

**Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

**2015**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990-PF and its separate instructions is at [www.irs.gov/form990pf](http://www.irs.gov/form990pf).

For calendar year 2015 or tax year beginning

, and ending

Name of foundation <b>THE DONALD J. TRUMP FOUNDATION</b>		A Employer identification number <b>13-3404773</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>WEISERMAZARS LLP 60 CROSSWAYS PK DR</b>	Room/suite	B Telephone number <b>212.715.7231</b>
City or town, state or province, country, and ZIP or foreign postal code <b>WOODBURY, NY 11797</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>1,116,241.</b>	J Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)				
<b>Revenue</b>				
1 Contributions, gifts, grants, etc., received	781,370.		N/A	
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments	2,622.	2,622.		<b>STATEMENT 1</b>
4 Dividends and interest from securities				
5a Gross rents				
b Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)		0.		
8 Net short-term capital gain				
9 Income modifications				
10a Gross sales less returns and allowances				
b Less: Cost of goods sold				
c Gross profit or (loss)				
11 Other income				
12 <b>Total.</b> Add lines 1 through 11	783,992.	2,622.		
<b>Operating and Administrative Expenses</b>				
13 Compensation of officers, directors, trustees, etc.	0.	0.		0.
14 Other employee salaries and wages				
15 Pension plans, employee benefits				
16a Legal fees <b>STMT 2</b>	55.	0.		55.
b Accounting fees <b>STMT 3</b>	5,000.	0.		5,000.
c Other professional fees				
17 Interest				
18 Taxes				
19 Depreciation and depletion				
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses <b>STMT 4</b>	41,886.	0.		250.
24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	46,941.	0.		5,305.
25 Contributions, gifts, grants paid	896,380.			896,380.
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	943,321.	0.		901,685.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	<159,329.>			
b <b>Net investment income</b> (if negative, enter -0-)		2,622.		
c <b>Adjusted net income</b> (if negative, enter -0-)			N/A	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing .....	159,204.	297,252.	297,252.
	2 Savings and temporary cash investments .....	1,114,691.	817,314.	817,314.
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶			
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable .....			
	6 Receivables due from officers, directors, trustees, and other disqualified persons .....			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use .....			
	9 Prepaid expenses and deferred charges .....			
	10a Investments - U.S. and state government obligations .....			
	b Investments - corporate stock .....			
	c Investments - corporate bonds .....			
	11 Investments - land, buildings, and equipment: basis ▶			
Less: accumulated depreciation ▶				
12 Investments - mortgage loans .....				
13 Investments - other .....				
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶ STATEMENT 5 )	1,675.	1,675.	1,675.	
16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) .....	1,275,570.	1,116,241.	1,116,241.	
Liabilities	17 Accounts payable and accrued expenses .....	250.	250.	
	18 Grants payable .....			
	19 Deferred revenue .....			
	20 Loans from officers, directors, trustees, and other disqualified persons .....			
	21 Mortgages and other notes payable .....			
	22 Other liabilities (describe ▶ )			
	23 Total liabilities (add lines 17 through 22) .....	250.	250.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted .....			
	25 Temporarily restricted .....			
	26 Permanently restricted .....			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds .....	0.	0.	
	28 Paid-in or capital surplus, or land, bldg., and equipment fund .....	0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds ...	1,275,320.	1,115,991.		
30 Total net assets or fund balances .....	1,275,320.	1,115,991.		
31 Total liabilities and net assets/fund balances .....	1,275,570.	1,116,241.		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) .....	1	1,275,320.
2 Enter amount from Part I, line 27a .....	2	<159,329.>
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3 .....	4	1,115,991.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 .....	6	1,115,991.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			
b	NONE		
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 .....	2	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 .....	3	

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?  Yes  No  
If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2014	596,700.	1,326,041.	.449986
2013	918,340.	1,495,243.	.614174
2012	1,717,293.	2,194,017.	.782716
2011	1,011,501.	2,158,302.	.468656
2010	1,042,958.	2,690,508.	.387644

