.irs.gov/form3800.

▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0895

2016
Attachment
Sequence No. 22

Identifying number

DONALD J. & MELANIA TRUMP Part I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT) (See instructions and complete Part(s) III before Parts I and II) General business credit from line 2 of all Parts III with box A checked 2 Passive activity credits from line 2 of all Parts III with box B checked _______2 Enter the applicable passive activity credits allowed for 2016 (see instructions) 3 Carryforward of general business credit to 2016. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach 15,068,133. Carryback of general business credit from 2017. Enter the amount from line 2 of Part III with box D checked Add lines 1, 3, 4, and 5 15,068,133. 6 Part II Allowable Credit Regular tax before credits: Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 • Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the 7 0. applicable line of your return Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b; or the amount from the applicable line of your return 8 Alternative minimum tax: Individuals. Enter the amount from Form 6251, line 35 Corporations. Enter the amount from Form 4626, line 14 8 2,234,725. • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 ... 9 Add lines 7 and 8 2,234,725. 10a Foreign tax credit b Certain allowable credits (see instructions) 750. 10c Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 2,233,975. Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-13 Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions) 13 14 Tentative minimum tax: Individuals. Enter the amount from Form 6251, line 33 Corporations. Enter the amount from Form 4626, line 12 2,234,725. 14 Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 Enter the greater of line 13 or line 14 2,234,725. Subtract line 15 from line 11. If zero or less, enter -0-16 0. 17 Enter the smaller of line 6 or line 16 0. 17 C corporations: See the line 17 instructions if there has been an ownership change, acquisition,

or reorganization

-	1 3800 (2016)		Page 2
Lock Heart	rt II Allowable Credit (Continued) If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 2	26	
Vot	e: If you are not required to report any amounts on lines 22 or 24 below, skip lines 16 through 25 and enter 6 on lines		
18	Multiply line 14 by 75% (.75) (see instructions)	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	-
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked		
24	Enter the applicable passive activity credit allowed for 2016 (see instructions)	24	
	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	2,233,975.
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	2,233,975.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	26,367,381.
			10
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked 32 260,795.		
33	Enter the applicable passive activity credits allowed for 2016 (see instructions)	33	
34	Carryforward of business credit to 2016. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach	34	
35	Carryback of business credit from 2017. Enter the amount from line 5 of Part III with box D checked (see instructions)	35	
			26,367,381.
36	Add lines 30, 33, 34, and 35	36	20,307,301.
37	Enter the smaller of line 29 or line 36	37	2,233,975.
38	Credit allowed for the current year. Add lines 28 and 37.		
	Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36,		
	see instructions) as indicated below or on the applicable line of your return.		
	• Individuals. Form 1040, line 54, or Form 1040NR, line 51		
	Corporations. Form 1120, Schedule J, Part I, line 5c		HART STREET, S
	Estates and trusts. Form 1041, Schedule G, line 2b	38	2,233,975.

Form **3800** (2016)

Forr	n 3800 (2016)			Page 3
	(s) shown on return			ldentifyina number
	ALD J. & MELANIA TRUMP			
	rt III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	
	nplete a separate Part III for each box checked below (see instructions).			
A	General Business Credit From a Non-Passive Activity			
В	General Business Credit From a Passive Activity F Reserv		* 1	
С	William Control of the Control of th		I Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserv	0.0000000		
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combining	
-	Parts III with box A or B checked. Check here if this is the consolidated Part III		T #1	X
Note for e	e: On any line where the credit is from more than one source, a separate Part III is need ach pass-through entity.	led	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation)	1k		
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		•
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		0.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
la	Investment (Form 3468, Part III) (attach Form 3468)	4a		26,254,147.
b	Work opportunity (Form 5884)	4b		49.
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee		397	
	tips (Form 8846)	4f		373,980.
g	Qualified railroad track maintenance (Form 8900)	4g		,
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i	-	
j	Reserved	4j		
	Other	4z		A CONTRACTOR OF THE PARTY OF TH
	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		26,628,176.
	Add lines 2.2 and 5 and enter here and an the applicable line of Dart II	•		26 629 176

Form	3800 (2016)			Page 3
Name(s) shown on return		1	dentifyir
	LD J. & MELANIA TRUMP			
Pai	t III General Business Credits or Eligible Small Business Credits	s (see	e instructions)	
Com	olete a separate Part III for each box checked below (see instructions).			
Α	X General Business Credit From a Non-Passive Activity E Reserv	ed		
В	General Business Credit From a Passive Activity F Reserv	ed		
С	General Business Credit Carryforwards G Eligible	Smal	Business Credit Carryford	vards
D	General Business Credit Carrybacks H Reserv	(5)(5)(
I	If you are filing more than one Part III with box A or B checked, complete and attach fil	st an	additional Part III combinir	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			
Note	 (a) Description of credit On any line where the credit is from more than one source, a separate Part III is need 	ed	(b) If claiming the credit from a pass-through entity, enter the EIN	(c)
for ea	ach pass-through entity.		pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b.	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g	-	
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		*
n	Distilled spirits (Form 8906)	1n	ř	
0	Nonconventional source fuel (carryforward only)	10	14	
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s	14	
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		1.
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee			
	tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		1.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		1.

For	m 3800 (2016)			Page 3
Nam	e(s) shown on return			dentifying
_	ALD J. & MELANIA TRUMP			
	art III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	
	nplete a separate Part III for each box checked below (see instructions).			
Α	X General Business Credit From a Non-Passive Activity E Reser	ved		
В	General Business Credit From a Passive Activity F Reserv	ved		
С		e Sma	II Business Credit Carryford	vards
D	General Business Credit Carrybacks H Reserv			2
-1	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an	additional Part III combining	g amounts from all
_	Parts III with box A or B checked. Check here if this is the consolidated Part III		·····	
Not	e: On any line where the credit is from more than one source, a separate Part III is need	led	(b) If claiming the credit from a pass-through entity, enter the EIN	(c)
tor e	each pass-through entity.	_	pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	Second and an annual second and an annual second	er van en de Suddinger in toen met it een
b	Reserved	1b		
C	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		*
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	. 1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
100	for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved Mine rescue team training (Form 8923)	1t		
u		1u		
v w	Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932)	1v		
X	0 1 11 11 11 11 11 11 11 11 11 11 11 11	1w		
	Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936)	1x		
y z	Qualified plug-in electric vehicle (carryforward only)	1y		
aa	New hire retention (carryforward only)	1z		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1aa		
ZZ	Other. Enhanced oil recovery (Form 8830) and certain other credits	1bb 1zz		
2	Add lines to the south the sent set of the sent sent set of the sent sent sent sent sent sent sent sen	2		
3	F-t	3	KW - at 70 to 2 street of 2 of patricipal	
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee	70		
-	tips (Form 8846)	4f	65-0567671	10,024.
g	Qualified railroad track maintenance (Form 8900)	4g		20,022
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		10,024.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		10,024.

	1 3800 (2016)			Page 3
	s) shown on return ALD J. & MELANIA TRUMP		3)	dentifyina number
	rt III General Business Credits or Eligible Small Business Credit	S /500	instructions)	
_	plete a separate Part III for each box checked below (see instructions).	S (See	e instructions)	
	General Business Credit From a Non-Passive Activity Reserv	/od		
A B	General Business Credit From a Passive Activity General Business Credit From a Passive Activity F Reserved			
			I Business Credit Carryford	wards
С	General Business Credit Carrybacks H Reserv		Dasilless Credit Carrylore	vardo .
D	If you are filing more than one Part III with box A or B checked, complete and attach fi		additional Part III combinin	ng amounts from all
1				.
	(a) Description of credit			(c)
Note for e	 On any line where the credit is from more than one source, a separate Part III is need ach pass through entity. 	_	(b) If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	All countries and the responsibility of the	
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	_1j_		
k	Employer-provided child care facilities and services (Form 8882) (see instructions	l		
	for limitation)	1k		
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		1
0	Nonconventional source fuel (carryforward only)	10		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q	*	
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y 1z		
Z	Qualified plug-in electric vehicle (carryforward only)			
aa		1aa		
bb		1bb 1zz		
ZZ	AND THE PROPERTY OF THE PROPER	2		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I Enter the amount from Form 8844 here and on the applicable line of Part II	3		
3		4a		
4a	Investment (Form 3468, Part III) (attach Form 3468) Work opportunity (Form 5884)	4a 4b		
b	Biofuel producer (Form 6478)	4c		
C	Low-income housing (Form 8586, Part II)	4d		
d	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
e f	Employer social security and Medicare taxes paid on certain employee	7.0		
•	tips (Form 8846)	4f	13-3818196	10.
g	Qualified railroad track maintenance (Form 8900)	4g		
y h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i	(4)	
j	Reserved	4j		
J Z	Other	4z	The state of the s	
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		10.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		10.
	ride into L, O, did o did offici flore and off the applicable into of fare if	<u> </u>		

For	n 3800 (2016)			Page 3
Nam	e(s) shown on return			Identifying rumber
	ALD J. & MELANIA TRUMP			
	irt III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	
Cor	nplete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity			
В	General Business Credit From a Passive Activity F Reserv			
С		e Sma	II Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserv	000000000000000000000000000000000000000		
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an	additional Part III combining	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III (a) Description of credit		Т	<u> </u>
Not	e: On any line where the credit is from more than one source, a separate Part III is need	led	(b) If claiming the credit from a pass-through entity, enter the EIN	(c)
	ach pass-through entity.	т —	pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	bleary of the form of the second	
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		<u> </u>
1	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	_1j_		
k	Employer-provided child care facilities and services (Form 8882) (see instructions		a.	
	for limitation)	1k		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
ù	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
S	Alternative fuel vehicle refueling property (Form 8911)	1s		
t 	Reserved Mina resource from training (Form 2000)	1t		
u v	Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only)	1u		
	Employer differential wage payments (Form 8932)	1v		
w		1w		
х У	Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936)	1x		
z	Qualified plug-in electric vehicle (carryforward only)	1y		
	New hire retention (carryforward only)	1z		
hh	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1aa 1bb		
	04 51 13 /5 2000			
2	Add lines to through the and activities and activities (D. 1)	1zz 2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee	,,,		
	tips (Form 8846)	4f	27-1445354	1,578.
g	Qualified railroad track maintenance (Form 8900)	4g	TOWNS THE STATE OF	2,5.0.
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Reserved	4j		
z	Other	4z		
ó	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		1,578.
5	Add lines 2. 3, and 5 and enter here and on the applicable line of Part II	6		1 578

Form	3800 (2016)			Page 3
	s) shown on return		[1	dentif
	LD J. & MELANIA TRUMP			
DESCRIPTION OF	t III General Business Credits or Eligible Small Business Credits	s (see	instructions)	
an 11	olete a separate Part III for each box checked below (see instructions).			
A	X General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserv		Business Credit Carryfor	warde
C			business Gredit Garrylon	varus
D	General Business Credit Carrybacks H Reserv		additional Dart III combinir	ag amounte from all
	If you are filing more than one Part III with box A or B checked, complete and attach fil	Stan	additional Part III Combini	ig amounts nom all
	Parts III with box A or B checked. Check here if this is the consolidated Part III (a) Description of credit		(b)	(c)
Note	On any line where the credit is from more than one source, a separate Part III is need ich pass-through entity.	ed	(b) If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
C	Increasing research activities (Form 6765)	1c		7/
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		·
V	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
ZZ	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3	27-4162256	259,916.
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a	27-4162236	235,510.
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee	AE	27-4162256	3,125.
2931	tips (Form 8846)	4f		, 223.
g	Qualified railroad track maintenance (Form 8900)	4g 4h		
h :	Small employer health insurance premiums (Form 8941)	4i		
į	Increasing research activities (Form 6765)	4j		
j	Reserved	4z	Control to the state of the sta	
z	OtherAdd lines 4a through 4z and enter here and on the applicable line of Part II	5		263,041.
5	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		263,041.
6	Aud lines 2, 0, and 5 and enter here and off the applicable line of farth			

For	m 3800 (2016)			Page 3
Name	e(s) shown on return			Identifying number
	ALD J. & MELANIA TRUMP			
Pa	rt III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	
Con	nplete a separate Part III for each box checked below (see instructions).			
Α	X General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserv	/ed		
С	General Business Credit Carryforwards G Eligible	e Sma	Il Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserv	/ed		
ı	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combinion	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			▶ □
Mot	(a) Description of credit : On any line where the credit is from more than one source, a separate Part III is need	la al	(b)	(c)
for e	e: On any line where the credit is from more than one source, a separate Part III is need each pass-through entity.	iea	(b) If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions	-1)		
K	for limitation)	41.		2
Ī	Biodiesel and renewable diesel fuels (attach Form 8864)	1k 1l		
m	Low sulfur diesel fuel production (Form 8896)			
	Distilled enirity /Form 9006)	1m		
n	Distilled spirits (Form 8906)	1n		<u> </u>
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q	·	
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s	EACH RESIDENCE DESCRIPTION OF STREET	
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa 	New hire retention (carryforward only)	1aa		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		9
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee			2000 100000000
	tips (Form 8846)	4f	27-4162308	5,604.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	. 4i		AND LINE SERVICE MALE AND ADDRESS OF THE AND ADDRESS OF THE ADDRES
j	Reserved	4j		
z	Other	4z	Frequencial in the service of the service of	
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		5,604.
3	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		5 604.

Form	3800 (2016)			Page 3
	s) shown on return			Identify:
DONA	LD J. & MELANIA TRUMP			
Pa	t III General Business Credits or Eligible Small Business Credit	S (see	instructions)	
Com	plete a separate Part III for each box checked below (see instructions).			
Α	X General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserv	ed		
С	General Business Credit Carryforwards G Eligible	Small	Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserv	ed		
Ī	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an a	additional Part III combini	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III		A.	
Note	 (a) Description of credit On any line where the credit is from more than one source, a separate Part III is need 	ed	(b) If claiming the credit from a pass-through entity, enter the EIN	(c)
for e	ach pass-through entity.		pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h	1	7
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation)	1k		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		3
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
ZZ	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		77
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee			
15	tips (Form 8846)	4f	45-3554818	661.
~	Qualified railroad track maintenance (Form 8900)	4g		
g h	Small employer health insurance premiums (Form 8941)	4h		
n i	Increasing research activities (Form 6765)	4i		
1130	- STANS AND STA	4j		
j	Reserved	4z		Oracle Designation of the December 1975
z	OtherAdd lines 4a through 4z and enter here and on the applicable line of Part II	5		661.
5	Add lines 4a through 4z and enter here and on the applicable line of Part II Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		661.
6	Aud lines 2, 0, and 5 and enter nere and off the applicable line of fat if		Manufacture and the second sec	

For	n 3800 (2016)			Page 3
	e(s) shown on return			Identifying number
	ALD J. & MELANIA TRUMP			
	rt III General Business Credits or Eligible Small Business Credit	'S (se	e instructions)	
	nplete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved.	ved		
С			III Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Resen			
1	If you are filing more than one Part III with box A or B checked, complete and attach f	irst an	additional Part III combini	ng amounts from all
-	Parts III with box A or B checked. Check here if this is the consolidated Part III (a) Description of credit			<u> </u>
Note for e	e: On any line where the credit is from more than one source, a separate Part III is need ach pass-through entity.	ded	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e	(*)	
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation)	1k		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p	THE HEAD IS NOT THE OWNER.	
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		14
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
ZZ	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	1	
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a	45-2671826	262,541.
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee			
	tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i	Contraction to resident result of	1
j	Reserved	4j		
	Other	4z	-	
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		262,541.
			A PRODUCTION OF THE PROPERTY O	

Forr	n 3800 (2016)			Page 3
Name	(s) shown on return			dentifyina number
DON.	ALD J. & MELANIA TRUMP			
Pa	rt III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	
Com	plete a separate Part III for each box checked below (see instructions).			
Α	X General Business Credit From a Non-Passive Activity E Reserv	ed		
В	General Business Credit From a Passive Activity F Reserv	ed		
С	General Business Credit Carryforwards G Eligible	Smal	I Business Credit Carryfon	wards
D	General Business Credit Carrybacks H Reserv		•	
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combinir	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			▶ □
	(a) Description of credit	eser.	(b)	(c)
Note for e	: On any line where the credit is from more than one source, a separate Part III is need ach pass-through entity.	ed	(b) If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		,
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
N.	for limitation)	1k		3.5
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
	Nonconventional source fuel (carryforward only)	10		
0	Energy efficient home (Form 8908)	1p		
p	Energy efficient appliance (carryforward only)	1q		
q	Alternative motor vehicle (Form 8910)	1r		
r	Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911)	1s		
S				
t	Reserved	1t	CHE COMP.	
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
	New hire retention (carryforward only)	1aa		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3 .	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	45-3815157	57.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		57.
3	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		57.

Forr	n 3800 (2016)			Page 3
	(s) shown on return	Identifying number		
	ALD J. & MELANIA TRUMP			
Pa	rt III General Business Credits or Eligible Small Business Credi	ts (se	e instructions)	
Con	plete a separate Part III for each box checked below (see instructions).			
Α	X General Business Credit From a Non-Passive Activity E Reser	ved	9	
В	General Business Credit From a Passive Activity F Reser	ved		
С	General Business Credit Carryforwards G Eligib	le Sma	II Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reser	ved		
I	If you are filing more than one Part III with box A or B checked, complete and attach	first an	additional Part III combinia	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			>
Note for e	(a) Description of credit On any line where the credit is from more than one source, a separate Part III is nee ach pass-through entity.	ded	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		3
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation)	1k		
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1р	*	
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
	New hire retention (carryforward only)	1aa		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
ZZ	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a	27-4162308	25,731,689.
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308	89,261.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
ì	Increasing research activities (Form 6765)	4i	•	
j	Reserved	4j		
z	Other .	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		25,820,950.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		25,820,950.

For	m 3800 (2016)			Page 3
Nam	e(s) shown on return			Identifyina number
_	ALD J. & MELANIA TRUMP			
Pa	art III General Business Credits or Eligible Small Business Credit	S (se	ee instructions)	
Cor	nplete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved.	ved		
С	The same of the sa	e Sma	II Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserv			
1	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an	additional Part III combini	ng amounts from all
-	Parts III with box A or B checked. Check here if this is the consolidated Part III			
Not	 (a) Description of credit e: On any line where the credit is from more than one source, a separate Part III is need 	led	(b) If claiming the credit from a pass-through entity, enter the EIN	(c)
for e	each pass-through entity.		pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	Photographic and a supplied that the property of	
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions	0		
	for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		•
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r	Language and	
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	. 1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa		1aa		
bb	3 3 1 1 (7)	1bb		
ZZ	· · · · · · · · · · · · · · · · · · ·	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee	1000	CE 0050446	
SSER	tips (Form 8846)	4f	65-0750446	2,914.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Reserved	4j		
z	Other	4z		
2	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		2,914.

Form	3800 (2016)			Fage 3
	s) shown on return	dentif		
	LD J. & MELANIA TRUMP			
Pai	t III General Business Credits or Eligible Small Business Credit	s (see	e instructions)	
Com	olete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	X General Business Credit From a Passive Activity F Reserved			
С	General Business Credit Carryforwards G Eligible	Smal	I Business Credit Carryfon	wards
D	General Business Credit Carrybacks H Reserv			
	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combinir	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			()
Note	 (a) Description of credit On any line where the credit is from more than one source, a separate Part III is need 	ed	(b) If claiming the credit from a pass-through entity, enter the EIN	(c)
	ch pass-through entity.		pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	<u> </u>	
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		-
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation)	1k		-
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	1v 1w		
W	Employer differential wage payments (Form 8932)	1x		
X	Carbon dioxide sequestration (Form 8933)	1y		
У	Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric vehicle (carryforward only)	1z		
z	New hire retention (carryforward only)	1aa		
aa	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
bb	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
zz 2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3	Control of the Contro	
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
ча b	Work opportunity (Form 5884)	4b	, i	
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee			
ě	tips (Form 8846)	4f		18,145.
g	Qualified railroad track maintenance (Form 8900)	4g		*
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		18,145.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		18,145.

Pa Con A B C D	e(s) shown on return IALD J. & MELANIA TRUMP Art III General Business Credits or Eligible Small Business Credit Inplete a separate Part III for each box checked below (see instructions). General Business Credit From a Non-Passive Activity F. Resen	S (se		dentifying nu			
Pa Con A B C D	General Business Credits or Eligible Small Business Credit a separate Part III for each box checked below (see instructions).	S (se	o instructional				
Con B C D	nplete a separate Part III for each box checked below (see instructions).	S (see	o instructional				
A B C D	The state of the s						
B C D	General Business Credit From a Non-Passive Activity F Resen						
C D	William Control of the Control of th	General Business Credit From a Non-Passive Activity E Reserved					
D. I	General Business Credit From a Passive Activity F Reserved.						
l	The state of the s	e Smal	Il Business Credit Carryford	wards			
-	General Business Credit Carrybacks H Reserv						
	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combining	ng amounts from all			
	Parts III with box A or B checked. Check here if this is the consolidated Part III			>			
Not e	 (a) Description of credit e: On any line where the credit is from more than one source, a separate Part III is need each pass-through entity. 	led	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount			
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a					
b	Reserved	1b					
С	Increasing research activities (Form 6765)	1c					
d	Low-income housing (Form 8586, Part I only)	1d					
е	Disabled access (Form 8826) (see instructions for limitation)	1e					
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		.,,			
g	Indian employment (Form 8845)	1g					
h	Orphan drug (Form 8820)	1h	7				
i	New markets (Form 8874)	1i					
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j					
k	Employer-provided child care facilities and services (Form 8882) (see instructions	-"					
5.0	for limitation)	1k	*				
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		· · · · · · · · · · · · · · · · · · ·			
m	Low sulfur diesel fuel production (Form 8896)	1m					
n	Distilled spirits (Form 8906)	1n					
0	Nonconventional source fuel (carryforward only)	10					
	Energy officient home /Form 2009)						
p	Energy efficient home (Form 8908) Energy efficient appliance (carryforward only)	1p					
q		1q					
r	Alternative motor vehicle (Form 8910)	1r					
s	Alternative fuel vehicle refueling property (Form 8911)	1s					
t	Reserved	1t					
u	Mine rescue team training (Form 8923)	1u					
V	Agricultural chemicals security (carryforward only)	1v					
w	Employer differential wage payments (Form 8932)	1w					
X	Carbon dioxide sequestration (Form 8933)	1x					
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y					
Z	Qualified plug-in electric vehicle (carryforward only)	1z					
aa	New hire retention (carryforward only)	1aa					
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb					
	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz					
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2					
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3					
l a	Investment (Form 3468, Part III) (attach Form 3468)	4a					
b	Work opportunity (Form 5884)	4b					
C	Biofuel producer (Form 6478)	4c					
d	Low-income housing (Form 8586, Part II)	4d					
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e					
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	13-4137259	17,989.			
g	Qualified railroad track maintenance (Form 8900)	4g		2,,555.			
9 h	Small employer health insurance premiums (Form 8941)	4g 4h					
i'	Increasing research activities (Form 6765)	4i					
j	Reserved	10					
_	T .	4j					
	Other Add lines 4a through 4z and enter here and on the applicable line of Part II	4z		17 000			
	Add lines 4 a through 4z and enter here and on the applicable line of Part II	5	unpraka sepan debih debih debih debih Kalendera debih perakan debih d	17,989.			

Form	3800 (2016)			Page 3
Name(s) shown on return		le	dentifyinç
_	LD J. & MELANIA TRUMP			
Pa	t III General Business Credits or Eligible Small Business Credit	s (see	instructions)	
Com	plete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity			
В	General Business Credit From a Passive Activity F Reserv	2027 500		
С	The state of the s		Business Credit Carryforv	vards
D	General Business Credit Carrybacks H Reserv			
	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combinin	g amounts from all
_	Parts III with box A or B checked. Check here if this is the consolidated Part III		(b)	(c)
Note for ea	: On any line where the credit is from more than one source, a separate Part III is need ach pass-through entity.	ed	(b) If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
·b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			¥i
	for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		* .
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r	· · · · · · · · · · · · · · · · · · ·	
s	Alternative fuel vehicle refueling property (Form 8911)	1s		The Constitution of the Co
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
ZZ	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I Enter the amount from Form 8844 here and on the applicable line of Part II	3		
3		4a		
4a	Investment (Form 3468, Part III) (attach Form 3468)		75	
b	Work opportunity (Form 5884)	4b 4c		
C	Biofuel producer (Form 6478)	4d	*	
d	Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835)	4u 4e		
e	Employer social security and Medicare taxes paid on certain employee	40		
f	tips (Form 8846)	4f	26-4187508	53.
g	Qualified railroad track maintenance (Form 8900)	4g	= -	
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Reserved	4j		
z	Other	4z	the Shifty to the fill the literature of the control of the contro	
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		53.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		53.

For	m 3800 (2016)			Page 3
Nam	e(s) shown on return			Identifyina number
_	ALD J. & MELANIA TRUMP			
Pa	art III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	
Cor	nplete a separate Part III for each box checked below (see instructions).			
Α	A General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Resen	/ed		
С	General Business Credit Carryforwards G Eligible	e Sma	II Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserv			
1	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combinii	ng amounts from all
Not	 (a) Description of credit On any line where the credit is from more than one source, a separate Part III is need 	led	(b) If claiming the credit from a pass-through entity, enter the EIN	(c)
tor e	ach pass-through entity.		pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	BASH was called an extra to the contract	
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
į	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			a a
	for limitation)	1k		
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	_1s		Transacrominations and the second
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	<u>1u</u>		
V	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
х	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835)	4d		
e		4e		
f	Employer social security and Medicare taxes paid on certain employee		27_8202420	~=
~	tips (Form 8846)	4f	27-8202438	97.
g b	Qualified railroad track maintenance (Form 8900)	4g		
	Small employer health insurance premiums (Form 8941)	4h		
į i	Increasing research activities (Form 6765)	4i		
j	ReservedOther	4j		
	Add lines to through the and enter have and an the applicable line of Dat II	4z		
,	Add lines 4 at through 4z and enter here and on the applicable line of Part II	5		97.

Forn	1 3800 (2016)			Page 3
Name	s) shown on return			Identifyina number
-	ALD J. & MELANIA TRUMP			
Pa	rt III General Business Credits or Eligible Small Business Credit	S (see	e instructions)	
Com	plete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reserv	red		
В	X General Business Credit From a Passive Activity F Reserv	red		
С	General Business Credit Carryforwards G Eligible	Small	Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserv	red		
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combinir	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			D
Note	 (a) Description of credit On any line where the credit is from more than one source, a separate Part III is need ach pass-through entity. 	ed	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	,	
b		1b		
	Reserved	1c		
c	Low-income housing (Form 8586, Part I only)	1d		
d	Disabled access (Form 8826) (see instructions for limitation)	1e		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
f	Indian employment (Form 8845)	1g		
g		1h		
h :	Orphan drug (Form 8820)	1i		
i	New markets (Form 8874) Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
j	Employer-provided child care facilities and services (Form 8882) (see instructions			
k		114	t)	
	for limitation) Biodiesel and renewable diesel fuels (attach Form 8864)	1k 1l		
I		1m		
m	Low sulfur diesel fuel production (Form 8896)	1n		
n	Distilled spirits (Form 8906) Nonconventional source fuel (carryforward only)	10	2	
0				
p	Energy efficient home (Form 8908)	1p 1q		
q	Energy efficient appliance (carryforward only)			
r	Alternative motor vehicle (Form 8910) Alternative fuel vehicle refueling property (Form 8911)	1r		
s		1s 1t		
t	Reserved Mine receive team training (Form 9000)			
u	Mine rescue team training (Form 8923) Agricultural chemicals security (carryforward only)	1u 1v		
v	Employer differential wage payments (Form 8932)			
w	0.1	1w		
X	Qualified plug-in electric drive motor vehicle (Form 8936)	1x		
У	Qualified plug-in electric crive motor verifice (com osco) Qualified plug-in electric vehicle (carryforward only)	1y 1z		
z		1aa		
	New hire retention (carryforward only) General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
		1zz		
zz 2	Other. Enhanced oil recovery (Form 8830) and certain other credits Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
		3		
3 40	Enter the amount from Form 8844 here and on the applicable line of Part II Investment (Form 3468, Part III) (attach Form 3468)	4a		
4a		4a 4b	13-3956174	49.
b	Work opportunity (Form 5884) Biofuel producer (Form 6478)	4b 4c		
C		4d		
d	Low-income housing (Form 8586, Part II) Renewable electricity, refined coal, and Indian coal production (Form 8835)			
e	Employer social security and Medicare taxes paid on certain employee	4e_		
f	tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g	F	
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i	4	
j.	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		49.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		49.

For	m 3800 (2016)			Page 3
	e(s) shown on return			Identif :
	IALD J. & MELANIA TRUMP			
	art III General Business Credits or Eligible Small Business Credit	t s (se	e instructions)	
	nplete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reser	ved		
В	X General Business Credit From a Passive Activity F Reser	ved		
С		e Sma	II Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reser			
1	If you are filing more than one Part III with box A or B checked, complete and attach f	irst an	additional Part III combini	ng amounts from all
-	Parts III with box A or B checked. Check here if this is the consolidated Part III			>
Not for e	e: On any line where the credit is from more than one source, a separate Part III is need each pass-through entity.	led	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
C	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
ZZ	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
la	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		3
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	AE	27-2802479	0 570
g	tips (Form 8846) Qualified railroad track maintenance (Form 8900)	4f	21 2002413	9,572.
9 h	Small employer health insurance premiums (Form 8941)	4g		
i i	Increasing research activities (Form 6765)	4h		
j	Increasing research activities (Form 6765)	4i		
73	Reserved	4j		Para Ser Calendaries
	OtherAdd lines 4a through 4z and enter here and on the applicable line of Part II	4z		0.500
	Add lines 2.3 and 5 and enter here and on the applicable line of Part II	5		9,572.

Form	3800 (2016)			Page 3
-	s) shown on return		le	dentify
	LD J. & MELANIA TRUMP			
Pa	rt III General Business Credits or Eligible Small Business Credits	s (see	e instructions)	
Com	plete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity	ed		
В	X General Business Credit From a Passive Activity F Reserve	ed		
С	General Business Credit Carryforwards G Eligible	Small	Business Credit Carryforv	vards
D	General Business Credit Carrybacks H Reserve			
	If you are filing more than one Part III with box A or B checked, complete and attach fir	st an	additional Part III combinin	g amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			
Note	 (a) Description of credit On any line where the credit is from more than one source, a separate Part III is need ach pass-through entity. 	ed	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		1
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb		1bb		
zz	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	· ·	
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee			8
	tips (Form 8846)	4f	27-4162308	5,228.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i	DODON CLOCKS WHO BY LEADER WILL AND	
j	Reserved	4j		
z	Other	4z	Many introduction to the second control of t	
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		5,228.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		5,228.

Forr	n 3800 (2016)			Page 3
Name	s) shown on return			Identifying number
	ALD J. & MELANIA TRUMP			
Pa	rt III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	
Con	nplete a separate Part III for each box checked below (see instructions).			(A
Α	General Business Credit From a Non-Passive Activity E Reserved			
В	X General Business Credit From a Passive Activity F Reserv	/ed		a
С	General Business Credit Carryforwards G Eligible	Smal	l Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserv	ed	5	
1	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combini	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			>
	(a) Description of credit		(b)	(c)
Not e	e: On any line where the credit is from more than one source, a separate Part III is need ach pass-through entity.	ed	(b) If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c	AND REPORT OF THE PARTY OF THE	Commission of the Commission o
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
	Indian employment (Form 8845)	1g		
g		1000		
h :	Orphan drug (Form 8820)	1h		
į	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
-	for limitation)	1k		
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee			
20084	tips (Form 8846)	4f	27-4162308	9,965.
g	Qualified railroad track maintenance (Form 8900)	4g		,
h	Small employer health insurance premiums (Form 8941)	4h		
'' i	Increasing research activities (Form 6765)	4i		
940	Reserved	4i 4j		
j z	Other	4j 4z		
5	Add Core As there als As and out of the conflict the conflict to the			9,965.
	Add lines 4 a through 4z and enter here and on the applicable line of Part II	5		9 965.

Forn	1 3800 (2016)			Page 3
	s) shown on return	dentify " "		
-	ALD J. & MELANIA TRUMP			
	rt III General Business Credits or Eligible Small Business Credit	s (see	e instructions)	
	plete a separate Part III for each box checked below (see instructions).			
A	General Business Credit From a Non-Passive Activity	2070		
В	General Business Credit From a Passive Activity F Resen			
C	Toping 1		Business Credit Carryfon	vards
D	General Business Credit Carrybacks H Resen			
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an	additional Part III combinir	ig amounts from all
_	Parts III with box A or B checked. Check here if this is the consolidated Part III		(L)	
Note for e	: On any line where the credit is from more than one source, a separate Part III is need ach pass-through entity.	led	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation)	1k		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m	191	
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		*
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u	,	
v	Agricultural chemicals security (carryforward only)	1v		19.1
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
y	Qualified plug-in electric vehicle (carryforward only)	1z		
22	New hire retention (carryforward only)	1aa		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3	The second secon	
ა 4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
4a b	Work opportunity (Form 5884)	4b		
	Biofuel producer (Form 6478)	4c		
C C	Low-income housing (Form 8586, Part II)	4d		
d e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
	Employer social security and Medicare taxes paid on certain employee	40		
f	tips (Form 8846)	4f	27-4162308	175,874.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	·4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		175,874.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		175,874.

Forr	n 3800 (2016)			Page 3
Name	(s) shown on return			Identifying number
-	ALD J. & MELANIA TRUMP			
Pa	rt III General Business Credits or Eligible Small Business Credit	s (se	e instructions)	
Con	plete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reser	ved		
В	X General Business Credit From a Passive Activity F Reser	ved		
С	General Business Credit Carryforwards G Eligible	e Sma	II Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reser	ved		
ľ	If you are filing more than one Part III with box A or B checked, complete and attach f	irst an	additional Part III combini	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			>
Note	(a) Description of credit On any line where the credit is from more than one source, a separate Part III is need	dod.	(b) If claiming the credit from a pass-through entity, enter the EIN	(c)
for e	ach pass-through entity.	iea	pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
257.76	for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		******
t		1t		
u	Reserved			
v	Agricultural chemicals security (carryforward only)	1u		
w	Employer differential wage payments (Form 8932)	1v		
	O I I I I I I I I I I I I I I I I I I I	1w		
X	Carbon dioxide sequestration (Form 8933) Qualified plug-in electric drive motor vehicle (Form 8936)	1x		
y	Qualified plug-in electric vehicle (carryforward only)	1y		
2		1z		
aa bb	New hire retention (carryforward only)	1aa		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) Other. Enhanced oil recovery (Form 8830) and certain other credits	1bb		
	Add lines 1a through 1zz and enter here and on the applicable line of Part I	1zz		
2 3	Enter the amount from Form 2014 have and as the spelled live of Delli	2		
		3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		·
b	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	27-4162308	10,875.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Reserved	4j		
	Other	4z		
	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		10,875.
	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		10,875.

