

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)

TRUMP INTERNATIONAL GOLF CLUB INC 65-0711659

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	<238,052.>
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	<238,052.>

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8	10a	
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	16	
b	<input type="checkbox"/> The end of your prior year		
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	18	
b	<input type="checkbox"/> The end of your prior year		
19a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	0.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	(0.)

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

Form **6198**
 (Rev. November 2009)
 Department of the Treasury
 Internal Revenue Service

At-Risk Limitations

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Attachment Sequence No. **31**

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Identifying number

DONALD J. TRUMP

Description of activity (see page 2 of the instructions)

TRUMP INTERNATIONAL GOLF CLUB LLC 65-0750446

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	2,956,914.
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	4,852.
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	2,961,766.

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	3,074,277.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	3,074,277.
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8	10a	3,074,277.
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	3,074,277.

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	16	
b	<input type="checkbox"/> The end of your prior year		
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	18	
b	<input type="checkbox"/> The end of your prior year		
19a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	3,074,277.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	()

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

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

Form 6198 (Rev. 11-2009)

At-Risk Limitations

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Identifying number

DONALD J. TRUMP

Description of activity (see page 2 of the instructions)

TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP 26-3467517

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	<19,197.>
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	(1.)
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	<19,198.>

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8	10a	
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):	15	
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	}	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):	16	
a	<input type="checkbox"/> Effective date	}	
b	<input type="checkbox"/> The end of your prior year		
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):	18	
a	<input type="checkbox"/> Effective date	}	
b	<input type="checkbox"/> The end of your prior year		
19a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	0.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	(0.)

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

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DONALD J. TRUMP

Description of activity (see page 2 of the instructions)

ULTIMATE AIR CORP 13-3747981

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	<17,842.>
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	X <17,842.>

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	SEE STATEMENT 66 9,474.
8	Add lines 6 and 7	8	9,474.
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8	10a	9,474.
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	9,474.

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.		
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date		
b	<input type="checkbox"/> The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date		
b	<input type="checkbox"/> The end of your prior year	18	
19a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	X 9,474.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	X 9,474.

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.

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Identifying number

DONALD J. TRUMP

Description of activity (see page 2 of the instructions)

TRUMP LAS OLAS MEMBER CORP 20-3002512

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1 Ordinary income (loss) from the activity (see page 2 of the instructions)	1	<2,092.>
2 Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a Schedule D	2a	
b Form 4797	2b	
c Other form or schedule	2c	
3 Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4 Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	()
5 Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	<2,092.>

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6 Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	0.
7 Increases for the tax year (see page 3 of the instructions)	7	
8 Add lines 6 and 7	8	
9 Decreases for the tax year (see page 4 of the instructions)	9	
10 a Subtract line 9 from line 8	10a	
b If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11 Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12 Increases at effective date	12	
13 Add lines 11 and 12	13	
14 Decreases at effective date	14	
15 Amount at risk (check box that applies):		
a <input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b <input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16 Increases since (check box that applies):		
a <input type="checkbox"/> Effective date b <input type="checkbox"/> The end of your prior year	16	
17 Add lines 15 and 16	17	
18 Decreases since (check box that applies):		
a <input type="checkbox"/> Effective date b <input type="checkbox"/> The end of your prior year	18	
19 a Subtract line 18 from line 17	19a	
b If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20 Amount at risk. Enter the larger of line 10b or line 19b	20	0.
21 Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	(0.)

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

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DONALD J. TRUMP

Description of activity (see page 2 of the instructions)

TRUMP INTERNATIONAL GOLF CLUB INC 65-0711659

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	<238,051.>
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	<238,051.>

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8	10a	
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	16	
b	<input type="checkbox"/> The end of your prior year		
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	18	
b	<input type="checkbox"/> The end of your prior year		
19a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b of line 19b	20	0.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	(0.)

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

At-Risk Limitations

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OMB No. 1545-0712

Attachment Sequence No. **31**

Name(s) shown on return: **DONALD J. TRUMP**

Identifying number: _____

Description of activity (see page 2 of the instructions):
TRUMP INTERNATIONAL GOLF CLUB LLC 65-0750446

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	3,021,465.
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) 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	4,852.
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	3,026,317.

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	3,028,229.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	3,028,229.
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8	10a	3,028,229.
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	3,028,229.

Part III Detailed Computation of Amount At Risk.
 If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	16	
b	<input type="checkbox"/> The end of your prior year		
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	18	
b	<input type="checkbox"/> The end of your prior year		
19a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	3,028,229.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	()

Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or 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.

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Identifying number

DONALD J. TRUMP

Description of activity (see page 2 of the instructions)

TNGC PINE HILL MEMBER CORP (FKA CREST COURT MEMBER CORP 26-3467517)

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	<19,507.>
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
a	Schedule D	2a	
b	Form 4797	2b	
c	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	<19,507.>

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8	10a	
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	16	
b	<input type="checkbox"/> The end of your prior year		
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	18	
b	<input type="checkbox"/> The end of your prior year		
19a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	0.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	(0.)

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

At-Risk Limitations

- ▶ Attach to your tax return.
- ▶ See separate instructions.

OMB No. 1545-0712

Attachment
 Sequence No. **31**

Name(s) shown on return: **DONALD J. TRUMP**

Identifying number: _____

Description of activity (see page 2 of the instructions):

RESTAURANT 40 MEMBER CORP 45-4146506

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	<271.>
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on:		
	a Schedule D	2a	
	b Form 4797	2b	
	c Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c	3	
4	Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	<271.>

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	0.
7	Increases for the tax year (see page 3 of the instructions)	7	
8	Add lines 6 and 7	8	
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8	10a	
10b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
	a <input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.		
	b <input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.	15	
16	Increases since (check box that applies):		
	a <input type="checkbox"/> Effective date b <input type="checkbox"/> The end of your prior year	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
	a <input type="checkbox"/> Effective date b <input type="checkbox"/> The end of your prior year	18	
19a	Subtract line 18 from line 17	19a	
19b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	0.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover	21	()

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

At-Risk Limitations

- ▶ 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)

TRUMP INTERNATIONAL HOTELS MANAGEMENT LLC 20-5075337

Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts. See page 2 of the instructions.

1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	<1,490,509.>
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	18.
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	(5,201.)
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the instructions before completing the rest of this form	5	<1,495,692.>

Part II Simplified Computation of Amount At Risk. See page 3 of the instructions before completing this part.

6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. Do not enter less than zero	6	254,369.
7	Increases for the tax year (see page 3 of the instructions) SEE STATEMENT 72	7	2,126,582.
8	Add lines 6 and 7	8	2,380,951.
9	Decreases for the tax year (see page 4 of the instructions) SEE STATEMENT 73	9	839,160.
10a	Subtract line 9 from line 8	10a	1,541,791.
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	1,541,791.

Part III Detailed Computation of Amount At Risk.

If you completed Part III of Form 6198 for the prior year, see page 4 of the instructions.

11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11	
12	Increases at effective date	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
a	<input type="checkbox"/> At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	<input type="checkbox"/> From your prior year Form 6198, line 19b. Do not enter the amount from line 10b of your prior year form.		
16	Increases since (check box that applies):		
a	<input type="checkbox"/> Effective date	16	
b	<input type="checkbox"/> The end of your prior year		
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
a	<input type="checkbox"/> Effective date	18	
b	<input type="checkbox"/> The end of your prior year		
19a	Subtract line 18 from line 17	19a	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	19b	

Part IV Deductible Loss

20	Amount at risk. Enter the larger of line 10b or line 19b	20	1,541,791.
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See the instructions to find out how to report any deductible loss and any carryover LOSS(ES) FULLY DEDUCTIBLE	21	(1,495,692.)

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

Statement SBE Supplemental Business Expenses

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred THE EAST 61 ST. COMPANY
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 106	4	11,169.
5 Meals and entertainment expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	11,169.

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	11,169.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	11,169.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	11,169.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

Statement SBE Supplemental Business Expenses

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred 40 WALL DEVELOPMENT ASSOC, LLC
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 107</small>	4	480,976.
5 Meals and entertainment expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	480,976.

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	480,976.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	480,976.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	480,976.

Part II Vehicle Expenses

Section A. - General Information

	(a) Vehicle	(b) Vehicle
11 Enter the date vehicle was placed in service	11	
12 Total miles vehicle was driven during 2015	12	miles
13 Business miles included on line 12	13	miles
14 Percent of business use. Divide line 13 by line 12	14	%
15 Average daily roundtrip commuting distance	15	miles
16 Commuting miles included on line 12	16	miles
17 Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18 Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19 Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20 Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21 If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22 Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22
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Section C. - Actual Expenses

	(a) Vehicle	(b) Vehicle
23 Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a Vehicle rentals	24a	
b Inclusion amount	24b	
c Subtract line 24b from line 24a	24c	
25 Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26 Add lines 23, 24c, and 25	26	
27 Multiply line 26 by the percentage on line 14	27	
28 Depreciation. Enter amount from line 38 below	28	
29 Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred PENN YARDS ASSOCIATES
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A		Column B	
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 108	4	10,679.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	10,679.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	10,679.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	10,679.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	10,679.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred PLAZA OPERATING PARTNERS LTD
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 109	4	111,128.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	111,128.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	111,128.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	111,128.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	111,128.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

Statement SBE Supplemental Business Expenses

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP CPS LLC
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 110	4	101,315.
5 Meals and entertainment expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	101,315.

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	101,315.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	101,315.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	101,315.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2015	miles	miles
13	Business miles included on line 12	miles	miles
14	Percent of business use. Divide line 13 by line 12	%	%
15	Average daily roundtrip commuting distance	miles	miles
16	Commuting miles included on line 12	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP CPS DEVELOPMENT LLC
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 111</small>	4	10,455.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	10,455.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	10,455.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)	9	10,455.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	10,455.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2015		miles
13	Business miles included on line 12	miles	miles
14	Percent of business use. Divide line 13 by line 12	%	%
15	Average daily roundtrip commuting distance	miles	miles
16	Commuting miles included on line 12	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP 845 UN GP LLC (MGR)
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 112	4	55,361.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	55,361.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	55,361.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	55,361.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			55,361.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2015	miles	miles
13	Business miles included on line 12	miles	miles
14	Percent of business use. Divide line 13 by line 12	%	%
15	Average daily roundtrip commuting distance	miles	miles
16	Commuting miles included on line 12	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP EQUITABLE FIFTH AVENUE CO
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 113	4	191,195.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	191,195.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	191,195.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)	9	191,195.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			191,195.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2015	miles	miles
13	Business miles included on line 12	miles	miles
14	Percent of business use. Divide line 13 by line 12	%	%
15	Average daily roundtrip commuting distance	miles	miles
16	Commuting miles included on line 12	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22 Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1

Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.		
24a	Vehicle rentals		
b	Inclusion amount		
c	Subtract line 24b from line 24a		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)		
26	Add lines 23, 24c, and 25		
27	Multiply line 26 by the percentage on line 14		
28	Depreciation. Enter amount from line 38 below		
29	Add lines 27 and 28. Enter total here and on line 1		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

Statement SBE Supplemental Business Expenses

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred MISS UNIVERSE LP, LLP
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment		Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 114	4	75,013.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	75,013.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	75,013.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	75,013.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			75,013.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
24b	b Inclusion amount	24b	
24c	c Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

Statement SBE Supplemental Business Expenses

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP PALACE/PARC LLC
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 115	4	45,476.
5 Meals and entertainment expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	45,476.

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	45,476.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	45,476.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	45,476.

Part II Vehicle Expenses			
Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22
----	---	----

Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred DONVAN ENTERPRISES INC
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 116	4	3,735.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	3,735.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	3,735.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	3,735.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	3,735.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred FLIGHTS INC.
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
1 Vehicle expense from line 22 or line 29	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 117	4	76,241.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	76,241.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	76,241.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	76,241.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	76,241.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred FOOTBALL GENERALS INC.
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 118	4	12,910.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	12,910.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	12,910.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	12,910.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	12,910.

Part II Vehicle Expenses			
Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle		(b) Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23			
24a	Vehicle rentals	24a			
b	Inclusion amount	24b			
c	Subtract line 24b from line 24a	24c			
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25			
26	Add lines 23, 24c, and 25	26			
27	Multiply line 26 by the percentage on line 14	27			
28	Depreciation. Enter amount from line 38 below ...	28			
29	Add lines 27 and 28. Enter total here and on line 1	29			

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred HELICOPTER AIR SERVICES INC
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 119	4	11,326.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	11,326.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	11,326.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)	9	11,326.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	11,326.

Part II Vehicle Expenses			(a) Vehicle	(b) Vehicle
Section A. - General Information				
11	Enter the date vehicle was placed in service	11		
12	Total miles vehicle was driven during 2015	12	miles	miles
13	Business miles included on line 12	13	miles	miles
14	Percent of business use. Divide line 13 by line 12	14	%	%
15	Average daily roundtrip commuting distance	15	miles	miles
16	Commuting miles included on line 12	16	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles	miles
18	Was your vehicle available for personal use during off-duty hours?			<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?			<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?			<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses			(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23		
24a	Vehicle rentals	24a		
b	Inclusion amount	24b		
c	Subtract line 24b from line 24a	24c		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25		
26	Add lines 23, 24c, and 25	26		
27	Multiply line 26 by the percentage on line 14	27		
28	Depreciation. Enter amount from line 38 below	28		
29	Add lines 27 and 28. Enter total here and on line 1	29		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP PALM BEACHES CORP.
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 120	4	12,426.	
5 Meals and entertainment expenses	5		
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	12,426.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	12,426.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)	9	12,426.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10		12,426.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred THE TRUMP CORPORATION
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 121	4	170,697.	
5 Meals and entertainment expenses	5		
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	170,697.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	170,697.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)	9	170,697.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10		170,697.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5c (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP EMPIRE STATE, INC.
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A		Column B	
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 122</small>	4	15,729.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	15,729.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	15,729.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)	9	15,729.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	15,729.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

Statement SBE Supplemental Business Expenses

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP PROJECT MANAGEMENT CORP
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 123	4	9,665.
5 Meals and entertainment expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	9,665.

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	9,665.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	9,665.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	9,665.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24 a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP PLAZA MANAGEMENT CORP.
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 124	4,402.	
5 Meals and entertainment expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	4,402.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	4,402.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	4,402.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	▶ 10	4,402.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2015	miles	miles
13	Business miles included on line 12	miles	miles
14	Percent of business use. Divide line 13 by line 12	%	%
15	Average daily roundtrip commuting distance	miles	miles
16	Commuting miles included on line 12	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5c (.575). Enter the result here and on line 1	22
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.		
24a	Vehicle rentals		
b	Inclusion amount		
24b			
c	Subtract line 24b from line 24a		
24c			
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)		
25			
26	Add lines 23, 24c, and 25		
26			
27	Multiply line 26 by the percentage on line 14		
27			
28	Depreciation. Enter amount from line 38 below ...		
28			
29	Add lines 27 and 28. Enter total here and on line 1		
29			

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred SOFO REALTY CORP
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 125	4	31,055.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	31,055.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	31,055.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	31,055.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			31,055.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred ULTIMATE AIR CORP
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A		Column B	
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 126	4	9,474.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	9,474.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	9,474.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	9,474.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			9,474.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2015	miles	miles
13	Business miles included on line 12	miles	miles
14	Percent of business use. Divide line 13 by line 12	%	%
15	Average daily roundtrip commuting distance	miles	miles
16	Commuting miles included on line 12	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

Statement SBE Supplemental Business Expenses

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred SHUTTLE INC
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses

		Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 127	4	255,245.	
5 Meals and entertainment expenses	5		
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	255,245.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	255,245.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	255,245.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10		255,245.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2015	miles	miles
13	Business miles included on line 12	miles	miles
14	Percent of business use. Divide line 13 by line 12	%	%
15	Average daily roundtrip commuting distance	miles	miles
16	Commuting miles included on line 12	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5c (.575). Enter the result here and on line 1	22
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred T MANAGEMENT LLC (TMG MEMBER LLC)
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 128	4 69,337.	
5 Meals and entertainment expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6 69,337.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8 69,337.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9 69,337.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	▶ 10	69,337.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2015	miles	miles
13	Business miles included on line 12	miles	miles
14	Percent of business use. Divide line 13 by line 12	%	%
15	Average daily roundtrip commuting distance	miles	miles
16	Commuting miles included on line 12	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.		
24a	Vehicle rentals		
b	Inclusion amount		
24b			
c	Subtract line 24b from line 24a		
24c			
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)		
25			
26	Add lines 23, 24c, and 25		
26			
27	Multiply line 26 by the percentage on line 14		
27			
28	Depreciation. Enter amount from line 38 below		
28			
29	Add lines 27 and 28. Enter total here and on line 1		
29			

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

Statement SBE Supplemental Business Expenses

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP PARK AVENUE LLC (DELMONICO)
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 129</small>	4	18,089.
5 Meals and entertainment expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	18,089.