2 Total of line 1, column (d) .....	2	2.703176
3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years .....	3	.540635
4 Enter the net value of noncharitable-use assets for 2015 from Part X, line 5 .....	4	1,036,497.
5 Multiply line 4 by line 3 .....	5	560,367.
6 Enter 1% of net investment income (1% of Part I, line 27b) .....	6	26.
7 Add lines 5 and 6 .....	7	560,393.
8 Enter qualifying distributions from Part XII, line 4 .....	8	901,685.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.  
See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	26.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	26.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	26.
6 Credits/Payments:			
a 2015 estimated tax payments and 2014 overpayment credited to 2015	6a	312.	
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7	312.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	286.	
11 Enter the amount of line 10 to be: Credited to 2016 estimated tax	11	286.	Refunded

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. $\$$ 0. (2) On foundation managers. $\$$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. $\$$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b	N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV</i>	7	X
8a Enter the states to which the foundation reports or with which it is registered (see instructions) NY		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	8b	X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>	9	X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>	10	X

**Part VII-A** Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions) .....		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions) .....		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	X	
Website address ▶ <u>N/A</u>		
14 The books are in care of ▶ <u>WEISERMAZARS LLP</u> Telephone no. ▶ <u>516-488-1200</u>		
Located at ▶ <u>60 CROSSWAYS PARK DRIVE WEST, WOODBURY, NY</u> ZIP+4 ▶ <u>11797</u>		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year .....		
	▶ 15 <u>N/A</u>	
16 At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....	Yes	No
	16	X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? .....	1b	X
Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015? .....	1c	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If "Yes," list the years ▶ _____, _____, _____		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) .....	2b	N/A
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ _____, _____, _____		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.) .....	3b	N/A
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015? .....	4b	X



**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services ..... 0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 N/A	
2	
3	
4	

**Part IX-B** Summary of Program-Related Investments

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 N/A	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 ..... 0.

**Part X**

**Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.
b	Average of monthly cash balances	1b	1,052,281.
c	Fair market value of all other assets	1c	
d	<b>Total</b> (add lines 1a, b, and c)	1d	1,052,281.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,052,281.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	15,784.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,036,497.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	51,825.

**Part XI**

**Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	51,825.
2a	Tax on investment income for 2015 from Part VI, line 5	2a	26.
b	Income tax for 2015. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	26.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	51,799.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	51,799.
6	Deduction from distributable amount (see instructions)	6	0.
7	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	51,799.

**Part XII**

**Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	901,685.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	901,685.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	26.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	901,659.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI, line 7				51,799.
2 Undistributed income, if any, as of the end of 2015:				
a Enter amount for 2014 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010	909,000.			
b From 2011	903,906.			
c From 2012	1,607,794.			
d From 2013	843,658.			
e From 2014	530,467.			
f Total of lines 3a through e	4,794,825.			
4 Qualifying distributions for 2015 from Part XII, line 4: ▶ \$	901,685.			
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2015 distributable amount				51,799.
e Remaining amount distributed out of corpus	849,886.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	5,644,711.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2016				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2010 not applied on line 5 or line 7	909,000.			
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	4,735,711.			
10 Analysis of line 9:				
a Excess from 2011	903,906.			
b Excess from 2012	1,607,794.			
c Excess from 2013	843,658.			
d Excess from 2014	530,467.			
e Excess from 2015	849,886.			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2015, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year		Prior 3 years		(e) Total
	(a) 2015	(b) 2014	(c) 2013	(d) 2012	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

1 **Information Regarding Foundation Managers:**  
 a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