Form	3800 (2016)			Page 3
Name(s) shown on return		le	dentifvina number
	LD J. & MELANIA TRUMP			
Pa	t III General Business Credits or Eligible Small Business Credit	s (see	instructions)	
Com	plete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reserv	900		
В	General Business Credit From a Passive Activity F Reserv			
С	THE STATE OF THE S		Business Credit Carryforv	vards
D	General Business Credit Carrybacks H Reserv			
	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an a	additional Part III combinin	g amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			
Note for ea	 (a) Description of credit On any line where the credit is from more than one source, a separate Part III is need ach pass-through entity. 	ed	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation)	1k		
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		151
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa	•	
bb	1005 5	1bb		
ZZ	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	15 St.	
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
C	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee			
	tips (Form 8846)	4f	27-4162308	12,401.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h	6	
i	Increasing research activities (Form 6765)	4i	, a	
i	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		12,401.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		12,401.

For	n 3800 (2016)	-		Page 3
	o(s) shown on return			Identifying number
-	ALD J. & MELANIA TRUMP			
	art III General Business Credits or Eligible Small Business Credit	t s (se	ee instructions)	
	nplete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reser	ved		
В	X General Business Credit From a Passive Activity F Reser	ved		
С		e Sma	all Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserv	30000000		
I	If you are filing more than one Part III with box A or B checked, complete and attach f	irst an	additional Part III combini	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			
Not	 (a) Description of credit On any line where the credit is from more than one source, a separate Part III is need 	led	(b) If claiming the credit from a pass-through entity, enter the EIN	(c)
tor e	ach pass-through entity.		pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	Captions these waters with the re-	
b	Reserved	1b		
C	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
ı	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			7
	for limitation)	1k		
	Biodiesel and renewable diesel fuels (attach Form 8864)	11	1	
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	_1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
٧	Agricultural chemicals security (carryforward only)	_1v_		
w	Employer differential wage payments (Form 8932)	1w		
х	Carbon dioxide sequestration (Form 8933)	1x		
У _	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only) General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1aa		
bb	04 5 1 1 2 75 2000 1 1 1 1 1 1 1	1bb		3
ZZ	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I Enter the amount from Form 8844 here and on the applicable line of Part II	2	er er er en jelegt give strette	
		3		
4a b	Investment (Form 3468, Part III) (attach Form 3468) Work copportunity (Form 5884)	4a		
	Work opportunity (Form 5884)	4b		
c d	Biofuel producer (Form 6478) Low-income housing (Form 8586, Part II)	4c		*
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4d		
f	Employer social security and Medicare taxes paid on certain employee	4e		
•	tips (Form 8846)	,	27-4657718	205
ď	Qualified railroad track maintenance /Form 9000\	4f	71-407/1TO	205.
g h	Qualified railroad track maintenance (Form 8900) Small employer health insurance premiums (Form 8941)	4g		
i	Increasing research activities (Form 6765)	4h		
j		4i		
-	Reserved	4j		
	OtherAdd lines 4a through 4z and enter here and on the applicable line of Part II	4z		205
	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	5 6		205.
_	, as allow 2, o, and o and office here and on the applicable line of Part II	O		205.

Form	3800 (2016)			Page 3
Name(s) shown on return		l.	dentify
	LD J. & MELANIA TRUMP			
Pai	t III General Business Credits or Eligible Small Business Credits	s (see	instructions)	
Com	plete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reserv	ed		
В	General Business Credit From a Passive Activity F Reserve	ed		
С	General Business Credit Carryforwards G Eligible	Small	Business Credit Carryford	vards
D	General Business Credit Carrybacks H Reserv			
I	If you are filing more than one Part III with box A or B checked, complete and attach fir	st an a	additional Part III combinir	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			
Nata	 (a) Description of credit On any line where the credit is from more than one source, a separate Part III is need 	ed	(b) If claiming the credit from a pass-through entity, enter the EIN	(c)
for ea	ach pass-through entity.		pass-through entity, enter the EIN	Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		*
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g	4	
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			**
	for limitation)	1k		
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10	185	
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
х	Carbon dioxide sequestration (Form 8933)	1x		
у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
zz	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee			25
	tips (Form 8846)	4f	45-0768584	2.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
i	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		2.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		2.

For	n 3800 (2016)			Page 3
Nam	e(s) shown on return			dentifying number
	ALD J. & MELANIA TRUMP			
Pa	irt III General Business Credits or Eligible Small Business Credit	S (se	e instructions)	1
Cor	nplete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reserv	/ed		
В	General Business Credit From a Passive Activity F Reserv	/ed		
С	General Business Credit Carryforwards G Eligible	e Sma	II Business Credit Carryfon	vards
D	General Business Credit Carrybacks H Reserv	000000000000000000000000000000000000000		
1	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combining	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			
Note	 (a) Description of credit e: On any line where the credit is from more than one source, a separate Part III is need each pass-through entity. 	led	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions		-	
ĸ	for limitation)	41.		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	1k		
m	Low sulfur diesel fuel production (Form 8896)			
		1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s	E MANTE ANNE SOUNTE NO PROCES	
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
Х	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz	Autobiliania de la companya de la co	
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	45-3714434	127.
g	Qualified railroad track maintenance (Form 8900)	4g		141.
y h	Small employer health insurance premiums (Form 8941)	4g 4h		
i'	Increasing research activities (Form 6765)	4n 4i		
j z	ReservedOther	4j		
-		4z		127.
3	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		127.

Form	3800 (2016)			Page 3
	s) shown on return			dentifying number
DONA	LD J. & MELANIA TRUMP			
Pa	t III General Business Credits or Eligible Small Business Credit	S (see	instructions)	
Com	plete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reserv	ed		
В	X General Business Credit From a Passive Activity F Reserv	ed		
С	General Business Credit Carryforwards G Eligible	Smal	Business Credit Carryford	vards
D	General Business Credit Carrybacks H Reserv	ed		
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combinir	g amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			
Note	 (a) Description of credit On any line where the credit is from more than one source, a separate Part III is need ach pass-through entity. 	ed	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
C	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
	Indian employment (Form 8845)	1g		
g	Orphan drug (Form 8820)	1h		
h :	New markets (Form 8874)	1i		
i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
j	Employer-provided child care facilities and services (Form 8882) (see instructions	-''-		
k		1k		
,	for limitation) Biodiesel and renewable diesel fuels (attach Form 8864)	11		
1		1m		
m	Low sulfur diesel fuel production (Form 8896)			
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
p	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	New hire retention (carryforward only)	1aa		
bb		1bb		
ZZ	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		<u> </u>
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	46-1085876	111.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	'4i		
j	Reserved	4j		
z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		111.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		111.

For	m 3800 (2016)			Page 3
Nam	e(s) shown on return			Identifying number
_	IALD J. & MELANIA TRUMP			
	art III General Business Credits or Eligible Small Business Credit	S (se	ee instructions)	
	nplete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity	ved	*	
В	X General Business Credit From a Passive Activity F Reser			
С	General Business Credit Carryforwards G Eligible	e Sma	III Business Credit Carryfor	wards .
D	General Business Credit Carrybacks H Reser			
I	If you are filing more than one Part III with box A or B checked, complete and attach f	irst an	additional Part III combini	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III (a) Description of credit		T #1	>
Not for e	e: On any line where the credit is from more than one source, a separate Part III is need each pass-through entity.	led	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		190
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c		The second secon
d	Low-income housing (Form 8586, Part I only)	1d		
е	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j	0	
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation)	1k		
1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
X	Carbon dioxide sequestration (Form 8933)	1x		
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y	19	
Z	Qualified plug-in electric vehicle (carryforward only)	1z		
	New hire retention (carryforward only)	1aa		
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		
ZZ	Other. Enhanced oil recovery (Form 8830) and certain other credits	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
la	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee			
	tips (Form 8846)	4f	26-3467517	102.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Reserved	4j		
z	Other	4z		
	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		102.
	Add lines 2.3 and 5 and optor hard and on the applicable line of Dect II			

Form	1 3800 (2016)			Page 3
Name	s) shown on return		le le	dentifying number
	ALD J. & MELANIA TRUMP			
Pa	rt III General Business Credits or Eligible Small Business Credits	s (see	e instructions)	
Com	plete a separate Part III for each box checked below (see instructions).			
Α	General Business Credit From a Non-Passive Activity E Reserv	ed		×
В	General Business Credit From a Passive Activity F Reserv	ed		
С	X General Business Credit Carryforwards G Eligible	Smal	I Business Credit Carryforv	vards
D	General Business Credit Carrybacks H Reserv			
I	If you are filing more than one Part III with box A or B checked, complete and attach fil	rst an	additional Part III combinin	ng amounts from all
-	Parts III with box A or B checked. Check here if this is the consolidated Part III		······································	>
Note	 (a) Description of credit On any line where the credit is from more than one source, a separate Part III is need ach pass-through entity. 	ed	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
c	Increasing research activities (Form 6765)	1c		
d	Low-income housing (Form 8586, Part I only)	1d		
e	Disabled access (Form 8826) (see instructions for limitation)	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		
g g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h	,	
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j		
k	Employer-provided child care facilities and services (Form 8882) (see instructions			
	for limitation)	1k		
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	Alternative motor vehicle (Form 8910)	1r		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Reserved	1t		
u	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
x	Carbon dioxide sequestration (Form 8933)	1x		
y	Qualified plug-in electric drive motor vehicle (Form 8936)	.1y		
7	Qualified plug-in electric vehicle (carryforward only)	1z		
aa	ACCURATE AND ACCURATION	1aa		
bb		1bb		
zz		1zz		15,068,133.
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		15,068,133.
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	Work opportunity (Form 5884)	4b		
c	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586, Part II)	4d		
e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		
f	Employer social security and Medicare taxes paid on certain employee			
18	tips (Form 8846)	4f		
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i		
j	Reserved	4j		
J Z	Other	4z		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		
	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		15,068,133.

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

Credit for Federal Tax Paid on Fuels

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

2016 Attachment Sequence No. 23

Name I	as	shown	on	vour	income	tax return)	í

Taxpayer identification number

DONALD J. & MELANIA TRUMP

Caution: Claimant has the name and address of the person who sold the fuel to the claimant and the dates of purchase. For claims on lines 1c and 2b (type of use 13 or 14), 3d, 4c, and 5, claimant has not waived the right to make the claim. For claims on lines 1c and 2b (type of use 13 or 14), claimant certifies that a certificate has not been provided to the credit card issuer.

1	Nontaxable Use of Gasoline Note	: CRN is credit reference	ce number.			
	5	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Off-highway business use		\$.183	91799 \		. /
b	Use on a farm for farming purposes		.183			362
С	Other nontaxable use (see Caution above line 1)		.183		\$ 16,799.	002
d	Exported		.184		<u> </u>	411

2 Nontaxable Use of Aviation Gasoline

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Use in commercial aviation (other than foreign trade)		\$.15		\$	354
b	Other nontaxable use (see Caution above line 1)		.193			324
С	Exported		.194			412
d	LUST tax on aviation fuels used in foreign trade		.001		39	433

3 Nontaxable Use of Undyed Diesel Fuel

Claimant certifies that the diesel fuel did not contain visible evidence of dye. Exception. If any of the diesel fuel included in this claim did contain visible evidence of dye, attach an explanation and check here (a) Type of use (b) Rate (d) Amount of credit (c) Gallons (e) CRN STATEMENT 56 Nontaxable use .243 204 Use on a farm for farming purposes .243 50 360 c Use in trains .243 353 d Use in certain intercity and local buses (see Caution above line 1) .17 350 Exported 244 413

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

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Nontaxable use taxed at \$.244		\$.243)		
b Use on a farm for farming purposes		.243	}	\$	346
c Use in certain intercity and local buses (see Caution		(7)			
above line 1)		.17		et .	347
d Exported		.244			414
e Nontaxable use taxed at \$.044		.043			377
f Nontaxable use taxed at \$.219		.218			369

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

Form 4136 (2016)

5 Kerosene Used in Aviation (see Caution above line 1)

	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Kerosene used in commercial aviation (other than foreign trade) taxed at \$.244		\$.200		\$	417
b Kerosene used in commercial aviation (other than foreign trade) taxed at \$.219		.175			355
c Nontaxable use (other than use by state or local government) taxed at \$.244		.243			346
d Nontaxable use (other than use by state or local government) taxed at \$.219		.218			369
e LUST tax on aviation fuels used in foreign trade		.001			433

6 Sales by Registered Ultimate Vendors of Undyed Diesel Fuel

Registration No.

Claimant certifies that it sold the diesel fuel at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the diesel fuel did not contain visible evidence of dye.

Exception If any of the diesel fuel included in this claim did co	\$.243 \$			
Exoconomic in any or and another not instance.			(d) Amount of credit	(e) CRN
a Use by a state or local government	\$.243		\$	360
b Use in certain intercity and local buses	.17			350

7 Sales by Registered Ultimate Vendors of Undyed Kerosene (Other Than Kerosene For Use in Aviation)

Registration No.

Claimant certifies that it sold the kerosene at a tax-excluded price, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. Claimant certifies that the kerosene did not contain visible evidence of dye.

Exception. If any of the kerosene included in this claim of	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
Use by a state or local government	\$.243			
b Sales from a blocked pump	.243		\$	346
c Use in certain intercity and local buses	.17			347

8 Sales by Registered Ultimate Vendors of Kerosene For Use in Aviation

Registration No.

Claimant sold the kerosene for use in aviation at a tax-excluded price and has not collected the amount of tax from the buyer, repaid the amount of tax to the buyer, or has obtained the written consent of the buyer to make the claim. See the instructions for additional information to be submitted.

		(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Use in commercial aviation (other than foreign trade) taxed at \$.219		\$.175		\$	355
b	Use in commercial aviation (other than foreign trade) taxed at \$.244		.200			417
С			.025			418
	Other nontaxable uses taxed at \$.244		.243	*		346
	Other nontaxable uses taxed at \$.219		.218			369
	LUST tax on aviation fuels used in foreign trade		.001		(2.5)	433

Form 4136 (2016)

9 Reserved

Registration No.

	(b) Rate	(c) Gallons of alcohol	(d) Amount of credit	(e) CRN
Reserved				
Reserved				

10 Biodiesel or Renewable Diesel Mixture Credit

Registration No.

Biodiesel mixtures. Claimant produced a mixture by mixing biodiesel with diesel fuel. The biodiesel used to produce the mixture met ASTM D6751 and met EPA's registration requirements for fuels and fuel additives. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller. Renewable diesel mixtures. Claimant produced a mixture by mixing renewable diesel with liquid fuel (other than renewable diesel). The renewable diesel used to produce the renewable diesel mixture was derived from biomass process, met EPA's registration requirements for fuels and fuel additives, and met ASTM D975, D396, or other equivalent standard approved by the IRS. The mixture was sold by the claimant to any person for use as a fuel or was used as a fuel by the claimant. Claimant has attached the Certificate for Biodiesel and, if applicable, the Statement of Biodiesel Reseller, both of which have been edited as discussed in the Instructions for Form 4136. See the instructions for line 10 for information about renewable diesel used in aviation.

•	(b) Rate	(c) Gallons of biodiesel or renewable diesel	(d) Amount of credit	(e) CRN
a Biodiesel (other than agri-biodiesel) mixtures	\$ 1.00		\$	388
b Agri-biodiesel mixtures	\$ 1.00			390
c Renewable diesel mixtures	\$ 1.00			307

11 Nontaxable Use of Alternative Fuel

Caution: There is a reduced credit rate for use in certain intercity and local buses (type of use 5) (see instructions). (b) Rate (c) Gallons, or (e) CRN (a) Type (d) Amount of credit gasoline or diesel of use gallon equivalents a Liquefied petroleum gas (LPG) \$.183 419 "P Series" fuels .183 420 c Compressed natural gas (CNG) .183 421 d Liquefied hydrogen .183 422 e Fischer-Tropsch process liquid fuel from coal (including peat) .243 423 Liquid fuel derived from biomass .243 424 Liquefied natural gas (LNG) .243 425 h Liquefied gas derived from biomass .183 435

12	Alternative Fuel Credit	Registration No.

		(b) Rate	(c) Gallons, or gasoline or diesel gallon equivalents	(d) Amount of credit	(e) CRN
а	Liquefied petroleum gas (LPG)	\$.50		\$	426
b	"P Series" fuels	.50			427
C	Compressed natural gas (CNG)	.50			428.
d	Liquefied hydrogen	.50			429
е	Fischer-Tropsch process liquid fuel from coal (including peat)	.50			430
f	Liquid fuel derived from biomass	.50			431
g	Liquefied natural gas (LNG)	.50			432
h	Liquefied gas derived from biomass	.50			436
i	Compressed gas derived from biomass	.50			437

13 Registered Credit Card Issuers

Registration No.

		(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Diesel fuel sold for the exclusive use of a state or local government	\$.243		\$	360
b	Kerosene sold for the exclusive use of a state or local government	.243			346
С	Kerosene for use in aviation sold for the exclusive use of a state or				
	local government taxed at \$.219	.218			369

14 Nontaxable Use of a Diesel-Water Fuel Emulsion

1	Caution: There is a reduced credit rate for use in co	ertain intercity and loc	al buses (type	e of use 5) (see inst	ructions).	
	9	(a) Type of use	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
а	Nontaxable use		\$.197		\$	309
ь	Exported		.198			306

15 Diesel-Water Fuel Emulsion Blending

Registration No.

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
Blender credit	\$.046		\$	310

16 Exported Dyed Fuels and Exported Gasoline Blendstocks

	(b) Rate	(c) Gallons	(d) Amount of credit	(e) CRN
a Exported dyed diesel fuel and exported gasoline blendstocks taxed at \$.001	\$.001		\$	415
b Exported dyed kerosene	.001			416

17	Total income tax credit claimed. Add lines 1 through 16, column (d). Enter here and on Form			
	1040, line 72; Form 1120, Schedule J, line 19b; Form 1120S, line 23c; Form 1041, line 24g; or			
	the proper line of other returns.	17	\$ 16,849.	

Form **4136** (2016)

Form 4684 (2016) Atta Name(s) shown on tax return. Do not enter name and identifying number if shown on page 1.

Identifying number

DON	ALD	J.	&	MELANIA	TRUMP

The same of	ECTION B - Business and Income-I							
1182	Part I Casualty or Theft Gain or L Description of properties (show type, location, and date acq claiming a loss due to a Ponzi-type investment scheme and	.OSS uired for	(Use a separate Part I	for eac	ch casualty or theft.)	aged from the same case	sualty or the	att. See instructions if
19							out, or unc	and design
	Property P			INGS	MANAGING MEMBER	TTC		
	D			-		/		
	Property D							
	- Topolty B				Pron	erties /		
			A		В	C		D
20	Cost or adjusted basis of each property	20	1,1	76.		1		
	Insurance or other reimbursement				A			
	(whether or not you filed a claim).	21						
	Note: If line 20 is more than line 21, skip							
22	line 22. Gain from casualty or theft. If line 21 is more						- 1	
	than line 20, enter the difference here and on							
	line 29 or line 34, column (c), except as provided in the instructions for line 33. Also,			- 1				
	skip lines 23 through 27 for that column. See	/						
	the instructions for line 4 if line 21 includes insurance or other reimbursement you did not						- 1	
	claim, or you received payment for your loss						- 1	
00	in a later tax year Fair market value before casualty or theft	22	-	-				
	Fair market value after casualty or theft	24		+				
	Subtract line 24 from line 23	25			/			
	Enter the smaller of line 20 or line 25	26	1,17	76.				
	Note: If the property was totally destroyed			1				
07	Note: If the property was totally destroyed by casualty or lost from theft, enter on line 26 the amount from line 20. Subtract line 21 from line 26. If zero or less,		,					
21	enter -0-	27	1, 1/7	76.				
	Casualty or theft loss. Add the amounts on line 27.	Enter t	he total here and og lin	e 29 o	r line 34 (see instructions	s)	28	1,176.
Pa	art II Summary of Gains and Los	ses	from separate Parts I)		(b) Losses from ca			(c) Gains from
	(a) Identify casualty or the				Trade, business, rental or royalty property	(ii) Income producing ar employee prop	nd erty	casualties or thefts includible in income
Name -	Casuali	ty or	Theft of Proper	ty H	eld One Year or L	ess		
29				()	(
00	Tatala Add the assessment as III- 00	8-SI		(()	
				30 ((- 4	
31	Combine line 30, columns (b)(i) and (c). Enter the r Form 4797 is not otherwise required, see instruction	net gair ns	or (loss) here and on	Form 4	1797, line 14. If		31	
32	Enter the amount from line 30, column (b)(ii) here. Individuals,	enter the	amount from income-prod	lucing p	roperty on Schedule A (Form 1	1040), line 28,	01	
	or Form 1040NR, Schedule A, line 14, and enter the amount fr Schedule A, line 9. Estates and trusts, partnerships, and S co				dule A (Form 1040), line 23, or F	Form 1040NR,	32	
					More Than One	Year		
33	Casualty or theft gains from Form 4797, line 32		/			•	33	
34		/		()	()	
		_/		()	()	
	Total losses. Add amounts on line 34, columns (b)(1		5 ()	()	
	Total gains. Add lines 33 and 34, column (c)						36	
	Add amounts on line 35, columns (b)(i) and (b)(ii) If the loss on line 37 is more than the gain on line 3						37	
a	Combine line 35, column (b)(i) and line 36, and enter	er the n	et gain or (loss) here. I	Partne	rships (except electing lar	ge partnerships)		
	and S corporations, see the note below. All others, a	enter th	is amount on Form 479	97, line	e 14. If Form 4797 is not o	otherwise	00-	
	required, see instructions Enter the amount from line 35, column (b)(ii) here. Individuals,				operty on Schedule A (Form 10		38a	
	or Form 1040NR, Schedule A, line 14, and enter the amount fro		A CAN THE RESIDENCE OF THE STATE OF THE STAT	-	ren en 14 fanta e 14 antiente Managallo a mar han Vermania Mangalland Antiena i i anti-			
	Schedule A, line 9. Estates and trusts, enter on the "Other ded		THE RESIDENCE OF THE PROPERTY	37.514.0 CO.C.			38b	
	and S corporations, see the note below. Electing large partner. If the loss on line 37 is less than or equal to the gai						000	
	(except electing large partnerships), see the note be					oho	39	
	Note: Partnerships, enter the amount from line S corporations, enter the amount from line 38a							
-	o corporations, oritor the amount from life 300	10130	0 0111 01111 11200, 5	CITEUL	ie N, iiilė 10.		ne lighton	

Form 4684 (2016) Attachment Sequence No. 26 Name(s) shown on tax return. Do not enter name and identifying number if shown on page 1.

Identifying number

28 Casualty or theft loss. Add the amounts on line 27. Enter the total here and on line 29 or line 34 (see instructions) 28 116,440. Part II Summary of Gains and Losses (from separate Parls I) (a) Identify casualty or theft (b) Losses from casualties or thefts (c) Gains from casualties or thefts (d) Trade, business, rental or royalty property (a) Identify casualty or Theft of Property Held One Year or Less 29 () () () 30 Totals. Add the amounts on line 29 () () () () () () () () () (NALD J. & MELANIA TRUMP						
Property of Property A CABUALTY FROM K-1 - DJP ROLDINGS LLC - LFB ACQUISITION LL Property B Property C Propert	Control							
Property A Property B Property C Property D	2.73	Description of properties (show type, location, and date acc	OSS	(Use a separate Part I for e	each casualty or theft.)	maged from the same ca	sualty or th	eft. See instructions if
Property B Property C	19						,	
Property D Cost or adjusted basis of each property 20 11.6,440 8 C D		Dranasti B			S LLC - LFB ACQUI	SITION LL		
Property D Properties A B C D								
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A B C D Ost or adjusted basis of each property 21 Insurance or other reinbursement (whiteher or not you find a claim). Work if yilling 20 is more than line 27, sign yilling 20 is more than line 27, sign yilling 20 is more than line 27, sign yilling 20 is more than line 27 is more than line 28 in the property where and on line 29 or line 34, column (c), except as provided in the instructions for line 33 also, skip lines 25 through 27 for that column. See a provided in the instructions for line 33 also, skip lines 25 through 27 for that column. See a provided in the instructions for line 33 also, skip lines 25 through 27 for that column. See a provided in the instructions for line 33 also, skip lines 25 through 27 for that column. See a line start tax year					Pro	nerties		
20 Cost or adjusted basis of each property 21 Insurance or other reimbursement (whether or not you filed a claim) Note: Pline 20 is more than line 21, size (whether or not you filed a claim) Note: Pline 20 is more than line 21, size (him 20 is more than line 21, size (him 20 is more than line 21, size (him 22 is more stand line 21, size (him 22 is more stand line 21, size (him 22 is more stand line 23, column (c), except as provided in the instructions for line 33, Also, size line 29 or line 41 files 21 includes (him 20 or line 20 or line 20 or line 33, Also, size line 23 or line cerebral payment for your lines in a later tax year 22 Fair market value after casualty or theft 23 25 Fair than the smaller of line 20 or line 23 26 Enter the smaller of line 20 or line 23 27 Enter the smaller of line 20 or line 25 28 Enter the smaller of line 20 or line 25 28 Enter the smaller of line 20 or line 25 29 Enter the smaller of line 20 or line 25 20 Souther, line 21 from line 28. If zero or less (a) Identify casualty or theft (a) Identify casualty or theft (b) Losses from casualties or thems (c) Casualty or the loss Add the amounts on line 27. Enter the total here and on line 29 or line 34 (sea instructions) (b) Losses from casualties or thems (c) Casualty or the loss Add the amounts on line 29 27 28 29 20 20 20 21 21 22 23 24 25 26 27 27 28 28 28 28 29 29 20 20 20 20 20 20 20 20 20 20 20 20 20				A	The same of the sa	•		D
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Note: If the property was totally destroyed by casualty or fist from theft, enter by casualty or fist from the				116 440		201		
28 Casualty or theft loss. Add the amounts on line 27. Enter the total here and on line 29 or line 34 (see instructions). 28 116,440. Part II Summary of Gains and Losses (from separate Parts I) (b) Losses from casualties or thefts (a) Identify casualty or theft (b) Trade, business, rental producing and employee property Casualty or Theft of Property Held One Year or Less 29 () () () () ()) 30 Totals. Add the amounts on line 29 () () () () ()) 31 Combine line 30, columns (b)(i) and (c). Enter the net gain or (loss) here and on Form 4797, line 14. If Form 4797 is not otherwise required, see instructions 25 Enter the amount from line 30, column (b)(i) the Lostens (b) New 1. And enter the amount from property used as an employee on Schedule A, fire 9. Estates and trusts, partnerships, and Scorporations, see instructions. 32 Casualty or Theft of Property Held More Than One Year 33 Casualty or theft gains from Form 4797, line 32 () () () () () () () () () (20	Note: If the property was totally destroyed	20	110,110.				And the second s
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37 Add amounts on line 35, columns (b)(i) and (b)(ii) 38 If the loss on line 37 is more than the gain on line 36: a Combine line 35, column (b)(i) and line 36, and enter the net gain or (loss) here. Partnerships (except electing large partnerships) and S corporations, see the note below. All others, enter this amount on Form 4797, line 14. If Form 4797 is not otherwise required, see instructions B Enter the amount from line 35, column (b)(ii) here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 28, or Form 1040NR, Schedule A, line 14, and enter the amount from property used as an employee on Schedule A (Form 1040), line 23, or Form 1040NR, Schedule A, line 9. Estates and trusts, enter on the "Other deductions" line of your tax return. Partnerships (except electing large partnerships) and S corporations, see the note below. Electing large partnerships, enter on Form 1065-B, Part II, line 11 38b 18c 18c 18c 18c 18c 18c 18c 1)	
If the loss on line 37 is more than the gain on line 36: a Combine line 35, column (b)(i) and line 36, and enter the net gain or (loss) here. Partnerships (except electing large partnerships) and S corporations, see the note below. All others, enter this amount on Form 4797, line 14. If Form 4797 is not otherwise required, see instructions b Enter the amount from line 35, column (b)(ii) here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 28, or Form 1040NR, Schedule A, line 14, and enter the amount from property used as an employee on Schedule A (Form 1040), line 23, or Form 1040NR, Schedule A, line 9. Estates and trusts, enter on the "Other deductions" line of your tax return. Partnerships (except electing large partnerships) and S corporations, see the note below. Electing large partnerships, enter on Form 1065-B, Part II, line 11 38b If the loss on line 37 is less than or equal to the gain on line 36, combine lines 36 and 37 and enter here. Partnerships (except electing large partnerships, enter the amount from line 38a, 38b, or line 39 on Form 1065, Schedule K, line 11.								
a Combine line 35, column (b)(i) and line 36, and enter the net gain or (loss) here. Partnerships (except electing large partnerships) and S corporations, see the note below. All others, enter this amount on Form 4797, line 14. If Form 4797 is not otherwise required, see instructions Benter the amount from line 35, column (b)(ii) here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 28, or Form 1040NR, Schedule A, line 14, and enter the amount from property used as an employee on Schedule A (Form 1040), line 23, or Form 1040NR, Schedule A, line 9. Estates and trusts, enter on the "Other deductions" line of your tax return. Partnerships (except electing large partnerships) and S corporations, see the note below. Electing large partnerships, enter on Form 1065-B, Part II, line 11 38b 18c 18c 18c 18c 18c 18c 18c 1							37	
and S corporations, see the note below. All others, enter this amount on Form 4797, line 14. If Form 4797 is not otherwise required, see instructions Benter the amount from line 35, column (b)(ii) here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 28, or Form 1040NR, Schedule A, line 14, and enter the amount from property used as an employee on Schedule A (Form 1040), line 23, or Form 1040NR, Schedule A, line 9. Estates and trusts, enter on the "Other deductions" line of your tax return. Partnerships (except electing large partnerships) and S corporations, see the note below. Electing large partnerships, enter on Form 1065-B, Part II, line 11 38b 19 If the loss on line 37 is less than or equal to the gain on line 36, combine lines 36 and 37 and enter here. Partnerships (except electing large partnerships); see the note below. All others, enter this amount on Form 4797, line 3 Note: Partnerships, enter the amount from line 38a, 38b, or line 39 on Form 1065, Schedule K, line 11.	а	Combine line 35, column (b)(i) and line 36, and ent	er the r	net gain or (loss) here. Parti	nerships (except electing la	arge partnerships)		
b Enter the amount from line 35, column (b)(ii) here. Individuals, enter the amount from income-producing property on Schedule A (Form 1040), line 28, or Form 1040NR, Schedule A, line 14, and enter the amount from property used as an employee on Schedule A (Form 1040), line 23, or Form 1040NR, Schedule A, line 9. Estates and trusts, enter on the "Other deductions" line of your tax return. Partnerships (except electing large partnerships) and S corporations, see the note below. Electing large partnerships, enter on Form 1065-B, Part II, line 11 38b If the loss on line 37 is less than or equal to the gain on line 36, combine lines 36 and 37 and enter here. Partnerships (except electing large partnerships); see the note below. All others, enter this amount on Form 4797, line 3 Note: Partnerships, enter the amount from line 38a, 38b, or line 39 on Form 1065, Schedule K, line 11.		and S corporations, see the note below. All others,	enter th	nis amount on Form 4797, I	ine 14. If Form 4797 is not	t otherwise	00-	
or Form 1040NR, Schedule A, line 14, and enter the amount from property used as an employee on Schedule A (Form 1040), line 23, or Form 1040NR, Schedule A, line 9. Estates and trusts, enter on the "Other deductions" line of your tax return. Partnerships (except electing large partnerships) and S corporations, see the note below. Electing large partnerships, enter on Form 1065-B, Part II, line 11 38b If the loss on line 37 is less than or equal to the gain on line 36, combine lines 36 and 37 and enter here. Partnerships (except electing large partnerships); see the note below. All others, enter this amount on Form 4797, line 3 Note: Partnerships, enter the amount from line 38a, 38b, or line 39 on Form 1065, Schedule K, line 11.			enter the	a amount from income production	property on School & A /Fe	1040) lipo 29	388	
Schedule A, line 9. Estates and trusts, enter on the "Other deductions" line of your tax return. Partnerships (except electing large partnerships) and S corporations, see the note below. Electing large partnerships, enter on Form 1065-B, Part II, line 11 38b If the loss on line 37 is less than or equal to the gain on line 36, combine lines 36 and 37 and enter here. Partnerships (except electing large partnerships); see the note below. All others, enter this amount on Form 4797, line 3 Note: Partnerships, enter the amount from line 38a, 38b, or line 39 on Form 1065, Schedule K, line 11.		or Form 1040NR, Schedule A, line 14, and enter the amount fr	om prop	erty used as an employee on Sch	nedule A (Form 1040), line 23, or	Form 1040NR,		
39 If the loss on line 37 is less than or equal to the gain on line 36, combine lines 36 and 37 and enter here. Partnerships (except electing large partnerships); see the note below. All others, enter this amount on Form 4797, line 3 Note: Partnerships, enter the amount from line 38a, 38b, or line 39 on Form 1065, Schedule K, line 11.		Schedule A, line 9. Estates and trusts, enter on the "Other de-	ductions'	line of your tax return. Partnersh	nips (except electing large partn	erships)	206	
(except electing large partnerships), see the note below. All others, enter this amount on Form 4797, line 3 Note: Partnerships, enter the amount from line 38a, 38b, or line 39 on Form 1065, Schedule K, line 11.		AND THE RESERVE OF THE PARTY OF	16 1500				300	
Note: Partnerships, enter the amount from line 38a, 38b, or line 39 on Form 1065, Schedule K, line 11.					F 4707 !! 0	21 0 to 10 10 7 13 15 0 10	39	
S corporations, enter the amount from line 38a or 38b on Form 1120S, Schedule K, line 10.				COLORD SERVICE AND				
		S corporations, enter the amount from line 38	a or 38	Bb on Form 1120S, Sche	dule K, line 10.	La		

Form 4684 (2016) Atta Name(s) shown on tax return. Do not enter name and identifying number if shown on page 1.