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	18,089.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	18,089.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	18,089.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2015	miles	miles
13	Business miles included on line 12	miles	miles
14	Percent of business use. Divide line 13 by line 12	%	%
15	Average daily roundtrip commuting distance	miles	miles
16	Commuting miles included on line 12	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
19	Do you (or your spouse) have another vehicle available for personal use?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
20	Do you have evidence to support your deduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
21	If "Yes," is the evidence written?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.		
24a	Vehicle rentals		
b	Inclusion amount		
c	Subtract line 24b from line 24a		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)		
26	Add lines 23, 24c, and 25		
27	Multiply line 26 by the percentage on line 14		
28	Depreciation. Enter amount from line 38 below		
29	Add lines 27 and 28. Enter total here and on line 1		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

Statement SBE Supplemental Business Expenses

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred 767 LLC (767 MANAGER LLC)
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 130	4	12,602.	
5 Meals and entertainment expenses	5		
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	12,602.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	12,602.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	12,602.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10		12,602.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5c (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred RPV DEVELOPMENT LLC
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 131	4	2,487.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	2,487.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	2,487.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	2,487.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			2,487.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5c (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP PARK AVE LLC - ACQUISITIONS
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A		Column B	
	Other Than Meals and Entertainment		Meals and Entertainment	
1 Vehicle expense from line 22 or line 29	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 132</small>	4	10,080.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	10,080.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	10,080.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	10,080.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	10,080.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

Statement SBE Supplemental Business Expenses

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP ENTREPRENEUR INITIATIVE LLC
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 133</small>	4	1,571.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	1,571.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	1,571.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	1,571.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	1,571.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2015	miles	miles
13	Business miles included on line 12	miles	miles
14	Percent of business use. Divide line 13 by line 12	%	%
15	Average daily roundtrip commuting distance	miles	miles
16	Commuting miles included on line 12	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.		
24a	Vehicle rentals		
24b	b Inclusion amount		
24c	c Subtract line 24b from line 24a		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)		
26	Add lines 23, 24c, and 25		
27	Multiply line 26 by the percentage on line 14		
28	Depreciation. Enter amount from line 38 below		
29	Add lines 27 and 28. Enter total here and on line 1		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP ENTREPRENEUR INITIATIVE LLC
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 134</small>	4	16,967.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	16,967.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	16,967.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	16,967.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	16,967.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2015	miles	miles
13	Business miles included on line 12	miles	miles
14	Percent of business use. Divide line 13 by line 12	%	%
15	Average daily roundtrip commuting distance	miles	miles
16	Commuting miles included on line 12	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5c (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.		
24a	Vehicle rentals		
b	Inclusion amount		
c	Subtract line 24b from line 24a		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)		
26	Add lines 23, 24c, and 25		
27	Multiply line 26 by the percentage on line 14		
28	Depreciation. Enter amount from line 38 below		
29	Add lines 27 and 28. Enter total here and on line 1		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred BAYROCK-TRUMP SOHO MEMBER LLC
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 135	4	1,025.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	1,025.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	1,025.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)	9	1,025.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	1,025.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5c (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below ...	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TIHT COMMERCIAL LLC
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 136</small>	4	1,336.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	1,336.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	1,336.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)	9	1,336.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			▶ 10	1,336.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2015	miles	miles
13	Business miles included on line 12	miles	miles
14	Percent of business use. Divide line 13 by line 12	%	%
15	Average daily roundtrip commuting distance	miles	miles
16	Commuting miles included on line 12	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.		
24a	Vehicle rentals		
b	Inclusion amount		
c	Subtract line 24b from line 24a		
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)		
26	Add lines 23, 24c, and 25		
27	Multiply line 26 by the percentage on line 14		
28	Depreciation. Enter amount from line 38 below		
29	Add lines 27 and 28. Enter total here and on line 1		

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

Statement SBE Supplemental Business Expenses

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP MARKS HOLDING LP
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A		Column B	
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 137	4	19,128.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	19,128.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	19,128.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	19,128.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	19,128.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP INTERNATIONAL GOLF CLUB LLC
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 138</small>	4	712,670.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	712,670.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	712,670.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)	9	712,670.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	712,670.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred MAR-A-LAGO CLUB LLC
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 139	734,021.	
5 Meals and entertainment expenses		
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	734,021.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	734,021.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	734,021.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	734,021.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2015	miles	miles
13	Business miles included on line 12	miles	miles
14	Percent of business use. Divide line 13 by line 12	%	%
15	Average daily roundtrip commuting distance	miles	miles
16	Commuting miles included on line 12	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

Statement SBE Supplemental Business Expenses

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP RESORTS HOLDINGS LP
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 140	210,677.	
5 Meals and entertainment expenses		
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	210,677.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	210,677.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	210,677.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	210,677.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

Statement SBE Supplemental Business Expenses

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP PRODUCTIONS LLC
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 141	4	103,865.
5 Meals and entertainment expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	103,865.

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	103,865.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	103,865.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	103,865.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

Statement SBE Supplemental Business Expenses

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred DJT HOLDINGS LLC - SEVEN SPRINGS
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2		
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3		
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 142	4	54,425.	
5 Meals and entertainment expenses	5		
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	54,425.	

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7		
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	54,425.	
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	54,425.	
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10		54,425.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2015	miles	miles
13	Business miles included on line 12	miles	miles
14	Percent of business use. Divide line 13 by line 12	%	%
15	Average daily roundtrip commuting distance	miles	miles
16	Commuting miles included on line 12	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

Statement SBE Supplemental Business Expenses

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP NATIONAL GOLF CLUB
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 143	4	58,539.
5 Meals and entertainment expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	58,539.

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	58,539.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	58,539.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	58,539.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5c (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred DJT HOLDINGS LLC TRUMP ENDEAVOR 12
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses		Column A Other Than Meals and Entertainment		Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 144	4	274,364.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	274,364.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	274,364.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	274,364.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10		▶	274,364.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2015	miles	miles
13	Business miles included on line 12	miles	miles
14	Percent of business use. Divide line 13 by line 12	%	%
15	Average daily roundtrip commuting distance	miles	miles
16	Commuting miles included on line 12	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.		
24a	Vehicle rentals		
b	Inclusion amount		
24b			
c	Subtract line 24b from line 24a		
24c			
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)		
25			
26	Add lines 23, 24c, and 25		
26			
27	Multiply line 26 by the percentage on line 14		
27			
28	Depreciation. Enter amount from line 38 below		
28			
29	Add lines 27 and 28. Enter total here and on line 1		
29			

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP INTERNATIONAL HOTEL HAWAII
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 145	4	355.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	355.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	355.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	355.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	355.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service		
12	Total miles vehicle was driven during 2015	miles	miles
13	Business miles included on line 12	miles	miles
14	Percent of business use. Divide line 13 by line 12	%	%
15	Average daily roundtrip commuting distance	miles	miles
16	Commuting miles included on line 12	miles	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	miles	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5c (.575). Enter the result here and on line 1	22
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.		
24a	Vehicle rentals		
b	Inclusion amount		
24b			
c	Subtract line 24b from line 24a		
24c			
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)		
25			
26	Add lines 23, 24c, and 25		
26			
27	Multiply line 26 by the percentage on line 14		
27			
28	Depreciation. Enter amount from line 38 below		
28			
29	Add lines 27 and 28. Enter total here and on line 1		
29			

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred DJT HOLDINGS LLC (TURNBERRY SCOTLAND LLC)
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 146	4	247,683.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	247,683.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	247,683.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	247,683.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			247,683.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP KOREAN PROJECTS LLC
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 147</small>	4	9.
5 Meals and entertainment expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	9.

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	9.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	9.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	9.

Part II Vehicle Expenses			
Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle		(b) Vehicle	
23	Gasoline, oil, repairs, vehicle insurance, etc.	23			
24a	Vehicle rentals	24a			
b	Inclusion amount	24b			
c	Subtract line 24b from line 24a	24c			
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25			
26	Add lines 23, 24c, and 25	26			
27	Multiply line 26 by the percentage on line 14	27			
28	Depreciation. Enter amount from line 38 below	28			
29	Add lines 27 and 28. Enter total here and on line 1	29			

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP MARKS FT LAUDERDALE LLC
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 148</small>	4	1,850.
5 Meals and entertainment expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	1,850.

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	1,850.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	1,850.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	1,850.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP HOME MARKS LLC
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 149	4	1,850.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	1,850.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	1,850.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	1,850.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			1,850.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22 Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1

22

Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred DJT HOLDINGS LLC - TRUMP NATIONAL GOLF CLUB WASHINGTON DC L
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment		Column B Meals and Entertainment	
	1 Vehicle expense from line 22 or line 29	1		
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 150	4	520,711.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	520,711.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
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STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	520,711.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	520,711.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10			520,711.

Part II Vehicle Expenses

Section A. - General Information

		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses

		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below ...	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

Statement SBE Supplemental Business Expenses

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TIHT MEMBER LLC
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 151	4	500.
5 Meals and entertainment expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	500.

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
--	---	--

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	500.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	500.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	500.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

Statement SBE Supplemental Business Expenses

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred TRUMP HOTEL MANAGEMENT CORP
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A Other Than Meals and Entertainment	Column B Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1	
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2	
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3	
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment SEE STATEMENT 152	4	1,101.
5 Meals and entertainment expenses	5	
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	1,101.

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7	
--	---	--

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	1,101.
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits; Multiply by 80% (.80) instead of 50%)	9	1,101.
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses	10	1,101.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles
13	Business miles included on line 12	13	miles
14	Percent of business use. Divide line 13 by line 12	14	%
15	Average daily roundtrip commuting distance	15	miles
16	Commuting miles included on line 12	16	miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
----	---	----	--

Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

**Statement SBE
Supplemental Business Expenses**

2015

Your name DONALD J. TRUMP	Social security number	Business in which expenses were incurred DJT HOLDINGS TRUMP TW VENTURE II LLC
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Part I Business Expenses and Reimbursements

STEP 1 Enter Your Expenses	Column A		Column B	
		Other Than Meals and Entertainment		Meals and Entertainment
1 Vehicle expense from line 22 or line 29	1			
2 Parking fees, tolls, and transportation, including train, bus, etc., that did not involve overnight travel	2			
3 Travel expense while away from home overnight, including lodging, airplane, car rental, etc. Do not include meals and entertainment	3			
4 Business expenses not included on lines 1 through 3. Do not include meals and entertainment <small>SEE STATEMENT 153</small>	4	149,565.		
5 Meals and entertainment expenses	5			
6 Total expenses. In Column A, add lines 1 through 4 and enter the result. In Column B, enter the amount from line 5	6	149,565.		

NOTE: If you were not reimbursed for any expenses in Step 1, skip line 7 and enter the amount from line 6 on line 8.

STEP 2 Reimbursements for Expenses Listed In STEP 1

7 Enter amounts that were not reported to you in box 1 of Form W-2. Include any amount reported under code "L" in box 12 of your Form W-2	7			
--	---	--	--	--

STEP 3 Figure Expenses Subject to the Limitation

8 Subtract line 7 from line 6	8	149,565.		
9 In Column A, enter the amount from line 8. In Column B, multiply the amount on line 8 by 50% (.50). (If zero or less, enter -0-) (If subject to the Department of Transportation (DOT) hours-of-service limits: Multiply by 80% (.80) instead of 50%)	9	149,565.		
10 Add the amounts on line 9 of both columns and enter the total here. These are your supplemental business expenses			10	149,565.

Part II Vehicle Expenses

Section A. - General Information		(a) Vehicle	(b) Vehicle
11	Enter the date vehicle was placed in service	11	
12	Total miles vehicle was driven during 2015	12	miles miles
13	Business miles included on line 12	13	miles miles
14	Percent of business use. Divide line 13 by line 12	14	% %
15	Average daily roundtrip commuting distance	15	miles miles
16	Commuting miles included on line 12	16	miles miles
17	Other miles. Add lines 13 and 16 and subtract the total from line 12	17	miles miles
18	Was your vehicle available for personal use during off-duty hours?		<input type="checkbox"/> Yes <input type="checkbox"/> No
19	Do you (or your spouse) have another vehicle available for personal use?		<input type="checkbox"/> Yes <input type="checkbox"/> No
20	Do you have evidence to support your deduction?		<input type="checkbox"/> Yes <input type="checkbox"/> No
21	If "Yes," is the evidence written?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Section B. - Standard Mileage Rate (See the instructions for Part II to find out whether to complete this section or Section C.)

22	Multiply line 13 by 57.5¢ (.575). Enter the result here and on line 1	22	
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Section C. - Actual Expenses		(a) Vehicle	(b) Vehicle
23	Gasoline, oil, repairs, vehicle insurance, etc.	23	
24a	Vehicle rentals	24a	
b	Inclusion amount	24b	
c	Subtract line 24b from line 24a	24c	
25	Value of employer-provided vehicle (applies only if 100% of annual lease value was included on Form W-2)	25	
26	Add lines 23, 24c, and 25	26	
27	Multiply line 26 by the percentage on line 14	27	
28	Depreciation. Enter amount from line 38 below	28	
29	Add lines 27 and 28. Enter total here and on line 1	29	

Section D. - Depreciation of Vehicles (Use this section only if you owned the vehicle and are completing Section C for the vehicle.)

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

Form **8938**

Department of the Treasury
Internal Revenue Service

Statement of Specified Foreign Financial Assets

Information about Form 8938 and its separate instructions is at www.irs.gov/form8938.
Attach to your tax return.

No. 1545-2195
2015

Attachment
Sequence No. **175**

For calendar year **2015** or tax year beginning _____ and ending _____

If you have attached continuation statements, check here

Number of continuation statements 1

Name(s) shown on return

TIN

DONALD J. & MELANIA TRUMP

Part I Foreign Deposit and Custodial Accounts Summary

- 1 Number of Deposit Accounts (reported on Form 8938) ▶
- 2 Maximum Value of All Deposit Accounts \$
- 3 Number of Custodial Accounts (reported on Form 8938) ▶
- 4 Maximum Value of All Custodial Accounts \$
- 5 Were any foreign deposit or custodial accounts closed during the tax year? Yes No

Part II Other Foreign Assets Summary

- 1 Number of Foreign Assets (reported on Form 8938) ▶ 2
- 2 Maximum Value of All Assets \$
- 3 Were any foreign assets acquired or sold during the tax year? Yes No

Part III Summary of Tax Items Attributable to Specified Foreign Financial Assets (see instructions)

(a) Asset Category	(b) Tax item	(c) Amount reported on form or schedule	Where reported	
			(d) Form and line	(e) Schedule and line
1 Foreign Deposit and Custodial Accounts	1a Interest	\$		
	1b Dividends	\$		
	1c Royalties	\$		
	1d Other income	\$		
	1e Gains (losses)	\$		
	1f Deductions	\$		
	1g Credits	\$		
2 Other Foreign Assets	2a Interest	\$		
	2b Dividends	\$		
	2c Royalties	\$		
	2d Other income	\$		
	2e Gains (losses)	\$		
	2f Deductions	\$		
	2g Credits	\$		

Part IV Excepted Specified Foreign Financial Assets (see instructions)

If you reported specified foreign financial assets on one or more of the following forms, enter the number of such forms filed. You do not need to include these assets on Form 8938 for the tax year.