DONALD J. TRUMP  
 b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
 Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:  
DONALD J. TRUMP, 212.836.3207  
C/O THE TRUMP ORGANIZATION 725 5TH AVE, NEW YORK, NY 10022

b The form in which applications should be submitted and information and materials they should include:  
LETTER STATING PURPOSE AND 501(C)(3) STATUS

c Any submission deadlines:  
NONE

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
NONE

**Part XV** **Supplementary Information** (continued)

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
AMERICAN CONSERVATIVE UNION FOUNDATION 1331 H STREET NW - STE 500 WASHINGTON, DC 20005	NONE	PC	GENERAL	50,000.
BAK MIDDLE SCHOOL OF THE ARTS 1725 ECHO LAKE DRIVE WEST PALM BEACH, FL 33407	NONE	NC	GENERAL	5,000.
COAST GUARD FOUNDATION 394 TAUGWONK ROAD STONINGTON, CT 06378	NONE	PC	GENERAL	25,000.
KAMP KIZZY INC P.O. BOX 13769 ATLANTA, GA 30324	NONE	PC	GENERAL	25,000.
NEW YORK CITY POLICE FOUNDATION 555 FIFTH AVENUE - 15TH FL NEW YORK, NY 10017	NONE	PC	GENERAL	1,000.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>896,380.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>





**Part XV** Supplementary Information**3. Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE SALVATION ARMY 2100 PALM BEACH LAKES BOULEVARD WEST PALM BEACH, FL 33409	NONE	PC	GENERAL	25,000.
DANA-FARBER CANCER INSTITUTE INC 220 SUNRISE AVENUE - STE 204 PALM BEACH, FL 33480	NONE	PC	GENERAL	22,500.
AMERICAN RED CROSS 1250 NORTHPOINT PARKWAY WEST PALM BEACH, FL 33407	NONE	PC	GENERAL	21,000.
BOSTON POLICE FOUNDATION 11 ARLINGTON STREET BOSTON, MA 02116	NONE	PC	GENERAL	25,000.
COLUMBIA GRAMMAR & PREPARATORY SCHOOL 5 WEST 93RD STREET NEW YORK, NY 10025	NONE	PC	GENERAL	50,000.
LEUKEMIA AND LYMPHONA SOCIETY 3230 COMMERCE PLACE - STE B WEST PALM BEACH, FL 33407	NONE	PC	GENERAL	25,000.
THE PALM BEACH POLICE FOUNDATION P.O. BOX 242 PALM BEACH, FL 33480	NONE	PC	GENERAL	25,000.
NICKLAUS CHILDREN'S HEALTH CARE FOUNDATION 11770 U.S. HIGHWAY ONE - STE 303 PALM BEACH, FL 33408	NONE	PC	GENERAL	25,000.
MEDIA RESEARCH CENTER 1900 CAMPUS COMMONS DRIVE - STE 600 RESTON, VA 20191	NONE	PC	GENERAL	5,000.
SUSAN G KOMEN BREAST CANCER FOUNDATION INC 350 ROYAL POINCIANA WAY - STE 317/31 PALM BEACH, FL 33480	NONE	PC	GENERAL	20,000.
<b>Total from continuation sheets</b>				<b>790,380.</b>

THE DONALD J. TRUMP FOUNDATION

13-3404773

**Part XV** Supplementary Information

**3** Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JOHN A MORAN EYE CENTER 65 MARIO CAPECCHI DRIVE SALT LAKE CITY, UT 84132	NONE	PC	GENERAL	10,000.
EASTER SEALS NH 555 AUBURN STREET MANCHESTER, NH 03103	NONE	PC	GENERAL	25,000.
AMERICAN JEWISH COMMITTEE 165 EAST 56 STREET - STE 630 NEW YORK, NY 10022	NONE	PC	GENERAL	10,000.
THE APOLLO THEATER FOUNDATION INC 253 WEST 125TH STREET NEW YORK, NY 10027	NONE	PC	GENERAL	10,000.
DAMON RUNYON CANCER RESEARCH FOUNDATION 55 BROADWAY - STE 302 NEW YORK, NY 10006	NONE	PC	GENERAL	10,000.
RONALD MCDONALD HOUSE OF NEW YORK INC 650 PARK AVENUE - PHA NEW YORK, NY 10065	NONE	PC	GENERAL	15,000.
THE TANZANIAN CHILDRENS FUND 9 WATERHOUSE STREET CAMBRIDGE, MA 02138	NONE	PC	GENERAL	15,000.
THE V FOUNDATION 14600 WESTON PARKWAY CARY, NC 27513	NONE	PC	GENERAL	8,000.
MARINE CORPS - LAW ENFORCEMENT FOUNDATION 273 COLUMBUS AVENUE TUCKAHOE, NY 10707	NONE	PC	GENERAL	25,000.
MAKE-A-WISH FOUNDATION 200 PARK AVENUE NEW YORK, NY 10166	NONE	PC	GENERAL	1,000.
<b>Total from continuation sheets</b>				