Identifying number

DONALD J. & MELA	MIA	TRUM
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Company of the last	ECTION B - Business and Income-							
	Part I Casualty or Theft Gain or L Description of properties (show type, location, and date acc claiming a loss due to a Ponzi-type investment scheme and	OSS	(Use a separate Part I for reach property). Use a separate	each	casualty or theft.)	ged from the same cas	sualty or the	eft. See instructions if
19	Darent A CAGITAT MV					5	auty or an	
			K-1 - LFB AQUISIT	LION	MEMBER CORP			
	5 (19) (19) (19) (19) (19) (19) (19) (19)							
	Property C Property D							
				-	Prone	erties		
			A	T	В	C		D
20	Cost or adjusted basis of each property	20	1,188.					
	Insurance or other reimbursement			1				
	(whether or not you filed a claim).	21						
	Note: If line 20 is more than line 21, skip							
22	line 22. Gain from casualty or theft. If line 21 is more							
22	than line 20, enter the difference here and on							
	line 29 or line 34, column (c), except as							•
	provided in the instructions for line 33. Also, skip lines 23 through 27 for that column. See							
	the instructions for line 4 if line 21 includes							
	insurance or other reimbursement you did not claim, or you received payment for your loss						8	
	in a later tax year	22		_				
	Fair market value before casualty or theft	23		_				
	Fair market value after casualty or theft	24		_				
	Subtract line 24 from line 23	25						
26	Enter the smaller of line 20 or line 25	26	1,188.	_				
	Note: If the property was totally destroyed by casualty or lost from theft, enter on line 26 the amount from line 20. Subtract line 21 from line 26. If zero or less,		SEE FRM 8829					
27	on line 26 the amount from line 20. Subtract line 21 from line 26. If zero or less,		1 100					
	enter -0- Casualty or theft loss. Add the amounts on line 27.	27	1,188.		·	·	T	
28 D :	art II Summary of Gains and Los	Enter	(from caparate Parts I)	9 Or I	The second secon		28	1,188.
	direction of dame and 200	505	(Holli Separate Faits I)		(b) Losses from ca			(c) Gains from
	(a) Identify casualty or the			"	rade, business, rental or royalty property	(ii) Income- producing ar employee prop	id erty	casualties or thefts includible in income
	Casual	ty or	Theft of Property	Hel	d One Year or L	ess		
29				()	()	
				()	()	
30	Totals. Add the amounts on line 29		30	()	(,)	
31	Combine line 30, columns (b)(i) and (c). Enter the Form 4797 is not otherwise required, see instruction	net gai ons	n or (loss) here and on For	m 479	97, line 14. If		31	
32	Enter the amount from line 30, column (b)(ii) here. Individuals, or Form 1040NR, Schedule A, line 14, and enter the amount fi	enter th	e amount from income-producin	g prop	erty on Schedule A (Form 1	040), line 28,		
	Schedule A, line 9. Estates and trusts, partnerships, and S co	rporatio	ns, see instructions				32	
			heft of Property He			Year		
	Casualty or theft gains from Form 4797, line 32			<u>.</u>			33	
34	SEE SECTION B, PART I			(118,804.)	()	
	-		71.7 T	(110 001	()	H. Karana and A. Sanaharan
	Total losses. Add amounts on line 34, columns (b)(SE MAGE DE LES ENGLES DE CONTRACTOR DE LA CONTRACTOR DE L	(118,804.)	(1 1	
	Total gains. Add lines 33 and 34, column (c) Add amounts on line 35, columns (b)(i) and (b)(ii)						36	110 004
	If the loss on line 37 is more than the gain on line 3						37	118,804.
a	Combine line 35, column (b)(i) and line 36, and ent	er the	net gain or (loss) here. Part	tnersh	nips (except electing lar	ge partnerships)		
	and S corporations, see the note below. All others,	enter t	his amount on Form 4797,	line 1	4. If Form 4797 is not o	therwise	200	-118,804.
	required, see instructions Enter the amount from line 35, column (b)(ii) here. Individuals,		e amount from income-producing				38a	-110,004.
	or Form 1040NR, Schedule A, line 14, and enter the amount fr		ting and a morning Wilderson of the commentation and selection of the desired with the California and Californi					
	Schedule A, line 9. Estates and trusts, enter on the "Other dec	ductions	" line of your tax return. Partners	hips (e	except electing large partners	ships)	206	
	and S corporations, see the note below. Electing large partner				and aster been Destroy		38b	*
	If the loss on line 37 is less than or equal to the ga (except electing large partnerships), see the note be					snips	39	
	Note: Partnerships, enter the amount from line S corporations, enter the amount from line 38a					į		

1,

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

Sales of Business Property

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

Attach to your tax return.

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

2016

Sequence No. 27

DON	ALD J. & MELANIA TRUMP							
1 E	nter the gross proceeds from sales or	exchanges repo	rted to you for 2	016 on Form(s) 10	99-B or 1099-S			
	or substitute statement) that you are in						1	
Pa	rt I Sales or Exchanges	of Property U	Jsed in a Tra	de or Busines	s and Involun	tary Conver	sion	s From
	Other Than Casualty	or Theft-Mo	st Property	Held More Tha	an 1 Year (see	instructions)		
	(a) Description	(b) Date acquired	(C) Date sold	(d) Gross sales	(e) Depreciation allowed or	(f) Cost or other	r	(g) Gain or (loss)
	of property	(mo., day, yr.)	(mo., day, yr.)	price	allowable since	improvements an		Subtract (f) from the sum of (d) and (e)
2					acquisition	expense of sale		Sum of (a) and (e)
SEE	STATEMENT 57							11884132
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment s	sales from Form 6	6252, line 26 or	37		4	1	
5	Section 1231 gain or (loss) from like-	kind exchanges	from Form 8824				5	
6	Gain, if any, from line 32, from other	than casualty or	theft				3	
7	Combine lines 2 through 6. Enter the						7	11,884,132.
	Partnerships (except electing large	partnerships)	and S corporati	ons. Report the g	ain or (loss) followi	ng the		1
	instructions for Form 1065, Schedule below.	e K, line 10, or Fo	orm 1120S, Sch	edule K, line 9. Ski	p lines 8, 9, 11, an	d 12		
	Individuals, partners, S corporation	n shareholders	and all others	If line 7 is zero or	a loss ontor the ar	nount		
	from line 7 on line 11 below and skip	lines 8 and 9. If	line 7 is a gain a	nd vou didn't have	any prior year sec	ction		
	1231 losses, or they were recaptured	d in an earlier yea	r, enter the gain	from line 7 as a lo	ng-term capital ga	in on		
	the Schedule D filed with your return	and skip lines 8	, 9, 11, and 12 b	elow.				
8	Nonrecaptured net section 1231 loss						3	
9	Subtract line 8 from line 7. If zero or							1
	line 9 is more than zero, enter the an							V
10 E W. 10	capital gain on the Schedule D filed	with your return.	See instructions			9		
Pai	t II Ordinary Gains and L	.osses (see ins	structions)					
40								
10	Ordinary gains and losses not includ	ed on lines 11 th	rough 16 (includ		/ear or less):			
SEE	STATEMENT 58			268,226.				-325,829.
							_	
							_	
							_	
11	Loss, if any, from line 7					1	1 ()
12	Gain, if any, from line 7 or amount from	om line 8, if applic	cable			12		
13	Gain, if any, from line 31			••••••		13		
14	Net gain or (loss) from Form 4684, lin	es 31 and 38a		•••••		14		-118,804.
15	Ordinary gain from installment sales	rom Form 6252,	line 25 or 36			15	5	
16	Ordinary gain or (loss) from like-kind							
17	Combine lines 10 through 16						7	-444,633.
18	For all except individual returns, ente			appropriate line of	your return and sl	kip lines		
	a and b below. For individual returns,							
а	If the loss on line 11 includes a loss f	rom Form 4684,	line 35, column	(b)(ii), enter that pa	rt of the loss here.	Enter		
	the part of the loss from income-prod							
	from property used as an employee of		500	- 5				
	See instructions					18	a L	
b	Redetermine the gain or (loss) on line							2000
						18	b	-444,633.
LHA	For Paperwork Reduction Act No	tice, see separa	te instructions.					Form 4797 (2016)

	rt III Gain From Disposition of Property	y Und	er Sections 1245	i, 1250, 1252	, 125	4, and 1255	(see	nstructions)
19	(a) Description of section 1245, 1250, 1252, 1254, o	r 1255	property:			(b) Date acquii (mo., day, yr.	322	(c) Date sold (mo., day, yr.)
Α								
В								
С			¥					
D								
	These columns relate to the properties on lines 19A through 19D.	•	Property A	Property	В	Property	С	Property D
0	Gross sales price (Note: See line 1 before completing.)	20						
1	Cost or other basis plus expense of sale	21						
2	Depreciation (or depletion) allowed or allowable	22						
3	Adjusted basis. Subtract line 22 from line 21	23				-		
1	Total gain. Subtract line 23 from line 20	24						
5	If section 1245 property:							
	Depreciation allowed or allowable from line 22	25a						
	Enter the smaller of line 24 or 25a	25b						
6	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		,					
а	Additional depreciation after 1975. See instructions	26a						
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						-
С	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
ď	Additional depreciation after 1969 and before 1976	26d				-		
е	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
Q	Add lines 26b, 26e, and 26f	26g						
7	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).	0.7						
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27b			(4)			
_	Enter the smaller of line 24 or 27b	27c						
а	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions.	28a				9		
	Enter the smaller of line 24 or 28a	28b						
9 a	If section 1255 property: Applicable percentage of payments excluded	V/10000000	8					
_	from income under section 126. See instructions	29a						
b	Enter the smaller of line 24 or 29a. See instructions	29b				L		
u	nmary of Part III Gains. Complete property of	olumns	A through D through	line 29b before	going	to line 30.		
_								
0	Total gains for all properties. Add property columns	A throu	ıgh D, line 24				30	
1	Add property columns A through D, lines 25b, 26g,						31	
2	Subtract line 31 from line 30. Enter the portion from						1	
	from other than casualty or theft on Form 4797, line irt IV Recapture Amounts Under Section	6					32	
Pa	rt IV Recapture Amounts Under Section	ns 17	9 and 280F(b)(2)	When Busin	ess l	Jse Drops to	50%	or Less
	(see instructions)							
	7 .					(a) Section 179	n	(b) Section 280F(b)(2)
	Section 179 expense deduction or depreciation allo	wahle i	n prior vears		33			*
3	Section 179 expense deduction or depreciation allo Recomputed depreciation. See instructions		n prior years		33 34			

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

At-Risk Limitations

Attach to your tax return.

See separate instructions.

OMB No. 1545-0712

Attachment Sequence No. 31

Name	s) shown on return		Identifying number	er
	ALD J. TRUMP ption of activity (see page 2 of the instructions)		-	
in particular	MATE AIR CORP 13-3747981			
Pa	Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2		instructions.	0.702
1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1		-8,723.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity)			
	that you are reporting on:			
a	Schedule D	2a		
b	Form 4797	2b		
C	Other form or schedule	2c		
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S,			
	that were not included on lines 1 through 2c	3		
4	Other deductions and losses from the activity, including investment interest expense allowed from			
	Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing		10011	1
	the rest of this form	5	12246	X8,723.
Pa	TII Simplified Computation of Amount At Risk. See page 3 of the instructions before completing	g this p	art.	
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity)			
	on the first day of the tax year. Do not enter less than zero	6		0.
7	Increases for the tax year (see page 3 of the instructions)	7		
8	Add lines 6 and 7	8		
9	Decreases for the tax year (see page 4 of the instructions)	9		
10 a	Subtract line 9 from line 8			
	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III).			
	Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b		
Pai	t III Detailed Computation of Amount At Risk.			
	If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.			
11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less			
	than zero	11		
12	Increases at effective date	12		
13	Add lines 11 and 12	13		#
14	Decreases at effective date	14		
15	Amount at risk (check box that applies):			
а	At effective date. Subtract line 14 from line 13. Do not enter less than zero.			
b	From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.	15	1	
16	Increases since (check box that applies):			
а	Effective date b The end of your prior year	16	1	
17	Add lines 15 and 16	17		
18	Decreases since (check box that applies):			
а	Effective date b The end of your prior year	18	1	
19 a	Subtract line 18 from line 17			
1200	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter			
b	O I D I OOF for information on the second or substitute of the second or substitute or	19b	†	
Pai	t IV Deductible Loss	1 100		
1 Children	Parameter 1	20		0.
20	Amount at risk. Enter the larger of line 10b or line 19b Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions	20		
21		21	1	0.)
	to find out how to report any deductible loss and any carryover SEE STATEMENT 59		17	
	Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or a Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity.	the Inst tivity ru	tructions for F les. If only par	orm 8810, t of the loss

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

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

Form 6198 (Rev. 11-2009)

v. u		

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

At-Risk Limitations

Attach to your tax return.

See separate instructions.

OMB No. 1545-0712

Attachment Sequence No. **31**

Name(s) shown on return

Identifying number

DON	ALD J. TRUMP		
Desc	iption of activity (see page 2 of the instructions)		
Particular Section 1	MP LAS OLAS MEMBER CORP 20-3002512		25
Pa	rt I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page		ctions.
1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	-2,474.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity)		
	that you are reporting on:		
а			
b	Form 4797	2b	
C	Other form or schedule		
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S,		
	that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from		
	Form 4952, that were not included on lines 1 through 2c	4 ()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing		
	the rest of this form	. 5	-2,474.
Pa	rt II Simplified Computation of Amount At Risk. See page 3 of the instructions before complete	ting this part.	
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity)		
	on the first day of the tax year. Do not enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	. 9	
10 a	Subtract line 9 from line 8		
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III).		
	Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	
Pa	t III Detailed Computation of Amount At Risk.		
	If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.		
11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less		
	than zero		(4)
12	Increases at effective date	. 12	
13	Add lines 11 and 12	. 13	TX
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		*
a	At effective date. Subtract line 14 from line 13. Do not e nter less than zero.		
b	From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):		
а	Effective date b The end of your prior year	. 16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	Effective date b The end of your prior year	. 18	
19 a	Subtract line 18 from line 17		
D	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules		
Par		19b	
120002004120	Amount to date. Enter the Laure of line 40h or line 40h	1	
20	Amount at risk. Enter the larger of line 10b or line 19b	20	0.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out boys to report any deductible loss and any corrector.		
	to find out how to report any deductible loss and any carryover SEE STATEMENT 60	21 (0 .)
	Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, o	r the Instructions	for Form 8810,
	Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive a is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever app	ctivity rules. If on	ly part of the loss
	is subject to the passive activity loss rules, report only that part on Form 6502 of Form 6610, Whichever app	UIIES.	

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

At-Risk Limitations

Attach to your tax return.

See separate instructions.

OMB No. 1545-0712

Attachment Sequence No. 31

Name(s) shown on return Identifying number DONALD J. TRUMP Description of activity (see page 2 of the instructions) RESTAURANT 40 MEMBER CORP 45-4146506 Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions. Ordinary income (loss) from the activity (see page 2 of the instructions) -1,049. Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on: Schedule D 2a Form 4797 2b Other form or schedule 2c Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S. that were not included on lines 1 through 2c Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing -1049Part II | Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part. Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero Increases for the tax year (see page 3 of the instructions) 7 Add lines 6 and 7 8 Decreases for the tax year (see page 4 of the instructions) 9 10a 10 à Subtract line 9 from line 8 If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enterlies 11 11 12 Increases at effective date 12 Add lines 11 and 12 13 13 Decreases at effective date 14 14 15 Amount at risk (check box that applies): At effective date. Subtract line 14 from line 13. **Do not** enter less than zero. a From your prior year Form 6198, line 19b. **Do not** enter the amount from line 10b of your prior/year form. 15 b Increases since (check box that applies): b The end of your prior year a ____ Effective date 16 Add lines 15 and 16 17 17 /..... Decreases since (check box that applies): b The end of your prior year Effective date 19 a Subtract line 18 from line 17 b If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -O- and see Pub. 925 for information on the recapture rules 19b Part IV Deductible Loss Amount at risk. Enter the larger of line 10b or line 19b 0. Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions SEE STATEMENT 61 to find out how to report any deductible loss and any carryover 0.)

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

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

Alternative Minimum Tax - Individuals

► Information about Form 6251 and its separate instructions is at www.irs.gov/form6251.

► Attach to Form 1040 or Form 1040NR.

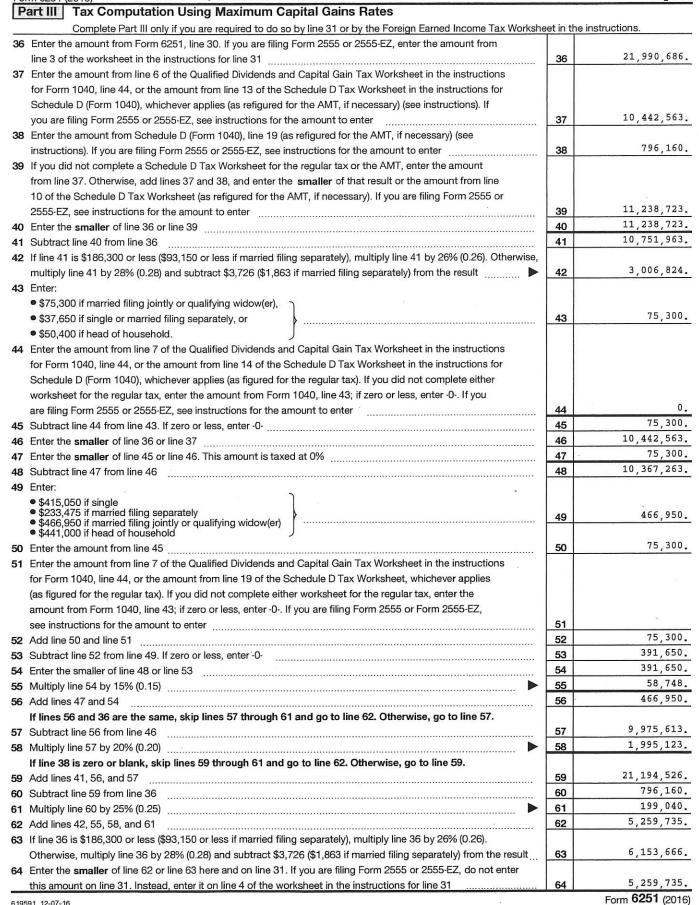
2016 Attachment Seguence No. 32

OMB No. 1545-0074

Name(s) shown on Form 1040 or Form 1040NR

Your social security number

DONALD J. & MELANIA TRUMP		
Part I Alternative Minimum Taxable Income	1	
1 If filing Schedule A (Form 1040), enter the amount from Form 1040, line 41, and go to line 2. Otherwise, enter the		40 560 201
amount from Form 1040, line 38, and go to line 7. (If less than zero, enter as a negative amount.)	1	-40,568,391.
2 Medical and dental. If you or your spouse was 65 or older, enter the smaller of Schedule A (Form 1040), line 4,		
or 2.5% (0.025) of Form 1040, line 38. If zero or less, enter -0-	2	0.
3 Taxes from Schedule A (Form 1040), line 9	3	5,204,273.
4 Enter the home mortgage interest adjustment, if any, from line 6 of the worksheet in the instructions for this line	4	
5 Miscellaneous deductions from Schedule A (Form 1040), line 27	5	1,387,244.
6 If Form 1040, line 38, is \$155,650 or less, enter -0 Otherwise, see instructions	6	0.
7 Tax refund from Form 1040, line 10 or line 21	7	
8 Investment interest expense (difference between regular tax and AMT)	8	
Depletion (difference between regular tax and AMT)	9	
10 Net operating loss deduction from Form 1040, line 21. Enter as a positive amount	10	73,376,129.
11 Alternative tax net operating loss deduction	11	-16,291,863.
12 Interest from specified private activity bonds exempt from the regular tax	12	
13 Qualified small business stock, see instructions	13	
14 Exercise of incentive stock options (excess of AMT income over regular tax income)	14	
15 Estates and trusts (amount from Schedule K-1 (Form 1041), box 12, code A)	15	8,806.
16 Electing large partnerships (amount from Schedule K-1 (Form 1065-B), box 6)	16	
17 Disposition of property (difference between AMT and regular tax gain or loss)	17	
18 Depreciation on assets placed in service after 1986 (difference between regular tax and AMT) STMT 63	18	-438,813.
19 Passive activities (difference between AMT and regular tax income or loss) SEE STATEMENT 62	19	-686,699.
	20	
21 Circulation costs (difference between regular tax and AMT)	21	
22 Long-term contracts (difference between AMT and regular tax income)	22	
23 Mining costs (difference between regular tax and AMT)	23	
24 Research and experimental costs (difference between regular tax and AMT)	24	
25 Income from certain installment sales before January 1, 1987	25	
26 Intangible drilling costs preference	26	
27 Other adjustments, including income-based related adjustments	27	
28 Alternative minimum taxable income. Combine lines 1 through 27. (If married filing separately and line 28 is		
more than \$247,450, see instructions.)	28	21,990,686.
Part II Alternative Minimum Tax (AMT)		
29 Exemption. (If you were under age 24 at the end of 2016, see instructions.)		
IF your filing status is AND line 28 is not over THEN enter on line 29		
Single or head of household \$119,700 \$53,900		
Married filing jointly or qualifying widow(er) 159,700 83,800		
Married filing separately 79,850 41,900	29	0.
If line 28 is over the amount shown above for your filing status, see instructions.		
30 Subtract line 29 from line 28. If more than zero, go to line 31. If zero or less, enter -0- here and on lines 31, 33, and 35, and go to line 34	30	21,990,686.
31 • If you are filing Form 2555 or 2555-EZ, see instructions for the amount to enter.		
• If you reported capital gain distributions directly on Form 1040, line 13; you reported qualified dividends		
on Form 1040, line 9b; or you had a gain on both lines 15 and 16 of Schedule D (Form 1040) (as refigured		
for the AMT, if necessary), complete Part III on page 2 and enter the amount from line 64 here.	KERENIE!	E 250 735
• All others: If line 30 is \$186,300 or less (\$93,150 or less if married filing separately), multiply line 30 by	31	5,259,735.
26% (0.26). Otherwise, multiply line 30 by 28% (0.28) and subtract \$3,726 (\$1,863 if married filing		
separately) from the result.		
32 Alternative minimum tax foreign tax credit (see instructions)	32	3,025,010.
33 Tentative minimum tax. Subtract line 32 from line 31	33	2,234,725.
34 Add Form 1040, line 44 (minus any tax from Form 4972), and Form 1040, line 46. Subtract from the result any		
foreign tax credit from Form 1040, line 48. If you used Sch J to figure your tax on Form 1040, line 44, refigure		
	1	
that tax without using Schedule J before completing this line (see instructions)	34	







Reportable Transaction Disclosure Statement

Attach to your tax return.

OMB No. 1545-1800

De Int	partment of the Treasury ernal Revenue Service			➤ See separate	instructions.		. Sequ	uence No. 137
Na	ame(s) shown on return (ir	ndividuals enter last	t name, first name	e, middle initial)			Identifyi	ing number
DC	NATE T C MEET A NEED	, mpravn						
_	DNALD J. & MELANIA umber, street, and room or			A CONTRACTOR OF THE CONTRACTOR	City or town	state, and ZIP code		
140	ambor, su oci, and room or	Suite no.			NEW YORK,			
Α	If you are filing more tha	an one Form 8886 v	with your tax retu	rn, sequentially number		and enter the statement number	г	
					ement number	. 1	of	1
В	Enter the form number of							
	Enter the year of the tax	return identified ab	ove				≥ 2016	
_							Yes Yes	X No
<u>C</u>	Check the box(es) that a		ons).	Initial year filer	Protective	ve disclosure		
	Name of reportable trans	sacuon					34	
1b	Initial year participated in	n transaction			A 1111	1c Reportable transaction of	r tax shelter registr	ration number
N/	A TAXPAYER PARTIC		GH PTSHP			10 Hoper labor is allowed in the	. tax onortor rogica	adon numbor
2	Identify the type of repor	rtable transaction. (Check all boxes th	nat apply (see instruction	ns).			
	a Listed		c _	Contractual protecti	on e	Transaction of interest		
	b Confidential		d 2	Loss				
3	If you checked box 2a or or transaction of interest			umber for the listed tran		/A		
4	Enter the number of "san							1
5	If you participated in this	reportable transac	tion through a pa	artnership, S corporation	n, trust, and forei	gn entity, check the applicable b	oxes and provide t	he
	information below for the	e entity(s) (see inst	ructions). (Attach	n additional sheets, if ne	cessary.)			
	a Type of entity		X Partnersh		Partne			
			S corpora	tion Foreign	S corp	oration Foreign		
	b Name PAULSON CREDI	m ODDODMINITM	EC WACMED T	гт				
				гь			****	
	c Employer identification	on number (EIN), II		-0516727				
	d Date Schedule K-1 re	ceived from entity (
	"none" if Schedule K-	•	•	04/05/2017				
6				y to whom you paid a fe	e with regard to	the transaction if that individual	or entity promoted	d. solicited. or
						(Attach additional sheets, if nece		
a	Name				2	Identifying number (if known)	Fees paid	
	-		5-7-2-W				\$	
	Number, street, and roor	n or suite no.						
	City or town, State, and 2	7IP code				· · · · · · · · · · · · · · · · · · ·		
	only or town, onato, and a	-11 0000				(4)		
b	Name					Identifying number (if known)	Fees paid	
						18	\$	
	Number, street, and room	n or suite no.		<i>i</i> .				
0.00	City or town, State, and 2	ZIP code						
	S22 37 E		National Control of the Control of t					

Form 8886 (Rev. 3-2011) DONALD J. & MELANIA TRUMP	Page 2
a Identify the type of tax benefit generated by the transaction. Check all the boxes that apply (see instructions). Deductions Exclusions from gross income Absence of adjustments to basis Tax Credi Capital loss Nonrecognition of gain Deferral X Ordinary loss Adjustments to basis Other b Further describe the amount and nature of the expected tax treatment and expected tax benefits generated by the transaction for each step of the transaction that relate to the expected tax benefits including the amount and nature of your investment. Include participation in the transaction and all related transactions regardless of the year in which they were entered into. Also, include a protection with respect to the transaction. SEE STATEMENT 109	r all affected years. Include facts of in your description your
Identify all individuals and entities involved in the transaction that are tax-exempt, foreign, or related. Check the appropriate box(es name(s), identifying number(s), address(es), and a brief description of their involvement. For each foreign entity, identify its countreach individual or related entity, explain how the individual or entity is related. Attach additional sheets, if necessary. a Type of individual or entity: Tax-exempt Foreign Related) (see instructions). Include their ry of incorporation or existence. For Identifying number
Name	·
Address	
Description	
	,
b Type of individual or entity: Tax-exempt Foreign Related Name	Identifying number
Address	
Description	
·	

Form **8903** (Rev. December 2010)

Department of the Treasury Internal Revenue Service

DONALD J. & MELANIA TRUMP

Domestic Production Activities Deduction

► Attach to your tax return. ► See separate instructions.