- 1. Number of Forms 3520 _____
- 2. Number of Forms 3520-A _____
- 3. Number of Forms 5471 _____
- 4. Number of Forms 8621 _____
- 5. Number of Forms 8865 _____

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions)

If you have more than one account to report, attach a continuation statement for each additional account (see instructions).

1 Type of account <input type="checkbox"/> Deposit <input type="checkbox"/> Custodial		2 Account number or other designation
3 Check all that apply		
a <input type="checkbox"/> Account opened during tax year	b <input type="checkbox"/> Account closed during tax year	
c <input type="checkbox"/> Account jointly owned with spouse	d <input type="checkbox"/> No tax item reported in Part III with respect to this asset	
4 Maximum value of account during tax year \$		
5 Did you use a foreign currency exchange rate to convert the value of the account into U.S. dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No		
6 If you answered "Yes" to line 5, complete all that apply.		
(a) Foreign currency in which account is maintained	(b) Foreign currency exchange rate used to convert to U.S. dollars	(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

Part V Detailed Information for Each Foreign Deposit and Custodial Account Included in the Part I Summary (see instructions) (continued)

7a Name of financial institution in which account is maintained b Reserved
8 Mailing address of financial institution in which account is maintained. Number, street, and room or suite no.
9 City or town, state or province, and country (including postal code)

Part VI Detailed Information for Each "Other Foreign Asset" Included in the Part II Summary (see instructions)

Note. If you reported specified foreign financial assets on Forms 3520, 3520-A, 5471, 8621, or 8865, you do not have to include the assets on Form 8938. You must complete Part IV. See instructions.

If you have more than one asset to report, attach a continuation statement for each additional asset (see instructions).

1 Description of asset PARTNERSHIP INTEREST 2 Identifying number or other designation

3 Complete all that apply. See instructions for reporting of multiple acquisition or disposition dates.
a Date asset acquired during tax year, if applicable
b Date asset disposed of during tax year, if applicable
c Check if asset jointly owned with spouse d Check if no tax item reported in Part III with respect to this asset

4 Maximum value of asset during tax year (check box that applies)
a \$0 - \$50,000 b \$50,001 - \$100,000 c \$100,001 - \$150,000 d \$150,001 - \$200,000
e If more than \$200,000, list value \$

5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? X Yes No

6 If you answered "Yes" to line 5, complete all that apply.
(a) Foreign currency in which asset is denominated CANADA, DOLLAR
(b) Foreign currency exchange rate used to convert to U.S. dollars
(c) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service

7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
a Name of foreign entity TRUMP EDUCATION ULC b Reserved
c Type of foreign entity (1) X Partnership (2) Corporation (3) Trust (4) Estate
d Mailing address of foreign entity. Number, street, and room or suite no.

e City or town, state or province, and country (including postal code)
NEW YORK, NEW YORK 10005

8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.
Note. If this asset has more than one issuer or counterparty, attach a continuation statement with the same information for each additional issuer or counterparty (see instructions).

a Name of issuer or counterparty
Check if information is for Issuer Counterparty

b Type of issuer or counterparty
(1) Individual (2) Partnership (3) Corporation (4) Trust (5) Estate

c Check if issuer or counterparty is a U.S. person Foreign person

d Mailing address of issuer or counterparty. Number, street, and room or suite no.

e City or town, state or province, and country (including postal code)

Part VI Other Foreign Assets

Note. If you reported specified foreign financial assets on Forms 3520, 3520-A, 5471, 8621, or 8865, you do not have to include the assets on Form 8938. You must complete Part IV. See instructions.

If you have more than one asset to report, attach a continuation sheet with the same information for each additional asset (see instructions).

1 Description of asset RENTAL PROPERTY	2 Identifying number or other designation
---	---

3 Complete all that apply

a Date asset acquired during tax year, if applicable _____

b Date asset disposed of during tax year, if applicable _____

c Check if asset jointly owned with spouse d Check if no tax item reported in Part III with respect to this asset

4 Maximum value of asset during tax year (check box that applies)

a \$0 - \$50,000 b \$50,001 - \$100,000 c \$100,001 - \$150,000 d \$150,001 - \$200,000

e If more than \$200,000, list value _____ \$

5 Did you use a foreign currency exchange rate to convert the value of the asset into U.S. dollars? Yes No

6 If you answered "Yes" to line 5, complete all that apply.

(1) Foreign currency in which asset is denominated	(2) Foreign currency exchange rate used to convert to U.S. dollars	(3) Source of exchange rate used if not from U.S. Treasury Department's Bureau of the Fiscal Service
--	--	--

7 If asset reported on line 1 is stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

a Name of foreign entity _____ b Reserved _____

c Type of foreign entity (1) Partnership (2) Corporation (3) Trust (4) Estate

d Mailing address of foreign entity. Number, street, and room or suite no. _____

e City or town, state or province, and country (including postal code) _____

8 If asset reported on line 1 is not stock of a foreign entity or an interest in a foreign entity, enter the following information for the asset.

Note. If this asset has more than one issuer or counterparty, attach a continuation sheet with the same information for each additional issuer or counterparty (see instructions).

a Name of issuer or counterparty _____
Check if information is for Issuer Counterparty

b Type of issuer or counterparty
(1) Individual (2) Partnership (3) Corporation (4) Trust (5) Estate

c Check if issuer or counterparty is a U.S. person Foreign person

d Mailing address of issuer or counterparty. Number, street, and room or suite no. _____

e City or town, province or state, and country (including postal code) _____

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

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

▶ Attach to your tax return.

SUMMARY

2015

Attachment
Sequence No. 179

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

DONALD J. & MELANIA TRUMP

Business or activity to which this form relates

Identifying number

ALL BUSINESS ACTIVITIES

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000.
2 Total cost of section 179 property placed in service (see instructions)	2	127,115.
3 Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0.
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000.
6 (a) Description of property (b) Cost (business use only) (c) Elected cost		
TOTAL ALLOWABLE PASS-THROUGH SECTION 179 EXPENSE		
		57,237.
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	57,237.
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	57,237.
10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562	10	73,409.
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	500,000.
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	130,646.
13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2015	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

OMB No. 1545-0172

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

▶ Attach to your tax return. SCHEDULE C- 25

2015
Attachment
Sequence No. 179

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

DONALD J. & MELANIA TRUMP	Business or activity to which this form relates WOLLMAN RINK OPERATIONS LLC	Identifying number
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Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2014 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 do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12	▶ 13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	211,059.
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	16,917.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2015	17	100,804.
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	▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2015 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		60,813.	5 YRS.	HY	200DB	12,163.
c 7-year property		2,743.	7 YRS.	HY	200DB	392.
d 10-year property						
e 15-year property		147,500.	15 YRS.	HY	150DB	7,375.
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property	/		27.5 yrs.	MM	S/L	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2015 Tax Year Using the Alternative Depreciation System

20a Class life					S/L
b 12-year			12 yrs.		S/L
c 40-year	/		40 yrs.	MM	S/L

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	348,710.
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use							25	
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (do not include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year	
42 Amortization of costs that begins during your 2015 tax year:						
43 Amortization of costs that began before your 2015 tax year					43	217.
44 Total. Add amounts in column (f). See the instructions for where to report					44	217.

Schedule E

Publicly Traded Partnerships

Name of Activity: REGENCY ENERGY PARTNERS LP - ACTIVITY NO. 426

Activity net income		
Activity net loss	<3,655.>	
Prior year unallowed losses	<117,746.>	
Net income (loss)	<121,401.>	100% DISPOSITION
Total loss allowed from the PTP for 2015	121,401.	

Disallowed losses from this PTP

Form or Schedule	Gain/Loss	Prior Year Carryover	Net Gain/Loss	Unallowed Loss	Allowed Loss
SCH E	<3,466.>	117,746.	<121,212.>		121,212.
FORM 4797	<189.>	0.	<189.>		189.
	<3,655.>	117,746.	<121,401.>		121,401.

Alternative Minimum Tax

Activity net income		
Activity net loss	<3,193.>	
Prior year unallowed losses	<116,085.>	
Net income (loss)	<119,278.>	100% DISPOSITION
Total loss allowed from the PTP for 2015	119,278.	

Disallowed losses from this PTP

Alternative minimum tax adjustment 2,123.

Form or Schedule	Gain/Loss	Prior Year Carryover	Net Gain/Loss	Unallowed Loss	Allowed Loss
SCH E	<3,004.>	116,085.	<119,089.>		119,089.
FORM 4797	<189.>	0.	<189.>		189.
	<3,193.>	116,085.	<119,278.>		119,278.

Schedule E

Publicly Traded Partnerships

Name of Activity: ENERGY TRANSFER PARTNERS LP - ACTIVITY NO. 427

Activity net income	
Activity net loss	<49,609.>
Prior year unallowed losses	<227,421.>
Net income (loss)	<277,030.>

Total loss allowed from the PTP for 2015

Disallowed losses from this PTP 277,030.

Form or Schedule	Gain/Loss	Prior Year Carryover	Net Gain/Loss	Unallowed Loss	Allowed Loss
SCH E	<48,546.>	224,817.	<273,363.>	273,363.	
FORM 4797	<1,063.>	2,604.	<3,667.>	3,667.	
	<49,609.>	227,421.	<277,030.>	277,030.	

Alternative Minimum Tax

Activity net income	
Activity net loss	<48,795.>
Prior year unallowed losses	<226,299.>
Net income (loss)	<275,094.>

Total loss allowed from the PTP for 2015

Disallowed losses from this PTP 275,094.

Alternative minimum tax adjustment

Form or Schedule	Gain/Loss	Prior Year Carryover	Net Gain/Loss	Unallowed Loss	Allowed Loss
SCH E	<47,732.>	223,695.	<271,427.>	271,427.	
FORM 4797	<1,063.>	2,604.	<3,667.>	3,667.	
	<48,795.>	226,299.	<275,094.>	275,094.	

Schedule of Mineral Interest Properties - Summary

Identifying Number		Taxable income including NOL carryover	0.
Name		Plus allowable depletion	8.
		Minus cost depletion	8.
		Taxable income before % depletion	0.
		65% of taxable income	0.

Property Number	Property Description	Gross Income	Royalty Paid	Severance Tax	Operating Expense	IDC Expense	Dry Hole Costs	Other Expenses	Depreciation	Amortization	Overhead Expense	Net Income Before Depletion
1	REGENCY ENERGY PARTNERS LP											
TCTALS												

Property Number	Property Description	% Depletion	% Depletion Limited to Net Income	Daily Production (Barrel)	Quantity Limitation Rate	% Depletion After Limitation	Cost Depletion	Prior Year % Depletion C/O	Greater of Cost or % Depletion	% Depletion 1st Iteration	Allocation Ratio	* Limited % Depletion	% Depletion Final Iteration
1	REGENCY ENERGY PARTNERS LP		8.		1.000000		8.		8.				
TCTALS													

Property Number	Property Description	Reallocation Ratio	* Allowable Depletion	Net Income After Depletion	% Depletion C/O To Next Year	Excess Depletion	Beginning Accum. IDC	Amortized Pref. IDC Expense	* Net Income for Excess IDC Calc.	Excess IDC	* Cost Depletion for 65% Limit	Reserved	Reserved
1	REGENCY ENERGY PARTNERS LP		8.	<8.->							8.		
TCTALS													

Property Number	Property Description	Beginning Recoverables	Production	Ending Recoverables	Basis	Beginning Accum. Depletion	Adjusted Basis	Cost Depletion Rate	Cost Depletion	* Allowable Depletion	Ending Accum. Depletion	Reserved	Reserved
1	REGENCY ENERGY PARTNERS LP								8.	8.			
TCTALS													

* "Limited % Depletion" - has been limited to 65% of Taxable Income
 * "Allowable Depletion" - Greater of "Percentage Depletion" or "Cost Depletion" after calculation for the 65% taxable income limitations or "Non-Oil & Gas Depletion"
 * "Net Income for Excess IDC Calc" - has been reduced by "Allowable Depletion" and "Excess IDC" has been added back.
 * "Cost Depletion for 65% Limitation" - Used for computation of taxable income limitation statement for AMT

Schedule of Mineral Interest Properties - Alternative Minimum Tax

Identifying Number _____ AMT Income (From AMT Depletion Taxable Income Limitation Worksheet) 23,831,561.
 Name _____ 65% of AMT Income 15,490,515.

DONALD J. TRUMP

Property Number	Property Description	Gross Income	Royalty Paid	Severance Tax	Operating Expense	IDC Expense	Dry Hole Costs	Other Expenses	AMT Depreciation	AMT Amortization	(1) Overhead Expense	AMT Adjustment	Net Income Before Depletion
1	REGENCY ENERGY PARTNERS LP												
(1) includes overhead AMT depreciation													
Totals													

Property Number	Property Description	AMT % Depletion	AMT % Depl. Limited to Net Income	Daily Production Depletion (Barrel)	Quantity Limitation Rate	AMT % Depletion After Quantity Limit.	AMT Cost Depletion	AMT Prior Year % Depletion C/O	AMT Greater of Cost or % Depletion	AMT % Depletion 1st Iteration	Allocation Ratio	(2) AMT Limited % Depletion	AMT % Depletion Final Iteration
1	REGENCY ENERGY PARTNERS LP				1.00		8.		8.				
Totals													

Property Number	Property Description	Reallocation Ratio	(3) AMT Allowable Depletion	AMT % Depletion C/O	Begin Accum. IDC	(5) AMT Cost Depletion for 65% Limit	Reserved	Reserved	Reserved	(4) AMT Allowable Depletion	(4) Regular Allowable Depletion	(4) AMT Depletion Adjustment	Ending AMT Accumulated Depletion
1	REGENCY ENERGY PARTNERS LP		8.			8.				8.	8.	0.	
Totals													

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

Form 6251 - AMT Charitable Contributions Worksheet Page 1

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

DONALD J. & MELANIA TRUMP

Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2006	Contributions							
	Less: Allowed							
	Less: NOL Abs. CRP CRP c/o							
2007	Contributions							
	Less: Allowed							
	Less: NOL Abs. CRP CRP c/o							
2008	Contributions							
	Less: Allowed							
	Less: NOL Abs. CRP CRP c/o							
2009	Contributions							
	Less: Allowed							
	Less: NOL Abs. CRP CRP c/o							
2010	Contributions			1,694,095.				
	Less: Allowed							
	Less: NOL Absorb.			0.				
	Less: NOL Abs. CRP Lost c/o			1,694,095.				
	CRP c/o							
2011	Contributions							
	Less: Allowed							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP Carryover ...							
	CRP c/o							
2012	Contributions							
	Less: Allowed							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP Carryover ...							
	CRP c/o							
2013	Contributions							
	Less: Allowed							
	Less: NOL Absorb.							
	Less: NOL Abs. CRP Carryover ...							
	CRP c/o							
2014	Contributions			20,760,811.				
	Less: Allowed							
	Less: NOL Absorb.			0.				
	Less: NOL Abs. CRP and MWD							
	Carryover ... CRP c/o			20,760,811.				20,760,811.