THE DONALD J. TRUMP FOUNDATION

13-3404773

Part XV Supplementary Information				
§ Grants and Contributions Paid During the Year (Continuation)				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
NEW DESTINY CHURCH CENTER 505 EAST MCCORMICK ROAD APOPKA, FL 32703	NONE	PC	GENERAL	1,000.
CHILDREN'S HOSPITAL FOUNDATION 801 ROADER ROAD SILVER SPRING, MA 20910	NONE	PC	GENERAL	10,000.
MARINE CORPS - LAW ENFORCEMENT FOUNDATION 273 COLUMBUS AVENUE - STE 10 TUCKAHOE, NY 10707	NONE	PC	GENERAL	100,000.
SCHOOL DISTRICT OF PALM BEACH 4701 10TH AVENUE NORTH GREENACRES, FL 33463	NONE	PC	GENERAL	1,000.
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE. - STE 200 MANHATTAN BEACH, CA 90266	NONE	PC	GENERAL	1,000.
THE SHAUN O'HARA FOUNDATION 520 NEW CENTER ROAD HILLSBOROUGH, NJ 088444	NONE	PC	GENERAL	5,000.
THE INDIANA GOLF FOUNDATION P.O. BOX 39 FRANKLIN, IN 46131	NONE	PC	GENERAL	750.
NEW JERSEY BOXING HALL OF FAME 59 KIPP AVE. LODI, NJ 07644	NONE	PC	GENERAL	415.
PROJECT VERITAS 1214 WEST BOSTON POST RD MAMARONECK, NY 10543	NONE	PC	GENERAL	10,000.
HARRY HURLEY IN THE MORNING GOLF OPEN 216 GUNPOWDER ROAD EGG HARBOR TOWNSHIP, NJ 08234	NONE	PC	GENERAL	1,000.
<b>Total from continuation sheets</b>				

THE DONALD J. TRUMP FOUNDATION

13-3404773

**Part XV** Supplementary Information

**§ Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BROOKLYN BUREAU OF COMMUNITY SERVICE 265 SCHERMERHORN STREET BROOKLYN, NY 11217	NONE	PC	GENERAL	2,190.
THE JAMES W FOLEY LEGACY FUND PO BOX 16780 ROCHESTER, NH 03866	NONE	PC	GENERAL	5,000.
THE AMERICAN SPECTATOR FOUNDATION 933 N. KENMORE ST. - STE 405 ARLINGTON, VA 22201	NONE	PC	GENERAL	5,000.
MILL RIVER COLLABORATIVE INC 1010 WASHINGTON BOULEVARD STAMFORD, CT 06901	NONE	PC	GENERAL	10,000.
COMIC RELIEF INC 488 MADISON AVENUE - 10TH FL NEW YORK, NY 10022	NONE	PC	GENERAL	100,000.
CARING FOR MILITARY FAMILIES 600 NEW HAMPSHIRE AVENUE NW - STE 1020 WASHINGTON, DC 20037	NONE	PC	GENERAL	100,000.
METROPOLITAN GOLF ASSOCIATION FOUNDATION 49 KNOLLWOOD ROAD ELMSFORD, NY 10523	NONE	PC	GENERAL	10,000.
PROJECT VERITAS 1214 WEST BOSTON POST RD MAMARONECK, NY 10543	NONE	PC	GENERAL	10,000.
NACKY S LOEB SCHOOL OF COMMUNICATIONS 749 E. INDUSTRIAL PARK DRIVE MANCHESTER, NH 03109	NONE	PC	GENERAL	1,575.
BETHESDA-BY-THE-SEA EPISCOPAL CHURCH 141 S COUNTY RD PALM BEACH, FL 33480	NONE	PC	GENERAL	5,000.
<b>Total from continuation sheets</b>				