OMB No. 1545-1984

Attachment Sequence No. **143**

Name(s) as shown on return

Identifying number

Enter amounts for all activities in column (b), including oil-related production activities 1 Domestic production gross receipts (PPGR) 1 1 7, 280, 45, 072, 2 Allocable cost of goods sold, if you are using the small business simplified overall method, skip lines 2 and 3 2 8, 117, 41, 975, 3 8-1, 177, 41, 1975, 3 8-1, 177, 41, 1975, 4 If you are using the small business simplified overall method, enter the amount of cost of goods sold and other deductions or losses you stably apportion to DPGR. All others, skip line 4 4 5 Add lines 2 through 4 5 Add lines 2 through 4 5 Subtract line 6 from line 1 6 9-9, 324, -7, 835, 7 Qualified production activities income from estates, trusts, and certain partnerships and S corporations (see instructions) 8 Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10 8 Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10 8 Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10 8 Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10 8 Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10 8 Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10 9 Amount allocated to beneficiaries of the estate or trust (see instructions) 9 Individuals, estates, and trusts, enter 40-bre 9 Loualified production activities income. Estates and trusts, subtract line 9, column (b), from line 8, column (b), all others, enter amount from line 8, column (b), from line 8, column (b), all others, enter amount from line 8, column (b). If zero or less, enter-0-bere, skip lines 11 through 21, and enter-0-on line 22 10b 10c lines 12 11c lines 12 lines 13 lines 13 lines 14		Note. Do not complete column (a), unless you have oil-related production activities.		(a)		(b)
Domestic production gross receipts (IPCR) Allocable cost of goods sold. If you are using the small business simplified overall method, skip lines 2 and 3 There deductions and losses allocable to DPGRI (see instructions) Flyou are using the small business simplified overall method, skip lines 2 and 3 There deductions and losses allocable to DPGRI (see instructions) Flyou are using the small business simplified overall method, enter the amount of cost of goods sold and other deductions or losses you ratably apportion to DPGR. All others, skip line 4 Add lines 2 through 4 Add lines 6 from line 1 Cualified production activities income from states, trusts, and certain partnerships and 5 corporations (see instructions) SEE SPATEMENT 1.0 Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10 Ine 10 Oll-related qualified production activities income. Estates and trusts, subtract line 9, column (a), from line 8, column (a), lid others, enter amount from line 8, column (b), from line 8, column (c), all others, enter amount from line 8, column (b), from line 8, column (c), all others, enter amount from line 8, column (b), from line 8, column (c), all others, enter amount from line 8, column (b), from line 8, column (c), all others, enter amount from line 8, column (c), all others, enter amount from line 8, column (b), from line 8, column (b), all others, enter amount from line 8, column (c), all others, enter one line 22 In Income limitation (see instructions) All others. Enter your taxable income figured without the domestic production activities deduction activities deduction activities deduction activities deduction activities deduction activities and enter 0 on line 22 Enter 9% of line 12 Enter 9% of line 14 Add lines 16 and 17. Estates and trusts, go to line 19, all othe			Oil-re		ctivities	11.679.5
2 Allocable cost of goods sold. If you are using the small business simplified overall method, skip lines 2 and 3 3 Enter deductions and losses allocable to DPGR (see instructions) 3 8, 487. 10, 932. 4 If you are using the small business simplified overall method, enter the amount of cost of goods sold and other deductions or losses you ratably apportion to DPGR. All others, skip line 4 5 Add lines 2 through 4 5 Subtract line 6 from line 1 6 9-2, 3247, 835. 7 Qualified production activities income from estates, trusts, and certain partnerships and 5 corporations (see instructions) 8 Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10 9 Amount allocated to beneficiaries of the estate or trust (see instructions) 9 POLI-related qualified production activities income. Estates and trusts, subtract line 9, column (a), if zero or less, enter 0- here, skip line 11 through 21, and enter 0- on line 22 10 Income limitation (see instructions) 9 Individuals, estates, and trusts. Enter your adjusted gross income figured without the domestic production activities income. Estates and trusts, subtract line 9, column (a), if zero or less, enter 0- here, skip lines 11 through 21, and enter 0- on line 22 10 Income limitation (see instructions) 10 Income limitation (see instructions) 11 Income limitation (see instructions) 12 Income limitation (see instructions) 13 Income limitation (see instructions) 14 Income limitation (see instructions) 15 Income limitation (see instructions) 16 Form W2 wages from estates, trusts, and certain partnerships and S corporations (see instructions) 17 Form W2 wages from estates, trusts, and certain partnerships and S corporations (see instructions) 19 Add lines 6 and 17. Estates and trusts, go to line 19, all others, skip line 19 and go to line 20 18 Income 16 and 17. Estates and trusts, go to line 19, all others, skip line 19 and go to line 20 18 Income 16 and 17. Estates and trusts, go to line 19, all others, skip line 19 and go to line 20 18 Income 16	1				CONTRACTOR OF THE PARTY OF THE	7,1-12
overall method, skip lines 2 and 3 Enter deductions and losses allocable to DPGH (see instructions) If you are using the small business simplified overall method, enter the amount of cost of goods sold and other deductions or losses you ratably apportion to DPGR. All others, skip line 4 Add lines 2 through 4 5 Add lines 6 from line 1 Cualified production activities income from estates, trusts, and certain partnerships and S corporations (see instructions) Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10 Oil-related qualified production activities income. Estates and trusts, subtract line 9, column (a), from line 8, column (a), all others, enter amount from line 8, column (a), all others, enter amount from line 8, column (b), from line 8, column (b), all others, enter amount from line 8, column (b), lif zero or less, enter -0-here, skip lines 11 through 21, and enter -0-on line 22 Defers the smaller of line 10 bor line 11. If zero or less, enter-0-here, skip lines 13 through 21, and enter -0-on line 22 Enter the smaller of line 10 bor line 11. If zero or less, enter-0-here, skip lines 13 through 21, and enter -0-on line 22 Enter the smaller of line 10 bor line 11. If zero or less, enter-0-here, skip lines 13 through 21, and enter -0-on line 22 Enter the smaller of line 10 bor line 11. If zero or less, enter-0-here, skip lines 13 through 21, and enter -0-on line 22 Enter the smaller of line 10 are line 12 Enter the smaller of line 10 are line 12 Enter the smaller of line 10 are line 13 Form W-2 wages (see instructions) Amount allocated to beneficiaries of the estate or trust (see instructions) Amount allocated to beneficiaries of the estate or trust (see instructions) Amount allocated to beneficiaries of the setate or trust (see instructions) Amount allocated to beneficiaries or the setate or trust (see instructions) Deside the smaller of line 10 are line 19. In line 19. In lothers, skip line 19 and go to line 20 Estates and trusts, subtract line			<u> </u>		,	
1 1 1 1 1 1 1 1 1 1			9		8 117.	41 975
4 If you are using the small business simplified overall method, enter the amount of cost of goods sold and other deductions or losses you ratably apportion to DPGR. All others, skip line 4 5 Add lines 2 through 4 5 Subtract line 5 from line 1 6 9-9,324, 97,835. 7 Qualified production activities income from estates, trusts, and certain partnerships and S corporations (see instructions) 8 28 STATUBLISMY 110 7 7 691. 8 9-9,324, -7,134. 9 And lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10 9 Annount allocated to beneficiaries of the estate or trust (see instructions) 9 Oll-related qualified production activities income. Estates and trusts, subtract line 9, column (a), from line 8, column (a), all others, enter amount from line 8, column (a), from line 8, column (b), all others, enter amount from line 9, column (b), from line 8, column (b), all others, enter amount from line 9, column (b), from line 8, column (b), all others, enter amount from line 9, column (b), from line 8, column (b), all others, enter amount from line 9, column (b), from line 8, column (b), all others, enter amount from line 9, column (b), from line 8, column (b), all others, enter amount from line 9, column (b), from line 8, column (b), all others, enter amount from line 2 10 lincome limitation (see instructions): • Individuals, estates, and trusts. Enter your adjusted gross income figured without the domestic production activities deduction (tax-exempt organizations, see instructions) 11 line limitation (see instructions): • Individuals, estates, and trusts. Enter your adjusted gross income figured without the domestic production activities deduction from Form W-2 wages (see instructions) 12 Enter the smaller of line 10a or line 12 13 Enter 99% of line 12 14 Enter the smaller of line 10a or line 12 15 Form W-2	3	Enter deductions and losses allocable to DPGR (see instructions)				
of cost of goods sold and other deductions or losses you ratably apportion to DFGR. All others, skip line 4 5 Add lines 2 through 4 5 16, 604, 52, 907, 65 Subtract line 5 from line 1 Cualified production activities income from estates, trusts, and certain partnerships and S corporations (see linstructions) 8 Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10 9 Amount allocated to beneficiaries of the estate or trust (see instructions) 9 Amount allocated to beneficiaries of the estate or trust (see instructions) 9 Amount allocated qualified production activities income. Estates and trusts, subtract line 9, column (a), fram len 8, column (a), all others, enter amount from line 8, column (a), fram len 8, column (a), all others, enter amount from line 8, column (a), fram line 8, column (a), all others, enter amount from line 8, column (a), fram line 8, column (a), all others, enter amount from line 8, column (a), fram line 8, column (a), all others, enter amount from line 8, column (a), fram len 8, column (a), all others, enter amount from line 8, column (a), fram len 8, column (a), all others, enter amount from line 8, column (b), from line 8, column (a), all others, enter amount from line 8, column (b), from line 8, column (b), from line 8, column (b), life and trusts. Enter your adjusted gross income figured without the domestic production activities deduction activities deduction (and trusts. Enter your adjusted gross income figured without the domestic production activities deduction from line 12. 11 Income limitation (see instructions) 12 Enter the smaller of line 10 ar line 12. 13 Enter 99 of line 12 14 Enter the smaller of line 10 ar line 12. 15 Form W-2 wages (see instructions) 16 Form W-2 wages (see instructions) 17 Form W-2 wages (see instructions) 18 Add lines 16 and 17. Estates and trusts, go to line 19, all others, ship line 19 and go to line 20 18 Amount allocated to beneficiaries of the sets test or trust (see instructions) 19 Estates and					, 1011	10,552.
DPGR. All others, skip line 4 5 Add lines 2 through 4 5 Add lines 2 through 4 5 Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10 8 Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10 9 Amount allocated to beneficiaries of the estate or trust (see instructions) 10a Oil-related qualified production activities income. Estates and trusts, subtract line 9, column (a), from line 8, column (a), all others, enter amount from line 8, column (a), from line 8, column (b), from line 8, column (c), from line 8, column (c), all others, enter amount from line 9, line 9, line 10 and 10 a c. 10a 0. 11 Income limitation (see instructions): • Individuals, estates, and trusts, Enter your adjusted gross income figured without the domestic production activities deduction (tax-exempt organizations, see instructions) 12 Enter the smaller of line 10b or line 11. If zero or less, enter -0- here, skip lines 13 through 21, and enter -0- on line 22 12 Enter 96 of line 12 Enter the smaller of line 10a or line 12 Enter the smaller of line 10a or line 12 Enter the smaller of line 10b or line 11. If zero or less, enter -0- here, skip lines 13 through 21, and enter -0- on line 22 12 Enter 96 of line 12 From W2 wages (see instructions) 15 Form W2 wages (see instructions) 16 Form W2 wages (see instructions) 17 Form W2 wages (see instructions) 18 Add lines 16 and 17. Estates and trusts, go to line 19, all others, skip line 19 and go to line 20 18 Add lines 16 and 17. Estates and trusts, go to line 19, all others, skip line 19 and go to line 20 18 Add lines 16 and 17. Estates and trust, go to line 19, all others, skip line 19 and go to line 20 19 Estates and trusts, subtract line 19 from line 18, all others, skip line 19 and go to line 20 19 Estates and trusts, subtract line 19 from line 18, all others, skip line 19 and go to line 20 20 Estates and trusts, subtract line 19 from line 18, all others, she instructions) 21 Demestic product						
5 Add lines 2 through 4 Subtract line 5 from line 1 Qualified production activities income from states, trusts, and certain partnerships and S corporations (see instructions) SEE STATEMENT 110 Add lines 6 and 7. Estates and trusts, go to line 9, all others, skip line 9 and go to line 10 Amount allocated to beneficiaries of the estate or trust (see instructions) Oil-related qualified production activities income. Estates and trusts, subtract line 9, column (a), from line 8, column (a), from line 8, column (a), from line 8, column (b), lines 11 through 21, and enter-0-on line 22 Individuals, estates, and trusts. Enter your adjusted gross income figured without the domestic production activities deduction All others. Enter your taxable income figured without the domestic production activities deduction All others. Enter your taxable income figured without the domestic production activities deduction activities deduction of activities deduction (tax-exempt organizations, see instructions) Inter the smaller of line 10b or line 11. If zero or less, enter-0-here, skip lines 13 through 21, and enter-0-on line 22 Inter 9% of line 12 Enter the smaller of line 10a or line 12 B Reduction for oil-related qualified production activities income. Multiply line 14a by 3% B Reduction for oil-related qualified production activities income. Multiply line 14a by 3% Add lines 16 and 17. Estates and trusts, and certain partnerships and S corporations (see instructions) A mount allocated to beneficiaries of the estate or trust (see instructions) B Add lines 16 and 17. Estates and trusts, go to line 19, all others, skip line 19 and go to line 20 Estates and trusts, subtract line 19 from line 18, all others, enter amount from line 18 Domestic production activities deduction from cooperatives. Enter deduction from Form 129 Domestic production activities deduction from cooperatives. Enter deduction from Form 129 Expanded affiliated group alloca			1			
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20 Estates and trusts, subtract line 19 from line 18, all others, enter amount from line 18 21 Form W-2 wage limitation. Enter 50% of line 20 22 Enter the smaller of line 15 or line 21 23 Domestic production activities deduction from cooperatives. Enter deduction from Form 1099-PATR, box 6 24 Expanded affiliated group allocation (see instructions) 25 Domestic production activities deduction. Combine lines 22 through 24 and enter the result here and on	18	Add lines 16 and 17. Estates and trusts, go to line 19, all others, skip line 19 and go to lin	ne 20		18	
21 Form W-2 wage limitation. Enter 50% of line 20 22 Enter the smaller of line 15 or line 21 23 Domestic production activities deduction from cooperatives. Enter deduction from Form 1099-PATR, box 6 23 24 Expanded affiliated group allocation (see instructions) 25 Domestic production activities deduction. Combine lines 22 through 24 and enter the result here and on	19	Amount allocated to beneficiaries of the estate or trust (see instructions)			19	
22 0. 23 Domestic production activities deduction from cooperatives. Enter deduction from Form 1099-PATR, box 6 24 Expanded affiliated group allocation (see instructions) 25 Domestic production activities deduction. Combine lines 22 through 24 and enter the result here and on	20				20	
22 0. 23 Domestic production activities deduction from cooperatives. Enter deduction from Form 1099-PATR, box 6 24 Expanded affiliated group allocation (see instructions) 25 Domestic production activities deduction. Combine lines 22 through 24 and enter the result here and on	21	Form W-2 wage limitation. Enter 50% of line 20			21	
Domestic production activities deduction from cooperatives. Enter deduction from Form 1099-PATR, box 6 Expanded affiliated group allocation (see instructions) Domestic production activities deduction. Combine lines 22 through 24 and enter the result here and on	22	Enter the smaller of line 15 or line 21			22	0.
24 Expanded affiliated group allocation (see instructions) 24 25 Domestic production activities deduction. Combine lines 22 through 24 and enter the result here and on	23	Domestic production activities deduction from cooperatives. Enter deduction from Form				
24 Expanded affiliated group allocation (see instructions) 24 25 Domestic production activities deduction. Combine lines 22 through 24 and enter the result here and on		***************************************		•••••	23	
F 4040 F 05 F 4400 F- 05 - 11 - F 1	24	Expanded affiliated group allocation (see instructions)			24	
Form 1040, line 35; Form 1120, line 25; or the applicable line of your return 25	25		e resul	t here and on		*
	-	Form 1040, line 35; Form 1120, line 25; or the applicable line of your return			25	0.

	Α.			
			1	

Qualified Production Activity Income Schedule

Identifying Number:

Name DONALD J. & MELANIA TRUMP

								1.		
-45,627.	52,907.				7,854.	3,078.	41,975	<u> </u>	7,280.	TOTAL FROM QUALIFIED ACTIVITIES
	52,907.				7,854.	3,078.		. 1	45,072.	TOTAL
-9,324.	16,604.				7,854.	633.	8,117.	. 1	7,280	ENERGY TRANSFER PARTNERS LP
691.	36,303.				0.	2,445.		1	37,792.	THE OBSIDIAN FUND LLC
Activity	Qualified Expenses	Interest Expense	Assets Ratio	Allocable Assets	Apportioned Expenses	Other Costs	Costs of Goods Sold	DPGR Ratio	Gross Receipts (DPGR)	Description
Qualified	Total	nt	Apportionment	AL		nses	Expenses		Production	
		notion/		intound!		III.				

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t

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

Investment Credit

Attach to your tax return.

Information about Form 3468 and its separate instructions is at www.irs.gov/form3468.

2016

Form **3468** (2016)

dentifying numbe

DON	ALD J. & MELANIA TRUMP		
Pa	rt I Information Regarding the Election To Treat the Lessee as the Purchaser of Inve	stme	nt Credit Property
	ou are claiming the investment credit as a lessee based on a section 48(d) (as in effect on November 4, 1990) elec		
	rmation. If you acquired more than one property as a lessee, attach a statement showing the information below.		-
1 1	Name of lessor		3
2 /	Address of lessor		
3 1	Description of property		
4 /		▶\$	
Pa	rt II Qualifying Advanced Coal Project Credit, Qualifying Gasification Project Credit, a Advanced Energy Project Credit	nd Q	ualifying
5	Qualifying advanced coal project credit (see instructions):		
а	Qualified investment in integrated gasification combined cycle property		
	placed in service during the tax year for projects described in		
	section 48A(d)(3)(B)(i) \$ x 20% (0.20) 5a		
b	Qualified investment in advanced coal-based generation technology property		
	placed in service during the tax year for projects described in		
	section 48A(d)(3)(B)(ii)		
С	Qualified investment in advanced coal-based generation technology property		
	placed in service during the tax year for projects described in		
	section 48A(d)(3)(B)(iii)		
d	Total. Add lines 5a, 5b, and 5c	5d	
6	Qualifying gasification project credit (see instructions):		
а	Qualified investment in qualified gasification property placed in service		
	during the tax year for which credits were allocated or reallocated after		
	October 3, 2008, and that includes equipment that separates and		
	sequesters at least 75% of the project's carbon		
	dioxide emissions \$ x 30% (0.30) 6a		
b	Qualified investment in property other than in a above placed in		
	service during the tax year \$ x 20% (0.20) 6b		
C	Total. Add lines 6a and 6b	6c	
7	Qualifying advanced energy project credit (see instructions):		
	Qualified investment in advanced energy project property placed in		
	service during the tax year \$ x 30% (0.30)	7	
8	Reserved	-8-	
9	Enter the applicable unused investment credit from cooperatives (see instructions)	9	
10	Add lines 5d, 6c, 7, and 9. Report this amount on Form 3800, Part III, line 1a	10	

LHA For Paperwork Reduction Act Notice, see separate instructions.

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Page	9 4

Form	3468 (2016) DONALD J. & MELANIA TRUMP		Page 2
Pai	t III Rehabilitation Credit and Energy Credit		
11	Rehabilitation credit (see instructions for requirements that must be met):		
а	Check this box if you are electing under section 47(d)(5) to take your qualified rehabilitation expenditures into		
	account for the tax year in which paid (or, for self-rehabilitated property, when capitalized). See instructions.		
	Note: This election applies to the current tax year and to all later tax years. You may not revoke this		
	election without IRS consent		Tal.
b	Enter the dates on which the 24- or 60-month measuring period begins SEE STATEMENT 112		
	and ends		
C	Enter the adjusted basis of the building as of the beginning date above		
	(or the first day of your holding period, if later)		
d	Enter the amount of the qualified rehabilitation expenditures incurred, or		
	treated as incurred, during the period on line 11b above\$		
	Enter the amount of qualified rehabilitation expenditures and multiply by the percentage shown:		
е	Pre-1936 buildings \$ x 10% (0.10)	11e	
f	Certified historic structures \$ 131,270,734. x 20% (0.20)	11f	26,254,147.
	For properties identified on line 11f, complete lines 11g and 11h.		
g	Enter the assigned NPS project number or the pass-through entity's employer identification		
	number (see instructions) STATEMENT 111		
h	Enter the date that the NPS approved the Request for Certification of Completed Work (see		
	instructions)		
i	Rehabilitation credit from an electing large partnership (Schedule K-1 (Form 1065-B), box 9)	11i	
12	Energy credit:		
а			
	basis attributable to construction, reconstruction, or erection by the taxpayer before January 1, 2006)		Y ₂
	placed in service during the tax year (see instructions) \$ x 10% (0.10)	12a	
ь	Basis of property using solar illumination or solar energy placed in service during the tax year that was		
	acquired after December 31, 2005, and the basis attributable to construction, reconstruction, or erection		
	by the taxpayer after December 31, 2005 (see instructions) \$__\ x 30\% (0.30)	12b	
	Qualified fuel cell property (see instructions):		
С	Basis of property placed in service during the tax year that was acquired after December 31, 2005, and		
	before October 4, 2008, and the basis attributable to construction, reconstruction, or erection by the	HUNES	
	taxpayer after December 31, 2005, and before October 4, 2008 \$ x 30% (0.30)	12c	
d	Applicable kilowatt capacity of property on line 12c (see instructions) x \$1,000	12d	
е	Enter the lesser of line 12c or line 12d	12e	
f	Basis of property placed in service during the tax year that was acquired after October 3, 2008,		
	and the basis attributable to construction, reconstruction, or erection by the taxpayer after	106	
	October 3, 2008 \$ x 30% (0.30) Applicable kilowatt capacity of property on line 12f (see instructions) × \$3,000	Record Co.	· · · · · · · · · · · · · · · · · · ·
g	7 ppinoable kilowate capacity of property of mile 12. (eee measurement)	12g	
h	Enter the lesser of line 12f or line 12g	12h	
	Qualified microturbine property (see instructions):		
i	Basis of property placed in service during the tax year that was acquired after December 31, 2005, and		,
	the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31, 2005 \$ x 10% (0.10)	12i	
	2005 \$ x 10% (0.10)		

Form **3468** (2016)

k Enter the lesser of line 12i or line 12j

69	0- 4	to

	13468 (2016) DONALD J. & MELANIA TROMP		Page 3
Pa	rt III Rehabilitation Credit and Energy Credit (continued)		
	Combined heat and power system property (see instructions):		
	Caution: You cannot claim this credit if the electrical capacity of the property is more than 50		
	megawatts or 67,000 horsepower.		
1	Basis of property placed in service during the tax year that was acquired after October 3, 2008,		
	and the basis attributable to construction, reconstruction, or erection by the taxpayer after		
	October 3, 2008 \$ x 10% (0.10)	121	
n	If the electrical capacity of the property is measured in:		
	 Megawatts, divide 15 by the megawatt capacity. Enter 1.0 if the capacity is 15 megawatts or 		
	less.		
	 Horsepower, divide 20,000 by the horsepower. Enter 1.0 if the capacity is 20,000 horsepower or 		
	less	12m	
n	Multiply line 12l by line 12m	12n	
			per terminal and the steel (1 mill) (1 mill) (1 mill) (2
	Qualified small wind energy property (see instructions):		
o	Basis of property placed in service during the tax year that was acquired after October 3, 2008, and		
	before January 1, 2009, and the basis attributable to the construction, reconstruction, or erection		
	by the taxpayer after October 3, 2008, and before January 1, 2009 \$ x 30% (0.30)	12o	
р	Enter the smaller of line 12o or \$4,000	12p	
q	Basis of property placed in service during the tax year that was acquired after December 31, 2008, and		
	the basis attributable to construction, reconstruction, or erection by the taxpayer after December 31,		
	2008 x 30% (0.30)	12q	
	Geothermal heat pump systems (see instructions):		
r	Basis of property placed in service during the tax year that was acquired after October 3, 2008, and		
	the basis attributable to construction, reconstruction, or erection by the taxpayer after October 3,		
	2008 x 10% (0.10)	12r	
	Qualified investment credit facility property (see instructions):		•
s	Basis of property (other than wind facility property and the construction of which began after		
	2016) placed in service during the tax year \$ x 30% (0.30)	12s	
t	Basis of wind facility property placed in service during the tax year and the construction of which		
	begins during 2017 \$ x 24% (0.24)	12t	
3	Enter the applicable unused investment credit from cooperatives (see instructions)	13	
4	Add lines 11e, 11f, 11i, 12a, 12b, 12e, 12h, 12k, 12n, 12p, 12q, 12r, 12s, 12t, and 13. Report this		
	amount on Form 3800. Part III. line 4a	14	26,254,147.

Form **3468** (2016)

Form 6251 - AMT Charitable Contributions Worksheet Page 1

-16,204,837. 50% of AGI DONALD J. & MELANIA TRUMP 100% 50% 30% Appreciated Appreciated Total Contributions **Total Contributions** Year Limit Limit Limit Property 30% Limit Property 20% Limit Allowed Carryover 2006 Contributions Less: Allowed Less: NOL Abs. CRP CRP c/o 2007 Contributions Less: Allowed Less: NOL Abs. CRP CRP c/o 2008 Contributions Less: Allowed Less: NOL Abs. CRP CRP c/o 2009 Contributions Less: Allowed Less: NOL Abs. CRP CRP c/o 2010 Contributions Less: Allowed Less: NOL Abs. CRP CRP c/o 2011 Contributions Less: Allowed Less: NOL Absorb. Less: NOL Abs. CRP Lost c/o CRP c/o 2012 Contributions Less: Allowed Less: NOL Absorb. Less: NOL Abs. CRP Carryover ... CRP c/o 2013 Contributions Less: Allowed Less: NOL Absorb.

20,760,811.

20,760,811.

20,760,811.

-32,409,674.

Less: NOL Abs. CRP Carryover ... GRP c/o 2014 Contributions

Less: Allowed Less: NOL Absorb. NOL Abs. CRP and MWD

CRP c/o

Carryover ...

Less:

Form 6251 - AMT Charitable Contributions Worksheet Page 2

Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2015	Contributions		4,871,979.	49,500.				
	Allowed							
Less:								
Less:	NOL Absorb. NOL Abs. CRP and MWD							
	Carryover		4,871,979.	49,500.				4,921,479.
	CRP c/o							
2016	Contributions		1,191,210.					,
Less:	Allowed							
Less:	NOL Absorb.							
Less:	NOL Absorb. NOL Abs. CRP and MWD		1,191,210.					
	Carryover							1,191,210.
	CRP c/o							
	AMT charitable c	ontributions						26,873,500.
Less:	Charitable contrib	outions allowed under	regular tax calculation	n				
	Charitable contrib	outions adjustment to	Form 6251, line 27			erro vena se e rapere esti si di Si I.A. (Si Si II.S		

		ALTERNA'	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	4T	780	
Name(s)		3			÷		Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form	:				Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	MAR-A-LAGO CLUB, LLC						
	* REGULAR INCOME	7,340,880.					
	DEPR ADJ	-532,849.		-532,849.			
	* AMT NET INCOME	6,808,031.		-532,849.			
K1-	K1- MAR-A-LAGO CLUB, INC.						
	* REGULAR INCOME	7,817.					
	DEPR ADJ	-533.		-533.			
	* AMT NET INCOME	7,284.		-533.			
K1-	DJT HOLDINGS MANAGING						
	MEMBER LLC						
	* REGULAR INCOME	-694,038.		- F			
	DEPR ADJ	1969'5-		.969, 696.			
	* AMT NET INCOME	-699,734.		-5,696.	S.		
K1-	DJT HOLDINGS TRUMP END						
	EAVOR 12 LLC						
	* REGULAR INCOME	-8,267,821.					
	DEPR ADJ	157,058.		157,058.			
	* AMT NET INCOME	-8,110,763.		157,058.			
K1-	TRUMP INTERNATIONAL GO						
	LF CLUB LLC						
	* REGULAR INCOME	2,777,186.					
	DEPR ADJ	-56,792.		-56,792.			
	* AMT NET INCOME	2,720,394.		-56,792.			
200							

Name Page			ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	Ħ		
E MELANIA RECORD Description Income Form 6251, Line 17 Form 6251, Line 18 Form 6251, Line 19	Name(s)							Social Security Number
Pround Pround Pround Prom P	DONALD	- 1						
Promotion Promotion Prom GES1, Line 19 Form GES1, Line 19	Form					Adjustment		
FRUME INTERNATIONAL GO	Name		Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
The CLUB INCOME 18. 1. 1. 1. 1. 1. 1. 1	K1-	TRUMP INTERNATIONAL GO						
* REGULAR INCOME 28		LF CLUB INC						
DEPR ADJ * ANT NET INCOME 27.			28.					
* AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT ADJUSTMENTS * AMT ADJUSTMENTS * AMT NET INCOME * AMT NET		DEPR ADJ	-1.		-1.			
RUERCY TRANSFER PARTNE RG LP PARTNE INCOME 1,979, 1,979, 1,979, 1,979, 1,979, 1,979, 1,979, 1,979, 1,979, 1,970, 1,			27.		-1.			
EMERGY TRANSFER PARTNE EMERGY TRANSFER PARTNE EMERGY TRANSFER PARTNE 1,979.2								
KE ILP - PRP KEGULAR INCOKE	- - E	ENERGY TRANSFER PARTNE						
* REGULAR INCOME * AMT ADJUGNERNIES -270,339. * AMT NET INCOME		RS LP - PTP						
* AMT ADJUGTMENUES			1 -					
* AMT NET INCOME		AMT ADJUSTMENTS	1,979,			1,979.		
TRUMP RESTAURANTS LLC			-270,360.					
TRUMP RESTAURANTS LLC								
* REGULAR INCOME	ם	TRUMP RESTAURANTS LLC		-				
AMT DEPR ADJ		* REGULAR INCOME	129,745.					
# AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT DEPR ADJ 1094 S. OCEAN AVENUE - 13,242. * AMT DEPR ADJ * AMT DEPR ADJ * AMT NET INCOME 13,242. 13,242.		AMT DEPR ADJ	2,483.			2,483.		
* REGULAR INCOME * AMT DEPR ADJ * AMT DEPR ADJ * AMT DEPR ADJ 1094 S. OCEAN AVENUE - 11094 S. O			132,228.			2,483.		
* REGULAR INCOME 0. -8,447. -8,447. -8,447. -8,447. -8,447. -8,447. -8,447. -8,447. -8,447. -1094 S. OCEAN AVENUE - 1094 S. OCEAN AVENUE -233,001. * REGULAR INCOME -219,759. 13,242. 13,242. -219,759. 13,242. 13,242. -219,759. 13,242. 14,242. 14,242. 14,242. 14,242. 14,242. 14,242. 14,242. 14,2								
* REGULAR INCOME * AMT DEPR ADJ * AMT DEPR ADJ 1094 S. OCEAN AVENUE - 1 13, 242.	C_	DJT OPERATIONS I LLC						
* AMT DEPR ADJ -8,447.			• 0					
* AMT NET INCOME -8,447. 1094 S. OCEAN AVENUE - 1094 S. OCEAN AVENUE - * REGULAR INCOME * AMT DEPR ADJ * AMT DEPR ADJ -219,759.		AMT DEPR ADJ	-8,447.			-8,447.		
1094 S. OCEAN AVENUE - 1094 S. OCEAN AVENUE - * REGULAR INCOME * AMT DEPR ADJ * AMT DEPR ADJ -219,759.			-8,447.	84		8		
1094 S. OCEAN AVENUE - 1094 S. OCEAN AVENUE, * REGULAR INCOME -233,001. * AMT DEPR ADJ * AMT NET INCOME -219,759.								
-233,001. 13,242. -219,759.	- A	1094 S. OCEAN AVENUE -						
AMT NET INCOME -219,759.		1094 S. OCEAN AVENUE,						
ANT NET INCOME -219,759. 13,		* REGULAR INCOME	-233,001.					
AMT NET INCOME —219,759.		AMT DEPR ADJ	13,242.			13,242.		
			-219,759.					

		ALTERNA:	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	E		
Name(s)							Social Security Number
DONALD	J. & MELANIA TRUMP				2		
Form		•			Adjustment		,
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
H -	124 WOODBRIDGE - 124 W						
	CODBRIDGE ROAD, PALM B						
	* REGULAR INCOME	-16,264.					
	AMT DEPR ADJ	3,568.			3,568.		
	* AMT NET INCOME	-12,696.			3,568.		
4797	TRUMP EQUITABLE FIFTH						
	AVENUE CO						
	* REGULAR INCOME	-78,210.					
	* AMT NET INCOME	-78,210.					
	,			1			
4797	ткоме сез прс						
	* REGULAR INCOME	2,651,666.					
	* AMT NET INCOME	2,651,666.					
4797	OCEAN AIR INVESTORS LL						
	2						
	* REGULAR INCOME	18,831,					
	* AMT NET INCOME	18,831.					
4797	OAKDALE INVESTORS LLC						
	* REGULAR INCOME	8,765					
	* AMT NET INCOME	8,765.					
HISTORIAL PROPERTY.						THE CONTRACTOR OF THE PARTY OF	
			And the first of the state of t				

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	F		٠
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP						
L L					Adjustment		
Name	Description	lncome	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
4797	TIPPERARY REALTY CORP			3			
	* REGULAR INCOME	-78.					
The state of the s	* AMT NET INCOME	-78.					
4797	TRUMP CPS CORP .						
	* REGULAR INCOME	2,654.					
	* AMT NET INCOME	2,654.					
4797	TRUMP TOWER MANAGING M						
	EMBER INC						
	* REGULAR INCOME	-791.			8		
	* AMT NET INCOME	-791.					
4797	THE OBSIDIAN FUND LLC						
	* REGULAR INCOME	-21.					
	* AMT NET INCOME	-21.					
		3					
4797	THE OBSIDIAN FUND LLC						
	* REGULAR INCOME	-877,010.					
	* AMT NET INCOME	-877,010.					
4797	AG DIVERSIFIED CREDIT						
	STRATEGIES FUND LP						
	* REGULAR INCOME	226,794.					
	* AMT NET INCOME	226,794.					
			20				

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOF	11		
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
4797	MIDOCEAN CREDIT OPPORT						
	UNITY FUND LP						
	* REGULAR INCOME	56,161.				W	
	* AMT NET INCOME	56,161.					
4797	TRUMP PARK AVENUE LLC						
	(TRUMP DELMONICO LL				٠		
	* REGULAR INCOME	4,818,091.					
	* AMT NET INCOME	4,818,091.					
4797	TRUMP PARK AVENUE LLC						
	- ACQUISITION						
	* REGULAR INCOME	4,467,084.		24			
	* AMT NET INCOME	4,467,084.					
Ж1-	TRUMP EQUITABLE FIFTH						
	1 E			25			
	* REGULAR INCOME	17,669,579.					
	AMT ADJUSTMENTS	-25,322.			-25,322.		
	* AMT NET INCOME	17,644,257.			-25,322.		
			And the state of t				
K1-	THE EAST 61 ST. COMPAN						
	* REGULAR INCOME	-80,213.					
	AMT ADJUSTMENTS	27.			27.		
	* AMT NET INCOME	-80,186.			27.		

		ALTERNAT	ERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	ΙΤ		
Name(s)					æ		Social Security Number
DONALD J.	J. & MELANIA TRUMP						
L		,			Adjustment		
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K:1-	THE EAST 61 ST. COMPAN						を担めている。 では、これでは、これでは、これでは、これでは、これでは、これでは、これでは、これ
	X						
	* REGULAR INCOME	*669-					
	AMT ADJUSTMENTS	27.			27.		
	* AMT NET INCOME	-672.			27.		
K1-	PARK BRIAR ASSOCIATES						
	ring						
	* REGULAR INCOME	16,566.					
	AMT ADJUSTMENTS	1,038,			1,038.		
	* AMT NET INCOME	77,604.			1,038.		TOTAL MARKET DESIGNATION OF THE PROPERTY OF TH
K1-	40 WALL DEVELOPMENT AS						
	soc, inc						
	* REGULAR INCOME	6,460,549.					
	AMT ADJUSTMENTS	20,095.			20,095.		
	* AMT NET INCOME	6,480,644.			20,095.		
-K1-	HUDSON WATERFRONT ASSO						
	C V, I.P.						
	* REGULAR INCOME	242,239.		·			THE PROPERTY OF THE PROPERTY O
	AMT ADJUSTMENTS	5.			2		
**************************************	* AMT NET INCOME	242,244.			.5.		The state of the s
100 THE RESERVE TO SERVE STATES							

		ALTERNA'	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	31		
Name(s)							Social Security Number
DONALD	J. & MELANIA TRUMP				*		
Form	:				Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	HUDSON WATERFRONT ASSO						
	d II, LP						
	* REGULAR INCOME	-60,356.					
	* AMT NET INCOME	-60,356.					
- KI	HUDSON WATERFRONT ASSO						
,	C IV, LP						
	23,743,0	543,267.					
	* AMT NET INCOME	543,267.			•	•	
K1-	TRUMP CPS LLC						
	* REGULAR INCOME	-52,044.					
	AMT ADJUSTMENTS	-58,742.			-58,742.		
	* AMT NET INCOME	-110,786.			-58,742.		
						i.	
K1-	33						
	* REGULAR INCOME	3,244,314.					
	* AMT NET INCOME	3,244,314.					
						2000年代の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の	A CONTRACT OF THE PARTY OF THE
LT.	TKUMP FLAZA LLC	700					
	10-04	. 200, 906, I					
	* AMOUNT HOW TAKE	1 027 760			7 7 7 7		
A CONTRACTOR OF THE PARTY OF TH	1	. 535/1489.	#1010000000000000000000000000000000000		·/ T * ' T		
						Harman American	
	A del del desemble de la desemble de		taya keen marka bika baara ka ka ayaa ahaan ka	DA CALLEGO A CARROCAMA POR EL SON BEST POT PULLAREN			

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	Т		
Name(s)				2.5			Social Security Number
DONALD J.	J. & MELANIA TRUMP						
100				*	Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP 845 UN LIMITED P					A POSSESSION AND PROPERTY OF THE PROPERTY OF T	THE PROPERTY OF THE PROPERTY O
	ARTNERSHIP						
	* REGULAR INCOME	-55,511.					Control Contro
	* AMT NET INCOME	-55,511.					
	-					34 (14 pt) 1 pt 1 pt 2 pt 2 pt 2 pt 2 pt 2 pt 2 pt	
K1-	TRUMP MODEL MANAGEMENT						
	LLC (TMG MEMBER LLC)					WHEN THE PROPERTY OF THE PROPE	SHIELD SHEET STREET SHEET SHEE
	* REGULAR INCOME	-409,707.					
	* AMT NET INCOME	-409,707.					
K1-	TRUMP KOREA LLC (KOREA						
	N PROJECTS)						
	* REGULAR INCOME	-100.					The state of the s
	* AMT NET INCOME	-100.					
K1-	TRUMP/NEW WORLD PROPER						
	TY MANAGEMENT LLC				- Charles and Communication of the Communication of	STEECH CONTRACTOR OF THE STEECH CONTRACTOR OF	
	* REGULAR INCOME	-130.					
	* AMT NET INCOME	-130.					TO SHAPE THE PROPERTY OF THE P
K1-	REG TRU EQUITIES LTD	ž					
	* REGULAR INCOME	-59.					
	* AMT NET INCOME	-59.					THE THE RESIDENCE THE PROPERTY OF THE PARTY

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	L		
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form	90 90 90	,			Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TIPPERARY REALTY CORP						
	* REGULAR INCOME	15,947,					
	AMT ADJUSTMENTS	-25.			-25.		
	* AMT NET INCOME	15,922.			-25.		
	ď						
- K1	PLAZA CONSULTING CORP						
	* REGULAR INCOME	-1,388.					
	* AMT NET INCOME	-1,388.					
K1-	TRUMP PROJECT MANAGEME						
	NT CORP						
	* REGULAR INCOME	-9,958.					
	* AMT NET INCOME	*856′6-					A THE RESIDENCE OF THE PROPERTY OF THE PROPERT
K1-	TRUMP'S CASTLE MANAGEM	•					
	ENT CORP.						
	* REGULAR INCOME	-621.					
	* AMT NET INCOME	-621.					
						109 112 113 113 113 113 113 113 113 113 113	
K1-	TRAVEL ENTERPRISES MAN						
	AGEMENT INC						THE RESIDENCE OF THE PROPERTY
	* REGULAR INCOME	-11,631.					
	* AMT NET INCOME	-11,631.					
	2						The state of the s
		NATIONAL PROPERTY OF THE PROPE		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	CONTROL DE LA CALLANDE DE LA CALLANDA DE CALLANDA VA PARA		

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	т		
Name(s)		ş	E.				Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form		To 100 to			Adjustment		
Name	Description	Іпсоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP ICE INC.				32		
	* REGULAR INCOME	-116.					
	* AMT NET INCOME	-116.					
K1-	HELICOPTER AIR SERVICE						
	S INC						
	* REGULAR INCOME	941.					
	* AMT NET INCOME	-941.					
K1-	PARC CONSULTING INC						
	* REGULAR INCOME	1,422.					
	* AMT NET INCOME	1,422.					
K1-	TRUMP CENTRAL PARK WES						
	T CORP						
	* REGULAR INCOME	52,276.					
	* AMT NET INCOME	52,276.					
K1-	TRUMP EMPIRE STATE, IN						
	G,						
	* REGULAR INCOME	-373.					
	* AMT NET INCOME	-373.					
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		TAKE STATE AND ALL STREET AND TO STATE AND ALL STATE AND A