Form 6251 - AMT Charitable Contributions Worksheet Page 2

Year		100% Limit	50% Limit	30% Limit	Appreciated Property 30% Limit	Appreciated Property 20% Limit	Total Contributions Allowed	Total Contributions Carryover
2015	Contributions		21,163,842.	49,500.				
	Less: Allowed							
	Less: NOL Absorb. NOL Abs. CRP and MWD		16,291,863.	0.				
	Less: Carryover		4,871,979.	49,500.				4,921,479.
	Less: CRP c/o							
	AMT charitable contributions							
Less: Charitable contributions allowed under regular tax calculation								
Charitable contributions adjustment to Form 6251, line 27								

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Form Name	Description	Income				
K1-	TIHM MEMBER CORP					
	* REGULAR INCOME	<1,875.>				
	* AMT NET INCOME	<1,875.>				
K1-	TRUMP LAS OLAS LLC					
	* REGULAR INCOME	<440.>				
	* AMT NET INCOME	<440.>				
K1-	TRUMP INTERNATIONAL GO					
	LF CLUB SCOTLAND LTD					
	* REGULAR INCOME	<2,934,805.>				
	* AMT NET INCOME	<2,934,805.>				
K1-	BAYROCK- TRUMP SOHO ME					
	MBER LLC					
	* REGULAR INCOME	<1,025.>				
	* AMT NET INCOME	<1,025.>				
K1-	TRUMP FOLLIES LLC					
	* REGULAR INCOME	<88.>				
	* AMT NET INCOME	<88.>				
K1-	309 NORTH CANON MEMBER					
	CORP					
	* REGULAR INCOME	<225.>				
	* AMT NET INCOME	<225.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19		Form 6251, Line 20
DONALD J. & MELANIA TRUMP							
K1-	TRUMP FLORIDA MANAGER CORP						
	* REGULAR INCOME	<387.>					
	* AMT NET INCOME	<387.>					
K1-	THE TRUMP MARKS REAL ESTATE CORP						
	* REGULAR INCOME	<560.>					
	* AMT NET INCOME	<560.>					
K1-	TRUMP MARKS REAL ESTATE LLC						
	* REGULAR INCOME	<25,765.>					
	* AMT NET INCOME	<25,765.>					
K1-	TRUMP MARKS PANAMA LLC						
	* REGULAR INCOME	1,444,007.					
	* AMT NET INCOME	1,444,007.					
K1-	TRUMP MARKS PHILADELPHIA LLC						
	* REGULAR INCOME	<2,129.>					
	* AMT NET INCOME	<2,129.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment					Social Security Number
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	
Form Name	Description	Income					
K1-	TRUMP MARKS HOLLYWOOD LLC						
	* REGULAR INCOME	<2,271.>					
	* AMT NET INCOME	<2,271.>					
K1-	TRUMP MARKS WAIKIKI LL C						
	* REGULAR INCOME	247,731.					
	* AMT NET INCOME	247,731.					
K1-	TRUMP MARKS DUBAI LLC						
	* REGULAR INCOME	<3,777.>					
	* AMT NET INCOME	<3,777.>					
K1-	TRUMP MARKS PALM BEACH LLC						
	* REGULAR INCOME	<2,129.>					
	* AMT NET INCOME	<2,129.>					
K1-	TRUMP MARKS SOHO LLC						
	* REGULAR INCOME	<1,925.>					
	* AMT NET INCOME	<1,925.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	
Form Name	Description	Income					
K1-	TRUMP MARKS WHITE PLAIN LLC						
	* REGULAR INCOME	<322.>					
	* AMT NET INCOME	<322.>					
K1-	TRUMP MARKS WESTCHESTER LLC						
	* REGULAR INCOME	<2,153.>					
	* AMT NET INCOME	<2,153.>					
K1-	TRUMP MARKS STAMFORD LLC						
	* REGULAR INCOME	546,022.					
	* AMT NET INCOME	546,022.					
K1-	TRUMP MARKS NEW ROCHELLE LLC						
	* REGULAR INCOME	628,997.					
	* AMT NET INCOME	628,997.					
K1-	TRUMP MARKS CANOUAN LLC						
	* REGULAR INCOME	<404.>					
	* AMT NET INCOME	<404.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Form Name	Description	Income				
K1-	TRUMP MARKS JERSEY CIT Y LLC					
	* REGULAR INCOME	<2,129.>				
	* AMT NET INCOME	<2,129.>				
K1-	TRUMP MARKS HOLLYWOOD CORP					
	* REGULAR INCOME	<273.>				
	* AMT NET INCOME	<273.>				
K1-	TRUMP MARKS SUNNY ISLE S I LLC					
	* REGULAR INCOME	389,819.				
	* AMT NET INCOME	389,819.				
K1-	TRUMP MARKS SUNNY ISLE S II LLC					
	* REGULAR INCOME	<2,183.>				
	* AMT NET INCOME	<2,183.>				
K1-	TRUMP MARKS WAIKIKI CO RP					
	* REGULAR INCOME	1,372.				
	* AMT NET INCOME	1,372.				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	Social Security Number
Form Name	Description											
K1-	TRUMP MARKS CANOUAN CO RP	* REGULAR INCOME	<334.>									
		* AMT NET INCOME	<334.>									
K1-	TRUMP MARKS DUBAI CORP	* REGULAR INCOME	<318.>									
		* AMT NET INCOME	<318.>									
K1-	TRUMP MARKS SOHO LICEN SE CORP	* REGULAR INCOME	<74.>									
		* AMT NET INCOME	<74.>									
K1-	TRUMP MARKS WESTCHESTE R CORP	* REGULAR INCOME	<72.>									
		* AMT NET INCOME	<72.>									
K1-	TRUMP MARKS STAMFORD C ORP	* REGULAR INCOME	5,025.									
		* AMT NET INCOME	5,025.									

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	
Form Name	Description	Income					
K1-	TRUMP MARKS JERSEY CIT Y CORP						
	* REGULAR INCOME		<571.>				
	* AMT NET INCOME		<571.>				
K1-	TRUMP MARKS SUNNY ISLE S I MEMBER CORP						
	* REGULAR INCOME		3,938.				
	* AMT NET INCOME		3,938.				
K1-	TRUMP MARKS MORTGAGE C ORP						
	* REGULAR INCOME		<352.>				
	* AMT NET INCOME		<352.>				
K1-	TRUMP MARKS EGYPT LLC						
	* REGULAR INCOME		<2,237.>				
	* AMT NET INCOME		<2,237.>				
K1-	TRUMP MARKS EGYPT CORP						
	* REGULAR INCOME		<358.>				
	* AMT NET INCOME		<358.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20 Other Adjustment
K1-	TRUMP MARKS BEVERAGES CORP					
	* REGULAR INCOME	<537.>				
	* AMT NET INCOME	<537.>				
K1-	TRUMP MARKS PUERTO RIC O I LLC					
	* REGULAR INCOME	<3,504.>				
	* AMT NET INCOME	<3,504.>				
K1-	TRUMP MARKS PUERTO RIC O I MEMBER CORP					
	* REGULAR INCOME	<140.>				
	* AMT NET INCOME	<140.>				
K1-	TRUMP MARKS PHILADELPH IA CORP					
	* REGULAR INCOME	<271.>				
	* AMT NET INCOME	<271.>				
K1-	TRUMP MARKS LAS VEGAS LLC					
	* REGULAR INCOME	<2,183.>				
	* AMT NET INCOME	<2,183.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Form Name	Description	Income				
K1-	TRUMP MARKS LAS VEGAS CORP					
	* REGULAR INCOME	<302.>				
	* AMT NET INCOME	<302.>				
K1-	TRUMP MARKS MAGAZINE C ORP					
	* REGULAR INCOME	<247.>				
	* AMT NET INCOME	<247.>				
K1-	TRUMP MARKS MAGAZINE L LC					
	* REGULAR INCOME	<2,153.>				
	* AMT NET INCOME	<2,153.>				
K1-	TRUMP MARKS NEW ROCHEL LE CORP					
	* REGULAR INCOME	6,193.				
	* AMT NET INCOME	6,193.				
K1-	TRUMP MARKS PALM BEACH CORP					
	* REGULAR INCOME	<296.>				
	* AMT NET INCOME	<296.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20 Other Adjustment
K1-	PARK BRIAR ASSOCIATES LLC					
	* REGULAR INCOME	89,360.				
	DEPR ADJ	919.		919.		
	* AMT NET INCOME	90,279.		919.		
K1-	THE TRUMP CORPORATION					
	* REGULAR INCOME	<5,305,869.>				
	DEPR ADJ	156,621.		156,621.		
	* AMT NET INCOME	<5,149,248.>		156,621.		
K1-	TRUMP PAGEANTS, INC.					
	* REGULAR INCOME	<11,603.>				
	DEPR ADJ	<626.>		<626.>		
	* AMT NET INCOME	<12,229.>		<626.>		
K1-	SC LP SHOPPING CENTER LLC					
	* REGULAR INCOME	17,621.				
	DEPR ADJ	<789.>		<789.>		
	* AMT NET INCOME	16,832.		<789.>		
K1-	THE OBSIDIAN FUND LLC					
	* REGULAR INCOME	<1,870,600.>				
	DEPR ADJ	23.		23.		
	* AMT NET INCOME	<1,870,577.>		23.		

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20 Other Adjustment
K1-	DJT HOLDINGS MANAGING MEMBER LLC					
	* REGULAR INCOME	<364,393.>		<1,781.>		
	DEPR ADJ	<1,781.>		<1,781.>		
	* AMT NET INCOME	<366,174.>				
K1-	DJT HOLDINGS TRUMP END FAVOR 12 LLC					
	* REGULAR INCOME	<11,670,464.>				
	DEPR ADJ	299,855.		299,855.		
	* AMT NET INCOME	<11,370,609.>				
K1-	MISS UNIVERSE LP, LLLP					
	* REGULAR INCOME	<788,887.>		<30,691.>		
	DEPR ADJ	<30,691.>		<30,691.>		
	* AMT NET INCOME	<819,578.>				
E-	REGENCY ENERGY PARTNER S LP - PTP					
	* REGULAR INCOME	<121,212.>			2,123.	
	AMT ADJUSTMENTS	2,123.				
	* AMT NET INCOME	<119,089.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	
Form Name	Description	Income					
C-	WOLLMAN RINK OPERATION S LLC						
	* REGULAR INCOME	<1,287,722.>					
	AMT DEPR ADJ	<18,895.>		<18,895.>			
	* AMT NET INCOME	<1,306,617.>		<18,895.>			
C-	TRUMP RESTAURANTS LLC						
	* REGULAR INCOME	<368,057.>					
	AMT DEPR ADJ	<167.>		<167.>			
	* AMT NET INCOME	<368,224.>		<167.>			
C-	DJT AEROSPACE LLC						
	* REGULAR INCOME	104,831.					
	AMT DEPR ADJ	<47,959.>		<47,959.>			
	* AMT NET INCOME	56,872.		<47,959.>			
C-	DJT OPERATIONS I LLC						
	* REGULAR INCOME	<124,221.>					
	AMT DEPR ADJ	<809,550.>		<809,550.>			
	* AMT NET INCOME	<933,771.>		<809,550.>			
C-	DJT OPERATIONS CX LLC						
	* REGULAR INCOME	247,659.					
	AMT DEPR ADJ	<142,396.>		<142,396.>			
	* AMT NET INCOME	105,263.		<142,396.>			

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number					
DONALD J. & MELANIA TRUMP							
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
E-							
	* REGULAR INCOME	<189,202.>					
	AMT DEPR ADJ	13,254.			13,254.		
	* AMT NET INCOME	<175,948.>			13,254.		
E-							
	* REGULAR INCOME	<56,539.>					
	AMT DEPR ADJ	3,571.			3,571.		
	* AMT NET INCOME	<52,968.>			3,571.		
4797	OCEAN AIR INVESTORS LL						
	* REGULAR INCOME	17,227.					
	* AMT NET INCOME	17,227.					
4797	OAKDALE INVESTORS LLC						
	* REGULAR INCOME	8,012.					
	* AMT NET INCOME	8,012.					
4797	VH PROPERTY CORP						
	* REGULAR INCOME	<1,232,459.>					
	* AMT NET INCOME	<1,232,459.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
DONALD C. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Form Name	Description	Income				
K1-	MAR-A-LAGO CLUB, LLC	3,334,568.				
	* REGULAR INCOME	<562,751.>		<562,751.>		
	AMT ADJUSTMENTS	2,771,817.		<562,751.>		
	* AMT NET INCOME					
K1-	HUDSON WATERFRONT ASSO C V, L.P.	221,546.				
	* REGULAR INCOME	364.		364.		
	AMT ADJUSTMENTS	221,910.		364.		
	* AMT NET INCOME					
K1-	HUDSON WATERFRONT ASSO C II, LP	<35,257.>				
	* REGULAR INCOME	<35,257.>				
	* AMT NET INCOME					
K1-	TRUMP 845 UN GP LLC	2,168.				
	* REGULAR INCOME	2,168.				
	* AMT NET INCOME					
K1-	TRUMP 845 UN LIMITED P PARTNERSHIP	<57,571.>				
	* REGULAR INCOME	<57,571.>				
	* AMT NET INCOME					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
		Income				
K1-	DONALD J. & MELANIA TRUMP TRUMP MODEL MANAGEMENT LLC (TMG MEMBER LLC) * REGULAR INCOME * AMT NET INCOME	<349,151.> <349,151.>				
K1-	TRUMP KOREA LLC (KOREAN PROJECTS) * REGULAR INCOME * AMT NET INCOME	<9.> <9.>				
K1-	TRUMP PROJECT MANAGEMENT CORP * REGULAR INCOME * AMT NET INCOME	<9,715.> <9,715.>				
K1-	TRUMP'S CASTLE MANAGEMENT CORP. * REGULAR INCOME * AMT NET INCOME	<855.> <855.>				
K1-	TRAVEL ENTERPRISES MANAGEMENT INC * REGULAR INCOME * AMT NET INCOME	74,625. 74,625.				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20 Other Adjustment
K1-	DONALD J. & MELANIA TRUMP					
	ALL COUNTY BLDG SUPPLY & MAINT CO					
	* REGULAR INCOME	<5,637.>				
	* AMT NET INCOME	<5,637.>				
K1-	HELICOPTER AIR SERVICE S INC					
	* REGULAR INCOME	<11,851.>				
	* AMT NET INCOME	<11,851.>				
K1-	ULTIMATE AIR CORP					
	* REGULAR INCOME	<9,474.>				
	* AMT NET INCOME	<9,474.>				
K1-	TRUMP CENTRAL PARK WEST CORP					
	* REGULAR INCOME	<1,160.>				
	* AMT NET INCOME	<1,160.>				
K1-	TRUMP EMPIRE STATE, INC.					
	* REGULAR INCOME	<16,474.>				
	* AMT NET INCOME	<16,474.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number					
DONALD J. & MELANIA TRUMP							
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	MAR-A-LAGO CLUB, INC.						
	* REGULAR INCOME	4,073.					
	AMT ADJUSTMENTS	<563.>			<563.>		
	* AMT NET INCOME	3,510.			<563.>		
K1-	DEVELOPMENT MEMBER INC						
	* REGULAR INCOME	<105.>					
	* AMT NET INCOME	<105.>					
K1-	FLIGHTS INC.						
	* REGULAR INCOME	<76,855.>					
	* AMT NET INCOME	<76,855.>					
K1-							
	* REGULAR INCOME	<25.>					
	* AMT NET INCOME	<25.>					
K1-	DONALD J TRUMP ELIZABE TH TRUST						
	* REGULAR INCOME	0.					
	FORM 1041, LINE 16	1,761.					
	* AMT NET INCOME	1,761.					1,761.

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DONALD J TRUMP 'FRED' TRUST						
	* REGULAR INCOME	0.					
	FORM 1041, LINE 16	3,869.					
	* AMT NET INCOME	3,869.					3,869.
K1-	ELIZABETH TRUMP GRANDCHILDREN - DONALD						
	* REGULAR INCOME	0.					
	FORM 1041, LINE 16	3,877.					
	* AMT NET INCOME	3,877.					3,877.
K1-	TRUMP MANAGEMENT INC						
	* REGULAR INCOME	15,420.					
	* AMT NET INCOME	15,420.					
K1-	TRUMP DELMONICO LLC						
	* REGULAR INCOME	<18,089.>					
	* AMT NET INCOME	<18,089.>					
K1-	TRUMP TORONTO DEVELOPMENT INC						
	* REGULAR INCOME	<5,857.>					
	* AMT NET INCOME	<5,857.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20 Other Adjustment
K1- DONALD J. & MELANIA TRUMP	VH PROPERTY CORP	1,710,195.				
	* REGULAR INCOME	1,710,195.				
	AMT ADJUSTMENTS	19,274.			19,274.	
	* AMT NET INCOME	1,729,469.			19,274.	
K1-	TRUMP LAS VEGAS SALES & MARKETING INC					
	* REGULAR INCOME	<2,010.>				
	* AMT NET INCOME	<2,010.>				
K1-	TRUMP PARK AVENUE LLC					
	* REGULAR INCOME	<10,080.>				
	* AMT NET INCOME	<10,080.>				
K1-	TRUMP MARKS HOLDING LP					
	* REGULAR INCOME	10,525.				
	* AMT NET INCOME	10,525.				
K1-	TRUMP MARKS GP CORP					
	* REGULAR INCOME	<534.>				
	* AMT NET INCOME	<534.>				
K1-	HUDSON WATERFRONT ASSO C III, LP					
	* REGULAR INCOME	414,402.				
	AMT ADJUSTMENTS	680.			680.	
	* AMT NET INCOME	415,082.			680.	