THE DONALD J. TRUMP FOUNDATION

13-3404773

**Part XV** Supplementary Information

**3** Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
WITH ARMS WIDE OPEN FOUNDATION 26 CHESTNUT STREET MASSAPEQUA, NY 11758	NONE	PC	GENERAL	1,500.
THE TED HENDRICKS FOUNDATION P.O. BOX 7470 BUFFALO GROVE, IL 60089	NONE	PC	GENERAL	1,000.
TGEN FOUNDATION 445 N. FIFTH ST. PHOENIX, AZ 85004	NONE	PC	GENERAL	1,000.
WILLIAM RAVEIS CHARITABLE FUND 7 TRAP FALLS RD. SHELTON, CT 06484	NONE	PC	GENERAL	1,000.
THE UCLA FOUNDATION 5670 WILSHIRE BOULEVARD - STE 830 LOS ANGELES, CA 90036	NONE	PC	GENERAL	10,000.
WOMEN IN NEED INC 115 WEST 31ST STREET - 7TH FL NEW YORK, NY 10001	NONE	PC	GENERAL	5,000.
LABYRINTH THEATER COMPANY 155 BANK STREET NEW YORK, NY 10014	NONE	PC	GENERAL	10,000.
CITYMEALS-ON-WHEELS 355 LEXINGTON AVENUE NEW YORK, NY 10017	NONE	PC	GENERAL	950.
THE NEW RENAISSANCE BASKETBALL ASSOCIATION INC 261 FIFTH AVE - 2ND FL NEW YORK, NY 10016	NONE	PC	GENERAL	1,000.
RESOURCES FOR CHILDREN WITH SPECIAL NEEDS INC 116 E 16TH ST - 5TH FL NEW YORK, NY 10003	NONE	PC	GENERAL	2,500.
<b>Total from continuation sheets</b>				



**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

Name of the organization

THE DONALD J. TRUMP FOUNDATION

Employer identification number

13-3404773

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization <b>THE DONALD J. TRUMP FOUNDATION</b>	Employer identification number <b>13-3404773</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>THE TRUMP CORPORATION</u>  <u>725 5TH AVENUE</u>  <u>NEW YORK, NY 10022</u>	\$ <u>566,370.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>LAWRENCE ROMAN</u>  <u>30 NORTH MACQUESTEN PARKWAY</u>  <u>MOUNT VERNON, NY 10550</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>TRUMP PRODUCTIONS LLC</u>  <u>725 5TH AVENUE</u>  <u>NEW YORK, NY 10022</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>NYREI</u>  <u>132 W 36TH ST, 2ND FL</u>  <u>NEW YORK, NY 10018</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>UK OFFICE OF VICTOR PINCHUK FOUNDATION</u>  <u>10 QUEEN ST PLACE, LONDON, EC4R 1BE,</u>  <u>ENGLAND, UNITED KINGDOM</u>	\$ <u>150,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<u> </u>  <u> </u>  <u> </u>	\$ <u> </u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

**THE DONALD J. TRUMP FOUNDATION**

**13-3404773**

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<hr/> <hr/> <hr/> <hr/>	\$ <hr/>	<hr/>
	<hr/> <hr/> <hr/> <hr/>	\$ <hr/>	<hr/>
	<hr/> <hr/> <hr/> <hr/>	\$ <hr/>	<hr/>
	<hr/> <hr/> <hr/> <hr/>	\$ <hr/>	<hr/>
	<hr/> <hr/> <hr/> <hr/>	\$ <hr/>	<hr/>
	<hr/> <hr/> <hr/> <hr/>	\$ <hr/>	<hr/>
	<hr/> <hr/> <hr/> <hr/>	\$ <hr/>	<hr/>
	<hr/> <hr/> <hr/> <hr/>	\$ <hr/>	<hr/>
	<hr/> <hr/> <hr/> <hr/>	\$ <hr/>	<hr/>
	<hr/> <hr/> <hr/> <hr/>	\$ <hr/>	<hr/>
	<hr/> <hr/> <hr/> <hr/>	\$ <hr/>	<hr/>

Name of organization

Employer identification number

THE DONALD J. TRUMP FOUNDATION

13-3404773

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

--	--

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

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## FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
CAPITAL ONE BANK	2,622.	2,622.	
TOTAL TO PART I, LINE 3	2,622.	2,622.	