		ALTERNA'	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOF	T		
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP				3		
Form				888	Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	FIFTY-SEVEN MANAGEMENT						
	CORP						
	* REGULAR INCOME	.609,89					
	* AMT NET INCOME	.609,89					
K1-	TRUMP VILLAGE CONSTRUC						
	TION CORP						
	* REGULAR INCOME	339.					
	AMT ADJUSTMENTS	5.			5.		
	* AMT NET INCOME	344.			2.		
K1-	4						
	* REGULAR INCOME	-72.					
	AMT ADJUSTMENTS	165-			-29.		
	* AMT NET INCOME	-131.			-69-		
K1-	DEVELOPMENT MEMBER INC						
	* REGULAR INCOME	-18.					
	* AMT NET INCOME	-18.					
K1-	FIRST MEMBER INC						
	* REGULAR INCOME	-216.					
	AMT ADJUSTMENTS	3T.			31.		
	* AMT NET INCOME	-185.	٠		31.		
		A STATE OF THE STA					

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	H		
Name(s)							Social Security Number
DONALD J	J. & MELANIA TRUMP						
100	N				Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP PAGEANTS, INC.						
	* REGULAR INCOME	58,827.					
	* AMT NET INCOME	58,827.					
- K1	BEACH HAVEN APARTMENTS						A THE RESIDENCE AND A STREET AN
	# 1, INC.						
	* REGULAR INCOME	87.					
	* AMT NET INCOME	87.					
-K1	SHORE HAVEN APARTMENTS						
	# 1, INC.						
	* REGULAR INCOME	329.					
	* AMT NET INCOME	329.					
K1-	FLIGHTS INC.						
	* REGULAR INCOME	-137.					
	* AMT NET INCOME	-137.					
K1-	TRUMP PLAZA MEMBER INC						
	* REGULAR INCOME	169'61					
	AMT ADJUSTMENTS	14.			14.		ACCOMPANY OF THE PROPERTY OF T
	* AMT NET INCOME	19,705.					
TO MANAGEMENT OF THE PARTY OF T							

		ALTERNA	ERNATIVE MINIMUM TAX RECONCILIATION REPORT	ECONCILIATION REPOF	TF	=	
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form	Description				Adjustment		
Name	Cescipion	IIICOIII E	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP VILLAGE CONST CO						
	RP-DUT GR TR						
	* REGULAR INCOME	84,305.					
	AMT ADJUSTMENTS	1,291.			1,291.		
	* AMT NET INCOME	.962,586.			1,291.		
K1-	81 PINE NOTE HOLDER IN						
	2						
	* REGULAR INCOME	-59				A TOTAL OF THE SECOND SECTION OF THE SECOND SECTION OF THE SECOND SECTION OF THE SECOND SECON	
	* AMT NET INCOME	.69-					
K1-	TRUMP TOWER MANAGING M						
	EMBER INC						
	221 King	*99'06					
	* AMT NET INCOME	90,655.					
K1-	F						
		-1,354.					
	* AMT NET INCOME	-1,354.					
K1-	BEACH HAVEN APARMTENTS						
	* REGULAR INCOME	32,695.					
	* AMT NET INCOME	32,695.					
							West of the Control o
		Total Comment of the					

Name Part Name Passiphion Prooff Page			ALTERNA"	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	ь		
Description Propries Form 6251, Line 18 Form 6251, Line 18 Form 6251, Line 19 For	Name(s)							Social Security Number
Description Proofine Form 6251, Line 17 Form 6251, Line 18 Form 6251, Line 19 For	DONALD					2		
Penediction	H CH					Adjustment		
SHORE RAYER ADARTERYS	Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
# I INC DAT OR REAL ** ART NET INCOME ** ART NET INCOME ** ART NET INCOME ** REGOLAR INCOME ** ART NET	K1-	SHORE HAVEN APARTMENTS						
* REGULAR INCOME 81,996,		#1 INC DJT GR TR						
# AMT NEW INCOME # AMT NEW IN			.81,998.					
DONALD UTRUME BLIZABE THE TRUST		* AMT NET INCOME	81,998.					
DONALD J TRUMP ELIZABE								
REGULAR INCOME	- K1							
* REGULAR INCORE 1,817. 1,817. 1,817. 1,917.		TH TRUST					The Control of the Co	271 14 44 12 (0) 1444 15 C 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PORM 1041, LINE 16			0.					4500
P. AMT NET INCOME 1,917.		FORM 1041, LINE 16	1,817.					-
DONALID J. TRUKE 'PRED		* AMT NET INCOME	1,817.					
PROMALD TRUME FRED		•••						
FRUGET PROBLEM PROBL	K1-	DONALD J TRUMP 'FRED'						
FORM 1041, LINE 16		TRUST						
FORM 1041, LINE 16 3,326. 3,326.		* REGULAR INCOME	0.					
# NATU NET INCOME #ILDREN - DONALD #ILDREN - DONALD #ILDREN - DONALD # REGULAR INCOME # AATU NET INCOM		LINE	3,326.					3,326.
HILDREN - DONALD HILDREN - DONALD ** REGULAR INCOME ** AMT NET INCOM		* AMT NET INCOME	3,326.					
HILDREN - DONALD HILDREN - DONALD * REGULAR INCOME FORM 1041, LINE 16 3,663. * AAT NET INCOME * AAT NET INCOME								
ME 16 3,663.	K1-	ELIZABETH TRUMP GRANDC						
3,663.		HILDREN - DONALD						THE RESIDENCE OF THE PERSON AND THE
AVE INET INCOME 3,663. AVE INET INCOME 3,663.		* REGULAR INCOME	0.					
AMT INCOME		FORM 1041, LINE 16	3,663.					
		* AMT NET INCOME	3,663.					
						STOREN THE SAME AND STATE OF THE STATE OF THE STATE OF THE SAME AND STATE OF THE STATE OF THE STATE OF THE SAME AND STATE OF THE STATE OF THE STATE OF THE SAME AND STATE OF THE STATE OF THE SAME AND STATE OF THE SAME OF		THE PROPERTY OF THE PROPERTY O

	5	ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOF	L		
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
-K1-	TRUMP MANAGEMENT INC						
	* REGULAR INCOME	6,397,					
	* AMT NET INCOME	6,397.					
K1-	TRUMP DELMONICO LLC						
	* REGULAR INCOME	-5,137.					
	* AMT NET INCOME	5,137.					
K1-	TRUMP TORONTO DEVELOPM						The state of the s
	ENT INC						
	* REGULAR INCOME	-2,809.					
	* AMT NET INCOME	-2,809.					
K1-	щ						
	* REGULAR INCOME	-690,428.					
		373.			373.		
	* AMT NET INCOME	-690,055.			373.		
K1-	STARRETT CITY ASSOCIAT						
	RS						
	* REGULAR INCOME	421,172.					
	AMT ADJUSTMENTS	57,128.			57,128.		
	* AMT NET INCOME	478,300.			57,128.		

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOF	ιΤ		
Name(s)		-					Social Security Number
DONALD J.	J. & MELANIA TRUMP					a a	
E C					Adjustment		
Name	Description	Income .	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP LAS VEGAS SALES						
	& MARKETING INC						
	* REGULAR INCOME	13,808,417.					
	* AMT NET INCOME	13,808,417.					
K1-	TRUMP PARK AVENUE LLC						
	* REGULAR INCOME	.680,2-					
	* AMT NET INCOME	.680,2-					
			* William Committee The Committee Co			11-25-60-3 AV - 27-10-23-0 - 23-0 - 23-0 - 23-0 - 23-0 - 23-0 - 23-0 - 23-0 - 23-0 - 23-0 - 23-0 - 23-0 - 23-0	THE PROPERTY OF STREET,
K1-	TRUMP MARKS HOLDING LP						
	* REGULAR INCOME	-90,279.					
	* AMT NET INCOME	-90,279.					
K1-	TRUMP MARKS GP CORP						
	* REGULAR INCOME	-1,168.				100 PM	
	* AMT NET INCOME	-1,168.					
K1_	HUDSON WATERFRONT ASSO						
	c III, LP				THE PROPERTY OF THE PROPERTY O		
	* REGULAR INCOME	453,109.					
	AMT ADJUSTMENTS	.6			.0		
	* AMT NET INCOME	453,118.			•6		
	•						
							THE STATE OF THE S
CONTRACTOR NAMED IN							

					Ment		
:		ALIEKNA	ALIEKNALIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	TF.		
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP			e e		1	
Form	Constitution	į			Adjustment		
Name	Describitori	псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251
K1-	TRUMP PRODUCTIONS LLC						
	* REGULAR INCOME	139,842,					A STATE OF THE PERSON OF THE P
	* AMT NET INCOME	139,842.					
K1-	TRUMP PRODUCTIONS MANA						
	GING MEMBER INC						
	* REGULAR INCOME	-1,231.					
	* AMT NET INCOME	-1,231.					
- K1	TRUMP INTERNATIONAL HO						
	TELS MANAGEMENT LLC						
		-3,881,254.					
	* AMT NET INCOME	-3,881,254.					
K1-	TIHM MEMBER CORP						
	* REGULAR INCOME	-4,260.					
	* AMT NET INCOME	-4,260.					
K1-	TIHT MEMBER LLC						
	* REGULAR INCOME	-2,023.					
	* AMT NET INCOME	-2,023.					
K1-	TIHT COMMERCIAL LLC				THE RESERVE OF THE PROPERTY OF		
	* REGULAR INCOME	424,886.					
	* AMT NET INCOME	424,886.					
AND DESCRIPTION OF PERSONS AND							
						地域海绵等的过去式和地 对	
PETON MANAGEMENT			THE WHITE DESIGNATION OF THE PROPERTY OF THE P				

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	-		
							Social Security Number
Name(s)				ē			
DONALD J.	J. & MELANIA TRUMP				+ no contact ile A		Τ
					Adjustment		
Form	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP LAS OLAS LLC			70004		THE PERSON NAMED OF THE PE	
	* REGULAR INCOME	-656.					
	* AMT NET INCOME	-656.					
K1-	TRUMP INTERNATIONAL GO						
	LF CLUB SCOTLAND LTD						
	* REGULAR INCOME	-2,881,722.					
	* AMT NET INCOME	-2,881,722.					
THE PERSON NAMED IN COLUMN							
K1-	BAYROCK- TRUMP SOHO ME						
	MBER LLC						
	* REGULAR INCOME	-1,646.					
	* AMT NET INCOME	-1,646.	•				
-K1-	TRUMP FOLLIES LLC						
	* REGULAR INCOME	-136.					
	* AMT NET INCOME	-136.					
K1-	809 NORTH CANON MEMBER				THE GRANT SHEET SH		
	CORP						
	* REGULAR INCOME	-2,183					
	* AMT NET INCOME	-2,183.					
STATE OF THE STATE					593 CH 0014 CH 0017 CH 011 CH 0474 CH 011 CH		
100000000000000000000000000000000000000							
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		ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	H		
Name(s)						5	Social Security Number
DONALD J.	J. & MELANIA TRUMP						٠
Form		-			Adjustment		
Name	Description	Іпсоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Other Adjustment
K1-	TRUMP FLORIDA MANAGER						
	CORP						
	* REGULAR INCOME	-603.					
	* AMT NET INCOME	-603.					
K1-	THE TRUMP MARKS REAL E						
	STATE CORP						
	* REGULAR INCOME	-509.					
	* AMT NET INCOME	-509.					
K1-	TRUMP MARKS REAL ESTAT						
	B LLC						
	* REGULAR INCOME	-17,061.					
	* AMT NET INCOME	-17,061.					
K1-	TRUMP MARKS PANAMA LLC						
	* REGULAR INCOME	446,141.					
	* AMT NET INCOME	446,141.					
	22						
K1-	TRUMP MARKS PHILADELPH						
	IA LLC						
	* REGULAR INCOME	-2,289.					
	* AMT. NET INCOME	-2,289.					
				The second of th			
200 Personal Property (Change)		TARREST TO THE CONTROL OF THE PROPERTY OF THE	A STATE OF THE STA	The second secon			

		ALTERNA:	ERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	E		
Name(s)					na Y		Social Security Number
DONALD J.	J. & MELANIA TRUMP						
1					Adjustment		
. Form Name	Description	Income	. Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS HOLLYWOOD						
	LLO						
Account to the second	* REGULAR INCOME	-2,537.					
No. of the second secon	* AMT NET INCOME	-2,537.					
SHIME							
- KI	TRUMP MARKS WAIKINI LU						
	* REGULAR INCOME	678,613.					
	* AMT NET INCOME	678,613.					III OF WAY I THE EVEN OF THE BUILD WAS A STREET
K1-	TRUMP MARKS DUBAI LLC				39 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
	* REGULAR INCOME	-2,232.					
	* AMT NET INCOME	-2,232.					COLCULOR BEAUTYPE BERNELDER STORT ST
K1-	TRUMP MARKS PALM BEACH					STREET OF STREET WAS STREET FOR THE STREET STREET	
	DIG .						
	* REGULAR INCOME	-2,232.					
	* AMT NET INCOME	-2,232.					
MOTATOR							
- I	TRUME MAKES SONO LIC.	-1 960.					
		-1,960.					
							THE PROPERTY OF THE PROPERTY O
THE WAS DEPOSITED BY							
			•				

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	TI.		
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP			a			
Form	C contract of the contract of	<u>.</u>			Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS WHITE PLAI						
	NS LLC						
	* REGULAR INCOME	-2,264.					
	* AMT NET INCOME	-2,264.					
HERE			27.55 U.S. 10.12 V.S. 10.15 U.S.				
LT-	PROME MARKS WESTCHESTE						
	* REGULAR INCOME	-2,314.					
	* AMT NET INCOME	-2,314.					
K1-	TRUMP MARKS STAMFORD L						
	${f r}_{f c}$						
	* REGULAR INCOME	364,845.					
	* AMT NET INCOME	364,845.					
K1-	TRUMP MARKS NEW ROCHEL						
	***************************************					10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	777
	* ASSOCIATE THE SAME	• • • • • • • • • • • • • • • • • • •					
	- AMT NET INCOME	9,547.					
K1-	TRUMP MARKS CANOUAN LL						
	* REGULAR INCOME	-4,065.					
	* AMT NET INCOME	-4,065.					
	· i						

		ALTERNA'	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR		o	
							Soder N. Him Soo Colors
Name(s)				*			Social Security Nulliber
DONALD J.	J. & MELANIA TRUMP						
1		5			Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS JERSEY CIT						
	Y LLC						
	* REGULAR INCOME	-2,343.	•				
	* AMT NET INCOME	-2,343,					
				THE CONTROL OF THE OWNER WAS AND THE CONTROL OF THE	A STANSON MANAGEMENT OF THE STANSON		
K1-	TRUMP MARKS HOLLYWOOD						
	CORP					THE PROPERTY OF THE PROPERTY O	
	* REGULAR INCOME	-413.					
	* AMT NET INCOME	-413.					
K1-	TRUMP MARKS SUNNY ISLE						
	S I LLC						
	* REGULAR INCOME	254,061.					
	* AMT NET INCOME	254,061.					
				·			
K1-	TRUMP MARKS SUNNY ISLE						
	S II ILC						
	* REGULAR INCOME	-2,234.					
	* AMT NET INCOME	-2,234.					
K1-	TRUMP MARKS WAIKIKI CO						
	RP						
	* REGULAR INCOME	6,473.					
	* AMT NET INCOME	6,473.					

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	ECONCILIATION REPOF			
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form	C	Time of the state			Adjustment		
Name	Description	Іпсоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS CANOUAN CO						
	RP						
	* REGULAR INCOME	-323.					
	* AMT NET INCOME	-323.					
							Action to the first of the firs
K1-	6						
	* REGULAR INCOME	-352.					81.07.14.09.73.74.88.95.54.44.17.00.02.7.70.03.3.7.67.67.55.00.00.00.00.00.00.00.00.00.00.00.00.
	* AMT NET INCOME	-352.					
K1-	TRUMP MARKS SOHO LICEN						
	SE CORP						
		-120.					
	* AMT NET INCOME	-120.					
K1-	TRUMP MARKS WESTCHESTE						
	R CORP						
	* REGULAR INCOME	-303					
	* AMT NET INCOME	-303.					
K1-	TRUMP MARKS STAMFORD C						
	n. 1						
		3,355.					
	* AMT NET INCOME	3,355.					
	S.						
DECEMBER 100 MILES					Was from the second sec		

Name(s) DONALD J. & MELANIA TRUMP						
- 1						Social Security Number
				7,0		
				Adjustment		
Name Description	lucome	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1- TRUMP MARKS JERSEY CIT						
Y CORP						The second secon
* REGULAR INCOME	-411.					
* AMT NET INCOME	-411.					
23470883						
K1- TRUMP MARKS SUNNY ISLE						
* REGULAR INCOME	2,236.					
* AMT NET INCOME	AND THE RESERVE OF THE PARTY OF					٠
K1- TRUMP MARKS MORTGAGE C						
ORP						
* REGULAR INCOME	-287.				The state of the s	
* AMT NET INCOME	_287,					
1000000						(1) [1] (1) (1) [1] (1) (1) [1] (1) (1) (1) [1] (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
È						
* REGULAR INCOME	-353.					
* AMT NET INCOME	-353.					
TALL MARKS EGYPT CORP						
	-336.					
* AMT NET INCOME	-336.					
		* 10 + 10 + 12 + 12 + 12 + 12 + 12 + 12 +	CONTRACTOR OF THE PROPERTY OF			TO STATE OF THE PERSON OF THE
		Notices (S. Sindan)				

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	Į.		
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP	8					
Form	Constitution	-			Adjustment		
Name		Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS PUERTO RIC			0.00			
	ס ז דוים						
	* REGULAR INCOME	-2,232.					
	* AMT NET INCOME	-2,232.					
K 1	TRUMP MARKS PURRIO RIC						
	O I MEMBER CORP						
	* REGULAR INCOME	-276.					
	* AMT NET INCOME	-276.					
K1-	TRUMP MARKS PHILADELPH						
	J						
	* REGULAR INCOME	-410.					
	* AMT NET INCOME	-410.					
K1-	TRUMP MARKS LAS VEGAS						
	LLC						
	* REGULAR INCOME	-2,232.					
	* AMT NET INCOME	-2,232.					
K1-	TRUMP MARKS LAS VEGAS						
	144						
	* REGULAR INCOME	-248.					
	* AMT NET INCOME	-248.					
110000000000000000000000000000000000000						٠	

	9	ALTERNA	ERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	T	×	
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP						
L					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS MAGAZINE C					700	
愚愚	ORP				paties and contract and the second		
Total Company	* REGULAR INCOME	-118.					
HI H PHILIPPING	* AMT NET INCOME	-118.					
	NATURAL CONTRACTOR CON					THE PROPERTY OF THE PROPERTY O	SEPTEMBER OF CHANGE IN THE SECTION I
K1-	TRUMP MARKS MAGAZINE L						
	דיכ						THE PERSON AND PROPERTY AND PROPERTY OF THE PERSON AND PROPERTY OF THE PERS
	* REGULAR INCOME	-1,030.					
100 mm	* AMT NET INCOME	-1,030.					A Report of the same of the College of Comment of College of Colle
K1-	TRUMP MARKS NEW ROCHEL						The Control of the Co
	LE CORP						
	* REGULAR INCOME	-186.				A SECURITY OF THE PROPERTY OF	
	* AMT NET INCOME	-186.					
K1-	TRUMP MARKS PALM BEACH						
	CORP					THE RESERVED TO SERVED AND THE PROPERTY OF THE	
	* REGULAR INCOME	-360.					
	* AMT NET INCOME	-360.				PATHOLOGICAL CONTROL OF STREET AND A CONTROL OF STREET	
K1-	TRUMP GOLF COCO BEACH						THE PROPERTY OF THE PROPERTY O
	LLC						
	* REGULAR INCOME	-33,261.				WHILE COMPANY THE PROPERTY OF	
	* AMT NET INCOME	-33,261.					
300010000000000000000000000000000000000							

× 14		ALTERNA'	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	TK.		
Name(s)	(1)			a			Social Security Number
DONALD J.	J. & MELANIA TRUMP		15				
Form	Description				Adjustment		
Name		IIICOLLIE	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adiustment
K1-	TRUMP GOLF COCO BEACH						
	MEMBER CORP						
	* REGULAR INCOME	-561.					
	* AMT NET INCOME	-561.					
7	TRIME MARKS WHITTE DIAT						
	NS CORP						
	* REGULAR INCOME	-360.					
	* AMT NET INCOME	-360.					
K1-	TRUMP MARKS FT. LAUDER						
	띡						
	* REGULAR INCOME	-283.					
	* AMT NET INCOME	-283.					
K1-	TRUMP MARKS PANAMA COR						
Company of the state of the sta	£4.						
		4,119.					
60 TW 190 DO TO TO	* AMT NET INCOME	4,119.					
TV	TRUMP MARKS TORONTO LL						
	100	-408.					
	* AMT NET INCOME	-408.					

		ALTERNA'	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOF	T		
Name(s)	540						Social Security Number
DONALD J.	J. & MELANIA TRUMP		4		8		
Form					Adjustment	,	
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS TORONTO CO						
	RP						
	* REGULAR INCOME	-284.					
	* AMT NET INCOME	-284.					
K1-	TRUMP MARKS SUNNY ISLE						
	S II MEMBER CORP						
	* REGULAR INCOME	-303,					
L	* AMT NET INCOME	-303.					
K1-	TRUMP MARKS FT. LAUDER				æ		
	DALE LLC						
	* REGULAR INCOME	-297.					
	* AMT NET INCOME	-297.					
K1-	TRUMP MARKS TAMPA LLC						
	* REGULAR INCOME	-351.					
	* AMT NET INCOME	-351.					
K1-	Fi I						
	* REGULAR INCOME	-544.					
	* AMT NET INCOME	-544.					
					-		
	(*)		8				

		ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	37		
Name(s)	(s						Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form	Docoringia	9			Adjustment		
Name		псоше	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251
K1-	THE TRUMP FOLLIES MEMB						Original Adjustinent
	BR INC						
	* REGULAR INCOME	-117.					
	* AMT NET INCOME	-117.					
K1-	TRUMP MARKS TAMPA CORP						
	* REGULAR INCOME	-284.					
	* AMT NET INCOME	-284.					
K1-	TO TOTAL NATIONAL COLOR						
-	THOSE TABLES OF CE						
	UB COLIS NECK LLC						
	2355	-1,161,432.					
CARD 1244 2555 FT 1857		-8,194.			-8,194.		
	* AMT NET INCOME	-1,169,626.			-8,194.		
K1-	TRUMP MARKS PHILIPPINE						
		768,108.					
	* AMT NET INCOME	768,108.					
K1-	TRUMP MARKS PHILIPPINE						
	S CORP						
	* REGULAR INCOME	7,479.					
	* AMT NET INCOME	7,479.					
						14	

Name Author Aut			ALTERNA	TIVE MINIMUM TAX RE	FERNATIVE MINIMUM TAX RECONCILIATION REPORT	TF.		
Page	Name(s	0						Social Security Number
Paccaption Pac	DONALD							
Peaciphion Possiphion Promome Form 6251, Line 19 Form 6251, Line 20 Form 6251, Li	E C					Adjustment		
TRUMP MARKS ISTANBUL I I.L.C	Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
T.LLC	K1-	ISTANBUL						
* REGULAR INCOME		I LLC						
* AMT NET INCOME 727,233.			727,233.					
TRUMP WARKS ISTANBUL I CORP COR		* AMT NET INCOME	727,233.					
T CORP		t track and t Cares Control						
* REGULAR INCOME * ANT NET INCOME * ANT NET INCOME * ANT NET INCOME * AMT NET IN	- T4	TROME MARKS ISTANDOL I						
* AMT NET INCOME * REGULAR INCOME * TREGULAR INCOME CUIT 2502 ENTERPRISES CORP * AMT NET INCOME 66,740.		* REGULAR INCOME	.656,9					
UNIT 2502 ENTERPRISES CORP * REGULAR INCOME * AMT NET INCOME (6,740.)		* AMT NET INCOME	6 9 59					
UNIT 2502 ENTERPRISES * REGULAR INCOME								
* REGULAR INCOME	K1-	UNIT 2502 ENTERPRISES						
* REGULAR INCOME		CORP						
* AMT NET INCOME LLC * REGULAR INCOME TRUMP MARKS MATTRESS L LC * REGULAR INCOME 66 * AMT NET INCOME 66 * AMT NET INCOME 66			-356.					
UNIT 2502 ENTERPRISES LLC * REGULAR INCOME -1 * AMT NET INCOME * AMT NET INCOME 66 * AMT NET INCOME 66			-356.					
* REGULAR INCOME -1 * AMT NET INCOME -1 TRUMP MARKS MATTRESS L LC * REGULAR INCOME 66 * AMT NET INCOME 66	K1-	ONIT 2502 ENTERPRISES						
* REGULAR INCOME -1 * AMT NET INCOME -1 LC -1 LC * REGULAR INCOME 66 * AMT NET INCOME 66		LIC						
* AMT NET INCOME TRUMP MARKS MATTRESS L LC * REGULAR INCOME 66 * AMT NET INCOME 66			-1,893.					
TRUMP MARKS MATTRESS L LC * REGULAR INCOME 66 * AMT NET INCOME 66		3	-1,893.					
TRUMP MARKS MATTRESS L LC * REGULAR INCOME 66 * AMT NET INCOME 66								
REGULAR INCOME 66 AMT NET INCOME 66	K1-	TRUMP MARKS MATTRESS L						
AMT NET INCOME 66		ГС						
AMT NET INCOME			66,740.	4.				
		* AMT NET INCOME	.047,33					
	1							
		E						

	-	ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	ECONCILIATION REPOF	3T		
Name(s)	(5						Social Security Number
DONALD J.	J. & MELANIA TRUMP		ia i				
Form	Description				Adjustment		
Name		<u> </u>	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS MATTRESS M						Origin Adjusting II
	EMBER CORP						
	* REGULAR INCOME	337.					
	* AMT NET INCOME	337.					
K1-	TRUMP JETS LLC						
	* REGULAR INCOME	-1 005					
	* AMT NET INCOME	1					
K1-	SENTIENT JETS MEMBER C						
	ORP						
	* REGULAR INCOME	-365.					
	* AMT NET INCOME	-365.					
K1-	TRUMP MARKS ATLANTA LL						
	0						
•	* REGULAR INCOME	-2,178.					
	* AMT NET INCOME	-2,178.					
K1-	TRUMP MARKS PUERTO RIC						
	O II LLC						
	* REGULAR INCOME	-2,932.					
	* AMT NET INCOME	-2,932.					
	5						
					3.		

National Age Process		390	ALTERNA.	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	Ŀ		
Packer P	Name(s)							Social Security Number
Paccipition Income Fram Egg1, Line 17 Form Egg1, Line 18 Form Egg1, Line 20 Fram Egg1, Line 19 Form Egg1, Line 20 Fram	DONALD							
Peacuption Income Form 6251, Line 18 Form 6251, Line 29 Form 6251, Line 20	H.		a a			Adjustment		
TRUMP MARKS PUERTO RIC O II MEMBER CORP * REGULAR INCOME TRUMP CANOUAN ESTATE L LC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * TRUMP MARKS TORONTO LP * REGULAR INCOME * AMT NET INCOME	Name		Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
* REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME	K1-	TRUMP MARKS PUERTO RIC						
* REGULAR INCOME TRUMP CANOUAN ESTATE L LC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME		O II MEMBER CORP						
TRUMP CANOUAN ESTATE L LC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME		1	-385.					
TRUMP CANOUAN ESTATE L LC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME NT LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME		* AMT NET INCOME	-385.					
TRUMP CANOUAN ESTATE L LC * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME		8						
TRUMP CANOUAN ESTATE M TRUMP CANOUAN ESTATE M EMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME TRUMP MARKS TORONTO LP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME TRUMP FLORIDA MANAGEME NT LLC * AMT NET INCOME * AMT NET INCOME	K1-	TRUMP CANOUAN ESTATE L						
* REGULAR INCOME TRUMP CANOUAN ESTATE M EMBER CORP * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME TRUMP FLORIDA MANAGEME NT LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME		ויכ						
* AMT NET INCOME TRUMP CANOUAN ESTATE M EMBER CORP * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME NT LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME			-408.					
TRUMP CANOUAN ESTATE M EMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME TRUMP FLORIDA MANAGEME NT LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME			-408.					
TRUMP CANOUAN ESTATE M * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME TRUMP FLORIDA MANAGEME NT LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME								
* REGULAR INCOME * AMT NET INCOME TRUMP MARKS TORONTO LP * REGULAR INCOME * AMT NET INCOME TRUMP FLORIDA MANAGEME NT LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME	K1-	TRUMP CANOUAN ESTATE M						
* REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME IRUMP FLORIDA MANAGEME NT LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME		EMBER CORP			•			
# AMT NET INCOME # REGULAR INCOME # AMT NET INCOME TRUMP FLORIDA MANAGEME NT LLC # REGULAR INCOME * AMT NET INCOME * AMT NET INCOME			-341.					
TRUMP MARKS TORONTO LP * REGULAR INCOME * AMT NET INCOME ITURE FLORIDA MANAGEME NT LLC * REGULAR INCOME * AMT NET INCOME			-341.					
TRUMP MARKS TORONTO LP * REGULAR INCOME TRUMP FLORIDA MANAGEME NT LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME								
* REGULAR INCOME * AMT NET INCOME TRUMP FLORIDA MANAGEME NT LLC * AMT NET INCOME * AMT NET INCOME	K1-	TRUMP MARKS TORONTO LP						
* AMT NET INCOME TRUMP FLORIDA WANAGEME NT LLC * REGULAR INCOME * AMT NET INCOME			-2,239.					
TRUMP FLORIDA MANAGEME WT LLC * REGULAR INCOME * AMT NET INCOME			-2,239.					
TRUMP FLORIDA MANAGEME NT LLC * REGULAR INCOME * AMT NET INCOME								
I NET INCOME	K1-	TRUMP FLORIDA MANAGEME						
AMT NET INCOME		NT LLC						
AMT NET INCOME		4579227	-406.					
			-406.					
		-						

		ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	Т.		
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form			•		Adjustment		
Name	Description	псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TNGC DUTCHESS COUNTY M						
	EMBER CORP						
	* REGULAR INCOME	-6,657.					
	* AMT NET INCOME	-6,657.					
K1-	DSN LICENSING LLC (FKA						
	TRUMP MARKS NETWORK L	18					
	* REGULAR INCOME	-975.			A Comment of the Comm		
	* AMT NET INCOME	-975.					
K1-	GOLF PRODUCTIONS LLC						
	* REGULAR INCOME	-50,430.					
	* AMT NET INCOME	-50,430.					
K1-	TRUMP TORONTO MEMBER C						
	ORP						
	* REGULAR INCOME	-360					
	* AMT NET INCOME	-360.					
KI-	TRUMP NATIONAL GOLF CL						
100000000000000000000000000000000000000	UB WASHINGTON DC						
		-2,019.					
	* AMT NET INCOME	-2,019.					
				-			
THE PARTY OF THE P						•	

Mammels Form Adjustment Adjustment Form 6251, Line 19 Form 6251, Line 29 Form 6251, Line 2			ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	L		
Promotory Promotory	Name(s)							Social Security Number
Peccription Proone Prom EGS1, Line 18 Form EGS1, Line 20 Form EGS1, Line 30 Form	DONALD							
House be compared Hous	Form	i				Adjustment		
MELANIA MARKS ACCESSOR IES LLC * REGULAR INCOME * AMT NET INCOME	Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
* REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET NET NET NET NET NET NET NET NET NE	K1-	MELANIA MARKS ACCESSOR	7,0					
* REGULAR INCOME * AMT NET INCOME * TRUMP MARKS ATLANTA ME WHER CORP * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME		IES LLC						
* AMT NET INCOME * REGULAR INCOME * AMT NET INCOME		1	-576.					
TRUMP ACQUISITION LLC * REGULAR INCOME # AMT NET INCOME * TRUMP MARKS ATLANTA ME MBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME R CORP * AMT NET INCOME			-576.					
* REGULAR INCOME * AMT NET INCOME								
* REGULAR INCOME * AMT NET INCOME REGULAR INCOME	K1-	TRUMP ACQUISITION LLC						
# AMT NET INCOME # REGULAR INCOME * AMT NET INCOME TRUMP MARKS ATLANTA ME # REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME R CORP * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME			-353.					
MELANIA MARKS ACCESSOR IES MEMBER CORP * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME TRUMP HOME MARKS MEMBE R CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME			-353.					
MELANIA WARKS ACCESSOR IES MEMBER CORP * REGULAR INCOME TRUMP MARKS ATLANTA ME WHER CORP * AMT NET INCOME R CORP * AMT NET INCOME								
IES MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET IN	K1-	MELANIA MARKS ACCESSOR						
* REGULAR INCOME * AMT NET INCOME TRUMP MARKS ATLANTA ME * REGULAR INCOME * AMT NET INCOME R CORP * AMT NET INCOME		IES MEMBER CORP						
* AMT NET INCOME TRUMP WARKS ATLANTA ME * REGULAR INCOME * AMT NET INCOME R CORP * REGULAR INCOME * AMT NET INCOME			-56.					
TRUMP MARKS ATLANTA ME * REGULAR INCOME * AMT NET INCOME R CORP * REGULAR INCOME * AMT NET INCOME			-56.		3.0			
TRUMP MARKS ATLANTA ME * REGULAR INCOME * AMT NET INCOME R CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME								
* REGULAR INCOME * AMT NET INCOME IRUMP HOME MARKS MEMBE R CORP * REGULAR INCOME * AMT NET INCOME	K1-	TRUMP MARKS ATLANTA ME						
* REGULAR INCOME * AMT NET INCOME R CORP * REGULAR INCOME * AMT NET INCOME .		MBER CORP						
* AMT NET INCOME R CORP * REGULAR INCOME * AMT NET INCOME		1	-297.					
TRUMP HOME MARKS MEMBE R CORP * REGULAR INCOME * AMT NET INCOME			-297.					
R CORP * REGULAR INCOME * AMT NET INCOME ',								
T NET INCOME	K1-	TRUMP HOME MARKS MEMBE						
REGULAR INCOME AMT NET INCOME		R CORP						
AMT NET INCOME		2005	-92.					
			-92.					
		And the second s						
		,						

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	SCONCILIATION REPOR	TF.	24	
Name(s)	(8)						Social Security Number
DONALD J.	J. & MELANIA TRUMP		~				
Form	Coccipiant			81	. Adjustment		
Name		псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251
K1-	TRUMP DEVELOPMENT SERV						Tilel Adjustinent
	ICES MEMBER CORP						
	* REGULAR INCOME	-704.					
	* AMT NET INCOME	-704.					
K1-	TRUMP MARKS MENSWEAR M						
	EMBER CORP						
	* REGULAR INCOME	306.					
	* AMT NET INCOME	306.					
K1-	DSN LICENSING MEMBER C						
	ORP						
	* REGULAR INCOME	-161.					
	* AMT NET INCOME	-161.					
- K1	TRUMP MARKS FINE FOODS						
	LLC						
		11,933.					
	* AMT NET INCOME	11,933.					
K1-1	GO 1.D SHODDING CENTED						
	LLC CICLETT						
	* REGULAR INCOME	14 414					
	* AMT TROOME						
		• 5 T 5 ' 5 T					

	. 67	ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	T.		
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP			57			
Form		22			Adjustment		
Name	Description	псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP HOME MARKS LLC						
	* REGULAR INCOME	18,588.					
	* AMT NET INCOME	18,588.					
K1-	TRUMP DEVELOPMENT SERV						
	ICES ILC						
	* REGULAR INCOME	-2,411.					
	* AMT NET INCOME	-2,411.					
K1-	TRUMP SALES & LEASING						
	0						
	* REGULAR INCOME	-1,700.					
	* AMT NET INCOME	-1,700.					
K1-	TRUMP MARKS MENSWEAR L						
	To						
	* REGULAR INCOME	120,874.					
	* AMT NET INCOME	120,874.					
			٠				
K1-	TRUMP INTERNATIONAL GO						
	LF CLUB LLC						
	* REGULAR INCOME	-283,894.					
	* AMT NET INCOME	-283,894.					

		ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	TE	20	
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP				×		
Form		<u>.</u>			Adjustment		
Name	Cescription	псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Porm 6251 Other Adjustment
K1-	TRUMP INTERNATIONAL HO						
	TEL HAWAII LLC						
	* REGULAR INCOME	1,819,881.					
	* AMT NET INCOME	1,819,881.					
-TV	TRUMP AC CASINO MARKS						
DS4718CRD/MP/12/CD8	4						
		-81.					
	* AMT NET INCOME	-81.					
K1-	TRUMP CAROUSEL MEMBER						
	CORP						
	* REGULAR INCOME	1,175.					
	* AMT NET INCOME	1,175.					
K1-	TRUMP MARKS MUMBAI MEM						
	BER CORP						
	12015	-355.					
	* AMT NET INCOME	-355.					
K1-	TRUMP PANAMA CONDOMINI						
	4						
		878.					
	* AMT NET INCOME	878.					
THE PERSON NAMED IN							
HOMEN AND AND AND AND AND AND AND AND AND AN							

	*	ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR	E		
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP		8 1			¥	
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP FERRY POINT MEMB						
	ER CORP						
	* REGULAR INCOME	2,715.					
	* AMT NET INCOME	2,715.					
K1-	TRUMP PANAMA HOTEL MAN						
	AGEMENT MEMBER CORP						
	* REGULAR INCOME	3,217.					
	* AMT NET INCOME	3,217.				18	
K1-	TRUMP SALES & LEASING						
	CHICAGO MEMBER CORP						
	* REGULAR INCOME	·167-		11			
	* AMT NET INCOME	-297.					
- 1X	GOLF PRODUCTIONS MEMBE						
	R CORP						
	* REGULAR INCOME	-846.					
	* AMT NET INCOME	-846.					
K1-	TIHH MEMBER CORP		b				
	* REGULAR INCOME	15,263.					
	* AMT NET INCOME	15,263.					
			•				

		ALTERNA.	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	TF		
Name(s)	(s						Coolor Coording Alice Long
DONALD J.	J. & MELANIA TRUMP			E			Social Security Number
Form		The second secon			Adjustment		
Name	Describtion	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251
K1-	TRUMP CHICAGO HOTEL ME						Other Adjustment
	MBER CORP						
	* REGULAR INCOME	14,984.					
	* AMT NET INCOME	14,984.					
K1-	TRUMP TORONTO HOTEL. WA						
	NAGEMENT CORP						
	* REGULAR INCOME	273 229.					
	* AMT NET INCOME	273,229.					
K1-	THE OBSIDIAN FUND LLC						
	* REGULAR INCOME	-121,797.			•		
	AMT ADJUSTMENTS	H					
	* AMT NET INCOME	-121,796.			1.		
5	Can make Co Access Charles						
1	* DECITAL POLINE LLC						
	33	545,346.					
	AMI NET INCOME	545,346.					
- IX	TRUMP PANAMA HOTEL MAN			•			
	AGEMENT LLC						
	* REGULAR INCOME	418,934.					
	* AMT NET INCOME	418,934.					
							177 - 177 -
AND THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED I							

	-	ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	E		
Name(s)				*1			Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form	8	8			Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP CHICAGO HOTEL MA						
	NAGER LLC						
	* REGULAR INCOME	1,514,203.					
	* AMT NET INCOME	1,514,203.					
- IV	PANAMA OCEAN CLUB MANA						
	* PECHIAP INCOME	7408					
	* NEGOLIAN TINCOME	- 708					
	17.12	• 00#					
K1-	TRUMP MARKS CHICAGO LL						
	U						
	* REGULAR INCOME	-2,232.					
	* AMT NET INCOME	-2,232.					
K1-	TRUMP CHICAGO COMMERCI						
	AL MANAGER LLC					A COLLEGE STATE OF THE PROPERTY OF THE PROPERT	
	300	917,150.					
	* AMT NET INCOME	917,150.					
K1-	TRUMP INTERNATIONAL DE						
	VELOPMENT LLC						
	* REGULAR INCOME	-297.					
	* AMT NET INCOME	-297.					

Adjustment Form 6251, Line 20			ALTERNA.	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	T.		
Possorption Procme Form 6251, Line 17 Form 6251, Line 19 Form 6251, Line 20	Name((s						
Process Proc	DONALI	& MELANIA TRUMP						Social Security Number
Foun 6251, Line 18 Foun 6251, Line 18 Foun 6251, Line 20	Form		1			Adjustment		
TRUMP AC CASINO MARKS	Nam		псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251
* REGULAR INCOME * AMT NET INCOME IAL MANAGER LIC * AMT NET INCOME TRUMP CHICAGO RESIDENT IAL MANAGEMENT LIC * AMT NET INCOME TRUMP PANAMA CONDOMINI UM MANAGEMENT LIC * AMT NET INCOME * AMT NET INCOME TRUMP PANAMA CONDOMINI UM MANAGEMENT LIC * AMT NET INCOME * AMT NET INCOME 12 * AMT NET INCOME	K1-	TRUMP AC CASINO MARKS						Other Adjustment
* REGULAR INCOME * AMT NET INCOME TRUMP CLASSIC CARS LLC * AMT NET INCOME * AMT NET INCOME TRUMP CHICAGO RESIDENT IAL MANAGER LLC * REGULAR INCOME TRUMP CHICAGO RESIDENT IAL MANAGER LLC * AMT NET INCOME TRUMP PANAMA CONDOMINI OM MANAGEMENT LLC * AMT NET INCOME TRUMP PANAMA CONDOMINI OM MANAGEMENT LLC * AMT NET INCOME TRUMP PANAMA CONDOMINI OM MANAGEMENT LLC * AMT NET INCOME 12 * AMT NET INCOME		LLC						
* AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME IAL MANAGER LIC * REGULAR INCOME IAL MANAGER LIC * AMT NET INCOME IAL MANAGEMENT LIC * AMT NET INCOME TRUMP PANAMA CONDOMINI UM MANAGEMENT LIC * AMT NET INCOME IAL MANAGEMENT LIC * AMT NET INCOME			-2,339.					
* REGULAR INCOME * AMT NET INCOME * AMT NET INCOME TRUMP CAROUSEL LLC * REGULAR INCOME IAL MANAGER LLC * REGULAR INCOME * AMT NET INCOME TRUMP PANAMA CONDOMINI UM MANAGEMENT LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME TRUMP PANAMA CONDOMINI UM MANAGEMENT LLC * REGULAR INCOME 12 * AMT NET INCOME 12			-2,339.					
* REGULAR INCOME * AMT NET INCOME TRUMP CAROUSEL LLC * AMT NET INCOME IAL MANAGER LLC * AMT NET INCOME TRUMP PANAMA CONDOMINI UM MANAGEMENT LLC * AMT NET INCOME TRUMP PANAMA CONDOMINI UM MANAGEMENT LLC * AMT NET INCOME IAL MANAGEMENT LLC * AMT NET INCOME 12 * AMT NET INCOME	K1-	TRUMP CLASSIC CARS LLC						
* AMT NET INCOME TRUMP CAROUSEL LLC * AMT NET INCOME IAL MANAGER LLC * AMT NET INCOME * AMT NET INCOME TRUMP PANAMA CONDOMINI UM MANAGEMENT LLC * REGULAR INCOME * AMT NET INCOME TRUMP PANAMA CONDOMINI UM MANAGEMENT LLC * REGULAR INCOME 12 * AMT NET INCOME 12			-1,229.					
TRUMP CAROUSEL LLC * REGULAR INCOME TRUMP CHICAGO RESIDENT IAL MANAGER LLC * AMT NET INCOME TRUMP PANAMA CONDOMINI UM MANAGEMENT LLC * REGULAR INCOME TRUMP PANAMA CONDOMINI UM MANAGEMENT LLC * REGULAR INCOME 12 * AMT NET INCOME		1521	-1,229.					
* REGULAR INCOME TRUMP CHICAGO RESIDENT IAL MANAGER LLC * REGULAR INCOME * AMT NET INCOME UM MANAGEMENT LLC * REGULAR INCOME TRUMP PANAMA CONDOMINI UM MANAGEMENT LLC * AMT NET INCOME 12 * AMT NET INCOME 12	K1-	TRUMP CAROUSEL LLC						
TRUMP CHICAGO RESIDENT IAL MANAGER LLC * REGULAR INCOME * AMT NET INCOME TRUMP PANAMA CONDOMINI UM MANAGEMENT LLC * REGULAR INCOME * AMT NET INCOME 12 * AMT NET INCOME 12			188 955					
TRUMP CHICAGO RESIDENT IAL MANAGER LLC * REGULAR INCOME TRUMP PANAMA CONDOMINI UM MANAGEMENT LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME		1331	188,955.					
IAL MANAGER LIC * REGULAR INCOME * AMT NET INCOME TRUMP PANAMA CONDOMINI DM MANAGEMENT LIC * REGULAR INCOME * AMT NET INCOME	K1 –	TRUMP CHICAGO RESIDENT					GG	
* REGULAR INCOME * AMT NET INCOME TRUMP PANAMA CONDOMINI UM MANAGEMENT LLC * REGULAR INCOME * AMT NET INCOME		IAL MANAGER LLC						
* AMT NET INCOME TRUMP PANAMA CONDOMINI UM MANAGEMENT LLC * REGULAR INCOME * AMT NET INCOME		* REGULAR INCOME	420,891.					
TRUMP PANAMA CONDOMINI UM MANAGEMENT LLC * REGULAR INCOME * AMT NET INCOME	- Transferred		420,891.					
UM KANAGEMENT LIC * REGULAR INCOME * AMT NET INCOME	¥7.	HEIME DANAMA CONTONTAL						
		OM MANAGEMENT LLC						
AMT INCOME		* REGULAR INCOME	120 328					
			120,328.					

	d	ALTERNAT	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	11		
Name(s)					đ		Social Security Number
DONALD J.	J. & MELANIA TRUMP	e .					
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MARKS PRODUCTS L		8				
	LC						
	* REGULAR INCOME	-2,321.					
	* AMT NET INCOME	2,321.					
K1-	TRUMP MARKS PRODUCTS M						
	EMBER CORP						
	* REGULAR INCOME	-353.					
	* AMT NET INCOME	-353.					
K1-	TRUMP INTERNATIONAL DE						
	VELOPMENT MEMBER CORP						
	* REGULAR INCOME	-333.					-
	* AMT NET INCOME	-333,					
- K1	PANAMA OCEAN CLUB MANA						
	GEMENT MEMBER CORP						
	* REGULAR INCOME	-284.					
	* AMT NET INCOME	-284.					
K1-	TRUMP CHICAGO RESIDENT						
	IAL MEMBER CORP						
	* REGULAR INCOME	3,940.					
	* AMT NET INCOME	3,940.					

Name (s) Point		20	ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	ECONCILIATION REPOI	RT		
### REGULAR INCOME Pescription Prome Form 6251, Line 17 Form 6251, Line 18 Form 62	Name	(s					2	Social Security Number
Promotoria Pro	DONAL							
FOUND MARKS CRICAGO ME FOUND 6251, Line 18 Foun 6251, Line 18 Fo	Form					Adjustment		
NEW PARKS CHICAGO ME	Nam			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251
WRER CORP -303, -303, -303, -303, -303, -303, -303, -303, -303, -303, -303, -303, -303, -303, -304, -303, -304, -303, -304,	K1-	KS						Orner Adjustment
* REGULAR INCOME * AMT NET INCOME -303, FRUNP CHICAGO COMMERCI AL MEMBER CORP * REGULAR INCOME * AMT NET INCOME *		MBER CORP						
# AMT NET INCOME # TRUMP CHICAGO COMMENCI AL MEMBER CORE # REGULAR INCOME # REGULAR INCOME # REGULAR INCOME # AMT NET INCOME INCOME INCOME INCOME INCOME INCOME		REGULAR	-303.			3.		
TRUMP CHICAGO COMMERCI AL MEMBER CORP		1262644	-303.	•				
A MARK BLOAD CORRECT A MARK BLOAD CORRECT * ART INCORE 8,123. * ART INCORE 8,123. * REGULAR INCORE -2,178. * REGULAR INCORE -2,178. * ART NET INCORE -2,178. * ART NET INCORE -494,059. * ART NET INCORE -5,501,264. * ART NET INCORE -5,995,323. * ART NET INCORE -978. * ART NET INCORE -978. * ART NET INCORE -978.	7.7	TO CONTRACT OF STATE OF STATE						
# REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET IN	114	TOME CHICAGO COMMERCI						
* REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * ANT NET IN		AL MEMBER CORP						
* AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME DUT HOLDINGS LLC * REGULAR INCOME ANT ADJUGTMENTS ANT NET INCOME ANT ADJUGTMENTS * AMT NET INCOME ANT ADJUGTMENTS * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME -978.			8,123.					
# REQUIAR INCOME	The latest and the second		8,123.					
TRUMP MARKS MUMBAI LLC								
* REGULAR INCOME	K1-	TRUMP MARKS MUMBAI LLC						
* AMT NET INCOME		* REGULAR INCOME	-2,178.					
PJT HOLDINGS LLC	TO THE PARTY OF		-2,178.					
* REGULAR INCOME								
* REGULAR INCOME	K1-	DJT HOLDINGS LLC						
# AMT ADJUSTMENTS			-5,501,264.					
# AMT NET INCOME TRUMP WARKS FINE FOODS WEMBER CORP * REGULAR INCOME -978. -978.		AMT ADJUSTMENTS	-494,059.			-494 059		
TRUMP MARKS FINE FOODS MEMBER. CORP * REGULAR INCOME * AMT NET INCOME			-5,995,323.			-494,059.		
* REGULAR INCOME * AMT NET INCOME	K1-	TRUMP MARKS FINE FOODS						
AMT NET INCOME		MEMBER CORP						
AMT NET INCOME			-978.				AND THE RESERVE OF THE PARTY OF	
		AMT NET	-978.					
	Contract Contract							

		ALTERNA'	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOF	II		
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP			(*)	2		
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP CLASSIC CARS MEM						
	BER CORP						
	* REGULAR INCOME	-605.					
	* AMT NET INCOME	-605.					
	2						
K1-	PAULSON ADVANTAGE PLUS						
	LP						
	* REGULAR INCOME	-25,956.					
	* AMT NET INCOME	-25,956.					
K1-	PAULSON CREDIT OPPORTU						
	NITIES LP						
	* REGULAR INCOME	-57,529.					
	* AMT NET INCOME	-57,529.					
K1-	PAULSON PARTNERS LP						
	* REGULAR INCOME	-40,210.					
	* AMT NET INCOME	-40,210.					
K1-	DJT HOLDINGS LLC - TRU						
	MP SCOTSBOROUGH SQUARE						
	* REGULAR INCOME	-34,821.					
	* AMT NET INCOME	-34,821.					
							V

		ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	11	-	
Name(s)	(5						Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form		<u>.</u>			Adjustment		
Name		псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DJT HOLDINGS LLC - TRU						
	MP WINE MARKS LLC						
,	* REGULAR INCOME	-16,211.					
	* AMT NET INCOME	-16,211.					
X 1	THOUST IT.C - THE				100		
	C PINE HILL LLC						
	* REGULAR INCOME	-2,242,400.					
	AMT ADJUSTMENTS	-8,454.			-8 454		
	* AMT NET INCOME	-2,250,854.			-8,454.		
L TV	DOT HOLDINGS LLC - TNG						
	C DUTCHESS COUNTY LLC						
	* REGULAR INCOME	-630,411.					
	AMT ADJUSTMENTS	-7,646.			-7,646.		
	* AMT NET INCOME	-638,057.			-7,646.		
K1-	DJT HOLDINGS LLC - TRU						
	MP NATIONAL GOLF CLUB						
	* REGULAR INCOME	-175,828.					
	AMT ADJUSTMENTS	-14,609.			-14,609.		
	* AMT NET INCOME	-190,437.			-14,609.		
					THE PERSON NAMED AND PASSED OF		

		ALTERNA'	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOR			
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form		1000 ACC 100			Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP VIRGINIA ACQUISI					**	
	TIONS ILC						
	* REGULAR INCOME	-2,366,907.				3.00	
	* AMT NET INCOME	-2,366,907.					
5	CIT HUMAN SANKY CALTON						
1	* POUNT OF THOUSE	12 C-					
THE RESERVE OF THE PERSON NAMED IN	* THE COLUMN TWO CARE	.162,27					
	- AMI NEI INCOME	***************************************					
- K1	TRUMP DRINKS ISRAEL LL						
	Ü						
	* REGULAR INCOME	-4,599.					
	* AMT NET INCOME	-4,599.					
K1-	TRUMP BOOKS LLC						
	* REGULAR INCOME	-1,925.					
	* AMT NET INCOME	-1,925.					
K1-	PARAMOUNT RPV HOLDINGS						
	rı				- X	•	
	* REGULAR INCOME	-1,841.					
	* AMT NET INCOME	-1,841.					

		ALTERNA'	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	3T		
Name(s)	(s						Social Security Number
DONALD J.	J. & MELANIA TRUMP						2
Form					Adjustment		
Name		Шсоше	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Porm 6251 Other Adjustment
K1-	RESTAURANT 40 LLC						
100	* REGULAR INCOME	-1,528.					Elia Distriction of the Control of t
	* AMT NET INCOME	-1,528.					
K1-	TRUMP EU MARKS LLC						
	* REGULAR INCOME	-2,178.					
	* AMT NET INCOME	-2,178.					
K1-	TRUMP WORLD PRODUCTION						
	H						
	- 1	-306-					
	* AMT NET INCOME	-306.					
K1-	TRUMP BOOKS MANAGER CO						
	* REGULAR INCOME	7567					
	* AMT NET INCOME	-294.					
K1-	TRUMP DRINKS ISRAEL ME						
	MBER CORP						
	* REGULAR INCOME	-328.					
	* AMT NET INCOME	-328.					

		ALTERNA'	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	3T		
Name(s)	(9						Social Security Number
DONALD J.	J. & MELANIA TRUMP		•				
Form		34			Adjustment		
Name	Description	псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DJT LAND HOLDINGS MEMB						
	ER CORP						
	* REGULAR INCOME	-280.					
	* AMT NET INCOME	-280.					
<u>K</u> 1	TRUMP WINE MARKS MEMBE						
	R CORP						
	* REGULAR INCOME	-502.					
	* AMT NET INCOME	-502.					
K1-	TRUMP SCOTSBOROUGH SQU		No.				
	ARE MEMBER CORP						
	* REGULAR INCOME	-792.					
	* AMT NET INCOME	-192.					
K1-	TRUMP VIRGINIA LOT 5 M						
	ANAGER CORP		٠				
	* REGULAR INCOME	-1,452.					
	* AMT NET INCOME	-1,452.					
-TY	TAG AIR INC	ייי					
	* AMT URT INCOME	37 525					
				•			

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION BEPOBT	CONCILIATION BEPOF	TE ST		
Name(s)	(s)						Social Sociativi Nutrini Sociation
DONALD J.	D J. & MELANIA TRUMP						Social Security Number
Form	Description	c moor	2		Adjustment		
Nari	-		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251
K1-	TRUMP VINEYARD ESTATES						Other Adjustment
	MANAGER CORP						
	* REGULAR INCOME	-9,329,					
	AMT ADJUSTMENTS	206.			206		
	* AMT NET INCOME	-9,123.			206.		
K1-	PARAMOUNT RPV HOLDINGS						
	MANAGER CORP						
	* REGULAR INCOME	-629					
	* AMT NET INCOME	-629.					
K1-	TRUMP EU MARKS MEMBER						•
	CORP						
	* REGULAR INCOME	-359.					
TOTAL BY STATE OF STREET	* AMT NET INCOME	-359.					
K1-	TRUMP WORLD PRODUCTION						
	S MANAGER CORP						
	* REGULAR INCOME	-997.					
	* AMT NET INCOME	-997.					
K1-	DJT HOLDINGS LLC TRUMP					A	
	VINEYARD ESTATE LLC						
	* REGULAR INCOME	-882,272,					
	AMT ADJUSTMENTS	20,175.			20 175		
	* AMT NET INCOME	-862,097.			20,175.		
		•					•
		A THE PARTY OF THE					

		ALTERNA'	TIVE MINIMUM TAX RE	ERNATIVE MINIMUM TAX RECONCILIATION REPORT	Т	THE STATE OF THE S	
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP	22					
7					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DJT HOLDINGS LLC TRUMP						
	VIRGINIA LOT 5 LLC						
	* REGULAR INCOME	-88,349,					
	* AMT NET INCOME	-88,349.					
- K1	TRUMP VIRGINIA ACQUISI						
	TIONS MANAGER CORP						
	* REGULAR INCOME	-23,908.					
	* AMT NET INCOME	-23,908.					
K1-	4 SHADOW TREE LANE MEM						
	BER CORP						
	* REGULAR INCOME	127.					
	* AMT NET INCOME	127.					
- K1	DT APP WARRANT HOLDING					•	
	MANAGING MEMBER CORP						
	* REGULAR INCOME	-248.					
	* AMT NET INCOME	-248.					
K1-	DT INDIA VENTURE MANAG						
	ING MEMBER CORP						
	* REGULAR INCOME	-284.					
	* AMT NET INCOME	-284.					

		ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	т.		
Name(s)	(s)						Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form	Description				Adjustment		
Name		allicollie	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DT MARKS BAKU MANAGING						
	MEMBER CORP						
	* REGULAR INCOME	-410.					
	* AMT NET INCOME	-410.					
KI	DE WARKS RIO WEWBER CO						
Service Servic	RP						
	* REGULAR INCOME	-303.					
	* AMT NET INCOME	-303.					
K1-	POKER VENTURE MANAGING						
	MEMBER CORP						
	* REGULAR INCOME	-341.					
	* AMT NET INCOME	-341.					
K1-	41						
	- 1	-189.					
	* AMT NET INCOME	-189.					
K1-	TRUMP MARKS BATUMI MAN						
	AGING MEMBER CORP						
	* REGULAR INCOME	-410.					
	* AMT NET INCOME	-410.					
0.0000000000000000000000000000000000000							

		ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	3T	4	
Name(s)	(5						Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form		-			Adjustment	1	
Name	Description	псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251
K1-	TRUMP MARKS PUNTA DEL						Carlot Adjustificant
	ESTE MANAGER						
	* REGULAR INCOME	-382.		٠			
	* AMT NET INCOME	-382.					
	WENT MEDORGE TAKEN CANTER						
14	ACEMENT MEMBER CODE						
	* PEGITTAE INCOME	LEC					
	22.0	-3/3					
	* AMT NET INCOME	-375.					
- K1-	WHITE COURSE MANAGING						
	11						
	* REGULAR INCOME	-314.					
	* AMT NET INCOME	-314.					
K1-	MELANIA MARKS SKINCARE						
	2						
		-8-					
	* AMT NET INCOME	-8-					
K1-	-						
	* REGULAR INCOME	.757, 66-					
	* AMT NET INCOME	-99,757.					
Control of Control							
Comment of the Commen							

Name Pom Postarian Pomba Pom			ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	TF		
Pescription Pescription Percent Percen	Name(s)		W.					Social Security Number
Poscription Proome Poscription Proome Powe Pow	DONALD							
No Diversition No Note	Form					Adjustment		
AG DIVERSIFIED CREDIT STRATEGIES FUND LP * AMT NET INCOME	Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
* AMT NET INCOME * AMT NET INCOME MIDOCEAN CREDIT OPPORT ONITY FUND LP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME DT MARKS PUNE LLC * AMT NET INCOME	K1-	AG DIVERSIFIED CREDIT						
* REGULAR INCOME * AMT NET INCOME MIDOCEAN CREDIT OPPORT UNITY FUND LP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME DT MARKS RIO LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME LLC * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME LLC * AMT NET INCOME * AMT NET INCOME LLC * AMT NET INCOME		STRATEGIES FUND LP						
# AMT NET INCOME MIDOCEAN CREDIT OPPORT UNITY FUND LP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME DT MARKS PUNE LLC * REGULAR INCOME * AMT NET INCOME DT MARKS RIO LLC * REGULAR INCOME * AMT NET INCOME LLC * AMT NET INCOME		1	-38,972.					
MIDOCEAN CREDIT OPPORT * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME			-38,972.					
MIDCEAN CREDIT OFFORE * REGULAR INCOME * AMT NET INCOME	3	Haroner Haranes as care						
* REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME	KI-	MIDOCEAN CREDIT OFFORE						
* AMT NET INCOME * REGULAR INCOME * AMT NET INCOME		* PECILI SOND DE	002 46-					
DT MARKS PUNE LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME DT APP WARRANT HOLDING LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME		* THE THEORY THE THEORY	000 10					
DT MARKS PUNE LLC * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME DT APP WARRANT HOLDING LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME		0.000	.006, 12-					
* REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME DT APP WARRANT HOLDING LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME	14	Oli dinia Saaka mu						
* AMT NET INCOME DT MARKS RIO LLC * REGULAR INCOME TLC * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME	- TY	* REGULAR INCOME	-381.					
DT MARKS RIO LLC * REGULAR INCOME * AMT NET INCOME DT APP WARRANT HOLDING LLC * REGULAR INCOME * AMT NET INCOME		į.	-381.					
DT MARKS RIO LLC * REGULAR INCOME * AMT NET INCOME DT APP WARRANT HOLDING LLC * REGULAR INCOME * AMT NET INCOME								
* REGULAR INCOME * AMT NET INCOME DT APP WARRANT HOLDING LIC * REGULAR INCOME * AMT NET INCOME	K1-	DT MARKS RIO LLC						
* AMT NET INCOME DT APP WARRANT HOLDING LLC * REGULAR INCOME * AMT NET INCOME		195151	-2,813,					
DT APP WARRANT HOLDING LLC * REGULAR INCOME * AMT NET INCOME			-2,813.					
DT APP WARRANT HOLDING LIC. * REGULAR INCOME * AMT NET INCOME								
AMT INCOME	K1-	DT APP WARRANT HOLDING						
AMT NET INCOME		בייכ						
AMT NET INCOME			-2,321.					
			-2,321.					

Form K1- TRUMP MAI K1- TRUMP MAI K1- TRUMP MAI K1- TRUMP MAI * REGUI K1- DT MARKS * AMT R	Description TRUMP MARKS PUNTA DEL ESTE LLC * REGULAR INCOME * AMT NET INCOME DT MARKS BAKU LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME						Social Security Number
Form Name	MELANIA TRUMP Description MARKS PUNTA DEL LLC LEGULAR INCOME LMT NET INCOME REGULAR INCOME REGULAR INCOME						
Le Je	Description MARKS PUNTA DEL LLC KEGULAR INCOME LMT NET INCOME ARKS BAKU LLC KEGULAR INCOME					_	
စ္	MARKS PUNTA DEL LLC REGULAR INCOME LAT INCOME LEKS BAKU LLC REGULAR INCOME	-	٠		Adjustment		
	MARKS PUNTA DEL LIC UEGULAR INCOME LAT NET INCOME LESULAR INCOME REGULAR INCOME LAT NET INCOME	шсоше	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251
ESTI * * * DI I	LLC LEGULAR INCOME LAT NET INCOME RKS BAKU LLC REGULAR INCOME LMT NET INCOME						Ourier Adjustment
* * 10 * *	LEGULAR INCOME AT NET INCOME IRKS BAKU LLC REGULAR INCOME AMT NET INCOME						
* EQ * *	MT NET INCOME RES BAKU LLC EGULAR INCOME	-5,172.					
ELQ * *	RKS BAKU LLC (EGULAR INCOME	-5,172.					
* *	EGULAR INCOME LAT NET INCOME						
1500	MT NET INCOME	-1 w					
		4 5					
		1000					
K1- T INT	T INTERNATIONAL REALTY						
LLC							
*	* REGULAR INCOME	213,937.					
* A:	AMT NET INCOME	213,937.					
K1- TP-CF	TP-CFD LLC						
*	REGULAR INCOME	-1,020.					
* A	AMT NET INCOME	-1,020.					
K1- POKER	POKER VENTURE LLC						
9345	REGULAR INCOME	-562.					
* A	AMT NET INCOME	-562.					
KI- DT IN	DT INDIA VENTURE LLC						
265	REGULAR INCOME	-351.					
*	AMT NET INCOME	-351.					

Name Ponald J. & Melania Trupp Ponald J. & Melania Trupp Perm Description Income Form 6251, Line 17 Form Name Form 6251, Line 17 Form 12 Form Name Form 6251, Line 17 Form Name Form Name Form 6251, Line 17 Form 12 Form Name Form 12		×	ALTERNA-	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOF	. т		
Description Income Form 6251, Line 17	Name(s							Social Security Number
Pescription Income Form 6251, Line 17	ONALD							
Pescription Income Form 6251, Line 17	Form					Adjustment		
TRUMP CHICAGO RETAIL M ANAGER LCC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT ADJUSTMENTS DJT HOLDINGS TNGC CHAR LOTTE LLC * REGULAR INCOME * AMT ADJUSTMENTS DJT HOLDINGS - WHITE C OURSE LLC * AMT NET INCOME * AMT NET INCOME DJT HOLDINGS JUPITER G -1,67 AMT ADJUSTMENTS * AMT NET INCOME -1,86	Name		Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
* REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME DJT HOLDINGS - WHITE C OURSE LLC * AMT NET INCOME * AMT NET INCOME DJT HOLDINGS - WHITE C OURSE LLC * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * AMT ADJUSTMENTS -1,67 AMT ADJUSTMENTS -1,86 * AMT NET INCOME -1,86	K1-	TRUMP CHICAGO RETAIL M						
* REGULAR INCOME * AMT NET INCOME LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME DJT HOLDINGS - WHITE C OUTSE LLC * AMT NET INCOME LOTTE LLC * AMT NET INCOME * AMT NET INCOME DJT HOLDINGS - WHITE C OUTSE LLC * AMT NET INCOME * AMT NET INCOME DJT HOLDINGS - LI, 67 * AMT NET INCOME * AMT NET I		ANAGER LCC						
#ELANIA MARKS SKINCARE LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME DJT HOLDINGS - WHITE C OURSE LLC * REGULAR INCOME LOTE CLUB * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME DJT HOLDINGS JUPITER G OLF CLUB * REGULAR INCOME * AMT NET INCOME - 1,67 AMT ADJUSTMENTS -1,67 * AMT NET INCOME - 1,86		* REGULAR INCOME	-603.			25		
MELANIA MARKS SKINCARE LLC * REGULAR INCOME * AMT NET INCOME * AMT ADJUSTMENTS LOTTE LLC * REGULAR INCOME DJT HOLDINGS - WHITE C OURSE LLC * AMT NET INCOME * AMT NET INCOME DJT HOLDINGS JUPITER G OURSE LLC * AMT NET INCOME DJT HOLDINGS JUPITER G LLF CLUB * REGULAR INCOME AMT ADJUSTMENTS -1,67 AMT ADJUSTMENTS -1,67 * AMT NET INCOME -1,67 * AMT NET INCOME -1,67		* AMT NET INCOME	-603.					
#ELANIA MARKS SKINCARE LLC * REGULAR INCOME * AMT NET INCOME * AMT ADJUSTMENTS * AMT NET INCOME DJT HOLDINGS - WHITE C OURSE LLC * AMT NET INCOME * AMT NET INCOME DJT HOLDINGS JUPITER G DJT HOLDINGS - WHITE C OURSE LLC * AMT NET INCOME DJT HOLDINGS JUPITER G LLC * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME - 1,67 AMT ADJUSTMENTS -1,67 AMT ADJUSTMENTS -1,67								
LLC	K1-	MELANIA MARKS SKINCARE						
* REGULAR INCOME * AMT NET INCOME DJT HOLDINGS TNGC CHAR LOTTE LLC * REGULAR INCOME * AMT NET INCOME DJT HOLDINGS - WHITE C DJT HOLDINGS - WHITE C * REGULAR INCOME * AMT NET INCOME CLF CLUB * REGULAR INCOME AMT ADJUSTMENTS -1,67 * AMT NET INCOME * AMT NET INCOME -1,67 * AMT NET INCOME -1,67		LLC						
* AMT NET INCOME		* REGULAR INCOME	018-					
DJT HOLDINGS TNGC CHAR LOTTE LLC * REGULAR INCOME * AMT ADJUSTMENTS DJT HOLDINGS - WHITE C OURSE LLC * REGULAR INCOME * AMT NET INCOME DJT HOLDINGS JUPITER G CLF CLUB * REGULAR INCOME AMT ADJUSTMENTS -1,67 AMT ADJUSTMENTS -1,67 * AMT NET INCOME -1,67 AMT ADJUSTMENTS -1,86			• 010-					
DJT HOLDINGS TNGC CHAR LOTTE LLC								
* REGULAR INCOME	K1-	DJT HOLDINGS TNGC CHAR						
* REGULAR INCOME		LOTTE LLC						
* AMT ADJUSTMENTS 1,38 * AMT NET INCOME 1,38 DJT HOLDINGS - WHITE C * REGULAR INCOME			1,385,398.					
* AMT NET INCOME 1,38 DJT HOLDINGS - WHITE C * REGULAR INCOME * AMT NET INCOME DJT HOLDINGS JUPITER G OLF CLUB * REGULAR INCOME - 1,67 AMT ADJUSTMENTS -1,67 AMT NET INCOME -1,67		AMT ADJUSTMENTS	-3,457.			-3,457.		
DJT HOLDINGS - WHITE C * REGULAR INCOME * AMT NET INCOME DJT HOLDINGS JUPITER G OLF CLUB * REGULAR INCOME - 1,67 AMT ADJUSTMENTS -1,67 AMT NET INCOME -1,67			-			-3,457.		
DJT HOLDINGS - WHITE C * REGULAR INCOME * AMT NET INCOME DJT HOLDINGS JUPITER G OLF CLUB * REGULAR INCOME * REGULAR INCOME -1,67 AMT ADJUSTMENTS -1,67 AMT NET INCOME -1,86								
* REGULAR INCOME * AMT NET INCOME DJT HOLDINGS JUPITER G OLF CLUB * REGULAR INCOME AMT ADJUSTMENTS -1,67 AMT NET INCOME -1,67	K1-	DJT HOLDINGS - WHITE C						
* REGULAR INCOME * AMT NET INCOME DJT HOLDINGS JUPITER G OLF CLUB * REGULAR INCOME AMT ADJUSTMENTS -1,67 AMT NET INCOME -1,86		OURSE LLC						
* AMT NET INCOME DJT HOLDINGS JUPITER G OLF CLUB * REGULAR INCOME AMT ADJUSTMENTS -1,67 AMT NET INCOME -1,86			-3,344.					
DUT HOLDINGS JUPITER G OLF CLUB * REGULAR INCOME -1,67 AMT ADJUSTMENTS -19 -196		* AMT NET INCOME	-3,344.					
OLF CLUB * REGULAR INCOME AMT ADJUSTMENTS -19 * AMT NET INCOME -1,86	K1-	DJT HOLDINGS JURITER G				•		
REGULAR INCOME -1,67 AMT ADJUSTMENTS -19 AMT NET INCOME -1,86		OLF CLUB						
AMT ADJUSTMENTS -19 AMT NET INCOME -1,86		Abback	-1,674,182.					
AMT NET INCOME -1,86		AMT ADJUSTMENTS	-192,234.		•	-192,234.		
			-1,866,416.			-192,234.		