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
DONALD J. & MELANIA TRUMP							
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP INTERNATIONAL GO						
	LF CLUB LLC	3,021,465.					
	* REGULAR INCOME	<64,551.>			<64,551.>		
	* AMT AT-RISK ALLOWE	2,956,914.			<64,551.>		
	* AMT NET INCOME						
K1-	TRUMP PRODUCTIONS LLC						
	* REGULAR INCOME	5,236,209.					
	* AMT NET INCOME	5,236,209.					
K1-	TRUMP PRODUCTIONS LLC						
	* REGULAR INCOME	256,573.					
	* AMT NET INCOME	256,573.					
K1-	TRUMP PRODUCTIONS MANA						
	GING MEMBER INC						
	* REGULAR INCOME	52,891.					
	* AMT NET INCOME	52,891.					
K1-	TRUMP INTERNATIONAL HO						
	TELS MANAGEMENT LLC						
	* REGULAR INCOME	<1,490,509.>					
	* AMT NET INCOME	<1,490,509.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP GOLF COCO BEACH LLC						
	* REGULAR INCOME	<25,682.>					
	* AMT NET INCOME	<25,682.>					
K1-	TRUMP GOLF COCO BEACH MEMBER CORP						
	* REGULAR INCOME	<589.>					
	* AMT NET INCOME	<589.>					
K1-	TRUMP MARKS WHITE PLAINS CORP						
	* REGULAR INCOME	<53.>					
	* AMT NET INCOME	<53.>					
K1-	TRUMP MARKS FT. LAUDER DALE MEMBER CORP						
	* REGULAR INCOME	<1.>					
	* AMT NET INCOME	<1.>					
K1-	TRUMP MARKS PANAMA CORP						
	* REGULAR INCOME	14,361.					
	* AMT NET INCOME	14,361.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251, Other Adjustment
K1-	TRUMP MARKS TORONTO LL C						
	* REGULAR INCOME	<2,129.>					
	* AMT NET INCOME	<2,129.>					
K1-	TRUMP MARKS TORONTO CO RP						
	* REGULAR INCOME	<246.>					
	* AMT NET INCOME	<246.>					
K1-	TRUMP MARKS SUNNY ISLE S II MEMBER CORP						
	* REGULAR INCOME	<297.>					
	* AMT NET INCOME	<297.>					
K1-	TRUMP MARKS FT. LAUDER DALE LLC						
	* REGULAR INCOME	<1,904.>					
	* AMT NET INCOME	<1,904.>					
K1-	TRUMP MARKS TAMPA LLC						
	* REGULAR INCOME	<2,129.>					
	* AMT NET INCOME	<2,129.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	
K1-	TRUMP MARKS MTG LLC * REGULAR INCOME * AMT NET INCOME	<2,162.> <2,162.>				
K1-	THE TRUMP FOLLIES MEMB ER INC * REGULAR INCOME * AMT NET INCOME	<145.> <145.>				
K1-	TRUMP MARKS TAMPA CORP * REGULAR INCOME * AMT NET INCOME	<296.> <296.>				
K1-	TRUMP MARKS ASIA CORP * REGULAR INCOME * AMT NET INCOME	<280.> <280.>				
K1-	TRUMP NATIONAL GOLF CL UB COLTS NECK LLC * REGULAR INCOME AMT ADJUSTMENTS * AMT NET INCOME	<1,226,474.> <24,433.> <1,250,907.>			<24,433.> <24,433.>	

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Form Name	Description	Income				
K1-S	TRUMP MARKS PHILIPPINE					
	* REGULAR INCOME	955,093.				
	* AMT NET INCOME	955,093.				
K1-S	TRUMP MARKS PHILIPPINE					
	* REGULAR INCOME	9,372.				
	* AMT NET INCOME	9,372.				
K1-I	TRUMP MARKS ISTANBUL I					
	* REGULAR INCOME	791,848.				
	* AMT NET INCOME	791,848.				
K1-I	TRUMP MARKS ISTANBUL I					
	* REGULAR INCOME	7,798.				
	* AMT NET INCOME	7,798.				
K1-C	UNIT 2502 ENTERPRISES					
	* REGULAR INCOME	<238.>				
	* AMT NET INCOME	<238.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number						
DONALD J. & MELANIA TRUMP								
Form Name	Description	Income	Adjustment					
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251, Line 21 Other Adjustment	
K1-	UNIT 2502 ENTERPRISES LLC							
	* REGULAR INCOME	<1,287.>						
	* AMT NET INCOME	<1,287.>						
K1-	TRUMP MARKS MATTRESS L LC							
	* REGULAR INCOME	2,410,699.						
	* AMT NET INCOME	2,410,699.						
K1-	TRUMP MARKS MATTRESS M EMBER CORP							
	* REGULAR INCOME	24,125.						
	* AMT NET INCOME	24,125.						
K1-	TRUMP JETS LLC							
	* REGULAR INCOME	<297.>						
	* AMT NET INCOME	<297.>						
K1-	SENTIENT JETS MEMBER C ORP							
	* REGULAR INCOME	<228.>						
	* AMT NET INCOME	<228.>						

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Form Name	Description	Income				
K1-	TRUMP MARKS ATLANTA LL C					
	* REGULAR INCOME	<2,237.>				
	* AMT NET INCOME	<2,237.>				
K1-	TRUMP MARKS PUERTO RIC O II LLC					
	* REGULAR INCOME	<2,129.>				
	* AMT NET INCOME	<2,129.>				
K1-	TRUMP MARKS PUERTO RIC O II MEMBER CORP					
	* REGULAR INCOME	<246.>				
	* AMT NET INCOME	<246.>				
K1-	TRUMP CANOUAN ESTATE L LC					
	* REGULAR INCOME	<8,385.>				
	* AMT NET INCOME	<8,385.>				
K1-	TRUMP CANOUAN ESTATE M EMBER CORP					
	* REGULAR INCOME	<360.>				
	* AMT NET INCOME	<360.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20 Other Adjustment
DONALD J. & MELANIA TRUMP						
K1-	TRUMP MARKS TORONTO LP					
	* REGULAR INCOME	<2,129.>				
	* AMT NET INCOME	<2,129.>				
K1-	TRUMP FLORIDA MANAGEME					
	NT LLC					
	* REGULAR INCOME	<297.>				
	* AMT NET INCOME	<297.>				
K1-	INGC DUTCHESS COUNTY M					
	EMBER CORP					
	* REGULAR INCOME	<6,142.>				
	AMT ADJUSTMENTS	<81.>			<81.>	
	* AMT NET INCOME	<6,223.>			<81.>	
K1-	DSN LICENSING LLC (FXA					
	TRUMP MARKS NETWORK L					
	* REGULAR INCOME	<2,262.>				
	* AMT NET INCOME	<2,262.>				
K1-	GOLF PRODUCTIONS LLC					
	* REGULAR INCOME	<26,680.>				
	* AMT NET INCOME	<26,680.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Form Name	Description	Income				
K1-	TRUMP TORONTO MEMBER C ORP					
	* REGULAR INCOME	<246.>				
	* AMT NET INCOME	<246.>				
K1-	TRUMP NATIONAL GOLF CL UB WASHINGTON DC					
	* REGULAR INCOME	6,929.				
	AMT ADJUSTMENTS	<113.>		<113.>		
	* AMT NET INCOME	6,816.		<113.>		
K1-	MELANIA MARKS ACCESSOR IES LLC					
	* REGULAR INCOME	4,949.				
	* AMT NET INCOME	4,949.				
K1-	TRUMP ACQUISITION LLC					
	* REGULAR INCOME	<351.>				
	* AMT NET INCOME	<351.>				
K1-	MELANIA MARKS ACCESSOR IES MEMBER CORP					
	* REGULAR INCOME	<85.>				
	* AMT NET INCOME	<85.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Form Name	Description	Income				
K1-	TRUMP MARKS ATLANTA MEMBER CORP					
	* REGULAR INCOME	<133.>				
	* AMT NET INCOME	<133.>				
K1-	TRUMP HOME MARKS MEMBER CORP					
	* REGULAR INCOME	149.				
	* AMT NET INCOME	149.				
K1-	TRUMP DEVELOPMENT SERVICES MEMBER CORP					
	* REGULAR INCOME	<64.>				
	* AMT NET INCOME	<64.>				
K1-	TRUMP MARKS MENSWEAR MEMBER CORP					
	* REGULAR INCOME	2,730.				
	* AMT NET INCOME	2,730.				
K1-	DSN LICENSING MEMBER CORP					
	* REGULAR INCOME	335.				
	* AMT NET INCOME	335.				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP						
K1-	TRUMP MARKS FINE FOODS LLC					
	* REGULAR INCOME	15,975.				
	* AMT NET INCOME	15,975.				
K1-	TRUMP HOME MARKS LLC					
	* REGULAR INCOME	70,292.				
	* AMT NET INCOME	70,292.				
K1-	TRUMP DEVELOPMENT SERV ICES LLC					
	* REGULAR INCOME	<5,414.>				
	* AMT NET INCOME	<5,414.>				
K1-	TRUMP LAS VEGAS CORP					
	* REGULAR INCOME	<107,784.>				
	* AMT NET INCOME	<107,784.>				
K1-	TRUMP SALES & LEASING CHICAGO LLC					
	* REGULAR INCOME	<3,682.>				
	* AMT NET INCOME	<3,682.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19		Form 6251, Line 20
K1-	TRUMP MARKS MENSWEAR L LC						
	* REGULAR INCOME	342,471.					
	* AMT NET INCOME	342,471.					
K1-	TRUMP INTERNATIONAL GO LP CLUB LLC						
	* REGULAR INCOME	<712,670.>					
	* AMT NET INCOME	<712,670.>					
K1-	TRUMP INTERNATIONAL HO TEL HAWAII LLC						
	* REGULAR INCOME	2,385,145.					
	* AMT NET INCOME	2,385,145.					
K1-	TRUMP AC CASINO MARKS MEMBER CORP						
	* REGULAR INCOME	<1,178.>					
	* AMT NET INCOME	<1,178.>					
K1-	TRUMP CAROUSEL MEMBER CORP						
	* REGULAR INCOME	1,265.					
	* AMT NET INCOME	1,265.					

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Name(s)		Description	Income	Adjustment				Social Security Number
Form Name	Form 6251, Line 17			Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	
K1-		TRUMP MARKS MUMBAI MEMBER CORP						
		* REGULAR INCOME	<316.>					
		* AMT NET INCOME	<316.>					
K1-		TRUMP PANAMA CONDOMINIUM MEMBER CORP						
		* REGULAR INCOME	<1,520.>					
		* AMT NET INCOME	<1,520.>					
K1-		TRUMP PANAMA HOTEL MANAGEMENT MEMBER CORP						
		* REGULAR INCOME	8,278.					
		* AMT NET INCOME	8,278.					
K1-		TRUMP SALES & LEASING CHICAGO MEMBER CORP						
		* REGULAR INCOME	<317.>					
		* AMT NET INCOME	<317.>					
K1-		GOLF PRODUCTIONS MEMBER CORP						
		* REGULAR INCOME	<511.>					
		* AMT NET INCOME	<511.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number					
DONALD J. & MELANIA TRUMP							
Form Name	Description	Income	Adjustment				
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP MEMBER CORP * REGULAR INCOME * AMT NET INCOME	23,445. 23,445.					
K1-	TRUMP CHICAGO HOTEL MEMBER CORP * REGULAR INCOME * AMT NET INCOME	17,961. 17,961.					
K1-	TRUMP TORONTO HOTEL MANAGEMENT CORP * REGULAR INCOME * AMT NET INCOME	134,935. 134,935.					
K1-	TRUMP FERRY POINT LLC * REGULAR INCOME AMT ADJUSTMENTS * AMT NET INCOME	1,593,620. 49. 1,593,669.			49. 49.		
K1-	TRUMP PANAMA HOTEL MANAGEMENT LLC * REGULAR INCOME * AMT NET INCOME	847,282. 847,282.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Form Name	Description	Income				
K1-	TRUMP CHICAGO HOTEL MA NAGER LLC					
	* REGULAR INCOME	1,845,575.				
	* AMT NET INCOME	1,845,575.				
K1-	PANAMA OCEAN CLUB MANA GEMENT LLC					
	* REGULAR INCOME	<351.>				
	* AMT NET INCOME	<351.>				
K1-	TRUMP MARKS CHICAGO LL C					
	* REGULAR INCOME	<2,183.>				
	* AMT NET INCOME	<2,183.>				
K1-	TRUMP CHICAGO COMMERCIAL MANAGER LLC					
	* REGULAR INCOME	1,155,745.				
	* AMT NET INCOME	1,155,745.				
K1-	TRUMP INTERNATIONAL DE VELOPMENT LLC					
	* REGULAR INCOME	<406.>				
	* AMT NET INCOME	<406.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	
DONALD J. & MELANIA TRUMP						
K1-	TRUMP AC CASINO MARKS LLC					
	* REGULAR INCOME		<83,460.>			
	* AMT NET INCOME		<83,460.>			
K1-	TRUMP CLASSIC CARS LLC					
	* REGULAR INCOME		<2,348.>			
	* AMT NET INCOME		<2,348.>			
K1-	TRUMP CAROUSEL LLC					
	* REGULAR INCOME		236,063.			
	* AMT NET INCOME		236,063.			
K1-	TRUMP CHICAGO RESIDENTIAL MANAGER LLC					
	* REGULAR INCOME		521,330.			
	* AMT NET INCOME		521,330.			
K1-	TRUMP PANAMA CONDOMINIUM MANAGEMENT LLC					
	* REGULAR INCOME		<128,205.>			
	* AMT NET INCOME		<128,205.>			

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP							
K1-	TRUMP MARKS PRODUCTS L LC						
	* REGULAR INCOME	<2,262.>					
	* AMT NET INCOME	<2,262.>					
K1-	TRUMP MARKS PRODUCTS M EMBER CORP						
	* REGULAR INCOME	<303.>					
	* AMT NET INCOME	<303.>					
K1-	TRUMP INTERNATIONAL DE VELOPMENT MEMBER CORP						
	* REGULAR INCOME	<59.>					
	* AMT NET INCOME	<59.>					
K1-	PANAMA OCEAN CLUB MANA GEMENT MEMBER CORP						
	* REGULAR INCOME	<284.>					
	* AMT NET INCOME	<284.>					
K1-	TRUMP CHICAGO RESIDENT IAL MEMBER CORP						
	* REGULAR INCOME	4,877.					
	* AMT NET INCOME	4,877.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Form Name	Description	Income				
K1-	TRUMP MARKS CHICAGO MEMBER CORP					
	* REGULAR INCOME	<331.>				
	* AMT NET INCOME	<331.>				
K1-	TRUMP CHICAGO COMMERCIAL MEMBER CORP					
	* REGULAR INCOME	10,984.				
	* AMT NET INCOME	10,984.				
K1-	TRUMP MARKS MUMBAI LLC					
	* REGULAR INCOME	<2,237.>				
	* AMT NET INCOME	<2,237.>				
K1-	DJT HOLDINGS LLC					
	* REGULAR INCOME	<1,929,672.>				
	AMT ADJUSTMENTS	<495,125.>		<495,125.>		
	* AMT NET INCOME	<2,424,797.>		<495,125.>		<495,125.>
K1-	TRUMP MARKS FINE FOODS MEMBER CORP					
	* REGULAR INCOME	<183.>				
	* AMT NET INCOME	<183.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number					
DONALD J. & MELANIA TRUMP							
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP CLASSIC CARS MEM BER CORP						
	* REGULAR INCOME	<1,269.>					
	* AMT NET INCOME	<1,269.>					
K1-	DJT HOLDINGS LLC - SEV EN SPRINGS LLC						
	* REGULAR INCOME	<54,425.>					
	* AMT NET INCOME	<54,425.>					
K1-	DJT HOLDINGS LLC - TRU MP WINE MARKS LLC						
	* REGULAR INCOME	<15,316.>					
	* AMT NET INCOME	<15,316.>					
K1-	DJT HOLDINGS LLC - TRU MP NATIONAL GOLF CLUB						
	* REGULAR INCOME	<1,434,918.>					
	* AMT NET INCOME	<1,434,918.>					
K1-	DJT HOLDINGS LLC - LFB ACQUISITION LLC						
	* REGULAR INCOME	1,007,559.					
	AMT ADJUSTMENTS	<3,279.>			<3,279.>		
	* AMT NET INCOME	1,004,280.			<3,279.>		