## FORM 990-PF LEGAL FEES STATEMENT 2

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	55.	0.		55.
TO FM 990-PF, PG 1, LN 16A	55.	0.		55.

## FORM 990-PF ACCOUNTING FEES STATEMENT 3

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
WEISERMAZARS LLP	5,000.	0.		5,000.
TO FORM 990-PF, PG 1, LN 16B	5,000.	0.		5,000.

## FORM 990-PF OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
NYS FILING FEE	250.	0.		250.
OTHER NONDEDUCTIBLE CHARITABLE CONTRIBUTIONS	41,636.	0.		0.
TO FORM 990-PF, PG 1, LN 23	41,886.	0.		250.

FORM 990-PF	OTHER ASSETS		STATEMENT 5
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
SPORTS MEMORABILIA - FOOTBALL HELMET	475.	475.	475.
SCHANZ FINE ART - PORTRAIT	500.	500.	500.
ISRAEL FINE ART - PORTRAIT	700.	700.	700.
TO FORM 990-PF, PART II, LINE 15	1,675.	1,675.	1,675.

FORM 990-PF                      PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS                      STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
DONALD J. TRUMP C/O TRUMP ORGANIZATION 725 5TH AVE NEW YORK, NY 10022	PRESIDENT 0.50	0.	0.	0.
ALLEN WEISSELBERG C/O TRUMP ORGANIZATION 725 5TH AVE NEW YORK, NY 10022	TREASURER 0.50	0.	0.	0.
DONALD J. TRUMP JR. C/O TRUMP ORGANIZATION 725 5TH AVE NEW YORK, NY 10022	DIRECTOR 0.50	0.	0.	0.
ERIC F. TRUMP C/O TRUMP ORGANIZATION 725 5TH AVE NEW YORK, NY 10022	DIRECTOR 0.50	0.	0.	0.
IVANKA M. TRUMP C/O TRUMP ORGANIZATION 725 5TH AVE NEW YORK, NY 10022	DIRECTOR 0.50	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII		0.	0.	0.

THE DONALD J. TRUMP FOUNDATION  
FYE 12/31/2015  
PART VII-A STATEMENTS REGARDING ACTIVITIES  
EIN: 13-3404773

Page 4 line 10 - Substantial contributor  
The Trump Corporation  
725 5<sup>th</sup> Avenue  
New York, NY 10022

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

*Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.*

**Electronic filing (e-file)** . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

*All other corporations (including 1120-C filers), partnerships, REMITCs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Type or print	Name of exempt organization or other filer, see instructions. <b>THE DONALD J. TRUMP FOUNDATION</b>	Employer identification number (EIN) or <b>13-3404773</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>WEISERMAZARS LLP 60 CROSSWAYS PK DR</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>WOODBURY, NY 11797</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**WEISERMAZARS LLP**

• The books are in the care of ▶ **60 CROSSWAYS PARK DRIVE WEST - WOODBURY, NY 11797**  
Telephone No. ▶ **516-488-1200** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2015** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	312.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	312.
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution.** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

		<b>Enter filer's identifying number, see instructions</b>
<b>Type or print</b>	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	THE DONALD J. TRUMP FOUNDATION	13-3404773
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	WEISERMAZARS LLP 60 CROSSWAYS PK DR	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	WOODBURY, NY 11797	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

WEISERMAZARS LLP

• The books are in the care of  **60 CROSSWAYS PARK DRIVE WEST - WOODBURY, NY 11797**

• Telephone No.  **516-488-1200** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2016**.

5 For calendar year **2015**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension **CERTAIN INFORMATION NEEDED FOR THE PROPER COMPLETION OF THIS RETURN IS CURRENTLY UNAVAILABLE.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	312.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	312.
c <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  **CPA** Date