	•	ALTERNA	TIVE MINIMUM TAX RI	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	RT		
Name(s)	(s)						Social Security Number
DONALD J.	J. & MELANIA TRUMP					8	
Form	Description				Adjustment		
Nam		9000	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251
K1-	DT MARKS DUBAI LLC					3	Orner Adjustment
	* REGULAR INCOME	-260			Medical Management of the control of		The West Statement of the Artist of the Arti
	* AMT NET INCOME	-260.					
K1-	THC SALES & MARKETING						
	- 1						
		123,072.					
	* AMT NET INCOME	123,072.					
- K1	EXCEL VENTURE I LLC						
	* REGULAR INCOME	-875 106.					
	* AMT NET INCOME	-875,106.					
- K1	DT MARKS WORLI LLC						
	* REGULAR INCOME	858 558					
	* AMT NET INCOME	858,858					
2	Table Here						
1 144	DI DUBAL GOLF MANAGER						
	* REGULAR INCOME	COL					
	* AMT NET INCOME	-120 583					
					THE PERSON NAMED IN COLUMN TO SERVICE OF THE PERSON NAMED IN COLUMN TO SERVICE		
K1-	DT MARKS VANCOUVER LP						
	* REGULAR INCOME	5,744,388.					
	* AMT NET INCOME	5,744,388.					
							7
			30 1				

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOF	11		
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP			=			
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	THC DEVELOPMENT BRAZIL		٠				
	LLC						
	* REGULAR INCOME	-297.					
	* AMT NET INCOME	-297.					
K1-	DT HOME MARKS INTERNAT						
	IONAL LLC						
	* REGULAR INCOME	452,797.					
	* AMT NET INCOME	452,797.					
K1-	THC RIO MANAGER LLC						
	* REGULAR INCOME	-95,742.					
	AMT ADJUSTMENTS	. 60.			.09		
	* AMT NET INCOME	-95,682.			.09		
- K1	DT MARKS PRODUCTS INTE						
	RNATIONAL LLC						
	* REGULAR INCOME	-2,413.					
	* AMT NET INCOME	-2,413.					
K1-	THC CENTRAL RESERVATIO						
	NS LLC						
	* REGULAR INCOME	-25,625.					
	* AMT NET INCOME	-25,625.					
			24				
Account of the second				TO THE REAL PROPERTY OF THE PR			

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Name(s)				3			Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form	Description	-			Adjustment		I
Name	22	шсоше	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	THC DEVELOPMENT BRAZIL						
	MANAGING MEMBER						
	* REGULAR INCOME	-362.					
	* AMT NET INCOME	-362,					
- K1	DT DUBAI GOLF MANAGER						
	= 1						
		-1,660.		4			
	* AMT NET INCOME	-1,660.					
K1-	DT MARKS VANCOUVER MEM						
	R CORP						
	* REGULAR INCOME	.679, 679.					
	* AMT NET INCOME	57,679.					
K1-	THC RIO MANAGING MEMBE						
	* REGULAR INCOME	-2,099.					
		1.			1.		
	* AMT NET INCOME	-2,098.			1.		
14							
174	DT MAKKS DUBAL MEMBER						
	~						
		-378.					
	* AMT NET INCOME	-378.					

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOF	₹		
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP HOTEL MANAGEMENT						
	CORP						
	* REGULAR INCOME	-800					
	* AMT NET INCOME	-800.					
K1-	EID VENTURE I CORPORAT						
	-						
	* REGULAR INCOME	-584.					
	* AMT NET INCOME	-584.					
K1-	DT MARKS WORLI MEMBER						
	CORP						
	* REGULAR INCOME	8,348.					
	* AMT NET INCOME	8,348.					
				-			
K1-	DT HOME MARKS INTERNAT						
	IONAL MEMBER CORP						
	* REGULAR INCOME	3,960.					
	* AMT NET INCOME	3,960.					
K1-	THC MIAMI RESTAURANT H						
	OSPITALITY MEMBER						
	* REGULAR INCOME	-337.					
	* AMT NET INCOME	-337.					
The state of the s							

Name Paris Paris			ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	RT		
Poscription	Name((s)						Social Security Number
Provide	DONALL							
FOUND CALL LINE OR PETALIL M FOUND CASE Form					Adjustment			
PRIMAP CHICAGO RETAIL M PRIMAP CHICAGO RETAIL M	Name		псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251
# REGULAR INCOME * AMT NET INCOME DT MARKS PRODCTS INTER NATIONAL MEMBER CORP * AMT NET INCOME * AMT NET INCOME EXCEL VENTURE I CORPOR ATION * REGULAR INCOME * AMT NET INCOME	K1-	CHICAGO RETAIL						Other Adjustment
* REGULAR INCOME * AMT NET INCOME DT MARKS PRODCTS INTER NATIONAL MEMBER CORP * AMT NET INCOME EXCEL VENTURE I CORPOR THEOUN * REGULAR INCOME * AMT NET INCOME		EMBER CORP						
DT MARKS PRODCTS INTER NATIONAL MEMBER CORP * REGULAR INCOME EXCEL VENTURE I CORPOR EXCEL VENTURE I CORPOR * AMT NET INCOME		REGULAR	-286					
DT MARKS PRODCTS INTER NATIONAL MEMBER CORP * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME PRODE MANAGER MEMB ER CORP * AMT NET INCOME		1000	-286.					
* REGULAR INCOME * AMT NET INCOME EXCEL VENTURE I CORPOR * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME	K1-	DT MARKS PRODCTS INTER						
* REGULAR INCOME * AMT NET INCOME EXCEL VENTURE I CORPOR ATION * REGULAR INCOME * AMT NET INCOME		NATIONAL MEMBER CORP						
* AMT NET INCOME EXCEL VENTURE I CORPOR ATION * REGULAR INCOME OPO HOTEL MANAGER MEMB ER CORP * AMT NET INCOME * AMT NET INCOME NS MEMBER CORP R REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME			-357.					
EXCEL VENTURE I CORPOR * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME THC CENTRAL RESERVATIO NS MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME		1 1	-357.					
EXCEL VENTURE I CORPOR * REGULAR INCOME OPO HOTEL MANAGER MEMB ER CORP * REGULAR INCOME * AMT NET INCOME THC CENTRAL RESERVATIO NS MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME								
* REGULAR INCOME * AMT NET INCOME OPO HOTEL MANAGER MEMB ER CORP * REGULAR INCOME * AMT NET INCOME THC CENTRAL RESERVATIO NS MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME	K1-	EXCEL VENTURE I CORPOR						
* REGULAR INCOME * AMT NET INCOME OPO HOTEL MANAGER MEMB ER CORP * AMT NET INCOME THC CENTRAL RESERVATIO NS MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME		ATION						
* AMT NET INCOME OPO HOTEL MANAGER MEMB ER CORP * AMT NET INCOME THC CENTRAL RESERVATIO NS MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME			-9,064.					
PPO HOTEL MANAGER MEMB ER CORP * REGULAR INCOME THC CENTRAL RESERVATIO NS MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME		1000	-9,064.					
ER CORP * REGULAR INCOME THC CENTRAL RESERVATIO NS MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME								
# REGULAR INCOME * AMT NET INCOME THC CENTRAL RESERVATIO NS MEMBER CORP * REGULAR INCOME * AMT NET INCOME	K1-	OPO HOTEL MANAGER MEMB						
* REGULAR INCOME * AMT NET INCOME THC CENTRAL RESERVATIO NS MEMBER CORP * REGULAR INCOME * AMT NET INCOME		ER CORP						
* AMT NET INCOME THE CENTRAL RESERVATIO NS MEMBER CORP * REGULAR INCOME * AMT NET INCOME		332201	-639.					
THC CENTRAL RESERVATIO NS MEMBER CORP * REGULAR INCOME * AMT NET INCOME		AMT NET	-639.					
THC CENTRAL RESERVATIO NS MEMBER CORP * REGULAR INCOME * AMT NET INCOME								
COMB	K1-	THC CENTRAL RESERVATIO						
AMT NET INCOME		NS MEMBER CORP						
AMT INCOME			-562.					
		* AMT NET INCOME	-562.					
							0.5	

		ALTERNAT	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	ग		
Name(s)							Social Security Number
DONALD	J. & MELANIA TRUMP						
Form		to		20	Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	THC SALES & MARKETING						
	MEMBER CORP						
	* REGULAR INCOME	868.	•				
	* AMT NET INCOME	868.					
K1-	THC VANCOUVER MANAGEME						
	NT CORP						
	* REGULAR INCOME	-7,293.					
	* AMT NET INCOME	-7,293.					
K1-	THE CARIBUSINESS RE CO						
1	RP						
	* REGULAR INCOME	-225.					
	* AMT NET INCOME	-225.					
K1-	TW VENTURE I MANAGING						
	MEMBER CORP						
	* REGULAR INCOME	-315.					
	* AMT NET INCOME	-315.					
K1-	HUDSON WATERFRONT ASSO						
	CIATES V LP						
	* REGULAR INCOME	1,959,403.					
	* AMT NET INCOME	1,959,403.					
			٠	٠		-	
A STATE OF THE STA							

		ALTERNA'	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	3T		
Name(s)	(5)			э			Social Security Number
DONALD J.	J. & MELANIA TRUMP					-	
Form		<u>.</u>	,		Adjustment		
Name	Describiton	псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	HUDSON WATERFRONT ASSO						
	d III D						
	* REGULAR INCOME	3,664,987.					
	* AMT NET INCOME	3,664,987.					
		200	The state of the s				
K1-	2						
	* REGULAR INCOME	302,813.					
	* AMT NET INCOME	302,813.					
K1-	DJT HOLDINGS LLC - TRU						N 100 100 100 100 100 100 100 100 100 10
	MP INT'L HOTEL & TOWER						
	* REGULAR INCOME	-3,446.					
	AMT ADJUSTMENTS	-14,106.			-14,106,		
	* AMT NET INCOME	-17,552.			-14,106.		
- IV	DUT HOLDINGS MANAGING						
	* DECILIAD INCOME						
	* AMT NET INCOME	10,191,					
		• T&T' AT-					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
K1-	845 UN LIMITED PARTNER						
	SHIP - 845 LP LLC						
	* REGULAR INCOME	454,627.					
	* AMT NET INCOME	454,627.					

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOF	RT		
Name(s)		6					Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form		100000000000000000000000000000000000000			Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP PARK AVENUE LLC						
	(TRUMP DELMONICO LLC)						
	* REGULAR INCOME	-367,066.					
	* AMT NET INCOME	-367,066.					
K1-	TRUMP PARK AVENUE LLC						
	- ACQUISITION						
	* REGULAR INCOME	-532,060.					
	* AMT NET INCOME	-532,060.					
K1-	D B PACE ACQUISITION M		٠				
	EMBER CORP						
	* REGULAR INCOME	-1,899.					
	* AMT NET INCOME	-1,899.					
K1-	DT CONNECT II MEMBER C						
	ORP						
	* REGULAR INCOME	-7,200.					
	AMT ADJUSTMENTS	-33.			-33.		
	* AMT NET INCOME	-7,233.			-33.		
- TY	DI DUBAL IL GOLF MANAG						
	≥						
	* REGULAR INCOME	-419.					
	* AMT NET INCOME	-419.					

Name Description Income Form 6281, Line 17 Form 6281, Line 18 Form 6281, Line 18 Form 6281, Line 19		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOF	RT			
ANAG ANAG ANAG ANAG ANAG T, 662. -601. -601. BBR -1189. ANAG ANAG ANAG -253. BAT -253. ANAG ANAG ANAG -253. ANAG ANAG ANAG -253. ANAG ANAG ANAG ANAG ANAG -601. BBR -601. ANAG ANAG ANAG -601. BBR -601. ANAG ANAG -601. BBR -601. ANAG -601. BBR -601. -601. ANAG -601. BBR -601. BBR -722. -732. BBR -723. BBR -725. BBR -725. -725. -725. BBR -725. BBR -726. ANAG Name(s	(5)						Social Security Number	
Para Secreption Income Form 6251, Line 18 Form 6251, Line 18 Form 6251, Line 19 Form 6251, Line 20	DONALD	J. & MELANIA TRUMP						
PANKES GUESAON MANGS Form 6251, Line 18 Form 6251, Line 20 Form	Form				P	Adjustment		
THE MARKES GURGADA MARAG THO MARKES GURGADA MARAG THE MARKES GURGADA MARKES GURGADA MARKES GURGADA MARKES GURGADA MARKES GARRA MA	Name	7.80	ПСОПЕ	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251
# REGULAR INCOME * AMT NET INCOME * AMT NET INCOME MARKS PUNE II MANAG	K1-	DT MARKS GURGAON MANAG						Other Adjustinent
* REGULAR INCOME * AMT NET INCOME DT MARKS PUNE II MANAG ING MEMBER CORP * AMT NET INCOME		ING MEMBER CORP						
DT MARKS PUNE II MANAG ING MEMBER CORP * REGULAR INCOME * AMT NET INCOME			7,662.					
DT MARKS PUNE II MANAG ING MEMBER CORP * REGULAR INCOME * AMT NET INCOME			7,662.					
ING MEMBER CORP * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME THC BAKU HOTEL MANAGER SERVICE MEMBER * AMT NET INCOME	7	DT WARKS PITHE IT WANAG						
* REGULAR INCOME * AMT NET INCOME CORP * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME		ING MEMBER CORP						
* AMT NET INCOME DT MARKS QATAR MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME THC BAKU HOTEL MANAGER SERVICE MEMBER * AMT NET INCOME		* REGULAR INCOME	1,091					
DT MARKS QATAR MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME THC BAKU HOTEL MANAGER SERVICE MEMBER * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME		* AMT NET INCOME	-601.					
DT MARKS QATAR MEMBER CORP * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME THC BAKU HOTEL MANAGER SERVICE MEMBER * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME								
* REGULAR INCOME * AMT NET INCOME PINE HILL DEVELOPMENT * AMT NET INCOME * AMT NET INCOME THC BAKU HOTEL MANAGER SERVICE MEMBER * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME	K1-	DT MARKS QATAR MEMBER						
* REGULAR INCOME * AMT NET INCOME PINE HILL DEVELOPMENT # REGULAR INCOME * AMT NET INCOME THC BAKU HOTEL MANAGER SERVICE MEMBER * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME		CORP						
* AMT NET INCOME PINE HILL DEVELOPMENT * REGULAR INCOME * AMT NET INCOME THC BAKU HOTEL MANAGER SERVICE MEMBER * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME			-322.					
PINE HILL DEVELOPMENT * REGULAR INCOME * AMT NET INCOME THC BAKU HOTEL MANAGER SERVICE MEMBER * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME		57915	-322.					
MANAGING MEMBER * REGULAR INCOME * AMT NET INCOME THC BAKU HOTEL MANAGER SERVICE MEMBER * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME								
# REGULAR INCOME * AMT NET INCOME THC BAKU HOTEL MANAGER SERVICE MEMBER * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME	K1-	PINE HILL DEVELOPMENT						
* REGULAR INCOME * AMT NET INCOME THC BAKU HOTEL MANAGER SERVICE MEMBER * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME		MANAGING MEMBER						
* AMT NET INCOME THC BAKU HOTEL MANAGER SHRVICE MEMBER * REGULAR INCOME * AMT NET INCOME		22(5)	-1,189.					
THC BAKU HOTEL MANAGER SERVICE MEMBER. * REGULAR INCOME * AMT NET INCOME			-1,189.					
THC BAKU HOTEL MANAGER SERVICE MEMBER * REGULAR INCOME * AMT NET INCOME								
COME	K1-	THC BAKU HOTEL MANAGER						
AMT NET INCOME		SERVICE MEMBER						
AMT NET INCOME		- 1	-253.					
			-253.					

Name of a minimal and a mini		200	ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOF	Ŧ		
c NELANIA TRUDE From 6251, Line 17 From 6251, Line 19 From 6251, Line 20 RESOLAR INCOME -1,070, <th>Name(s)</th> <th></th> <th></th> <th></th> <th></th> <th>9</th> <th></th> <th>Social Security Number</th>	Name(s)					9		Social Security Number
Page	DONALD			- N				
Foun GEST, Line 10 Foun GEST, Line 10 Foun GEST, Line 20 RECORP	Form					Adjustment		
THC BAKU SERVICES MEMB ER CORP * REGULAR INCOME THC CHINA-TECHNICAL SE RUICES MANAGER CORP * AMT NET INCOME	Name		Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
* REGULAR INCOME * AMT NET INCOME THC CHINA-TECHNICAL SE RVICES MANAGER CORP * AMT NET INCOME	K1-	THC BAKU SERVICES MEMB						
* REGULAR INCOME THC CHINA-TECHNICAL SE RUICES MANAGER CORP * AMT NET INCOME THC QATAR HOTEL MANAGE R MEMBER CORP * AMT NET INCOME * AMT NET INCOME THC SERVICES SHENZHEN MEMBER CORP * AMT NET INCOME THC VENTURE I MANAGING MEMBER CORP * AMT NET INCOME		ER CORP						
THC CHINA-TECHNICAL SE RUICES MANAGER CORP * REGULAR INCOME THC QATAR HOTEL MANAGE R MEMBER CORP * AMT NET INCOME * AMT NET INCOME THC SERVICES SHENZHEN MEMBER CORP * AMT NET INCOME THC VENTURE I MANAGING MEMBER CORP * AMT NET INCOME			-1,070.					
THC CHINA-TECHNICAL SE RVICES MANAGER CORP * AMT NET INCOME			-1,070.					
THC CHINA-TECHNICAL SE RVICES MANAGER CORP * AMT NET INCOME								
RVICES MANAGER CORP * REGULAR INCOME THC QATAR HOTEL MANAGE * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME THC SERVICES SHENZHEN WEMBER CORP * REGULAR INCOME * AMT NET INCOME	K1-	THC CHINA-TECHNICAL SE						
* REGULAR INCOME THC QATAR HOTEL MANAGE R MEMBER CORP * AMT NET INCOME * AMT NET INCOME WEMBER CORP * REGULAR INCOME THC SERVICES SHENZHEN MEMBER CORP * AMT NET INCOME		RVICES MANAGER CORP						
* AMT NET INCOME THC QATAR HOTEL MANAGE R MEMBER CORP * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME THC SERVICES SHENZHEN MEMBER CORP THC VENTURE I MANAGING MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME		* REGULAR INCOME	-229.					
THC QATAR HOTEL MANAGE * MEMBER CORP * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME			-229.	//*				
THC QATAR HOTEL MANAGE * MEMBER CORP * REGULAR INCOME THC SERVICES SHENZHEN WEMBER CORP * AMT NET INCOME THC VENTURE I MANAGING MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME								
* REGULAR INCOME * AMT NET INCOME THC SERVICES SHENZHEN * AMT NET INCOME * AMT NET INCOME THC VENTURE I MANAGING MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME	K1-	THC QATAR HOTEL MANAGE						
* REGULAR INCOME * AMT NET INCOME THC SERVICES SHENZHEN * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME	,	R MEMBER CORP						
# AMT NET INCOME THC SERVICES SHENZHEN MEMBER CORP # REGULAR INCOME THC VENTURE I MANAGING MEMBER CORP # REGULAR INCOME # REGULAR INCOME # AMT NET INCOME			-254.					
THC SERVICES SHENZHEN MEMBER CORP * AMT NET INCOME THC VENTURE I MANAGING WEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME		1280	-254.					
THC SERVICES SHENZHEN * REGULAR INCOME * AMT NET INCOME THC VENTURE I MANAGING * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME								
* REGULAR INCOME * AMT NET INCOME THC VENTURE I MANAGING MEMBER CORP * REGULAR INCOME * AMT NET INCOME	K1-	THC SERVICES SHENZHEN						
* REGULAR INCOME * AMT NET INCOME THC VENTURE I MANAGING MEMBER CORP * REGULAR INCOME * AMT NET INCOME		MEMBER CORP						
* AMT NET INCOME THC VENTURE I MANAGING WEMBER CORP * REGULAR INCOME * AMT NET INCOME		* REGULAR INCOME	-229.					
THC VENTURE I MANAGING MEMBER CORP * REGULAR INCOME * AMT NET INCOME			.622-					
THC VENTURE I MANAGING MEMBER CORP * REGULAR INCOME * AMT NET INCOME								
INCOME	K1-	THC VENTURE I MANAGING						
REGULAR INCOME AMT NET INCOME		MEMBER CORP						
			-280					
		* AMT NET INCOME	-280.					

		ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	TF		
Name(s)	(s)						Social Security Number
DONALD J.	D J. & MELANIA TRUMP			a a			
Form		<u> </u>			Adjustment		
Name	Description	псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251
K1-	THC VENTURE II MANGING						Ourer Adjustment
	MEMBER CORP						AND SECTION OF THE PROPERTY OF
	* REGULAR INCOME	-228.					
	* AMT NET INCOME	-228.					
K1-	TTTT VENTURE MEMBER CO						
	RP						
	* REGULAR INCOME	12,554.					
	* AMT NET INCOME	12,554.					
K1-	TNGC CHARLOTTE MANAGER						
	CORP						
	* REGULAR INCOME	13,910.					
	AMT ADJUSTMENTS	-35.			-35.		
	* AMT NET INCOME	13,875.			-35.		
K1-	TNGC JUPITER MANAGINE						
	* THOUSE TO THE TANDERS						
		903.					
	* AMT NET INCOME	903.					
K1-	TRUMP NATIONAL GOLF CL						
	UB COLTS NECK MEMBER C						
	* REGULAR INCOME	-11,957.					
	AMT ADJUSTMENTS	-83			-83		
	* AMT NET INCOME	-12,040.			-83.		

Name of a minimal process	1000		ALTERNA'	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	T.		
Adjustment	Name(s							Social Security Number
Price Celtina Procession Pr	DONALD				25			
Form GES1, Line 18 Form GES1, Line 18 Form GES1, Line 20	Form					Adjustment		
PRICHED LICE PRICES LICE PRICES LICE PRICES LICE PRECURS LICE AMPRIES TROOME	Name		псот	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adiustment
* REGULAR INCOME * AMT NET INCOME D B PACE ACQUISITION L LC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME DT MARKS GATAR LLC * AMT NET INCOME	K1-	THC CHINA TECHNICAL SE						
* REGULAR INCOME * AMT NET INCOME DE PACE ACQUISITION L. LC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME DT MARKS GURGAON LLC * AMT NET INCOME	RVICES LLC							
* AMT NET INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME D B PACE ACQUISITION L LC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME DT MARKS GURGAON LLC * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME			-353.					
DT MARKS PUNE II LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME D B PACE ACQUISITION L LC * REGULAR INCOME * AMT NET INCOME THE CONTROL COME	1212	-353.						
# REGULAR INCOME * AMT NET INCOME DT MARKS GURGAON LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME DT MARKS QATAR LLC * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME -4 * AMT NET INCOME -4 * AMT NET INCOME -4			2					
* REGULAR INCOME * AMT NET INCOME DT MARKS GURGAON LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME	K1-	DT MARKS PUNE II LLC						
# AMT NET INCOME # REGULAR INCOME # AMT NET INCOME # REGULAR INCOME # AMT NET INCOME # REGULAR INCOME # AMT NET IN		- 1	-353.					
THC VENTURE II LLC * REGULAR INCOME D B PACE ACQUISITION L LC * REGULAR INCOME * AMT NET INCOME TREGULAR INCOME TREGULAR INCOME TREGULAR INCOME TREGULAR INCOME * AMT NET INCOME TREGULAR INCOME * AMT NET INCOME TREGULAR INCOME TREGULAR INCOME * AMT NET INCOME * AMT N			-353.					
* REGULAR INCOME * AMT NET INCOME D B PACE ACQUISITION L LC * REGULAR INCOME TAMT NET INCOME * AMT NET INCOME DT MARKS GATAR LLC THE COME * AMT NET INCOME * AMT NET INCOME THE COME * AMT NET INCOME THE COME * AMT NET INCOME THE COME THE COME -4 * AMT NET INCOME	ī	Can Designation Can						
* REGULAR INCOME D B PACE ACQUISITION L LC * REGULAR INCOME * AMT NET INCOME DT MARKS GURGAON LLC * AMT NET INCOME THE COME THE	-TY	THC VENTURE II LLC						
# AMT NET INCOME D B PACE ACQUISITION L LC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME DT MARKS QATAR LLC * AMT NET INCOME * AMT NET INCOME 4 * AMT NET INCOME 4			-297.					
D B PACE ACQUISITION L LC * REGULAR INCOME * AMT NET INCOME			-297.					
LC * REGULAR INCOME * AMT NET INCOME THE REGULAR INCOME * AMT NET INCOME DT MARKS QATAR LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME	K1-	D B PACE ACCUTSITION I.						
* REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME DT MARKS QATAR LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME		1.0						
* AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME DT MARKS QATAR LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME	NEW PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLU	55						
* AMT NET INCOME * REGULAR INCOME * AMT NET INCOME DT MARKS QATAR LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME			-156,081.					
DT MARKS GURGAON LLC * REGULAR INCOME * AMT NET INCOME DT MARKS QATAR LLC * REGULAR INCOME * AMT NET INCOME	X	- 3	-156,081.					
* REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME	1	The second of th						
* AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME	LYT-	DT MARKS GURGAON LLC						
* AMT NET INCOME DT MARKS QATAR LLC * REGULAR INCOME * AMT NET INCOME			786,442.					
DT MARKS QATAR LLC * REGULAR INCOME * AMT NET INCOME			786,442.					
DT MARKS QATAR LLC * REGULAR INCOME * AMT NET INCOME								
AMT NET INCOME	K1-	DT MARKS QATAR LLC						
AMT NET INCOME			-4,204.					
			-4,204.					

		ALTERNA	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	CONCILIATION REPOF	, E		
Name(s)							Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form		-			Adjustment		
Name	Description	псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 . Other Adjustment
K1-	THC BAKU HOTEL MANAGER						
	SERVICES LLC						
	* REGULAR INCOME	-2,772.					
	* AMT NET INCOME	-2,772.					
K1	THC BAKU SERVICES LLC						
	* REGULAR INCOME	-26,924.				*	
	* AMT NET INCOME	-26,924.					
5	BOANAN TEMOTI CAMAO CITE						
14							
	R LLC						
		-2,826.					
	* AMT NET INCOME	-2,826.					
K1-	THC SERVICES SHENZHEN						
	LLC						
	* REGULAR INCOME	-403.					
	* AMT NET INCOME	-403.					
1	KAN TEHOTI METATINETIN COM						
1 14	AGER LLC						
	* REGULAR INCOME	-403.					
	* AMT NET INCOME	-403.					
i.							
-							

•		ALTERNAT	TIVE MINIMUM TAX RE	ERNATIVE MINIMUM TAX RECONCILIATION REPORT	TF		
Name(s)	(5						Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form	Description				Adjustment		
Name		псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251
K1-	TTTT VENTURE LLC -DT D						The Inching the latest
	UBAI II GOLF MANAGER						Comment of the red price and Property and Comment of the Comment o
	* REGULAR INCOME	-1,894.					
	* AMT NET INCOME	-1,894.					
K1-	DJT HOLDINGS LLC (PINE						
	HILL DEVELOPMENT LLC)						
	* REGULAR INCOME	-15,535.					
	* AMT NET INCOME	-15,535.					
K1-	DJT HOLDINGS LLC (TNGC						
	- 1						
	* REGULAR INCOME	110,596.					
	* AMT NET INCOME	110,596.					
K1-	DJT HOLDINGS LLC (TW V						
	ENTURE I LLC)						
	* REGULAR INCOME	5,878.					
	* AMT NET INCOME	5,878.					
K1-	DJT HOLDINGS LLC (TW V						
	7						
	* REGULAR INCOME	-2,515,852.					
	* AMT NET INCOME	-2,515,852.					
				-			

		ALTERNA'	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	Т		
Name(s)	()						Social Security Number
DONALD J.	J. & MELANIA TRUMP	2	2	10	6		
Form					Adjustment		
Name	Description	Іпсоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TW VENTURE II MANAGING						
	MEMBER CORP						
	* REGULAR INCOME	-25,894.					
	* AMT NET INCOME	-25,894.					
K1-	MOBILE PAYROLL CONSTRU						
	CTION LLC						
	* REGULAR INCOME	-1,554.					
	* AMT NET INCOME	-1,554.					
K1-	24	115					
	- 1	-1					
	* AMT NET INCOME	-311,971.					
- KI	DT MARKS LIDO LLC						
	* REGULAR INCOME	-313,572.					
	* AMT NET INCOME	-313,572.					
K1-	DT JEDDAH TECHNICAL SE						
	RVICES MANAGER LLC						
		-1,091.					
	* AMT NET INCOME	-1,091.					

		ALTERNA'	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	TF.		
Name(s)	(s)						Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form	Description	owood,			Adjustment		
2			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
- K1	EID VENTURE I LLC						
	* REGULAR INCOME	-2,406.					
	* AMT NET INCOME	-2,406.					
K1 -	DT TOWER KOLKATA LLC						
	* REGULAR INCOME	729,559.					
	* AMT NET INCOME	729,559.					
- K1	DT MARKS PUNE MANAGING						
	MEMBER CORP						
	* REGULAR INCOME	-229.					
200	* AMT NET INCOME	-229.					
K1-	THC SHENZHEN HOTEL MAN						
	と						
The state of the s	- 8	-279.					
	* AMT NET INCOME	-279.					
K1-	THC JEDDAH HOTEL MANAG						
	ER MEMBER CORP						
	* REGULAR INCOME	-793.					
	* AMT NET INCOME	-793.					
							•
						,	

		ALTERNA'	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	3T		
Name(s)	(1						Social Security Number
DONALD J.	J. & MELANIA TRUMP					9	
Form					Adjustment		
Name	Description	Іпсоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	MOBILE PAYROLL CONSTRU						
	CTION MANAGER CO				9		
	* REGULAR INCOME	-241.					
	* AMT NET INCOME	-241.					
K1-	JUPITER GOLF CLUB MANA						
	GING MEMBER CORP						
	* REGULAR INCOME	-17,457.					
	AMT ADJUSTMENTS	-1,961.			-1,961.		
	* AMT NET INCOME	-19,418.		,	-1,961.		
K1-	DTW VENTURE MANAGING M						
	EMBER CORP						
	* REGULAR INCOME	-280.					
	* AMT NET INCOME	-280.					
K1-	DT TOWER KOLKATA MANAG						
	ING MEMBER CORP						
	* REGULAR INCOME	996'9					
	* AMT NET INCOME	996'9					
K1-	DT TOWER GURGAON MANAG						
	ING MEMBER CORP						
	* REGULAR INCOME	9,311.					
	* AMT NET INCOME	9,311.					

		ALTERNA:	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	TF.		
Name(s)	(s)e						Social Security Number
DONALD J.	D J. & MELANIA TRUMP						10
Form	TI Description	1			Adjustment		
Nam		псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1_	DT WARKS LIDO WEWBER C			100 mm m m m m m m m m m m m m m m m m m			
	ORP						
	* REGULAR INCOME	-4,081.					
	* AMT NET INCOME	-4,081.					
KI-	OT MARKS BALI MEMBER C						
	* REGULAR INCOME	880 8					
	* AMT NET INCOME						
-							
K1-	DT LIDO TECHNICAL SERV						
	ICES MANAGER MEMBER CO						
	11111111	1,344.					
STATE SHARE THE STATE OF THE ST	* AMT NET INCOME	1,344.					
K1-	DT LIDO HOTEL MANAGER	1000	100				
	* REGULAR INCOME	-1 004					
	* AMT NET INCOME	-1,004.					
K1-	DT LIDO GOLF MANAGER M						
	EMBER CORP						
	* REGULAR INCOME	-1,014.					
	* AMT NET INCOME	-1,014.					