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s) DONALD J. & MELANIA TRUMP	Form Name	Description	Income	Adjustment			Social Security Number	
				Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19		Form 6251, Line 20
K1-	DJT HOLDINGS LLC - TNG C PINE HILL LLC	* REGULAR INCOME AMT ADJUSTMENTS * AMT NET INCOME	<681,810.> <5,557.> <687,367.>			<5,557.> <5,557.>		
K1-	DJT HOLDINGS LLC - TNG C DUTCHESS COUNTY LLC	* REGULAR INCOME AMT ADJUSTMENTS * AMT NET INCOME	<581,002.> <7,931.> <588,933.>			<7,931.> <7,931.>		
K1-	DJT HOLDINGS LLC - TRU MP NATIONAL GOLF CLUB	* REGULAR INCOME AMT ADJUSTMENTS * AMT NET INCOME	200,988. <11,069.> 189,919.			<11,069.> <11,069.>		
K1-	TRUMP VIRGINIA ACQUISITIONS LLC	* REGULAR INCOME * AMT NET INCOME	<1,305,750.> <1,305,750.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	
K1-	TRUMP MARKS BATUMI LLC					
	* REGULAR INCOME	<351.>				
K1-	TRUMP DRINKS ISRAEL LL					
	* REGULAR INCOME	<32,600.>				
K1-	TRUMP BOOKS LLC					
	* REGULAR INCOME	<322.>				
K1-	PARAMOUNT RPV HOLDINGS					
	* REGULAR INCOME	<297.>				
K1-	TRUMP EU MARKS LLC					
	* REGULAR INCOME	<2,183.>				
K1-	TRUMP WORLD PRODUCTION					
	* REGULAR INCOME	<8,380.>				
K1-	TRUMP WORLD PRODUCTION					
	* REGULAR INCOME	<8,380.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number						
DONALD J. & MELANIA TRUMP								
Form Name	Description	Income	Adjustment					
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	
K1-	TRUMP BOOKS MANAGER CO RP							
	* REGULAR INCOME	<308.>						
	* AMT NET INCOME	<308.>						
K1-	TRUMP DRINKS ISRAEL ME MBER CORP							
	* REGULAR INCOME	<664.>						
	* AMT NET INCOME	<664.>						
K1-	DJT LAND HOLDINGS MEMB ER CORP							
	* REGULAR INCOME	<1,225.>						
	* AMT NET INCOME	<1,225.>						
K1-	TRUMP WINE MARKS MEMBE R CORP							
	* REGULAR INCOME	<381.>						
	* AMT NET INCOME	<381.>						
K1-	TRUMP ENDEAVOR 12 MANA GER CORP							
	* REGULAR INCOME	<116,659.>						
	AMT ADJUSTMENTS	3,059.						3,059.
	* AMT NET INCOME	<113,600.>						3,059.

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Form Name	Description	Income				
K1-	TAG AIR INC					
	* REGULAR INCOME	111,120.				
	AMT ADJUSTMENTS	83,864.		83,864.		
	* AMT NET INCOME	194,984.		83,864.		
K1-	PARAMOUNT RPV HOLDINGS					
	MANAGER CORP					
	* REGULAR INCOME	<228.>				
	* AMT NET INCOME	<228.>				
K1-	TRUMP EU MARKS MEMBER					
	CORP					
	* REGULAR INCOME	<297.>				
	* AMT NET INCOME	<297.>				
K1-	LFB ACQUISITION MEMBER					
	CORP					
	* REGULAR INCOME	10,055.				
	AMT ADJUSTMENTS	<33.>		<33.>		
	* AMT NET INCOME	10,022.		<33.>		
K1-	TRUMP WORLD PRODUCTION					
	S MANAGER CORP					
	* REGULAR INCOME	<622.>				
	* AMT NET INCOME	<622.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Description	Income	Adjustment			Social Security Number
Form Name	Form 6251, Line 17			Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	
	DONALD J. & MELANIA TRUMP						
K1-		TRUMP VIRGINIA ACQUISITIONS MANAGER CORP * REGULAR INCOME * AMT NET INCOME	<13,414.> <13,414.>				
K1-		DT APP WARRANT HOLDING MANAGING MEMBER CORP * REGULAR INCOME * AMT NET INCOME	<297.> <297.>				
K1-		DT INDIA VENTURE MANAGING MEMBER CORP * REGULAR INCOME * AMT NET INCOME	<321.> <321.>				
K1-		DT MARKS BAKU MANAGING MEMBER CORP * REGULAR INCOME * AMT NET INCOME	<579.> <579.>				
K1-		DT MARKS RIO MEMBER CORP * REGULAR INCOME * AMT NET INCOME	<341.> <341.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Income	Social Security Number
Form Name	Description	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20		
DONALD J. & MELANIA TRUMP							
K1-	POKER VENTURE MANAGING MEMBER CORP					<228.>	
	* REGULAR INCOME					<228.>	
	* AMT NET INCOME						
K1-	TP-CFD MANAGER CORP					<283.>	
	* REGULAR INCOME					<283.>	
	* AMT NET INCOME						
K1-	TRUMP MARKS BATUMI MANAGING MEMBER CORP					<229.>	
	* REGULAR INCOME					<229.>	
	* AMT NET INCOME						
K1-	TRUMP MARKS PUNTA DEL ESTE MANAGER					1,230.	
	* REGULAR INCOME					1,230.	
	* AMT NET INCOME						
K1-	TRUMP MIAMI RESORT MANAGEMENT MEMBER CORP					<384.>	
	* REGULAR INCOME					<384.>	
	* AMT NET INCOME						

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
DONALD J. & MELANIA TRUMP							
K1-	WHITE COURSE MANAGING MEMBER CORP						
	* REGULAR INCOME	<325.>					
	* AMT NET INCOME	<325.>					
K1-	MELANIA MARKS SKINCARE MANAGING MEMBER CORP						
	* REGULAR INCOME	<2,403.>					
	* AMT NET INCOME	<2,403.>					
K1-	DT MARKS PUNE LLC						
	* REGULAR INCOME	<5,221.>					
	* AMT NET INCOME	<5,221.>					
K1-	DT MARKS RIO LLC						
	* REGULAR INCOME	<3,550.>					
	* AMT NET INCOME	<3,550.>					
K1-	DT APP WARRANT HOLDING LLC						
	* REGULAR INCOME	<2,183.>					
	* AMT NET INCOME	<2,183.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Form Name	Description	Income				
K1-	TRUMP MARKS PUNTA DEL ESTE LLC					
	* REGULAR INCOME	146,496.				
	* AMT NET INCOME	146,496.				
K1-	DT MARKS BAKU LLC					
	* REGULAR INCOME	<48,947.>				
	* AMT NET INCOME	<48,947.>				
K1-	T INTERNATIONAL REALTY LLC					
	* REGULAR INCOME	263,864.				
	* AMT NET INCOME	263,864.				
K1-	TP-CFD LLC					
	* REGULAR INCOME	<297.>				
	* AMT NET INCOME	<297.>				
K1-	POKEE VENTURE LLC					
	* REGULAR INCOME	<297.>				
	* AMT NET INCOME	<297.>				
K1-	DT INDIA VENTURE LLC					
	* REGULAR INCOME	<2,129.>				
	* AMT NET INCOME	<2,129.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
DONALD J. & MELANIA TRUMP							
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	TRUMP CHICAGO RETAIL M ANAGER LLC						
	* REGULAR INCOME	<431.>					
	* AMT NET INCOME	<431.>					
K1-	MELANIA MARKS SKINCARE LLC						
	* REGULAR INCOME	<41,431.>					
	* AMT NET INCOME	<41,431.>					
K1-	DJT HOLDINGS TNGC CHAR LOTTE LLC						
	* REGULAR INCOME	1,080,373.			255.		
	AMT ADJUSTMENTS	255.					
	* AMT NET INCOME	1,080,628.			255.		
K1-	DJT HOLDINGS - WHITE C OURSE LLC						
	* REGULAR INCOME	<9,848.>					
	* AMT NET INCOME	<9,848.>					
K1-	DJT HOLDINGS JUPITER G OLF CLUB						
	* REGULAR INCOME	<1,623,584.>					
	AMT ADJUSTMENTS	<27,175.>			<27,175.>		
	* AMT NET INCOME	<1,650,759.>			<27,175.>		

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number						
DONALD J. & MELANIA TRUMP								
Form Name	Description	Income	Adjustment					
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	
K1-	DT MARKS DUBAI LLC							
	* REGULAR INCOME	<3,473.>						
	* AMT NET INCOME	<3,473.>						
K1-	THC SALES & MARKETING LLC							
	* REGULAR INCOME	81,283.						
	* AMT NET INCOME	81,283.						
K1-	DT MARKS WORLI LLC							
	* REGULAR INCOME	1,023,983.						
	* AMT NET INCOME	1,023,983.						
K1-	DT DUBAI GOLF MANAGER LLC							
	* REGULAR INCOME	1,332,944.						
	* AMT NET INCOME	1,332,944.						
K1-	DT MARKS VANCOUVER LP							
	* REGULAR INCOME	<9,820.>						
	* AMT NET INCOME	<9,820.>						
K1-	THC DEVELOPMENT BRAZIL LLC							
	* REGULAR INCOME	<351.>						
	* AMT NET INCOME	<351.>						

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s) DONALD J. & MELANIA TRUMP		Social Security Number	Adjustment			
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20 Other Adjustment
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20 Other Adjustment
K1-	DT HOME MARKS INTERNAT IONAL LLC					
	* REGULAR INCOME	429,786.				
	* AMT NET INCOME	429,786.				
K1-	THC RIO MANAGER LLC					
	* REGULAR INCOME	<27,770.>				
	AMT ADJUSTMENTS	40.			40.	
	* AMT NET INCOME	<27,730.>			40.	
K1-	DT MARKS PRODUCTS INTE RNATIONAL LLC					
	* REGULAR INCOME	<11,017.>				
	* AMT NET INCOME	<11,017.>				
K1-	THC CENTRAL RESERVATIO NS LLC					
	* REGULAR INCOME	<133,600.>				
	* AMT NET INCOME	<133,600.>				
K1-	TRUMP HOTEL MANAGEMENT CORP					
	* REGULAR INCOME	<1,651.>				
	* AMT NET INCOME	<1,651.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Form Name	Description	Income				
K1-	EID VENTURE I CORPORAT ION					
	* REGULAR INCOME					<284.>
	* AMT NET INCOME					<284.>
K1-	DT MARKS WORLI MEMBER CORP					
	* REGULAR INCOME					10,118.
	* AMT NET INCOME					10,118.
K1-	DT HOME MARKS INTERNAT IONAL MEMBER CORP					
	* REGULAR INCOME					3,853.
	* AMT NET INCOME					3,853.
K1-	THC DEVELOPMENT BRAZIL MANAGING MEMBER					
	* REGULAR INCOME					<634.>
	* AMT NET INCOME					<634.>
K1-	DT DUBAI GOLF MANAGER MEMBER CORP					
	* REGULAR INCOME					13,239.
	* AMT NET INCOME					13,239.

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DT MARKS VANCOUVER MEMBER CORP * REGULAR INCOME * AMT NET INCOME	<324.> <324.>					
K1-	THC RIO MANAGING MEMBER CORP * REGULAR INCOME * AMT NET INCOME	<856.> <856.>					
K1-	DT MARKS DUBAI MEMBER CORP * REGULAR INCOME * AMT NET INCOME	<260.> <260.>					
K1-	TRUMP CHICAGO RETAIL MEMBER CORP * REGULAR INCOME * AMT NET INCOME	<279.> <279.>					
K1-	DT MARKS PRODUCTS INTERNATIONAL MEMBER CORP * REGULAR INCOME * AMT NET INCOME	<445.> <445.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Form Name	Description	Income				
K1-	OPO HOTEL MANAGER MEMBER CORP					
	* REGULAR INCOME	<174.>				
	* AMT NET INCOME	<174.>				
K1-	THC CENTRAL RESERVATIONS MEMBER CORP					
	* REGULAR INCOME	<1,848.>				
	* AMT NET INCOME	<1,848.>				
K1-	THC SALES & MARKETING MEMBER CORP					
	* REGULAR INCOME	596.				
	* AMT NET INCOME	596.				
K1-	THC VANCOUVER MANAGEMENT CORP					
	* REGULAR INCOME	4,239.				
	* AMT NET INCOME	4,239.				
K1-	THE CARIBBUSINESS REPAIR					
	* REGULAR INCOME	<55.>				
	* AMT NET INCOME	<55.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	
	DONALD J. & MELANIA TRUMP					
K1-	TW VENTURE I MANAGING MEMBER CORP					
	* REGULAR INCOME					
	* AMT NET INCOME					
K1-	TRUMP CPS CORP					
	* REGULAR INCOME					
	* AMT NET INCOME					
K1-	DJT HOLDINGS LLC - TRU					
	MP LAS VEGAS MEMBER LL					
	* REGULAR INCOME					
	* AMT NET INCOME					
K1-	DJT HOLDINGS LLC - TRU					
	MP LAS VEGAS MANAGING					
	* REGULAR INCOME					
	* AMT NET INCOME					
K1-	D B PACE ACQUISITION M					
	EMBER CORP					
	* REGULAR INCOME					
	* AMT NET INCOME					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number					
DONALD J. & MELANIA TRUMP							
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	DT CONNECT II MEMBER C ORP						
	* REGULAR INCOME	<12,099.>					
	AMT ADJUSTMENTS	625.			625.		
	* AMT NET INCOME	<11,474.>			625.		
K1-	DT DUBAI II GOLF MANAG ER MEMBER CORP						
	* REGULAR INCOME	29,293.					
	* AMT NET INCOME	29,293.					
K1-	DT MARKS GURGAON MANAG ING MEMBER CORP						
	* REGULAR INCOME	<947.>					
	* AMT NET INCOME	<947.>					
K1-	DT MARKS PUNE II MANAG ING MEMBER CORP						
	* REGULAR INCOME	<289.>					
	* AMT NET INCOME	<289.>					
K1-	DT MARKS QATAR MEMBER CORP						
	* REGULAR INCOME	<1,307.>					
	* AMT NET INCOME	<1,307.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20 Other Adjustment
K1-	PINE HILL DEVELOPMENT MANAGING MEMBER * REGULAR INCOME * AMT NET INCOME	<822.> <822.>				
K1-	THC BAKU HOTEL MANAGER SERVICE MEMBER * REGULAR INCOME * AMT NET INCOME	<10,830.> <10,830.>				
K1-	THC BAKU SERVICES MEMB ER CORP * REGULAR INCOME * AMT NET INCOME	2,150. 2,150.				
K1-	THC CHINA-TECHNICAL SE RVICES MANAGER CORP * REGULAR INCOME * AMT NET INCOME	<634.> <634.>				
K1-	THC QATAR HOTEL MANAGE R MEMBER CORP * REGULAR INCOME * AMT NET INCOME	<716.> <716.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s) DONALD J. & MELANIA TRUMP		Social Security Number	Adjustment			
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20
Form Name	Description	Income				
K1-	THC SERVICES SHENZHEN MEMBER CORP * REGULAR INCOME * AMT NET INCOME	<485.> <485.>				
K1-	THC VENTURE II MANGING MEMBER CORP * REGULAR INCOME * AMT NET INCOME	<638.> <638.>				
K1-	TTTT VENTURE MEMBER CO RP (PKA THC VENTURE II * REGULAR INCOME * AMT NET INCOME	29,056. 29,056.				
K1-	TNGC CHARLOTTE MANAGER CORP * REGULAR INCOME AMT ADJUSTMENTS * AMT NET INCOME	9,760. 3. 9,763.			3. 3.	
K1-	TNGC JUPITER MANAGING MEMBER CORP * REGULAR INCOME * AMT NET INCOME	897. 897.				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number	
DONALD J. & MELANIA TRUMP			
Form Name	Description	Income	Adjustment
			Form 6251, Line 17
			Form 6251, Line 18
			Form 6251, Line 19
			Form 6251, Line 20
			Form 6251 Other Adjustment
K1-	TRUMP NATIONAL GOLF CL		
	UB COLTS NECK MEMBER C		
	* REGULAR INCOME	<13,714.>	
	AMT ADJUSTMENTS	<247.>	<247.>
	* AMT NET INCOME	<13,961.>	<247.>
K1-	TURNBERRY SCOTLAND MAN		
	AGING MEMBER CORP		
	* REGULAR INCOME	<133,760.>	
	* AMT NET INCOME	<133,760.>	
K1-	THC CHINA TECHNICAL SE		
	RVICES LLC		
	* REGULAR INCOME	<376.>	
	* AMT NET INCOME	<376.>	
K1-	DT MARKS PUNE II LLC		
	* REGULAR INCOME	<2,267.>	
	* AMT NET INCOME	<2,267.>	
K1-	THC VENTURE II LLC		
	* REGULAR INCOME	<772.>	
	* AMT NET INCOME	<772.>	

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19		Form 6251, Line 20
K1-	DT MARKS GURGAON LLC						
	* REGULAR INCOME	<25,911.>					
	* AMT NET INCOME	<25,911.>					
K1-	DT MARKS QATAR LLC						
	* REGULAR INCOME	<42,850.>					
	* AMT NET INCOME	<42,850.>					
K1-	THC BAKU HOTEL MANAGER SERVICES LLC						
	* REGULAR INCOME	<594.>					
	* AMT NET INCOME	<594.>					
K1-	THC BAKU SERVICES LLC						
	* REGULAR INCOME	312,718.					
	* AMT NET INCOME	312,718.					
K1-	THC QATAR HOTEL MANAGER LLC						
	* REGULAR INCOME	<3,020.>					
	* AMT NET INCOME	<3,020.>					
K1-	THC SERVICES SHENZHEN LLC						
	* REGULAR INCOME	<3,068.>					
	* AMT NET INCOME	<3,068.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
	DONALD J. & MELANIA TRUMP					
K1-	THC SHENZHEN HOTEL MANAGER LLC					
	* REGULAR INCOME					
	* AMT NET INCOME					
K1-	TTTT VENTURE LLC (FKA THC VENTURE III LLC)					
	* REGULAR INCOME					
	* AMT NET INCOME					
K1-	DJT HOLDINGS LLC (PINE HILL DEVELOPMENT LLC)					
	* REGULAR INCOME					
	* AMT NET INCOME					
K1-	DJT HOLDINGS LLC (TNGC JUPITER MANAGEMENT LL					
	* REGULAR INCOME					
	* AMT NET INCOME					
K1-	DJT HOLDINGS LLC (TW V ENTURE I LLC)					
	* REGULAR INCOME					
	* AMT NET INCOME					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number						
DCNALD J. & MELANIA TRUMP								
Form Name	Description	Income	Adjustment					
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	
K1-	DJT HOLDINGS LLC (TW VENTURE II LLC)							
	* REGULAR INCOME	<4,438,083.>						
	* AMT NET INCOME	<4,438,083.>						
K1-	DJT HOLDINGS LLC (DT CONNECT II LLC)							
	* REGULAR INCOME	<1,089,339.>						
	AMT ADJUSTMENTS	61,229.			61,229.			
	* AMT NET INCOME	<1,028,110.>			61,229.			
K1-	TW VENTURE II MANAGING MEMBER CORP							
	* REGULAR INCOME	<43,981.>						
	* AMT NET INCOME	<43,981.>						
K1-	DT TOWER GURGAON LLC							
	* REGULAR INCOME	<9,933.>						
	* AMT NET INCOME	<9,933.>						
K1-	DT MARKS BALI LLC							
	* REGULAR INCOME	1,405,633.						
	* AMT NET INCOME	1,405,633.						

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)	Description	Income	Adjustment				Social Security Number
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	
K1- DONALD J. & MELANIA TRUMP	DT MARKS LIDO LLC						
	* REGULAR INCOME	1,405,584.					
	* AMT NET INCOME	1,405,584.					
K1-	DT BALI TECHNICAL SERV ICES MANAGER LLC						
	* REGULAR INCOME	<3,587.>					
	* AMT NET INCOME	<3,587.>					
K1-	DT LIDO HOTEL MANAGER LLC						
	* REGULAR INCOME	<399.>					
	* AMT NET INCOME	<399.>					
K1-	DT LIDO TECHNICAL SERV ICES MANAGER LLC						
	* REGULAR INCOME	<3,774.>					
	* AMT NET INCOME	<3,774.>					
K1-	DT JEDDAH TECHNICAL SE RVICES MANAGER LLC						
	* REGULAR INCOME	<168.>					
	* AMT NET INCOME	<168.>					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20
K1-	THC JEDDAH HOTEL MANAGER LLC					
	* REGULAR INCOME	<42,584.>				
	* AMT NET INCOME	<42,584.>				
K1-	EID VENTURE I LLC					
	* REGULAR INCOME	<351.>				
	* AMT NET INCOME	<351.>				
K1-	DT MARKS PUNE MANAGING MEMBER CORP					
	* REGULAR INCOME	<383.>				
	* AMT NET INCOME	<383.>				
K1-	THC SHENZHEN HOTEL MANAGER MEMBER CORP					
	* REGULAR INCOME	<776.>				
	* AMT NET INCOME	<776.>				
K1-	THC JEDDAH HOTEL MANAGER MEMBER CORP					
	* REGULAR INCOME	<430.>				
	* AMT NET INCOME	<430.>				

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number	
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
K1-	JUPITER GOLF CLUB MANAGING MEMBER CORP						
	* REGULAR INCOME	<16,790.>					
	AMT ADJUSTMENTS	<277.>					
	* AMT NET INCOME	<17,067.>			<277.>		
K1-	DTW VENTURE MANAGING MEMBER CORP						
	* REGULAR INCOME	<225.>					
	* AMT NET INCOME	<225.>					
K1-	DT TOWER GURGAON MANAGING MEMBER CORP						
	* REGULAR INCOME	<431.>					
	* AMT NET INCOME	<431.>					
K1-	DT MARKS LIDO MEMBER CORP						
	* REGULAR INCOME	14,143.					
	* AMT NET INCOME	14,143.					
K1-	DT MARKS BALI MEMBER CORP						
	* REGULAR INCOME	14,198.					
	* AMT NET INCOME	14,198.					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
DONALD J. & MELANIA TRUMP		Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment
Form Name	Description	Income				
K1-	DT LIDO TECHNICAL SERVICES MANAGER MEMBER CO					
	* REGULAR INCOME		<111.>			
	* AMT NET INCOME		<111.>			
K1-	DT LIDO HOTEL MANAGER MEMBER CORP					
	* REGULAR INCOME		<59.>			
	* AMT NET INCOME		<59.>			
K1-	DT LIDO GOLF MANAGER MEMBER CORP					
	* REGULAR INCOME		<57.>			
	* AMT NET INCOME		<57.>			
K1-	DT JEDDAH TECHNICAL SERVICES MANAGER MEMBER					
	* REGULAR INCOME		<2.>			
	* AMT NET INCOME		<2.>			
K1-	DT BALI TECHNICAL SERVICES MANAGER MEMBER CO					
	* REGULAR INCOME		<91.>			
	* AMT NET INCOME		<91.>			

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Social Security Number						
DONALD J. & MELANIA TRUMP								
Form Name	Description	Income	Adjustment					
			Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	Form 6251 Other Adjustment	
K1-	DT BALI GOLF MANAGER M EMBER CORP							
	* REGULAR INCOME	<79.>						
	* AMT NET INCOME	<79.>						
K1-	DT BALI HOTEL MANAGER MEMBER CORP							
	* REGULAR INCOME	<78.>						
	* AMT NET INCOME	<78.>						
C-	DONALD J. TRUMP							
	* REGULAR INCOME	214,500.						
	* AMT NET INCOME	214,500.						
C-	TRUMP ORGANIZATION LLC							
	* REGULAR INCOME	<119.>						
	* AMT NET INCOME	<119.>						
C-	TRUMP REALTY SERVICES LLC							
	* REGULAR INCOME	<599.>						
	* AMT NET INCOME	<599.>						

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Income	Social Security Number
Form Name	Description	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20		
C-	TRUMP CHICAGO DEVELOPMENT LLC						
	* REGULAR INCOME					<719.>	
	* AMT NET INCOME					<719.>	
C-	TRUMP LAS VEGAS DEVELOPMENT LLC						
	* REGULAR INCOME					<760.>	
	* AMT NET INCOME					<760.>	
C-	TRUMP PHOENIX DEVELOPMENT LLC						
	* REGULAR INCOME					<355.>	
	* AMT NET INCOME					<355.>	
C-	TRUMP GOLF MANAGEMENT LLC						
	* REGULAR INCOME					<55.>	
	* AMT NET INCOME					<55.>	
C-	TRUMP HOLDING COMPANY LLC						
	* REGULAR INCOME					27,763.	
	* AMT NET INCOME					27,763.	

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Income	Social Security Number
Form Name	Description	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20		
C-	CHICAGO UNIT ACQUISITION LLC						
	* REGULAR INCOME					<1,719.>	
	* AMT NET INCOME					<1,719.>	
C-	DONALD J TRUMP						
	* REGULAR INCOME					<1,084.>	
	* AMT NET INCOME					<1,084.>	
C-	TRUMP ICE LLC						
	* REGULAR INCOME					<65,567.>	
	* AMT NET INCOME					<65,567.>	
C-	DJT OPERATIONS II LLC						
	* REGULAR INCOME					<2,380.>	
	* AMT NET INCOME					<2,380.>	
C-	TRUMP GOLF ACQUISITION S LLC						
	* REGULAR INCOME					32,841.	
	* AMT NET INCOME					32,841.	
E-	RITZ CARLTON						
	* REGULAR INCOME					<8,756.>	
	* AMT NET INCOME					<8,756.>	

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20	
E-	TRUMP 106 CPS LLC - 10 NY					
	* REGULAR INCOME					
	* AMT NET INCOME					
E-	APARTMENT- NEW YORK, N EW YORK					
	* REGULAR INCOME					
	* AMT NET INCOME					
E-	BOOK					
	* REGULAR INCOME					
	* AMT NET INCOME					
E-	TRUMP CARIBBEAN LLC - ROYALTY INCOME					
	* REGULAR INCOME					
	* AMT NET INCOME					
E-	TRUMP BRAZIL LLC - ROY ALTY INCOME					
	* REGULAR INCOME					
	* AMT NET INCOME					

ALTERNATIVE MINIMUM TAX RECONCILIATION REPORT

Name(s)		Adjustment				Social Security Number
Form Name	Description	Income	Form 6251, Line 17	Form 6251, Line 18	Form 6251, Line 19	Form 6251, Line 20 Other Adjustment
E-	TRUMP LAUDERDALE DEVELOPMENT LLC - ROYALTY I * REGULAR INCOME * AMT NET INCOME	<126,424.> <126,424.>				
E-	TRUMP LAUDERDALE DEVELOPMENT # 2 LLC * REGULAR INCOME * AMT NET INCOME	<199.> <199.>				
E-	TRUMP WORLD PUBLICATIONS					
E-	WEST PALM OPERATIONS LLC * REGULAR INCOME * AMT NET INCOME	<26,466.> <26,466.>				
	** TOTAL ADJ & PREF **		423,531.		<2033762>	9,507.

AMT Depletion Taxable Income Limitation for Independent Producers and Royalty Owners

Name DONALD J. & MELANIA TRUMP

SSN

1. Adjusted regular taxable income:		
a	Adjusted total taxable income or loss (Form 6251, lines 1 through 8)	<32,779,434.>
b	Oil and gas depletion (regular tax)	8.
c	Net operating loss deduction included in line 1a above	105,157,825.
d	AMT cost depletion	(8.)
e	Adjusted regular taxable income. Combine lines 1a through 1d	72,378,391.
2. Alternative minimum taxable income (AMTI) before adjustments:		
a	Non-oil and gas AMT depletion adjustment	
b	Other AMT tax preference and adjustment items (without IDC)	<1,450,402.>
3.	AMTI for oil and gas limitation before AMT net operating loss deduction	70,927,989.
4.	AMT tentative % depletion deduction before ATNOLD (65% of line 3) (carries to ATNOLD worksheet)	
5.	AMTI after tentative % depletion deduction. Subtract line 4 from line 3	70,927,989.
6.	ATNOLD available (from ATNOLD worksheet)	47,096,428.
7.	AMTI after ATNOLD for oil and gas depletion limitation. Subtract line 6 from line 3	23,831,561.

AMT Tentative Depletion for ATNOLD

1.	Oil and gas depletion (regular tax)	8.
2.	AMT cost depletion	(8.)
3.	AMT tentative % depletion	()
4.	Tentative AMT depletion adjustment	0.
5.	Non-oil gas AMT depletion adjustment	
6.	Total AMT depletion adjustment for "Worksheet for ATNOLD Carryover"	

Form 1116

U.S. and Foreign Source Income Summary

NAME

DONALD J. & MELANIA TRUMP

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

Form 1116

Allocation of Itemized Deductions

NAME

DONALD J. & MELANIA TRUMP

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

NAME

DONALD J. & MELANIA TRUMP

Foreign Income Category

GENERAL LIMITATION INCOME

Regular

	2010	2011	2012	2013	2014	2015
1. Foreign tax paid/accrued						465,747.
2. FTC carryback to 2015 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						465,747.
5. Maximum credit allowable						0.
6. Unused foreign tax (+) or excess of limit (-)	2,010,500.	346,519.	363,405.	1,002,346.	550,298.	465,747.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining	2,010,500.	346,519.	363,405.	1,002,346.	550,298.	465,747.
Total foreign taxes from all available years to be carried to next year						8,178,055.

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

NAME

DONALD J. & MELANIA TRUMP

Foreign Income Category

GENERAL LIMITATION INCOME

AMT

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

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

NAME

DONALD J. & MELANIA TRUMP

Foreign Income Category

PASSIVE INCOME

Regular

	2010	2011	2012	2013	2014	2015
1. Foreign tax paid/accrued						8,596.
2. FTC carryback to 2015 for amended returns						
3. Reduction in foreign taxes						
4. Foreign tax available						8,596.
5. Maximum credit allowable						0.
6. Unused foreign tax (+) or excess of limit (-)						8,596.
7. Foreign tax carryback						
8. Foreign tax carryforward						
9. Foreign tax or excess limit remaining						8,596.
Total foreign taxes from all available years to be carried to next year						8,596.

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

NAME

DONALD J. & MELANIA TRUMP

Foreign Income Category

PASSIVE INCOME

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

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

NAME

DONALD J. & MELANIA TRUMP

Alternative minimum tax deductions allocation:

Itemized deductions		47,860.
Other deductions not directly allocated		0.
Total alternative minimum tax adjustments		47,860.
Total foreign source income	52,649,469.	
Total gross income	316,509,660.	
Ratio of foreign source income to gross income166344
Total foreign source deductions		7,963.