Name of Parameter Found Adjustment			ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	XI.		
### AGUISTMENT REDNER Form 6251, Line 10 Form 6251, Line 19 Form 6251, Line 19 Form 6251, Line 19	Name(s		-	*)	2			Social Security Number
Paceription Proone Prom 6251, Line 17 Form 6251, Line 19 Form 6251, Line 20	DONALD							
Power Peacipidon Promise Form 6251, Line 19 Form 6251, Line 20 Form 6251, Line 20	Form		V			Adjustment		-
DT JEDDAH TECHNICAL SE RVICES MANAGER MEMBER * REGULAR INCOME * AMT NET INCOME	Name		lncome	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
DT JEDDAH TECHNICAL SE RVICES MANAGER MEMBER * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME DT BALI GOLF MANAGER M EMBER CORP * REGULAR INCOME * AMT NET INCOME				*				
* REGULAR INCOME * AMT NET INCOME DT BALI TECHNICAL SERV ICES MANAGER MEMBER CO * REGULAR INCOME * AMT NET INCOME DT BALI GOLF MANAGER M EMBER CORP * AMT NET INCOME DT BALI HOTEL MANAGER MENBER CORP * AMT NET INCOME	K1-	DT JEDDAH TECHNICAL SE						
* REGULAR INCOME * AMT NET INCOME DT BALI TECHNICAL SERV ICES MANAGER MEMBER CO * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME DT BALI HOTEL MANAGER MEMBER CORP * AMT NET INCOME		RVICES MANAGER MEMBER						
* AMT NET INCOME DT BALI TECHNICAL SERV ICES MANAGER MEMBER CO * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME DT BALI HOTEL MANAGER MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME		* REGULAR INCOME	-745.					
DT BALI TECHNICAL SERV ICES MANAGER MEMBER CO * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME			-745.					
DT BALI TECHNICAL SERV LCES MANAGER MEMBER CO * REGULAR INCOME DT BALI GOLF MANAGER M EMBER CORP * AMT NET INCOME TEMER CORP * AMT NET INCOME								
TCES MANAGER MEMBER CO * REGULAR INCOME BALI GOLF MANAGER M EMBER CORP * AMT NET INCOME TREGULAR INCOME * AMT NET INCOME CORP CORP * AMT NET INCOME	K1-	DT BALI TECHNICAL SERV				1800 Tr		
* REGULAR INCOME * AMT NET INCOME DT BALI GOLF MANAGER M EMBER CORP * AMT NET INCOME DT BALI HOTEL MANAGER MEMBER CORP * AMT NET INCOME * AMT NET INCOME CORP CORP * AMT NET INCOME		ICES MANAGER MEMBER CO						
* AMT NET INCOME DT BALI GOLF MANAGER M EMBER CORP * AMT NET INCOME DT BALI HOTEL MANAGER MEWBER CORP * REGULAR INCOME * AMT NET INCOME			. 938					
DT BALI GOLF MANAGER M EMBER CORP * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME		* AMT NET INCOME	938.					
DT BALI GOLF MANAGER M ** REGULAR INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME								
# REGULAR INCOME * AMT NET INCOME DT BALI HOTEL MANAGER MEMBER CORP * REGULAR INCOME EID VENTURE II MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME	K1-	DT BALI GOLF MANAGER M						
* REGULAR INCOME * AMT NET INCOME DT BALI HOTEL MANAGER * MEMBER CORP * AMT NET INCOME EID VENTURE II MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME		EMBER CORP						
* AMT NET INCOME DT BALI HOTEL MANAGER WEMBER CORP * AMT NET INCOME EID VENTURE II MEMBER CORP * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME		* REGULAR INCOME	-921.					
DT BALI HOTEL MANAGER * REGULAR INCOME * AMT NET INCOME CORP * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME		AMT NET	-921.					
DT BALI HOTEL MANAGER * REGULAR INCOME * AMT NET INCOME CORP * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME								
* REGULAR INCOME * AMT NET INCOME EID VENTURE II MEMBER CORP * REGULAR INCOME * AMT NET INCOME	K1-	DT BALI HOTEL MANAGER						
* REGULAR INCOME * AMT NET INCOME EID VENTURE II MEMBER CORP * REGULAR INCOME * AMT NET INCOME		MEMBER CORP						
# AMT NET INCOME EID VENTURE II MEMBER CORP * REGULAR INCOME * AMT NET INCOME			-764.					
EID VENTURE II MEMBER CORP * REGULAR INCOME * AMT NET INCOME		* AMT NET INCOME	-764.					
EID VENTURE II MEMBER CORP * REGULAR INCOME * AMT NET INCOME								
ART NET INCOME	K1-	EID VENTURE II MEMBER						
		CORP						
AMT NET INCOME		* REGULAR INCOME	-763.					
		1	-763.					

Name(s)							
							Social Security Number
DONALD J.	& MELANIA TRUMP						
Form		_			Adjustment		
Name	Description	Іпсоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
100000							
TY -TY	C DEVELOPMENT VENTURES						
MEM	MEMBER CORP						
*	REGULAR INCOME	-463,					
*	AMT NET INCOME	-463.					
K1- DT	DT VENTURE I MEMBER CO						
RP							
*	REGULAR INCOME	-244.					
•	AMT NET INCOME	-244.					
K1- DT	DT VENTURE II MEMBER C						
ORP							
*	* REGULAR INCOME	-287.					
*	AMT NET INCOME	-287.					
K1- DT	DT TOWER I MEMBER CORP						
*	REGULAR INCOME	-291.					
*	AMT NET INCOME	-291.					
H	TOWER II MEMBER COR						
<u>e</u>							
*	REGULAR INCOME	-248.					
*	AMT NET INCOME	-248.					
C							

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Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DT ENDEAVOR I MEMBER C						
	ORP					9	
	* REGULAR INCOME	-244.					
	* AMT NET INCOME	-244.					
K1-	HUDSON WATERFRONT ASSO				8		
	CIATES IV LP						
	* REGULAR INCOME	-395,734.					
	* AMT NET INCOME	-395,734.					
							·
K1-	DT TOWER GURGAON LLC						
	* REGULAR INCOME	-2,658.					
	* AMT NET INCOME	-2,658.					
K1-	THC JEDDAH HOTEL MANAG						
	ER LLC						
	* REGULAR INCOME	-1,043.					
	* AMT NET INCOME	-1,043.					
K1-	DT TOWER II LLC						
	* REGULAR INCOME	-411.					
	* AMT NET INCOME	-411.					

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Page	Name(s							Social Security Number
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# REGULAR INCOME	Name		псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
* REGULAR INCOME	- 12	C++++ administry C+B						•
* ARE DULAR INCOME	174	BILD VENTORS IT DAG						
* AMT NET INCOME		- 1	-2,467.					
S. LLC			-2,467.					
S. LLC	2	Transfer Charles Control of the Cont						
S LLC S LLC -13,347.	LT4	C. DEVELOPMENT VENTURE						
* AMT NET INCOME		S ILC						
* AMT NET INCOME -13,347. br Tower I LLC * REGULAR INCOME -411. * AMT NET INCOME -411. * AMT NET INCOME 658,337. br REGULAR INCOME 658,337. * AMT NET INCOME 6,308. * REGULAR INCOME 6,308. * REGULAR INCOME 6,308. * AMT NET INCOME 6,308. but ADJUSTMENTS -3,241. * AMT NET INCOME -683,639. * AMT NET INCOME -686,880.		REGULAR	-13,347.					
PT TOWER I LLC		AMT NET	-13,347.					
PT TOWER I LLC								
* REGULAR INCOME	K1-	DT TOWER I LLC						
* AMT NET INCOME — -411. * REGULAR INCOME		[-5124]	-411.					
# REGULAR INCOME 658,337. * AMT NET INCOME 658,337. * AMT NET INCOME 6,308. * AMT NET INCOME 6,308. * REGULAR INCOME 6,308. * REGULAR INCOME 6,308. * REGULAR INCOME 6,308. * AMT ADJUSTMENTS -3,241. * AMT NET INCOME -683,639. * AMT NET INCOME -683,639. * AMT NET INCOME -3,241.			-411.					
* REGULAR INCOME 658,337. * REGULAR INCOME 658,337.								
* REGULAR INCOME 658,337. * AMT NET INCOME 658,337. DTTM OPERATIONS MANAGI NG MEMBER CORP * REGULAR INCOME 6,308. DJT HOLDINGS LLC - DT CONNECT II LLC CONNECT II LLC * AMT NET INCOME 683,639. * AMT NET INCOME -683,639. * AMT NET INCOME -686,880. -3,241. * AMT NET INCOME -686,880.	K1-	DTTM OPERATIONS LLC						
* AMT NET INCOME 658,337.		222222	658,337.					
DTTM OPERATIONS MANAGI			658,337.		-			
DTTM OPERATIONS MANAGI REGULAR INCOME 6,308.								
NG MEMBER CORP	K1-	DTTM OPERATIONS MANAGI						
* REGULAR INCOME * AMT NET INCOME CONNECT II LLC * AMT ADJUSTMENTS -683,639. * AMT NET INCOME -686,880. -3,241. -3,241.		NG MEMBER CORP						
# AMT NET INCOME DUT HOLDINGS LLC - DT CONNECT II LLC * REGULAR INCOME * AMT NET INCOME -686,880. -3,241. -3,241. -3,241.			6,308.					
DJT HOLDINGS LLC - DT CONNECT II LLC * REGULAR INCOME AMT ADJUSTMENTS -3,241. * AMT NET INCOME -686,880.			.808,3					
DUT HOLDINGS LIC - DT CONNECT II LLC * REGULAR INCOME -3,241. -3,								
COME -683,639. COME -3,241.	K1-	DJT HOLDINGS LLC - DT						
AMT NET INCOME -686,8803,2413, AMT NET INCOME -686,8803,		CONNECT II LLC						
AMT NET INCOME -3,2413, AMT NET INCOME -686,8803,		* REGULAR INCOME	-683,639,					
AMT NET INCOME686,880.			-3,241.					
			-686,880.					
	THE RESERVE OF THE PERSON NAMED IN							

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Possorption Proome Form 6251, Line 19 Form 6251, Line 20	Name(s	(9						Social Security Number
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Peachpition Innome Form 6251, Line 18 Form 6251, Line 20	Form					Adjustment		
TTTT VENTURE LLC - DT LIDO GOLF MANGER LLC * REGULAR INCOME * AMT NET INCOME	Name		Іпсоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
# REGULAR INCOME * AMT NET INCOME								
LIDO GOLF MANGER LLC * REGULAR INCOME * AMT NET INCOME LIDO HOTEL MANGER LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME TTT VENTURE LLC - DT TTT VENTURE LLC - DT TTT VENTURE LLC - DT * REGULAR INCOME * AMT NET INCOME	K1-	TTTT VENTURE LLC - DT						
* REGULAR INCOME * AMT NET INCOME LIDO HOTEL MANGER LLC * REGULAR INCOME * AMT NET INCOME ALI GOLF MANAGER LLC * REGULAR INCOME TTT VENTURE LLC - DT ALI GOLF MANAGER LLC * REGULAR INCOME * AMT NET INCOME		LIDO GOLF MANGER LLC						
* AMT NET INCOME LIDO HOTEL MANGER LLC * REGULAR INCOME * AMT NET INCOME * REGULAR LLC * REGULAR LLC * REGULAR LLC * REGULAR LLC * REGULAR LNCOME 2 TTT VENTURE LLC - DT BALI HOTEL MANAGER LLC * AMT NET INCOME			-2,810.					
TTTT VENTURE LLC - DT LIDO HOTEL MANGER LLC * REGULAR INCOME * AMT NET INCOME * REGULAR INCOME ALI GOLF MANAGER LLC * REGULAR INCOME * AMT NET INCOME			-2,810.		10			
TTTT VENTURE LLC - DT LIDO HOTEL MANGER LLC * REGULAR INCOME TTTT VENTURE LLC - DT B ALI GOLF MANAGER LLC * REGULAR INCOME TTTT VENTURE LLC - DT BALI HOTEL MANAGER LLC * REGULAR INCOME * AMT NET INCOME								
LIDO HOTEL MANGER LLC * REGULAR INCOME * AMT NET INCOME TTT VENTURE LLC - DT B ALI GOLF MANAGER LLC * AMT NET INCOME TTT VENTURE LLC - DT BALI HOTEL MANAGER LLC * REGULAR INCOME * AMT NET INCOME	K1-	1						
* REGULAR INCOME * AMT NET INCOME ALI GOLF MANAGER LLC * REGULAR INCOME * AMT NET INCOME EALI HOTEL MANAGER LLC * REGULAR INCOME * AMT NET INCOME		LIDO HOTEL MANGER LLC						
* AMT NET INCOME TTTT VENTURE LLC -DT B ALI GOLF MANAGER LLC * REGULAR INCOME TTTT VENTURE LLC - DT BALI HOTEL MANAGER LLC * AMT NET INCOME * AMT NET INCOME TTTT VENTURE LLC - DT BALI TECHNICAL SERVICE * AMT NET INCOME			-926-					
TTTT VENTURE LLC -DT B ALI GOLF MANAGER LLC * REGULAR INCOME TTTT VENTURE LLC - DT BALI HOTEL MANAGER LLC * REGULAR INCOME * AMT NET INCOME TTTT VENTURE LLC - DT BALI TECHNICAL SERVICE * REGULAR INCOME * AMT NET INCOME			-926.					
ALI GOLF MANAGER LIC * REGULAR INCOME * AMT NET INCOME TTT VENTURE LLC - DT BALI HOTEL MANAGER LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * AMT NET INCOME								
ALI GOLF MANAGER LLC * REGULAR INCOME TTT VENTURE LLC - DT BALI HOTEL MANAGER LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME BALI TECHNICAL SERVICE * AMT NET INCOME	- K1	TTT VENTURE LLC -DT B						
* REGULAR INCOME * AMT NET INCOME TTT VENTURE LLC - DT BALI HOTEL MANGER LLC * REGULAR INCOME * AMT NET INCOME BALI TECHNICAL SERVICE * REGULAR INCOME * AMT NET INCOME		ALI GOLF MANAGER LLC						
* AMT NET INCOME TTTT VENTURE LLC - DT BALI HOTEL MANAGER LLC * REGULAR INCOME TTTT VENTURE LLC - DT TTTT VENTURE LLC - DT BALI TECHNICAL SERVICE * REGULAR INCOME * AMT NET INCOME 46 * AMT NET INCOME 46		-110	-2,875.					
TTT VENTURE LLC - DT BALI HOTEL MANAGER LLC * REGULAR INCOME * AMT NET INCOME TTT VENTURE LLC - DT BALI TECHNICAL SERVICE * REGULAR INCOME * AMT NET INCOME 46			-2,875.					
TTTT VENTURE LLC - DT BALI HOTEL MANAGER LLC * AMT NET INCOME TTTT VENTURE LLC - DT BALI TECHNICAL SERVICE * REGULAR INCOME * AMT NET INCOME 46 * AMT NET INCOME								
BALI HOTEL MANAGER LLC * REGULAR INCOME * AMT NET INCOME TTT VENTURE LLC - DT BALI TECHNICAL SERVICE * REGULAR INCOME * AMT NET INCOME 466	K1-	TTTT VENTURE LLC - DT						
* REGULAR INCOME * AMT NET INCOME TTTT VENTURE LLC - DT BALI TECHNICAL SERVICE * REGULAR INCOME * AMT NET INCOME 46		BALI HOTEL MANAGER LLC						
* AMT NET INCOME TTTT VENTURE LLC - DT BALI TECHNICAL SERVICE * REGULAR INCOME * AMT NET INCOME 46			-950-					
TTTT VENTURE LLC - DT BALI TECHNICAL SERVICE * REGULAR INCOME * AMT NET INCOME		* AMT NET INCOME	-950.					
TTTT VENTURE LLC - DT BALI TECHNICAL SERVICE * REGULAR INCOME * AMT NET INCOME								
	K1-	TTTT VENTURE LLC - DT						
AMT NET INCOME		BALI TECHNICAL SERVICE						
AMT NET INCOME			46,006.					
			46,006.					

Name(s) Form Name K1- TTTT VENTURE LLC - DT TOWER GURGAON LLC * REGULAR INCOME * AMT NET INCOME K1- TTTT VENTURE LLC - DT TOWER GURGAON LLC * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME							Social Societies Nimbor
Form Name K1- TTT VENT TOWER GUR * REGUL * AMT N LIDO TECH LIDO TECH * REGUL * AMT N LIDO TECH * REGUL * AMT N				-			occial decuilty indiliber
- 0	& MELANIA TRUMP						
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	Description	псоше	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
	TRE 1.1.0 - D.M.						
	GAON LLC						
	* REGULAR INCOME	159,275.					
	AMT NET INCOME	159,275.					
LIDO TECH * REGUL * AMT N	URE LLC - DT						
	LIDO TECHNICAL SERVICE						
	REGULAR INCOME	53,386.					
	AMT NET INCOME	53,386.					
CIT RETIFERED TO	D.T.F. MAIL						
*	THE TAX COME OF THE OWN	7					
15	AR INCOME	-2,102.		Chi and an			
1597/1	AMT NET INCOME	-2,102.					
K1- TNGC PINE	TNGC PINE HILL MEMBER						
CORP	٠						
* REGUL	* REGULAR INCOME	-23,104.					
AMT A	AMT ADJUSTMENTS	-86.			-86		
* AMT N	AMT NET INCOME	-23,190.			-86.		
K1- TRUMP PAL	TRUMP PALACE PARC LLC						
* REGUL	REGULAR INCOME	-140,510.					
AMT A	AMT ADJUSTMENTS	30,919.			30,919.		
* AMT N	AMT NET INCOME	-109,591.			30,919.		
						7	

		ALTERNA	TIVE MINIMUM TAX RE	ERNATIVE MINIMUM TAX RECONCILIATION REPORT	E		
Name(s)		=		ia i			Social Security Number
DONALD J.	J. & MELANIA TRUMP			•9:	£		
Form					Adjustment		
Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
٦ ا	DONALD J. TRUMP						
	* REGULAR INCOME	214,500.					
	* AMT NET INCOME	214,500.					
-5	TRUMP ORGANIZATION LLC						
	* REGULAR INCOME	-57.					
	* AMT NET INCOME	-57.					
	2						
-D	TRUMP REALTY SERVICES						
	LLC						
	* REGULAR INCOME	-794.					
	* AMT NET INCOME	-794.		*.			
-D	WOLLMAN RINK OPERATION						
	s rrc						
	* REGULAR INCOME	297,623.					
	* AMT NET INCOME	297,623.					
r G	TRUMP CHICAGO DEVELOPM						
	ENT LLC						
		-114.					
	* AMT NET INCOME	-114.					

		ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT			
Name(s)	(s)e						Social Security Number
DONALD J.	D J. & MELANIA TRUMP						
Form	m .				Adjustment		
Nam		псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
ŋ	TRUMP LAS VEGAS DEVELO						
	PMENT LLC						
	* REGULAR INCOME	2,038,317.					
	* AMT NET INCOME	2,038,317.					
ن	TRUMP PHOENIX DEVELOPM						
	ENT LLC						
	* REGULAR INCOME	-412.					
	* AMT NET INCOME	-412.					
C	manufacture a root character						
,	H						
	* REGULAR INCOME	5 C					
	* AMT NET INCOME	- 25-					
			•				
-D	TIHT HOLDING COMPANY L						
	LC						
	* REGULAR INCOME	12,889.					
	* AMT NET INCOME	12,889.					
ט	CHICAGO UNIT ACQUISTIO						
,	N LLC						
	* REGULAR INCOME	-1,717.					
	* AMT NET INCOME	-1,717.					
							THE PROPERTY OF THE PROPERTY O

Name(s) Form Name C- TRUMP ICE LLC * REGULAR INCOME * AMT NET INCOME S LLC C- TRUMP GOLF ACQUISITION S LLC * REGULAR INCOME * AMT NET INCOME	TRUMP Description INCOME INCOME INCOME INCOME INCOME INCOME INCOME INCOME	Income -69,725. -69,725. -3,437. -3,437.	Form 6251, Line 17	Form 6251, Line 18	Adjustment Form 6251, Line 19	Form 6251, Line 20	Social Security Number Form 6251 Other Adjustment
Form C- TRUMP ICE LLC * REGULAR INC * AMT NET INC C- DJT OPERATIONS * AMT NET INC C- TRUMP GOLF ACQU S LLC S LLC * REGULAR INC * AMT NET INC S LLC * AMT NET INC * AMT NET IN	UMP Scription COME COME COME COME COME COME COME COME		Form 6251, Line 17	Form 6251, Line 18	Adjustment Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
	Scription COME COME LI LLC COME COME COME COME COME COME COME COM		Form 6251, Line 17	Form 6251, Line 18	Adjustment Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
	Scription COME COME COME COME COME COME COME COME COME		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
	COME COME COME COME COME COME COME	-69,725. -69,725. -3,437. -3,437.					
	COME COME COME COME COME COME COME COME	-69,725. -69,725. -3,437. -3,437.					
	COME II LLC COME COME COME COME COME COME	-69,725. -69,725. -3,437. -3,437.					
	II LLC COME COME COME COME COME	-69,725. -3,437. -3,437.					
	II LLC COME TOME TOME TOME	-3,437. -3,437.					
	OME COME COME COME	-3,437.					
	COME	-3,437.					
	TISITION	11,103.					
	JUSITION COME					DACONAL PROPERTY OF THE PROPER	
	COMB				The second secon		
	COME						
	COME						
		11,103.					
	CX TTC						
* REGULAR INCOME	COME	.802,33					
* AMT NET INCOME	COME	.805,508.					
,							
C- THC HOTEL DEVELOPMENT	COPMENT						
LIC .							
* REGULAR INCOME	COME	-355.					
* AMT NET INCOME	COME	-355.					
C- TRUMP C DEVELOPMENT LL	PMENT LL						
υ							
* REGULAR INCOME	COME	-607.					
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			10.000				

Adjustment Form 6251, Line 19			ALTERNAT	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	TE		
Adjustment Description Income Form 6281, Lhe 17 Form 6281, Lhe 19 FRUME LIAS VEGAS DEVELO PREME LLC * REQUILAR INCOME 6,114,951. * ANT NET INCOME 2,076,341. * REQUILAR INCOME 3,076,341. * ANT NET INCOME 3,076,341.	Name(s	(5)						Social Security Number
Pescription Pescription Percent Power Percent	DONALD							
Form 6251, Line 19 Form 6251, Line 19 Form 6251, Line 19	Form		9			Adjustment		
TRUMP LAS VEGAS DEVELO * REGULAR INCOME * AMT NET INCOME * AMT NET INCOME * REGULAR INCOME * REGULAR INCOME * AMT NET INCOME * TRUMP CARIBBEAN LLC * TRUMP LAUDERDALE DEVEL * AMT NET INCOME * AMT NET NET INCOME * AMT NET NET NET NET NET NET NET NET NET N	Name		псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
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		OPMENT LLC						
AMT NET INCOME		* REGULAR INCOME	38,543.					
			38,543.					

		ALTERNA	TIVE MINIMUM TAX RE	ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT	н	¥	
Name(s)				8			Social Security Number
DONALD J.	J. & MELANIA TRUMP						
Form					Adjustment		
Name	Description	псоте	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
H	TRUMP LAUDERDALE DEVEL						
	OPMENT #2 LLC						
	* REGULAR INCOME	-910.					
	* AMT NET INCOME	-910.					
Ξ-	TRUMP WORLD PUBLICATIO						
	NS						
	* REGULAR INCOME	-89.					
	* AMT NET INCOME	-89.					
- Ш	WEST PALM OPERATIONS L						
				-			
		-26,906.					
	* AMT NET INCOME	-26,906.					
	** TOTAL ADJ & PREF **			-438,813.	-686,699.		8,806.

Sales of Business Property

Form 4/9/
Department of the Treasury

Department of the Treasury Internal Revenue Service (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

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

2016

OMB No. 1545-0184

Name(s) shown on return
DONALD J. TRUMP Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions) Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (f) Cost or other basis, plus (C) Date (g) Gain or (loss) (b) Date (e) Depreciation (d) Gross Subtract (f) from the sum of (d) and (e) (a) Description of acquired sold allowed or allowable sales price improvements and property since acquisition (mo., day, yr.) (mo., day, yr.) expense of sale 3 Gain, if any, from Form 4684, line 39 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 6 Gain, if any, from line 32, from other than casualty or theft 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows: Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions 9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): FURNITURE & FIXTURES VARTES 01 01 1 82,822 134 170 -14,864. 11 Loss, if any, from line 7 11 12 Gain, if any, from line 7 or amount from line 8, if applicable 12 Gain, if any, from line 31 13 0 . Net gain or (loss) from Form 4684, lines 31 and 38a 14 14 Ordinary gain from installment sales from Form 6252, line 25 or 36 15 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 Combine lines 10 through 16 17 -14,864. For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below: a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040,

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2016)

18h

			ınd 1255		1	
					(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 p	roperty:				(mo., day, yr.)	(IIIO., day, yr.)
A B						
B C						
D						
These columns relate to the properties on	T					
lines 19A through 19D.		Property A	Property B	Property 0	P	roperty D
20 Gross sales price (Note: See line 1 before completing.)	20					
21 Cost or other basis plus expense of sale	21					
22 Depreciation (or depletion) allowed or allowable	22					
23 Adjusted basis. Subtract line 22 from line 21	23					
24 Total gain. Subtract line 23 from line 20	24					
25 If section 1245 property:						
a Depreciation allowed or allowable from line 22	25a					
b Little the difference of the Lead	25b					
26 If section 1250 property: If straight line depreciation						
was used, enter -0- on line 26g, except for a corporation						
subject to section 291.						
a Additional depreciation after 1975	26a					
b Applicable percentage multiplied by the smaller of line 24 or line 26a	26b					- 1 -
c Subtract line 26a from line 24. If residential rental						70.00
property or line 24 is not more than line 26a, skip lines						
26d and 26e	26c	9		No.		
d Additional depreciation after 1969 and before 1976	26d					1017 5.23-
	26e					9-375-6
f Section 291 amount (corporations only)	26f					
g Add lines 26b, 26e, and 26f	26g			LET NEEDWY		
27 If section 1252 property: Skip this section if you didn't						
dispose of farmland or if this form is being completed for						
a partnership (other than an electing large partnership).						
a Soil, water, and land clearing expenses	27a				Tie beef	
b Line 27a multiplied by applicable percentage	27b					
c Enter the smaller of line 24 or 27b	27c					
28 If section 1254 property:						
a Intangible drilling and development costs, expenditures						
for development of mines and other natural deposits,						
mining exploration costs, and depletion	28a					
b Enter the smaller of line 24 or 28a	28b					
29 If section 1255 property:						
a Applicable percentage of payments excluded from						
income under section 126	29a					
b Enter the smaller of line 24 or 29a	29b					
Summary of Part III Gains. Complete property colum		rough D through line	29b before going to line 30		3.44.3	A ITEM
outilities of the complete property solution	1110 77 411	ough D in ough		The First Springer	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
30 Total gains for all properties. Add property columns A thro	uah D. I	ine 24			30	0.
Total game for an proportion. And property columns A tillo	-5, 1					
31 Add property columns A through D, lines 25b, 26g, 27c, 28	3b. and 5	29b. Enter here and or	n line 13		31	
32 Subtract line 31 from line 30. Enter the portion from casua						
ountiant title of it title into ou. Litter title portion it offi casua	, 0, 111	J J				0
from other than casualty or theft on Form 4797, line 6 Part IV Recapture Amounts Under Section			and the state of t		32	-

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

8865 ATTACHMENT

NAME OF FOREIGN PARTNERSHIP :

TRUMP INTERNATIONAL GOLF CLUB

Depreciation and Amortization (Including Information on Listed Property)

Attach to your tax return.

Department of the Treasury

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

OMB No. 1545-0172

DONALD J. & MELANIA TRUMP

Business or activity to which this form relates

TRUMP INTERNATIONAL GOLF CLUB SCOTLAND Part | 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 Threshold cost of section 179 property before reduction in limitation 3 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property 6 (b) Cost (business use only) 7 Listed property. Enter the amount from line 29 0 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 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 ... 13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 1,526,266. 16 Part III MACRS Depreciation (Don't include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2016 17 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 (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (a) Classification of property ear placed in service (f) Method (g) Depreciation deduction 3-year property 19a b 5-year property 7-year property 10-year property 15-year property е 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 S/L 39 yrs. MM i Nonresidential real property MM SI Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/I 40-year 40 yrs. MM S/L Part IV | Summary (See instructions.) 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 1,526,266. 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

(a) through 6 of Section A, a lof Section B, and Section C if applicable. Section A - Depreciation and Other Information (Cautions 5 eet he instructions for limits for passenger automobiles.) Section C - Depreciation and Other Information (Cautions of the passenger automobiles.) 1	Par	recreation, or a	amùsement.) vehicle for w	hich you are u	ising the	e standaı	rd mileag	ge rate o		•							
29a De pour have evidence to support the business/mestment use claimed? Yes No 24b is f Yes, is the evidence written? Yes No No Yes No									nstruc	tions for li	mits for p	asseng	er autor	nobiles.))		
(g) Type of property (list vehicles first) Description Descriptio	24a								7	Thursday Succession		70000	2 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1	24.0		No	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use: 26 Proporty used more than 50% in a qualified business use: 27 Property used 50% or less in a qualified business use: 28 27 Property used 50% or less in a qualified business use: 29 28 27 Property used 50% or less in a qualified business use: 29 28 28 Add amounts in column (h), lines 25 Enter here and on line 21, page 1 29 29 Add amounts in column (h), lines 25 Enter here and on line 21, page 1 29 29 Add amounts in column (h), lines 26 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26 Enter here and on line 7, page 1 29 Cartie this section for vehicles used by a sole proprietor, partner, or cher "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year 31 Total commuting miles of viven during the year 32 Total other personal (incnommuting miles) 33 Total miles driven during the year 34 Was the vehicle available for personal use 45 Was the vehicle available for personal use 46 Was the vehicle available for personal use 47 Was the vehicle available for personal use 48 Was the vehicle available for personal use 58 Exciton 0 - Questions for twihides used by comporate officers, directors, or 1% or more owners 59 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employee		(a) Type of property	(b) Date placed in	(c) Business/ investment		(d) Cost or	Bas	(e) sis for depressiness/inve	eciation estment	(f) Recovery	(s	g) hod/	Depr	(h) eciation	Ele sectio	(i) cted on 179	
26 Property used more than 50% in a qualified business use: 1			owance for q	ualified listed	property												
27 Property used 50% or less in a qualified business use: 28 Property used 50% or less in a qualified business use: 29 Property used 50% or less in a qualified business use: 29 Add amounts in column (ft), lines 25 through 27, Enter here and on line 21, page 1 29 Add amounts in column (ft), lines 25 through 27, Enter here and on line 21, page 1 29 Add amounts in column (ft), lines 25 through 27, Enter here and on line 21, page 1 29 Add amounts in column (ft), lines 25 through 27, Enter here and on line 21, page 1 29 Add amounts in column (ft), lines 25 through 27, Enter here and on line 21, page 1 29 Section B - Information on Use of Vehicles 20 Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person.' If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year. 31 Total community miles driven during the year. 32 Total other personal (incommuniting) miles driven during the year. 33 Total initials driven during the year. 34 Was the vehicle available for personal use driven during the year. 35 Was the vehicle available for personal use driven during driven during driven during driven during the year. 36 Is another vehicle available for personal use driven during driven driv												25			接触的		
96 S.L. 97 S.L. 98 S.L. 98 S.L. 99 S.L. 99 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 S.L. 99 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 S.L. 90 Section B - Information on Use of Vehicles 90 Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 10 10 10 10 10 10 10 1	26 P	roperty used more that	n 50% in a qi T		100 Y								Γ				
96 97 Property used 50% or less in a qualified business use: 96 98.	·1				100								-				
27 Property used 50% or less in a qualified business use:	-						-										
1	07 D	range E00/ or la						-			<u> </u>				-		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 7, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 29 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 29 Add and lines driven during the year. 20 Add lines driven during the year. 21 Total cher personal (horizontary hills and lines driven during the year. 22 Add lines driven during the year. 23 Add set we will be driven during the year. 24 Amother will be driven during the year. 25 No Yes No Y	21 P	roperty used 50% of le			0.4		1 1				9/1		1		200012313		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1			-		_		1		-								
28 Add amounts in column (h), lines 26. Enter here and on line 21, page 1 29 Add amounts in column (l), lines 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 20 Total business/investment miles driven during the year (a) (c) (d) (e) (f) 21 Total commuting miles driven during the year (a) I total commuting miles driven during the year (Add lines 30 through 32 22 Total other personal (proncommuting) miles driven during the year (Add lines 30 through 32 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-but yours? 35 Was the vehicle available for personal use? 36 Is another vehicle available for personal use? 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, including commuting, by your employees? 39 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 30 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 30 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 30 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 31 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? 32 Do you maintain a written policy statement that prohibits personal use? 33 Do you maintain a written policy statement that prohibits personal use?					_				-						1		
Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. 30 Total business/investment miles driven during the year (den't include commuting miles) 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven during the year. 33 Total miles driven during the year. Add lines 30 through 32. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners and by our the tall use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you retain the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. 42 Amortization of costs that begins during your 2016 tax year. 43 Amortization of costs that begins before your 2016 tax year. 44 Amortization of costs that begins before your 2016 tax year.	29 A	dd amounts in column	(h) lines 25			e and on	line 21	nage 1				28					
Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles. Complete this section for vehicles used by the development of the personal fine for this part to the personal function of the personal function function of the personal function of the personal function of the personal function of the personal function of the person														29	SECTION SECTION		
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Form 4562 (2016)

Page 2

Foreign Taxes	
Name of partnership/corporation	Employer identification number
TRUMP INTERNATIONAL GOLF CLUB	Manager Manager Control of
SCOTLAND LIMITED	98-0485744
	JNITED KINGDOM
b Total gross income sourced at shareholder/partner level	
c Total gross income sourced at corporate/partnership level:	
(1) Passive category	
(2) General category	
(3) Section 901(j) income	
(4) Income re-sourced by treaty	47410 110 417 111 111 111 111 111 111 111 111 111
(5) Other income	A 5000 PAGE 100 PAGE
d Deductions allocated and apportioned at shareholder/partner level;	
(1) Interest expense	
(2) Other	
Deductions allocated and apportioned at corporate/partnership level:	
-9-/4 - 1-9-11 (10% 1-910 3-0) (10% 1-9-0)	1000
(1) Passive category (2) General category	
	6,376,959.
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(4) Income re-sourced by treaty	iv very.
(5) Other Income	99. 4. 1.4
f Total foreign taxes - Paid Accrued	
g Reduction in taxes available for credit	