Total deductions allocated to foreign income class:

General limitation income		7,609.
Passive income		354.
Section 901(j) income		
Income re-sourced by treaty		

NAME

DONALD J. & MELANIA TRUMP

Wages and Salaries:

Source	Amount

Total Foreign Wages and Salaries

Business and Profession Income:

Source	Amount
SEE STATEMENT 159	

Total Foreign Business and Profession Income 7,351,696.

Reduction for Foreign Earned Income Exclusion/Deduction:

Total Foreign Wages and Salaries

Foreign Earned Income Exclusion/Deduction

Percent Applicable to Foreign Wages and Salaries

Reduction Amount

Wages and Salaries Included on Form 1116, line 1

Total Foreign Business and Profession Income

Foreign Earned Income Exclusion/Deduction

Percent Applicable to Foreign Business and Profession Income

Reduction Amount

Business and Profession Income Included on Form 1116, line 1 7,351,696.

NAME

DONALD J. & MELANIA TRUMP

Wages and Salaries:

Source	Amount

Total Foreign Wages and Salaries

Business and Profession Income:

Source	Amount
TRUMP SCOTLAND MEMBER INC	46,098.
TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LTD	4,563,658.
TURNBERRY SCOTLAND MANAGING MEMBER CORP	179,543.
DJT HOLDINGS LLC (TURNBERRY SCOTLAND LLC)	17,597,013.

Total Foreign Business and Profession Income 22,386,312.

Reduction for Foreign Earned Income Exclusion/Deduction:

Total Foreign Wages and Salaries

Foreign Earned Income Exclusion/Deduction

Percent Applicable to Foreign Wages and Salaries

Reduction Amount

Wages and Salaries Included on Form 1116, line 1

Total Foreign Business and Profession Income

Foreign Earned Income Exclusion/Deduction

Percent Applicable to Foreign Business and Profession Income

Reduction Amount

Business and Profession Income Included on Form 1116, line 1 22,386,312.

NAME

DONALD J. & MELANIA TRUMP

Wages and Salaries:

Source	Amount

Total Foreign Wages and Salaries

Business and Profession Income:

Source	Amount
EXCEL VENTURE I LLC	782,551.

Total Foreign Business and Profession Income 782,551.

Reduction for Foreign Earned Income Exclusion/Deduction:

Total Foreign Wages and Salaries

Foreign Earned Income Exclusion/Deduction

Percent Applicable to Foreign Wages and Salaries

Reduction Amount

Wages and Salaries Included on Form 1116, line 1

Total Foreign Business and Profession Income

Foreign Earned Income Exclusion/Deduction

Percent Applicable to Foreign Business and Profession Income

Reduction Amount

Business and Profession Income Included on Form 1116, line 1 782,551.

NAME

DONALD J. & MELANIA TRUMP

Wages and Salaries:

Source	Amount

Total Foreign Wages and Salaries

Business and Profession Income:

Source	Amount
PAULSON ADVANTAGE PLUS LP	5,288.
PAULSON CREDIT OPPORTUNITIES LP	298.
PAULSON PARTNERS LP	14,567.
ADVANTAGE ADVISERS XANTHUS FUND LLC	2,580.
AG ELEVEN PARTNERS LP	97,098.
AG DIVERSIFIED CREDIT STRATEGIES FUND LP	35,657.
MIDOCEAN CREDIT OPPORTUNITY FUND LP	76.

Total Foreign Business and Profession Income 155,564.

Reduction for Foreign Earned Income Exclusion/Deduction:

Total Foreign Wages and Salaries

Foreign Earned Income Exclusion/Deduction

Percent Applicable to Foreign Wages and Salaries

Reduction Amount

Wages and Salaries Included on Form 1116, line 1

Total Foreign Business and Profession Income

Foreign Earned Income Exclusion/Deduction

Percent Applicable to Foreign Business and Profession Income

Reduction Amount

Business and Profession Income Included on Form 1116, line 1 155,564.

NAME

DONALD J. & MELANIA TRUMP

Wages and Salaries:

Source	Amount

Total Foreign Wages and Salaries

Business and Profession Income:

Source	Amount
PAULSON ADVANTAGE PLUS LP	5,288.
PAULSON CREDIT OPPORTUNITIES LP	298.
PAULSON PARTNERS LP	14,567.
ADVANTAGE ADVISERS XANTHUS FUND LLC	2,580.
AG ELEVEN PARTNERS LP	97,098.
AG DIVERSIFIED CREDIT STRATEGIES FUND LP	35,657.
MIDOCEAN CREDIT OPPORTUNITY FUND LP	76.

Total Foreign Business and Profession Income 155,564.

Reduction for Foreign Earned Income Exclusion/Deduction:

Total Foreign Wages and Salaries

Foreign Earned Income Exclusion/Deduction

Percent Applicable to Foreign Wages and Salaries

Reduction Amount

Wages and Salaries Included on Form 1116, line 1

Total Foreign Business and Profession Income

Foreign Earned Income Exclusion/Deduction

Percent Applicable to Foreign Business and Profession Income

Reduction Amount

Business and Profession Income Included on Form 1116, line 1 155,564.

NAME

DONALD J. & MELANIA TRUMP

Wages and Salaries:

Source	Amount

Total Foreign Wages and Salaries

Business and Profession Income:

Source	Amount

Total Foreign Business and Profession Income

Reduction for Foreign Earned Income Exclusion/Deduction:

Total Foreign Wages and Salaries

Foreign Earned Income Exclusion/Deduction

Percent Applicable to Foreign Wages and Salaries

Reduction Amount

Wages and Salaries Included on Form 1116, line 1

Total Foreign Business and Profession Income

Foreign Earned Income Exclusion/Deduction

Percent Applicable to Foreign Business and Profession Income

Reduction Amount

Business and Profession Income Included on Form 1116, line 1

Form 1116

Pro Rata Share of Allocated Losses

NAME

DONALD J. & MELANIA TRUMP

Allocation of Losses from Other Categories

INCOME CLASSIFICATION	INCOME	LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income	2,047,555.		2,047,555.	
Income re-sourced by treaty				
General limitation income		5,607,705.		3,560,150.
Totals	2,047,555.	5,607,705.	2,047,555.	3,560,150.

Allocation of U.S. Losses

INCOME CLASSIFICATION	REMAINING INCOME	U.S. LOSS	ALLOCATED LOSS	LOSS NOT ALLOCATED
Passive income				
Income re-sourced by treaty				
General limitation income				
Totals				

Recapture of Prior Year Overall Foreign Loss

INCOME CLASSIFICATION	REMAINING INCOME	OVERALL PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income				
Totals				
Recapture percentage				

Recapture of Separate Limitation Loss Accounts

INCOME CLASSIFICATION	REMAINING INCOME	PRIOR YEAR LOSS	RECHARACTERIZED LOSS	LOSS NOT RECHARACTERIZED
Passive income				
Income re-sourced by treaty				
General limitation income		22,662.		22,662.
Totals		22,662.		22,662.

Recapture of Overall Domestic Loss Prior to 2012

INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income	0.	2,486,985.		2,486,985.
Totals	0.	2,486,985.		2,486,985.

Recapture of Overall Domestic Loss

INCOME CLASSIFICATION	U.S. TAXABLE INCOME LIMIT	PRIOR YEAR LOSS	RECAPTURED LOSS	LOSS NOT RECAPTURED
Passive income				
Income re-sourced by treaty				
General limitation income	0.	53,553.		53,553.
Totals	0.	53,553.		53,553.

Adjustments to Form 1116, Line 15

INC. CLASSIFICATION	OTHER CATEGORIES	U.S. LOSSES	PRIOR YEAR OVERALL	RECAPTURE OF LOSS ACCOUNTS	DOMESTIC RECAPTURE	FORM 1116, LINE 10
Passive	<2,047,555.>					<2,047,555.>
Re-sourced by treaty						
General limitation	2,047,555.					2,047,555.

Foreign Taxes

Name of partnership/corporation TRUMP INTERNATIONAL GOLF CLUB SCOTLAND LIMITED		Employer identification number
a Name of foreign country or U.S. possession	UNITED KINGDOM	
b Total gross income sourced at shareholder/partner level		
c Total gross income sourced at corporate/partnership level:		
(1) Passive category		
(2) General category	4,609,756.	
(3) Section 901(j) income		
(4) Income re-sourced by treaty		
(5) Other income		
d Deductions allocated and apportioned at shareholder/partner level:		
(1) Interest expense		
(2) Other		
e Deductions allocated and apportioned at corporate/partnership level:		
(1) Passive category		
(2) General category	7,490,031.	
(3) Section 901(j) income		
(4) Income re-sourced by treaty		
(5) Other income		
f Total foreign taxes - <input type="checkbox"/> Paid <input type="checkbox"/> Accrued		
g Reduction in taxes available for credit		

Noncash Charitable Contributions

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

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

OMB No. 1545-0908

Attachment Sequence No **155**

Name(s) shown on your income tax return

Identifying number

Seven Springs, LLC

13-3863672

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

Section A. Donated Property of \$5,000 or Less and Publicly Traded Securities—List in this section only items (or groups of similar items) for which you claimed a deduction of \$5,000 or less. Also list publicly traded securities even if the deduction is more than \$5,000 (see instructions).

Part I Information on Donated Property—If you need more space, attach a statement.

1	(a) Name and address of the donee organization	(b) If donated property is a vehicle (see instructions), check the box. Also enter the vehicle identification number (unless Form 1098-C is attached).	(c) Description of donated property (For a vehicle, enter the year, make, model, and mileage. For securities, enter the company name and the number of shares.)
A		<input type="checkbox"/>	
B		<input type="checkbox"/>	
C		<input type="checkbox"/>	
D		<input type="checkbox"/>	
E		<input type="checkbox"/>	

Note. If the amount you claimed as a deduction for an item is \$500 or less, you do not have to complete columns (e), (f), and (g).

	(d) Date of the contribution	(e) Date acquired by donor (mo., yr.)	(f) How acquired by donor	(g) Donor's cost or adjusted basis	(h) Fair market value (see instructions)	(i) Method used to determine the fair market value
A						
B						
C						
D						
E						

Part II Partial Interests and Restricted Use Property—Complete lines 2a through 2e if you gave less than an entire interest in a property listed in Part I. Complete lines 3a through 3c if conditions were placed on a contribution listed in Part I; also attach the required statement (see instructions).

- 2a Enter the letter from Part I that identifies the property for which you gave less than an entire interest ▶ _____
If Part II applies to more than one property, attach a separate statement.
- b Total amount claimed as a deduction for the property listed in Part I: (1) For this tax year ▶ _____
(2) For any prior tax years ▶ _____
- c Name and address of each organization to which any such contribution was made in a prior year (complete only if different from the donee organization above):
Name of charitable organization (donee) _____
Address (number, street, and room or suite no.) _____
City or town, state, and ZIP code _____
- d For tangible property, enter the place where the property is located or kept ▶ _____
- e Name of any person, other than the donee organization, having actual possession of the property ▶ _____

	Yes	No
3a Is there a restriction, either temporary or permanent, on the donee's right to use or dispose of the donated property?		
b Did you give to anyone (other than the donee organization or another organization participating with the donee organization in cooperative fundraising) the right to the income from the donated property or to the possession of the property, including the right to vote donated securities, to acquire the property by purchase or otherwise, or to designate the person having such income, possession, or right to acquire?		
c Is there a restriction limiting the donated property for a particular use?		

Name(s) shown on your income tax return **Seven Springs, LLC** Identifying number **13-3863672**

Section B. Donated Property Over \$5,000 (Except Publicly Traded Securities)—Complete this section for one item (or one group of similar items) for which you claimed a deduction of more than \$5,000 per item or group (except contributions of publicly traded securities reported in Section A). Provide a separate form for each property donated unless it is part of a group of similar items. An appraisal is generally required for property listed in Section B. See instructions.

Part I Information on Donated Property—To be completed by the taxpayer and/or the appraiser.

- 4 Check the box that describes the type of property donated:
- a Art* (contribution of \$20,000 or more)
 - b Qualified Conservation Contribution
 - c Equipment
 - d Art* (contribution of less than \$20,000)
 - e Other Real Estate
 - f Securities
 - g Collectibles**
 - h Intellectual Property
 - i Vehicles
 - j Other

*Art includes paintings, sculptures, watercolors, prints, drawings, ceramics, antiques, decorative arts, textiles, carpets, silver, rare manuscripts, historical memorabilia, and other similar objects.

**Collectibles include coins, stamps, books, gems, jewelry, sports memorabilia, dolls, etc., but not art as defined above.

Note. In certain cases, you must attach a qualified appraisal of the property. See instructions.

6	(a) Description of donated property (if you need more space, attach a separate statement)	(b) If tangible property was donated, give a brief summary of the overall physical condition of the property at the time of the gift	(c) Appraised fair market value
A	Conservation Easement IRC 170(h) in		\$21,100,000
B	Westchester County, New York, 158.55 acres		
C	Control Number: 553453361		
D	Recorded on December 24, 2015		

	(d) Date acquired by donor (mo., yr.)	(e) How acquired by donor	(f) Donor's cost or adjusted basis	(g) For bargain sales, enter amount received	See instructions	
					(h) Amount claimed as a deduction	(i) Date of contribution
A	12/29/95	Purchase	A/B ~\$35,000,000			
B			Entire Property			
C						
D						

Part II Taxpayer (Donor) Statement—List each item included in Part I above that the appraisal identifies as having a value of \$500 or less. See instructions.

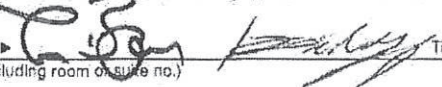
I declare that the following item(s) included in Part I above has to the best of my knowledge and belief an appraised value of not more than \$500 (per item). Enter identifying letter from Part I and describe the specific item. See instructions. ▶

Signature of taxpayer (donor) ▶ _____ Date ▶ _____

Part III Declaration of Appraiser

I declare that I am not the donor, the donee, a party to the transaction in which the donor acquired the property, employed by, or related to any of the foregoing persons, or married to any person who is related to any of the foregoing persons. And, if regularly used by the donor, donee, or party to the transaction, I performed the majority of my appraisals during my tax year for other persons.

Also, I declare that I perform appraisals on a regular basis; and that because of my qualifications as described in the appraisal, I am qualified to make appraisals of the type of property being valued. I certify that the appraisal fees were not based on a percentage of the appraised property value. Furthermore, I understand that a false or fraudulent overstatement of the property value as described in the qualified appraisal or this Form 8283 may subject me to the penalty under section 6701(a) (aiding and abetting the understatement of tax liability). In addition, I understand that I may be subject to a penalty under section 6695A if I know, or reasonably should know, that my appraisal is to be used in connection with a return or claim for refund and a substantial or gross valuation misstatement results from my appraisal. I affirm that I have not been barred from presenting evidence or testimony by the Office of Professional Responsibility.

Sign Here Signature ▶  Title ▶ Sr. Managing Director/Director Date ▶ 3/25/16
 Business address (including room or suite no.) _____ Identifying number 13-2625361

City or town, state, and ZIP code


NY, NY 10104-6178

Part IV Donee Acknowledgment—To be completed by the charitable organization.

This charitable organization acknowledges that it is a qualified organization under section 170(c) and that it received the donated property as described in Section B, Part I, above on the following date ▶ Recorded on December 24, 2015

Furthermore, this organization affirms that in the event it sells, exchanges, or otherwise disposes of the property described in Section B, Part I (or any portion thereof) within 3 years after the date of receipt, it will file Form 8282, Donee Information Return, with the IRS and give the donor a copy of that form. This acknowledgment does not represent agreement with the claimed fair market value.

Does the organization intend to use the property for an unrelated use? ▶ Yes No

Name of charitable organization (donee) **North American Land Trust** Employer identification number **23-2698266**
 Address (number, street, and room or suite no.) _____ City or town, state, and ZIP code **Chadds Ford, PA 19317**
 Authorized signature  Title **Andrew L. Johnson, Vice President** Date **3/29/16**

Statement to Form 8283
Noncash Charitable Contributions

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

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

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